IFMSA Policy Statement
Sexuality and Gender Identity

Proposed by Team of Officials
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Summary

IFMSA is one of the world’s oldest and largest youth-led organizations, representing and engaging a network of over one million medical students in the field of sexual and reproductive health.

As the future generation of healthcare providers, it is up to us to carry out the 2030 health agenda. Lack of proper access to sexual and reproductive health services, including Comprehensive Sexuality Education, stigma around sexuality, gender identity and gender expression contribute to escalation of violence. These can all be prevented by fully implementing the 2030 agenda, and creating universal access to sexual and reproductive health and rights for all though policies, advocacy and scientific research which leads to comprehensive interventions and programming.

We affirm that discrimination, on the grounds of sexuality or gender identity, inflicts a negative impact on vulnerable populations. This issue is often overlooked by the healthcare system. We are alarmed by recent legislative changes in states which act to further discriminatory attitudes and practices towards individuals based on their sexual orientation and gender identity.

Introduction

The Universal Declaration of Human Rights [1] affirms that all persons are born free and equal in dignity and rights and that everyone is entitled to the enjoyment of human rights without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Whilst the Declaration neglects to explicitly mention the right to non-discrimination on the basis of Sexual Orientation or Gender Identity (SOGI), it does establish an obligation on the part of States to protect people from discrimination, including on the basis of “race, color, sex or other status.” We recognize the many comments or decisions of the United Nations treaty bodies that confirm that such language is broad enough to encompass ‘sexual orientation’ and ‘gender identity’.
Understanding that for the purpose of this policy statement, the abbreviation LGBTQ+ refers to Lesbian, Gay, Bisexual, Transgender, Queer and/or other sexual orientations and gender identities.

Understanding that for the purpose of this policy statement, the term ‘sexual orientation’ will be recognized as each person’s capacity for profound emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender, genderless, the same gender or more than one gender.

Understanding that for the purpose of this policy statement, the term ‘gender expression’ refers to the attitudes, feelings, and behaviors that a given culture associates with a way in which a person acts to communicate gender within a given culture; for example, in terms of clothing, communication patterns and interests. A person’s gender expression may or may not be consistent with socially prescribed gender roles, and may or may not reflect his or her gender identity.

Understanding that for the purpose of this policy statement, the term ‘gender identity’ refers to the attitudes, feelings, and behaviors that a given culture associates with a person’s biological sex, as well as the capacity to relate to this construction. Behavior that is compatible with cultural expectations is referred to as gender-normative; behaviors that are viewed as incompatible with these expectations constitute gender non-conformity.

Understanding that for the purpose of this policy statement, the term ‘sex’ refers to a person’s biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female). Indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia. [3]

We acknowledge that the effort to gather evidence to understand the health conditions and access to health for the diverse SOGI population has been insufficient. Research for these needs have been neglected because of lack of investment, stigma and discrimination from institutions and as well an incomprehensive clinical practice that prevent patients to participate from data collecting. Since the LGBTQ+ population is a social minority, this makes it difficult to obtain probability-based measures that are relevant to study.. Researchers highlight the importance of creating a stigma-free environment that successfully allows the patients to recognize themselves as diverse SOGI individuals.

A survey¹ was conducted by the Working Group on this Policy Statement to analyse attitudes and opinions on SOGI by the National Member Organizations of IFMSA. Being filled by medical students from different cultural backgrounds, it emphasized the point that even in countries where the LGBTQ+ population lives a life relatively free of discrimination, there is still an important gap when it comes to providing healthcare services, the medical curriculum and

¹ The survey was conducted in the month of May of 2016 for NMOs to provide answers and have further assessment. The received responses came from 78 medical students from 26 NMOs from all IFMSA regions.
scientific research. Only 34% of participants believe the healthcare professionals in their country have an open-minded approach to LGBT+ patients. Only 10% of participants are somewhat satisfied with their medical education in regards to SOGI. In countries from the Africa and Asia-Pacific regions, the legal discrimination, societal pressure and lack of equity in medical services was the most severe; and countries from the Europe region show the least discrimination. However, this does not mean that the LGBTQI+ community in this region does not face any problems. The medical curriculum is globally lacking information on SOGI and there are many complications regarding the health of intersex individuals and especially intersex infants, as 63% of the participants who filled the survey said that intersex are being operated on as infants in their respective countries.

We recognize that discrimination (or perceived discrimination) in healthcare settings based on sexual orientation and/or gender identity remains one of the most direct barriers to access health care service for many populations including the diverse SOGI communities. “The UN High Commissioner for Human Rights has recommended that States “facilitate legal recognition of the preferred gender of transgender persons and establish arrangements to permit relevant identity documents to be reissued reflecting preferred gender and name, without infringements of other human rights.” [4]

Alarmed by the widespread discrimination and violence that people experience due to their sexual orientation and/or gender identity. Violations include – but are not limited to – killings, rape, mental health aggressions, physical attacks, torture, arbitrary detention, denial of rights to assembly, expression and information and discrimination in employment, health and education.

Recognizing that although injury through violence on the basis of sexual orientation or gender identity is the most obvious threat to the health and wellbeing of the involved persons. We further consider other determinants that intervene, building up social mechanisms to promote and reproduce stigma between peers.

**Main text**

Sexual health is gaining more and more attention from public health practitioners and health service providers because of its contribution towards overall health and well-being in both adults and adolescents. Health risks arising from unsafe sexual practices and sexuality-related human rights abuses such as sexual coercion contribute to the global burden of disease. Both research and consultations over the last decades have identified sexuality-related communication as an issue that requires urgent attention. While clients would like their healthcare providers to discuss sexual health concerns, health workers lack the necessary training and knowledge to feel comfortable addressing such issues. There is a lack of clarity in the field as to the role of sexuality communication in primary care. [5]
There is little consideration of SOGI issues and health outcomes in medical school curricula. The allocation of time is small (median of 5 hours over the course) and there is a huge variation in quantity, content and perceived quality between medical schools. This is highly detrimental to future doctors, who will lack skills for treating this vulnerable group. Research into current physicians also shows low levels of SOGI competency, with the availability of training programmes being highly varied [6]). Legal systems are also missing out on basic human rights of people with the lack of gender recognition, which is set out in core human rights treaties. Without this inclusion there is a breach of someone’s gender identity not being respected, and it adds an additional barrier for trans and intersex people compared to other groups when trying to obtain official documentation. When trans people are unable to change their name or sex details to match their gender identity, they are marked as trans in all aspects of daily life. This undermines their right to privacy as set out in Article 17 of the International Covenant on Civil and Political Rights [7].

Discriminatory policies and actions perpetuate stigmatization based on sexual orientation and gender identity, resulting in negative health effects. Attitudes towards sexuality differ significantly both within and between countries. Whereas marriage equality has been a prominent topic of debate in some, others still enforce criminal sanctions, including capital punishment, for homosexual acts. Blood donation policies that are based on key population’s identities and not on risk behaviors, together with the denial of gender identity in civil documentation, are both common examples that institutionally marginalizes social minorities within the health system.[8] The commonality across all countries is that any negative treatment of LGBTQI+ persons reinforces stigma associated with sexual identity and undermines well-being for all LGBTQI+ persons, with adolescents and young adults at greater risk.

Call for action:

In accordance with the Universal Declaration of Human Rights and the Yogyakarta Principles we, the IFMSA, call for:

- Recognition of human rights for every human being. This includes everyone regardless of sexual orientation and/or gender identity
- Equal health rights for all human beings regardless of sexual orientation and/or gender identity
- A prejudice-free, comprehensive, coherent education regarding sexual orientation and gender identity for everyone working in the healthcare sector
- In order to attain these key principles we, the IFMSA, call upon organizations, universities and countries to take all necessary legislative, administrative and other measures:
  - To impose appropriate criminal penalties for violence, threats of violence, incitement to violence and related harassment based on sexual orientation or gender identity
- Remove criminal penalties based on a person’s sexual orientation and/or gender identity.
To ensure that all persons have access to health care facilities, goods and services, including in relation to sexual and reproductive health, and to their own medical records, without discrimination on the basis of sexual orientation or gender identity.

To ensure that everyone has full access to updated information on how to preserve their sexual and reproductive health and rights.

To ensure that everyone knows how to legally defend themselves in case they experience discrimination or any violation of their rights because of their sexual orientation or gender identity.

To ensure full protection against harmful medical practices based on sexual orientation or gender identity, including on the basis of stereotypes regarding conduct, physical appearance or perceived gender norms.

To ensure that no child’s body is irreversibly altered by medical procedures in an attempt to impose a gender identity without the full, free and informed consent of the child in accordance with the age and maturity of the child.

To ensure protection of persons of diverse sexual orientation or gender identity against unethical or involuntary medical procedures or research, including in relation to vaccines, testing or treatments for HIV/AIDS and other diseases.

To ensure that any medical or psychological treatment or counseling does not, explicitly or implicitly, treat sexual orientation and gender identity as medical condition to be treated, cured or suppressed.

To ensure equal access to education, and equal treatment of students, staff and teachers within the medical education system, without discrimination on the basis of sexual orientation or gender identity.

To eliminate and prohibit discrimination on the basis of sexual orientation or gender identity in public and private employment in the healthcare sector, including in relation to vocational training, recruitment, promotion, dismissal, conditions of employment and remuneration.

Undertake programmes of training and awareness-raising for medical students, doctors and all others working in the healthcare sector regarding international Human Rights standards and principles of equality and nondiscrimination, especially in relation to sexual orientation and gender identity. Ensure that the programmes’ methods, curricula and resources enhance understanding of and respect for diverse sexual orientation and gender identity. Adopt these programmes into the formal education of the people working in the healthcare sector.

To ensure the right of all persons to choose when, to whom and how to disclose information pertaining to their sexual orientation or gender identity and protect all persons from arbitrary or unwanted disclosure or threat of disclosure of such information by others, especially health care professional.

We, the IFMSA, proclaim to respect these calls in all our procedures, projects, campaigns and publications with consideration of the diverse culture and current situation of every country.
We, the IFMSA, call upon our partnering organizations, our universities and countries to establish adequate changes and reinforce those modifications to ensure the attainment of Human Rights for all individuals.

References

8. Welch M. German Medical Association recommends lifting ban on gay men donating blood. 429Magazine. 02/062013 Available at: http://www.dw.com/en/gay-men-should-also-be-allowed-to-donate-blood/a-16917709