

EDITORIAL

HOMOSEXUALITY AND THE INTERNATIONAL CLASSIFICATION OF DISEASES.

Over the last few years there have arisen, throughout almost the entire Western world, requests made by homosexual groups or associations, addressed to the competent authorities, to the World Health Organization or to one of its seven "International Collaborating Centres", on matters relating to the International Classification of Diseases (ICD), expressing the wish that the code 302.0 of that Classification be withdrawn or rendered of no effect. This code number refers to "Homosexuality" and is part of Chapter V: Mental Disorders.

These requests, which were not originally taken very seriously and were even regarded as somewhat of a joke, have been becoming more and more frequent and have become the subject of consideration by International Psychiatric Congresses, some Psychiatric Societies, and by other learned bodies. Some countries have tried to find a solution to this question, because problems have arisen such as those of immigrants, or even of foreign visitors, whose entry or permanent residence has been prohibited, because, having publicly declared themselves to be homosexuals, they are infringing the laws in force which deny entry to the country to those who are afflicted with mental disorders.

In Brazil, much more recently, some movements of this same sort have arisen, not only from within the so-called "gay groups", but also the pronouncements of some scientific societies have been making themselves heard. Some demonstrations of support have also arisen, on the other hand, as well as "motions of rejection of the code 302.0" from five city councils, all of them from state capitals and all approved unanimously, as well as a similar measure adopted by one Legislative Assembly. Up to the end of 1983 three hundred and nine politicians, ranging from one state governor to one hundred and sixty seven town councillors had signed a petition expressing support for the motion of a "gay group" rejecting "code 302.0 of the International Classification of Diseases of the World Health Organization, adopted by the Brazilian government, which describes homosexuality as a mental deviation and disorder".

Still on the international level, the "WHO Collaborating Centers for the ICD" have been discussing the subject in their annual meetings. One of these Centers, the "Brazilian Center for the Classification of Diseases", which has its office in the School of Public Health of the University of São Paulo, has received some inquiries on this matter, having even received a request, from the Health Ministry, for an official expression of opinion.

Homosexuality first appeared in the ICD in its 6th Revision (1948), in Category 320 – Pathological Personality – as one of the terms included in the sub-category 320.6 – Sexual Deviations. It was kept thus in the 7th Revision (1955), but in the 8th Revision (1965) it was transferred from the category "Pathological Personality" to that of "Sexual Deviations and Disorders" (code 302) and the specific sub-category became 302.0 – Homosexuality. Homosexuality was kept in the same category and sub-category in the 9th Revision, which is still in force, though this latest Revision takes into account the divergent opinions of the psychiatric schools, and under this code adds the following clarification: "Classify homosexuality here whether or not it be considered a mental disorder".

It is necessary to remember, on the other hand, that the ICD is not just a classification of diseases, injuries and causes of death, seeing that in its latest revisions, beyond its classical use in mortality and morbidity among hospital patients, it has also come to be used as a tool for the codification of the reasons for consultation of doctors in health services, and has even come to include various items which cannot be regarded as diseases, or injuries, and certainly not as causes of death. One may quote, as two examples among many, baldness and

grey hair. What is the reason for the inclusion of these terms? One knows that it is to assist those services which need to codify the "cause" or the "reason" for the consultation or for the hospital internment; this is based on the assumption that a person may consult a doctor because of baldness or whitening of the hair and that it may be obligatory on the doctor to codify the reason for the consultation. It is for this case and others like it that the code numbers of the ICD exist.

By analogy, one may say the same of Homosexuality. It is far from rare for the parents or legal wards of children, or for the homosexual individual himself, to seek medical advice, the reason for the consultation being homosexuality. Even though the doctor may have occasion to explain, if that be his opinion, that one is not dealing with a disease, much less with a mental disorder it would still be necessary to codify the reason for the consultation, in the case of those medical services that thus demand it.

On the other hand, one may suppose, logically, that if the homosexuality is fully accepted by the individual concerned it will cause him no problem and will not be the reason for his seeking medical advice. In this way, if the same thing were to happen with all homosexuals, there would be no occasion to place a code for such cases in the ICD, nor therefore any cause for the "disease stigma", which, according to the majority of the complaints of those who seek medical advice, brings social discrimination upon them.

The question may, therefore, be summed up as follows, and may thus also contribute to the understanding of all those who have supported protests against code 302.0 of the ICD: it is no part of the responsibility of the organs which produce the successive revisions of the ICD to emit opinions as to whether or not homosexuality is, in fact, a mental disorder. This is properly a matter for Psychiatry, to whose province the subject has always been seen to belong, as demonstrated by the fact that it has appeared as a subject in their text books. When the fact is clarified, or when there is agreement as to whether or not it is a mental disorder, it will then be the role of the ICD specialists to fit it into some new position, in a different chapter, and give it, as a result, a new code number, no longer that of the well-known and greatly debated 302.0.

However, and it is necessary to make this very clear, there will continue to be a code for homosexuality in the ICD – which is a statistic tool for the classification of causes of death, diagnoses of cases for hospital internment and reasons for medical consultations – despite any continued movements against it. It will only cease to exist when there be no more medical consultations, anywhere in the world, because someone is a homosexual.

This would be true for heterosexuality, which would come to occupy a place in the ICD, should it become the cause of any discomfort to, or discrimination against, the individual in such a way as to lead him to seek medical advice, under whatever pretext!

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