

NATIONAL REPORT: ITALY



**Training health professionals
to improve healthcare for
LGBTI people in Italy**



Promoting Inclusive
and Competent Health Care
for LGBTI People



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1. Summary of the report

Despite the Italian National Health Service is based on the principles of universal coverage, solidarity, and human dignity, there are no specific services targeting LGBTI patients neither at national nor regional level. Research on the health needs of LGBTI people is quite poor, and few national or local strategies in place are limited in their scope. At the same time, there is no specific national legislation prohibiting discrimination in healthcare based on sexual orientation, gender identity and expression, or sex characteristics. Civil society organisations play an important role in promoting and supporting LGBTI health, but their services are almost always limited to trans people. The Open Doors survey results show positive attitudes of health professionals towards LGBTI patients and both interviewees and survey respondents agree on the importance and need for more training on LGBTI issues and their health.

2. Overview of the Health System

Under the Italian constitution, national government ensures the general objectives and fundamental principles of the national health care system are met and defines a national statutory benefits package to be offered to all residents in every region, the so called “essential levels of care” (LEA: livelli essenziali di assistenza). Regions have the responsibility to organize and deliver health services through local health units.

The Italian National Health Service (SSN: Servizio Sanitario Nazionale) was established by the Law no. 833 of 23 December 1978¹ with universal coverage, solidarity, human dignity, and health needs as its guiding principles. It covers all citizens and legal foreign residents and since 1998 undocumented immigrants have access to urgent and essential services.

Although the three principles of universality, equality and solidarity are intended to achieve uniform levels of care throughout the territory, equitable access to services for all citizens and fiscal solidarity as the fundamental way of financing the health system as well as to ensure that

¹ Law no. 833 of 23 December 1978, in GU no.360 of 28 December 1978, establishing the National Health Service.

all services included in the core benefit package (LEA) are equally accessible in all Italian regions, health care facilities vary in terms of quality across the regions.

In order to become a provider on behalf of the Italian SSN, health facilities are required to get accreditation ensuring equality of conditions between public and private health providers, protecting the citizen's right of choice of health facility and ensuring equal tariffs and the equitable remuneration of providers. Patients are given a choice of any public or private accredited hospital but are not given a choice of specialist.

National legislation requires all public health care providers to issue a "health service chart" with information on service performance, quality indicators, waiting times, quality assurance strategies, and the process for patient complaints. These charts have also been adopted by the private sector for its accreditation process and must be published annually, although dissemination methods are decided regionally (Lo Scalzo 2009).

3. Legal framework

In Italy, there is no specific national legislation prohibiting discrimination in healthcare based on sexual orientation, gender identity and expression, or sex characteristics although some regions, within their competence to regulate health matters, enacted laws which prohibit discrimination based on those grounds. The possibility of gender reassignment is allowed by the law while there are no binding legal provisions banning "sex-normalising treatments" and surgery on intersex children.

In Italy, there is no specific legislation prohibiting discrimination in healthcare based on sexual orientation, gender identity and expression, or sex characteristics. Also, the Italian Constitution does not prohibit explicit discriminations based on the grounds aforementioned, but its Articles 2 and 3, dedicated to human rights protection and to a general principle of equality and non-discrimination could be interpreted to offer protection to LGBTI people's rights in the whole system, including healthcare.

Notwithstanding, at the local level, it is worth quoting the L.R. no. 63/2004 passed by the Region of Tuscany², which prohibits discrimination based on sexual orientation and gender identity in

² Regional Law no. 63 of 15 November 2004, in BU no. 46 of 24 November 2004, Norme contro le discriminazioni determinate dall'orientamento sessuale o dall'identità di genere (*Rules against discrimination based on sexual orientation or gender identity*). Retrieved August 20, 2020

various fields, including health and wellbeing. Art. 7 states that everyone has the right to designate the person to whom healthcare professionals must refer to receive the consent to a therapeutic treatment in the event that the person concerned is unable to decide; Art. 10 prescribes that hospitals ensure training, counselling and support to remove obstacles to the person's freedom of choice about his or her own sexual orientation or one's gender identity. Similar laws were passed by the Regions of Liguria (L.R. no. 52/2009)³, Marche⁴ (L.R. no. 8/2010 as amended by L.R. no. 8/2013), Piemonte⁵ (L.R. no. 5/2016), and Umbria⁶ (L.R. no.3/2017). The Region of Puglia⁷ adopted a law aiming at combating discrimination in general, but which is applicable also to LGBTI people (L.R. no. 19/2006).

Regarding patients' privacy and confidentiality, hospital staff are in general required not disclose to third parties any personal information, but special rules are foreseen for whoever is affected by HIV or suspects to be. According to the Art. 5 of the Law no. 135/1990, people who undergo the test are entitled to anonymity and the test results can be communicated exclusively to him/her, avoiding any communication by telephone or letter⁸.

(<https://www.regione.toscana.it/documents/10180/23648/Legge-%20n.%2063%20del%2015%20novembre%202004/820b4cfb-04cb-4404-ac47-a8f7f9bb4c80>).

³ Regional Law no. 52 of 10 November 2009, in BU no. 20 of 11 November 2011, Norme contro le discriminazioni determinate dall'orientamento sessuale o dall'identità di genere (*Rules against discrimination based on sexual orientation or gender identity*). Retrieved August 20, 2020 (<http://www.unar.it/wp-content/uploads/2015/06/Regione-Liguria-Legge-Regionale-n.52-2009.pdf>).

⁴ Regional Law no. 8 of 11 February 2010, in BU no. 17 of 18 February 2010, Norme contro le discriminazioni determinate dall'orientamento sessuale o dall'identità di genere (*Rules against discrimination based on sexual orientation or gender identity*). Retrieved August 20, 2020 (<http://213.26.167.158/bur/10/17.1802/leggi/5.html>).

⁵ Regional Law no. 5 of 23 March 2016, in BU no. 12 of 25 March 2016, Norme di attuazione del divieto di ogni forma di discriminazione e della parità di trattamento nelle materie di competenza regionale (*Rules implementing the prohibition of all forms of discrimination and equal treatment in matters falling within regional competence*). Retrieved August 20, 2020 (<http://arianna.consiglioregionale.piemonte.it/iterlegcoordweb/dettaglioLegge.do?urnLegge=urn:nir:regione.piemonte:legge:2016;5@2019-3-1>).

⁶ Regional Law no. 3 of 11 April 2017, in BU no. 16 of 19 April 2017, Norme contro le discriminazioni determinate dall'orientamento sessuale o dall'identità di genere (*Rules against discrimination based on sexual orientation or gender identity*). Retrieved August 20, 2020 (http://leggi.crumbria.it/mostra_atto.php?id=83424&v=FI,SA,TE,IS,VE,RA,MM&m=5#:~:text=Legge%20regionale%2011%20aprile%202017,3%20%7C%20Regione%20Umbria%20%2D%20Assemblea%20Legislativa&text=Norme%20contro%20le%20discriminazioni%20e,e%20dall'identit%C3%A0%20di%20genere.).

⁷ Regional Law no. 19 of 10 July 2006, in BU no. 87 of 12 July 2006, Disciplina del sistema integrato dei servizi sociali per la dignità e il benessere delle donne e degli uomini in Puglia (*Regulation of an integrated system of social services for the dignity and wellbeing of women and men in Apulia*). Retrieved August 20, 2020 (http://www.tribmin.bari.giustizia.it/allegati/legge-regionale_10_luglio_2006_n_19.pdf)

⁸ Law no. 135 of 5 June 1990, in GU no. 132 of 8 June 1990, Programma di interventi urgenti per la prevenzione e la lotta contro l'AIDS (*Urgent interventions programme for the prevention and fight against AIDS*).

With reference to blood donation, homosexual people were legally prevented from donating in the past, but the ban was lifted in 2005 and replaced with the one to those people “whose behaviour exposes them to high risk of acquisition of STIs” or “who have occasional sex” in the previous months⁹. Both the new law, as well as the self-administered anamnestic questionnaire, never mentions homosexual people, but the new wording leaves room for discriminatory interpretations and episodes of exclusion of gay men from blood donation are though sometimes reported, in case the information about the sexual orientation is disclosed.

In the field of vaccination, those who have considered to have sexual behaviours at higher risk of Hepatitis B (*inter alia* homosexual people), can gain free vaccination¹⁰. Depending on the regional strategic plan, this can be extended to cover also Hepatitis A. Basic treatments for the sexually transmitted diseases (STIs), as well as related medical advice, are always provided free of charge by the National Health Service.

In the event that anyone is dissatisfied with any treatment received at the hospital or provided by the general practitioner, the malpractice can be reported, at least in the first instance, to the Public Relations Office (URP) of the same hospital or relevant health unit, which will begin a formal investigation. The law provides that a response will be delivered to the applicant within 30 days after the report, but they can be extended to 45 in the event that further investigations are necessary¹¹. At the same time, however, the Office has the obligation to keep in touch with the citizen, keeping him/her updated on the state of the practice. Once the investigation is over, the Office will contact the user again to communicate the response, as well as the measures taken.

Alternatively, it is possible to contact the Tribunale del Malato, a network of structures set up on the initiative of the association Cittadinanzattiva in 1980. The aim is to protect and promote citizens' rights in the health and care sector. Its function is not jurisdictional, but that of informing citizens about their rights. For example, the following services are offered: free help

⁹ Decree of the Ministry of Health of 3 March 2005, in GU no. 85 of 13 April 2005. All.1: Protocolli per l'accertamento della idoneità del donatore di sangue e di emocomponenti (*Protocols for the determination of the suitability of the blood and blood component donor*).

¹⁰ Law no. 165 of 27 May 1991, in GU no. 127 of 1 June 1991, “Obbligatorietà della vaccinazione contro l'Epatite virale B” (*Mandatory vaccination against viral hepatitis B*) and “Vaccinazione per epatite B” (*Vaccination against hepatitis B*): clarifications to Ministerial Decree of 20 November 2000.

¹¹ Legislative Decree n.502 of 30 December 1999, 2 in GU no. 305 of 30 December 92, Riordino della disciplina della materia sanitaria (*Reorganisation of health regulations*).

and advice in the event of abuse or injustice; permanent monitoring of the structures for which reports are received; interventions on the structures themselves or on the reported services. Consequently, the Tribunale del Malato is not a real judge who can settle a dispute. Nor does it offer legal assistance. However, it can be considered a valid support for being informed about one's rights before filing an official lawsuit before a Court.

Since L. 164/1982, Italy has recognised the possibility of gender reassignment free of charge, despite the procedure was uncertain in both its requirements and its intermediate steps¹². The law was amended in 2011 with the introduction of a procedure which takes longer to complete and is more expensive¹³. Regarding the requirements for gender reassignment, the L. 164/82 does not expressly require a complete body change of primary sex characteristics and sterilisation as a necessary condition. However, case-law required for a long time that the person asking for gender reassignment to be permanently sterilised, even when s/he was not willing to. Only in 2015, both the Court of Cassazione¹⁴ and the Constitutional Court¹⁵ refused this interpretation and stated that the gender reassignment surgery must be considered as an option (as one of the possible alternatives) when this is the desire of the person concerned.

According to the Italian legal framework, at birth the child must be assigned to a male or female sex, so the use of a sex marker other than the binary male/ female indicators is not allowed, even in the case of ambiguous genitalia¹⁶. In general, when a child is born with a penis within a prescribed size then is registered as male, otherwise as female. Once grown, an intersex person may in any case amend the birth certificate using the aforementioned law on gender reassignment. On the other hand, there is no legislation regulating surgeries on intersex minors

¹² Law no. 164 of 14 April 1982, in GU no. 106 of 19 April 1982, Norme in materia di rettificazione di attribuzione di sesso (*Rules on gender reassignment*).

¹³ See the Legislative Decree no. 150 of 1 September 2011, in GU no. 220 of 21 September 2011, hence going against the declared goal of simplifying the procedure.

¹⁴ Court of Cassazione, 20 July 2015, no. 15138.

¹⁵ Constitutional Court, 5 November 2015, no. 221

¹⁶ Decree of the President of the Republic, no. 396 of 30 November 2000, in GU no. 303 of 30 December 2000, Regolamento per la revisione e la semplificazione dell'ordinamento dello stato civile, a norma dell'articolo 2, comma 12, della legge 15 maggio 1997, n. 127 (*Regulation to revise and simplify the civil status registration system*).

in Italy, but only a soft law issued by the National Committee for Bioethics, which recommended a moratorium for non-urgent surgery in order to respect the integrity of the body of the child¹⁷.

Regarding medically assisted reproduction, the Parliament passed a very restrictive law in 2004.¹⁸ The law was widely criticized and many couples brought their cases before the Italian Civil Courts with regard to pre-implantation genetic diagnosis, donor insemination and the issue of consent. Fifteen years on, having suffered the blows of the Italian Constitutional Court, little remains of that law, but the ban on access to single women and women in same-sex relationships.¹⁹ The same law also makes surrogacy illegal, regardless of the characteristics of the applicant.

4. Research, programs, and strategies

In Italy research on the health needs of LGBTI people is quite poor. Among the few strategies in place it is worth mentioning the implementation protocol ex Art. 3 of Gender Medicine Law where sexual orientation is included as parameter to take into account in the assessment of pathologies and in their management and, a specific paragraph is dedicated to the wellbeing of trans and intersex people.

Compared to other European countries, Italy is behind in research on the health needs of LGBTI people. No national survey carried out in the field of health in the past contained questions on sexual orientation, gender identity or expression, and intersex status of respondents. Even in the national statistical program, which takes place every 10 years, questions about sexual identity were included only in 2011.

Consequently, the only public source of data are the STIs testing centers, which collect anonymous basic data about the gender and sexual orientation of the applicants, then processed and made public yearly by the Centro Operativo Aids (COA). The contribution of associations in

¹⁷ Comitato Nazionale di Bioetica, CNB (*National Committee of Bioethics*), I disturbi della differenziazione sessuale nei minori: aspetti bioetici, (*the Disturbances of Sex Differentiation in children: bioethical issues*) opinion of 25 February 2010. Retrieved August 20, 2020 (<http://www.governo.it/bioetica/pareri.html>).

¹⁸ Law no. 40 of 19 February 2004, in GU of 24 February 2004, Norme in materia di procreazione medicalmente assistita (Rules on medically assisted reproduction).

¹⁹ Constitutional Court, 23 October 2019.

this area is also very limited. The only noteworthy study is “MODI DI”, promoted by Arcigay and Arcilesbica, whose results will be presented later in the chapter.

However, surveys carried out by the European Union Agency for Fundamental Rights (FRA) in 2012²⁰ and 2019²¹ found that discrimination on grounds of sexual orientation and gender identity in healthcare is quite widespread in Italy. In 2012, 8% of Italian respondents felt discriminated against because of sexual orientation/gender identity by healthcare personnel in the 12 months prior to the research, with a higher percentage with regard to transsexual people (12%). In the same survey, 13% of respondents reported having experienced inappropriate curiosity when using or trying to access healthcare services and more than half of respondents (56%) stated not to be open with any medical staff/healthcare providers about being LGBT. Analogous survey was conducted in 2019 including also intersex people. In 2019 the proportion of respondents who felt discriminated against due to being LGBTI has increased to 12% with significantly higher percentage for transsexual and intersex respondents (27%). Inappropriate curiosity is confirmed to be the main difficulty encountered by LGBTI people when accessing health services, especially for trans people (LGBTI: 12%; T: 20%).

In terms of strategies, in 2017 the Ministry of Health adopted the biennial national plan for actions against HIV and AIDS, as foreseen by Art. 1 of Law no. 135/90. The plan includes the development of strategies for key populations, such as trans people and men who have sex with men (MSM)²². In 2019, a national plan for the application and dissemination of Gender Medicine followed, as envisaged by Art. 3 of Law no. 3/2018²³. The document clearly states that, in the “assessment of pathologies and in their management”, various parameters will have to be considered, including, sexual orientation, in order to guarantee the quality and the appropriateness of the services provided by the National Health Service. Furthermore, a specific paragraph is dedicated to the wellbeing of trans and intersex people who, while sharing many of the health needs of the general population, are said to potentially present special needs. Particular attention is devoted to the intersex status, whose correct “diagnosis” is recognised as complex, but also as necessary for the proper management of patients and for the support of their families. The intersex status is

²⁰ <https://data.europa.eu/euodp/it/data/dataset/survey-eu-lesbian-gay-bisexual-transgender>

²¹ <https://fra.europa.eu/en/publication/2020/eu-lgbti-survey-results>

²² Ministry of Health, Piano nazionale di interventi contro HIV and AIDS (PNAIDS) (*National plan of actions against HIV and AIDS*), 2017. Retrieved August 20, 2020 ([PIANO NAZIONALE DI INTERVENTI CONTRO HIV e AIDS \(PNAIDS\)](#)).

²³ Law no. 3 of 11 January 2018, in GU no. 25 of 31 January 2018.

finally stated to represent an important opportunity to understand the processes that determine sexual and gender identity²⁴. However, the practical implementation of the plan and the impact on LGBTI people's health remains to be ascertained.

There is also a promising study "Studio Popolazione Spot"²⁵ which is being implemented. The Careggi Hospital of the University of Florence in Tuscany, in collaboration with the National Institute of Health, is carrying out a survey aimed at defining the number of adult trans people. This study would help meeting the health needs of trans people while optimizing health services.

In June 2020, the Higher Institute of Health (ISS) together with the National Office against discrimination (UNAR) launched the portal "Infotrans"²⁶, that provides citizens health and legal information dedicated to transgender people using a simple and easily understandable language. Besides a map of services for trans people by region, a list of good practices for health professionals is included. These practices recommend, *inter alia*, the use of a neutral language, the establishment of a trans friendly environment, the adoption of an open perspective on gender identity beyond the traditional male/female dichotomy. Furthermore, it is suggested to admit trans people in a single room, whether possible, in order to guarantee their privacy and to use forms with options other than man/woman. The need to train health professionals and to take into account the health needs of elderly trans people is also stressed.

As part of the implementation of the Law no. 63/2004, in 2012 the region of Tuscany launched the project "Pazienti non previsti in Ospedale" (*Unexpected patients at hospital*), aiming at measuring the attitude of regional healthcare professionals towards the population of lesbian, gay, bisexual and trans people at the hospitals. The data was used to outline further, appropriate, specific and targeted training for all professionals in the field of health. An example of this follow-up is the training curriculum "Positivo scomodo" (*Inconveninet positive*), aiming at eliminating the discrimination of HIV+ people when accessing health services (Ardis 2007). About 1500 health professionals benefited from the capacity-building.

²⁴ Ministry of Health, Piano per l'applicazione e la diffusione della medicina di genere (in attuazione dell'art.3, comma 1, Legge 3/2018), (*Plan for the application and dissemination of Gender Medicine pursuant to Article 3 of the Law no. 3/2018*). Retrieved August 25, 2020 (http://www.salute.gov.it/imgs/C_17_pubblicazioni_2860_allegato.pdf).

²⁵ <http://www.studiopopolazione.it/spot>

²⁶ <https://www.infotrans.it/>

There are also examples of best practices at the town level. In January 2020 the Hospital of Naples signed a cooperation agreement with a local LGBTI NGOs aimed at spreading, through events, scientific seminars and awareness-raising campaigns, the culture of HIV prevention and knowledge, starting with the delivery of rapid HIV tests for people at higher risk. A similar initiative was taken by the Hospitals of the city of Bologna with special reference to the gender reassignment procedure.

5. Support and services to LGBTI patients

There are no specific services provided by the National Health Service targeting LGBTI patients either at national or regional level. However NGOs play an important role in promoting and supporting LGBTI health with special regard to trans people.

In general terms there are no specific services provided by the National Health Service targeting LGBTI patients either at national or regional level.

As far as trans people are concerned, an important role in supporting and promoting their health is played by two non-profit organizations which some medical centers that take care of trans patients collaborate with, namely ONIG (Osservatorio Nazionale sull'Identità di Genere) and MIT (Movimento Identità Transessuale).

The first one, ONIG, is an association aiming to boost knowledge of gender issues at a scientific and social level. In addition, it aims to define guidelines for medical, surgical, psychological and legal intervention in order to ensure high quality services to people who undertake paths of gender affirmation. Guidelines developed by ONIG on the paths of affirmation of gender in trans and gender nonconforming people, currently under review, are based on international WPATH (World Professional Association for trans Health) and APA (American Psychological Association) standards of care to which andrologists, interviewed during the qualitative research for Open Doors project, reported to refer to²⁷. The ONIG guidelines clearly stated that the relationship between a health professional and patient/client has to be built on trust that allows a correct and exhaustive mutual information, in full respect of the self-determination of the person and

²⁷ The World Professional Association for Transgender Health (WPATH) 2012. "Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People". Retrieved August 20, 2020 (https://www.wpath.org/media/cms/Documents/SOC%20v7/Standards%20of%20Care_v7%20Full%20Book_English.pdf); American Psychological Association (APA) 2015, "Guidelines for Psychological Practice With Transgender and Gender Nonconforming People". Retrieved August 20, 2020 (<https://www.apa.org/practice/guidelines/transgender.pdf>).

responsibility of the professional. For this purpose, it is considered ethically correct to use in clinical practice a depathologizing perspective, i.e. an offer of service respectful, aware and supportive of trans and gender nonconforming people's identities and life experiences.²⁸

The second one, MIT, is a non-profit organization that defends and supports the rights of trans people providing them with qualified assistance and support in the transition and gender affirmation treatments. Since 1994, in agreement with the health system and the Emilia Romagna Region, MIT provides trans people with a health advisory centre²⁹.

Moreover, the Italian Society of Andrology and Sexual Medicine (SIAMS) recognizes for service centres dealing with gender dysphoria/incongruence the possibility of obtaining an accreditation provided the fulfilment of some requirements meant to guarantee a high quality service. In order to get the accreditation the centre has to ensure, *inter alia*, the presence of a multidisciplinary team (composed of at least: 1 endocrinologist, 1 psychologist, 1 psychotherapist, 1 psychiatrist, 1 urologist, 1 plastic surgeon, 1 gynaecologist, in addition to a specialist in bioethics and child neuropsychiatrist in case of accreditation for developmental age); a minimum number of patients/clients in the twelve months prior to accreditation; surgical expertise proven by the performance of at least 10 gender affirmation surgeries in the 12 months prior to possible accreditation; proven clinical and scientific experience (demonstrated through scientific publications) in trans health; proven active involvement in national/international scientific associations dedicated to trans health in all age groups (adult and child)³⁰.

The granting of this kind of "green label" will be useful for patients who want to undertake a gender affirmation treatment, however, the number of centres able to follow trans people for all steps through the transition path is limited and not well spread across the country; thus living in a region rather than another for a trans person can make a difference in terms of easy access to treatments and costs to be incurred (Posteraro 2016)³¹.

²⁸ Osservatorio Nazionale sull'Identità di Genere (ONIG), "Standard sui percorsi di affermazione di genere nell'ambito della presa in carico delle persone trans e gender nonconforming (TGNC)". Retrieved August 20, 2020 (<http://www.onig.it/node/19>).

²⁹ Movimento Identità Transessuale (MIT): <http://www.mit-italia.it>

³⁰ Società Italiana di Andrologia e Medicina della Sessualità (SIAMS): <http://www.siams.info/wp-content/uploads/2019/12/Regolamento-per-laccreditamento-dei-Centri-SIAMS-con-IG-definitivo-2.pdf>

³¹ On the ONIG website it is possible to find a list of Italian centres taking care of gender incongruence together with services provided by each of them.

Another not negligible aspect concerns the possibility of accessing hormonal therapies: only some regions dispense these drugs free of charge, creating inequalities at national level. In addition, according to AIFA (Italian Drugs Agency) the prescription of testosterone is reserved for endocrinologists, andrologists and urologists; this creates a differentiation between women, to whom estrogen can be prescribed by the general practitioner, and men who are obliged to request a specialist examination (Pierdominici 2019).

LGBTI NGOs, albeit discontinuously and with limited resources, carried out health promotion interventions which are almost exclusively related to prevention of HIV and STI. Some of them work in collaboration with institutions as community-based centres where people can get information about HIV and Pre-exposure prophylaxis (hereinafter PrEP) and get free access to tests for HIV, HCV and sometimes other sexually transmitted infections. The need to encourage the spread of community-based programs or services that offer HIV counselling and testing on a voluntary basis outside formal health facilities in order to reach the target population is underlined by the national plan for actions against HIV and AIDS³².

Among NGOs AMIGAY deserves a special mention. They are committed to promoting initiatives for the health rights of LGBTI people and for the rights of LGBTI health workers: their initiatives include training courses in “sex orienteering” and “LGBTI gender-based medicine”³³.

As for services, there are no guidelines specifically targeting LGBTI people. Nevertheless the Italian “Guidelines on the use of antiretroviral drugs and the diagnostic-clinical management of people with HIV infection” make reference to MSM and trans women as people who might benefit of the Pre-exposure prophylaxis (PrEP) because at substantial risk of acquire HIV infection; in these guidelines the adoption of an open and non-judgmental attitude is recommended for ensuring adhesion of patients, essential element for the success of PrEP³⁴.

According to the official website of Ministry of Health, anyone wishing to use PrEP as a method of HIV prevention must go to an infectious disease centre, carry out some tests (including an HIV test) and obtain a prescription from a specialist in infectious diseases who has to inform the

³² See above, PNAIDS.

³³ AMIGAY: [Home | AMIGAY](#)

³⁴ The Italian Society of Infectious and Tropical Diseases (SIMIT) and Ministry of Health 2017. Linee Guida Italiane sull'utilizzo dei farmaci antiretrovirali e sulla gestione diagnostico-clinica delle persone con infezione da HIV-1. (*Guidelines on the use of antiretroviral drugs and the diagnostic-clinical management of people with HIV infection*). Retrieved August 20, 2020 (http://www.salute.gov.it/imgs/C_17_pubblicazioni_2696_allegato.pdf).

patient that PrEP does not prevent from other STIs. In Italy at the moment, the cost of PrEP is borne by the person concerned.

In case of exposure to risk and in an attempt to avoid possible HIV infection, post-exposure prophylaxis (PEP) is recommended as soon as possible, without exceeding 48 hours. Emergency room of large hospitals or infectious diseases departments are the place where to go for getting PEP which is prescribed, after an interview with the doctor³⁵. Unlike PrEP, PEP is provided free of charge.

In November 2019 the Italian Society of Infectious and Tropical Diseases (SIMIT) together with the Italian Conference on AIDS and Antiviral Research (ICAR), also involving LGBTI NGOs, promoted a Consensus Conference called UequalsU. In the document, produced after the Consensus Conference, the extensive scientific evidence supporting the effectiveness of antiretroviral therapy in preventing the transmission of HIV infection (summarized in the acronym U=U that means undetectable=untransmittable) by people who have achieved virological suppression was reviewed and, on the base of this evidence a list of recommendations for the Italian scientific community, in particular infectious diseases specialists, was developed.³⁶

To date there are no specific services or guidelines addressing intersex people, except for the opinion of CNB mentioned in the legal framework section, however, it is worth mentioning that Avvocatura per i Diritti LGBTI-Rete Lenford - a network of lawyers, professionals, scholars dealing with LGBTI issues - in collaboration with Intersexioni, a non-profit organization for the scientific divulgation of intersex issues and advocacy for intersex people rights, is developing guidelines to be submitted to the health authorities in order to regulate and stop normalizing treatments on intersex people³⁷.

³⁵ Ministry of Health, FAQ - HIV and AIDS. Retrieved August 20, 2020 (<http://www.salute.gov.it/portale/hiv/dettaglioFaqHIV.jsp?lingua=italiano&id=221>)

³⁶ http://www.salute.gov.it/imgs/C_17_pubblicazioni_2903_allegato.pdf

³⁷ <https://www.retelenford.it/temi/intersex/>

6. Professionals and capacity building

Results of the Open Doors online survey show quite positive attitudes of respondents towards LGBTI people and, on average, fair knowledge on issues concerning the health of LGBTI people. Nevertheless, education on issues related to LGBTI people and their health is very poor and the need for training is essential starting with terminology and inclusive language.

As part of this project, we conducted in depth personal interviews with 10 healthcare professionals and had an online survey open at health professionals (doctors, nurses, psychologists, social workers) who are currently working at a health-care provider or students who are currently enrolled at a university or other training institution in the field of healthcare. Besides some preliminary questions on professional and/or educational background of participants and a few final questions for collecting their demographics, the survey was intended to investigate knowledge, attitudes, experience and practices, as well as training needs of respondents. Of 188 respondents who took part in the survey only 132 completed the entire questionnaire.

Unless otherwise specified the following percentage for each item refers to the sample whose effectively answered the questions, therefore the number of respondents may vary from one section/question to another.

When appropriate results of the Open Doors survey will be compared with those of two other abovementioned surveys: the first one, "MODI DI", a national survey on health condition, protective behaviours and HIV risk perception in the homo-bisexual population carried out in 2006 and promoted by Arcigay and Arcilesbica with the support of the Italian Institute of Health (Lelleri 2006); the second one, "Pazienti non previsti in ospedale", a local survey aiming at investigate attitudes of health professionals towards LGBTI population conducted in 2012 by the Tuscany Health Service in collaboration with Tuscany Region³⁸.

³⁸ Six hospitals of Tuscany Region were involved in this survey: 3763 questionnaires were distributed, 1325 were returned and of these 1200 were considered valid. (<https://www.regione.toscana.it/documents/10180/320308/Pazienti%20non%20previsti%20in%20ospedale/2d11ef1-d06d-4dcd-8dde-aa2a50cbdbab>).

Besides the results of the online survey in the following section the opinions of health professionals and experts interviewed as part of Open Doors project will be reported.

6.1 Knowledge

Respondents were asked a set of questions divided into two subgroups in order to assess their level of knowledge of LGBTI terminology and health issues which can affect LGBTI people.

In particular, in the first group of multiple-choice questions concerning LGBTI terminology respondents had to choose among three options the answer that would make the statement true (e.g. Maria is a trans woman means "Maria identifies as a woman: her gender identity is female. However, at birth her assigned sex was male"). "I don't know" was also a possible answer.

Results show that the percentage of respondents who picked the right answer vary significantly from one question to another. Of the 163 respondents who answered the 4 questions in this section the range of those who answered correctly vary from 95% for the meaning of the statement "Peter is bisexual" to 37% for "Laura is intersex", while the percentage of correct answers are respectively 75% for the question about the meaning of the terms "sexual orientation", "gender identity" and "sex characteristics" and 80% for that one concerning the meaning of the statement "Maria is a trans woman". The intersex condition is the least known with a high rate of respondents explicitly declaring their ignorance (28%).

Before accessing the second subgroup of questions about knowledge a short glossary of LGBTI terminology was provided to respondents. Then respondents were asked to indicate if a series of statements concerning health (5 questions) and rights (2 questions) of LGBTI people were "true" or "false". "I don't know" was an additional answer option.

Of the 163 people who responded to the previous section on knowledge 9 dropped out at this point, so 154 people filled in this part. A large majority of respondents (84%) were aware of the fact that "LGBTI youth have higher rates of suicidality than their heterosexual, cisgender youth". About two-thirds were aware that "breast cancer can still occur after bilateral reductive surgery for female-to-male trans" (69%) and that "people living with HIV receiving antiretroviral treatment are no longer able to transmit the infection if their viral load is undetectable" (63%), while a slight majority knew that in Italy it is possible for a person to legally change their name

and gender in their official documents (57%). The lowest level of knowledge was recorded for the statement that “lesbians are more likely to suffer from obesity than heterosexual women” where only 12% correctly answered, 33% replied that they did not know and 55% selected the wrong answer.

Regardless this last question on obesity and that one on intersex condition, the picture stemming from the results of the online survey seems more reassuring than opinions expressed by health professionals during in-depth interviews where all but one of interviewed people, based on their experience with students, discussion with colleagues as well as opinion of LGBTI colleagues and patients, reported a general lack of knowledge of health professionals starting from the confusion and unclear understanding of the difference between sexual orientation and gender identity.

For instance, one of the professionals interviewed pointed out that:

“On average health professionals are not well equipped to deal with LGBTI patients partly due to a certain reluctance to address sexuality issues; this also depends by the fact that in our universities there is little attention to sexuality medicine which is rarely taught”.

He also added how this lack of knowledge and training can lead to absurd situations:

“I was once called urgently by a colleague because a trans woman had been admitted to the neurology ward; even though the admission was exclusively related to a neurological problem that had nothing to do with the patient's trans condition the colleague was panicked and didn't know how to behave.” - andrologist, Brescia

Also the results of the survey “Pazienti non previsti” depict a worse picture when compared with Open Doors survey results. Two of the items included in that survey aimed at investigating health professionals knowledge of terms “homosexual” and “transsexual” and for both questions only a slight majority gave the right answer. In particular, while 54% of respondents indicated homosexuality as a “natural variation of human sexuality”, according to the WHO definition, 13% of respondents chose “a pathological condition of human sexuality” and 2% “a recessive genetic anomaly” as the answer option, revealing not only a lack of knowledge but also a strong stigma and prejudice towards LG people. As regards the meaning of “transsexual” only 51% of respondents gave the right answer.

One explanation of the higher knowledge expressed by the Open Doors survey sample could be that respondents who took part in our survey are on average more interested on LGBTI issues and for this reason more informed. This conclusion seems supported by some comments left by respondents at the end of the questionnaire.

6.2 Attitudes

Respondents to OpenDoors online Survey were asked to indicate if they agreed or disagreed with a set of statements in order to assess their attitudes towards LGBTI people. Respondents were invited to provide responses on a scale of 1 to 5, where 1 denotes total disagreement and 5 denotes total agreement. "I don't know" was included as a possible answer option.

When asked whether LGBTI people should have the same rights as any other member of society 95% of respondents agreed or strongly agreed with the statement, while 92% of respondents agreed or strongly agreed that it is important to create an inclusive environment for LGBTI patients or clients.

When asked whether they would feel uncomfortable dealing with an LGBTI patient almost all respondents disagreed or strongly disagreed with the statement with a slight difference depending on whether the patient/client is LGB (96%) trans (95%) or intersex (93%).

Likewise almost all of respondents (94%) of "Pazienti non previsti" survey stated that they never felt any discomfort in taking care of a "homosexual" patient.

More than two-thirds of respondents (71%) disagreed or strongly disagreed with the statement that LGBTI people should keep their sexual orientation, gender identity or sex characteristics private; however, when asked about the importance for health professional to know it in order to provide patients with appropriate services, respondents were significantly more likely to agree that it is important to know patients' or clients' intersex status (74%) compared to their gender identity (64%) and especially their sexual orientation (44%).

The reason does not seem to lie in the possible difficulty for respondents of investigating these aspects: indeed, when asked if they would find difficult to talk about sexual orientation, gender

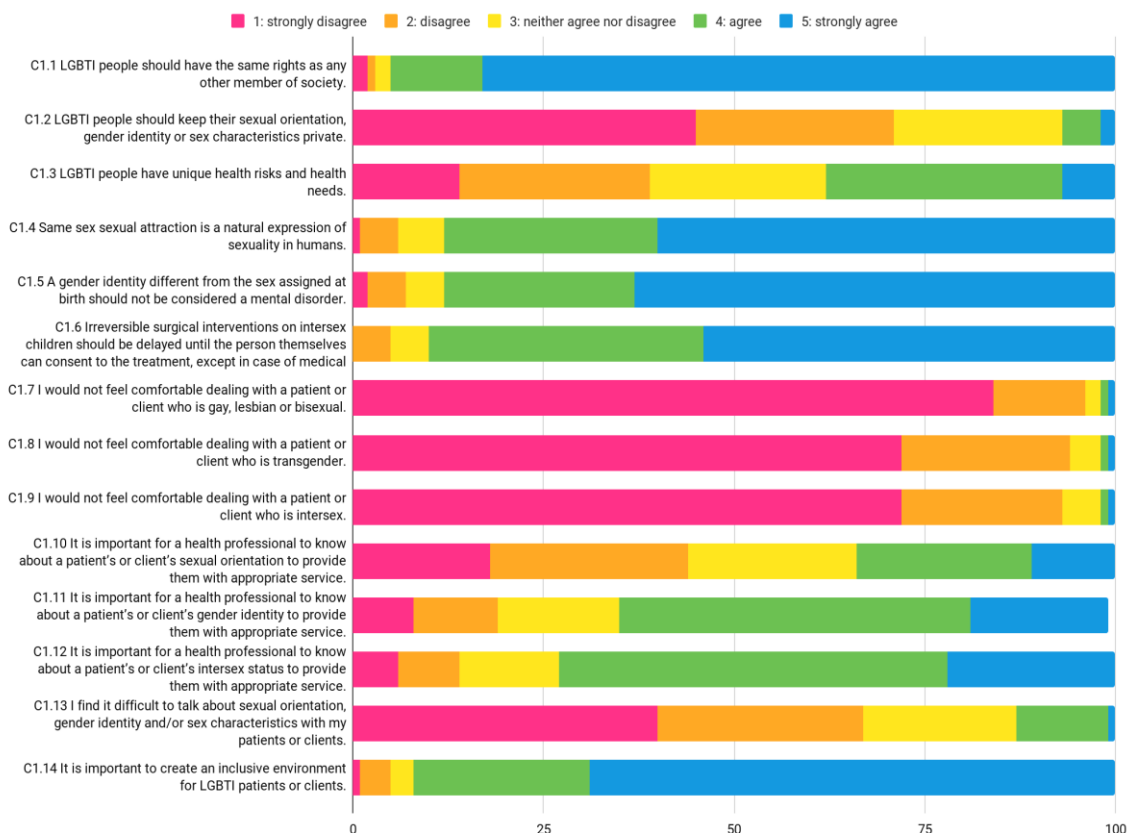
identity and/or sex characteristics with their patients or clients only 13% agreed or strongly agreed with the statement.

Results of this section of the Open Doors survey seem to suggest that although the large majority of respondents believe people should be free to express their sexual orientation publicly and they feel comfortable in talking about a patient’s sexual orientation they do not consider to know it so relevant for medical and health purposes.

Results of the Open Doors Survey on respondents attitudes are shown in Chart 1 below:

Chart 1 - Attitudes towards LGBTI people

To what extent do you agree or disagree with the following statements?



Not to deem so relevant knowing patients’ sexual orientation it also comes out from the “Pazienti non previsti” survey where health professionals were asked to give their opinion on whether it

was appropriate to ask patient about his or her sexual orientation and at the same time to explain the reasons (open field) for their choice.

Less than 1 in 10 respondents thought it is appropriate asking patients' sexual orientation and the reasons fall essentially into three categories: "to investigate possible STIs" (47%), "to define diagnosis" (42%), "to provide psychological counselling" (11%).

On the other side, the reasons not to ask, indicated by the large majority of respondents (93%) who did not find appropriate to pose questions about sexual orientation, can be grouped in five categories: "not relevant for diagnostic and service purposes" (44%), "out of respect for privacy" (29%), "it does not concern me" (18%), "personal choice to be respected" (6%), "only if useful for diagnostic and service purposes" (3%). It is interesting to note that the main reason for not asking seems based on the assumption that there is no correlation between sexual orientation and health needs.

Even if the Italian National Survey "MODI DI" was not aimed at professionals but at LGB people to investigate their health conditions, because some of the questions concerned the doctor-patient relationship, it seems worthwhile to report them here in order to see patients' perspective. In the "MODI DI" survey respondents were asked if they had disclosed their homo-bisexuality to their general practitioner (GP) and in case of disclosure if they had noted a change in the relationship with GP. The sample was divided into two groups: MSM, including gay and bisexual men, and FSF, including lesbian and bisexual women. More than two-thirds of respondents for both groups declared there was no disclosure of sexual orientation with GP (MSM:69%; FSF: 80%). Among MSM respondents who did coming out, only less than 2 in 10 said that disclosure led to an improvement of the relationship (14%) while according to a large majority of respondents nothing has changed (81%). By contrast, when asked respondents if they disclosed their sexual orientation to their psychologist/psychotherapist, if any, almost 8 in 10 said yes (MSM: 78%; FSF: 78%) and slightly less than two-thirds (MSM:64%; FSF:64%) of respondents considered the attitude of psychologist/psychotherapist towards homosexuality as positive. It seems remarkable that even in a context where it is very important to tell about themselves like in the relationship with a psychologist more than 20% of respondents do not reveal their sexual orientation.

Finally, when asked if they agreed or disagreed with the statement "I am afraid to receive a worse treatment because of my sexual orientation when I turn to doctors and nurses" more than 3 in 10

respondents agreed or strongly agreed with the statement (MSM: 32%; FSF: 35%). The fear of discrimination could be one of the reasons preventing patients from coming out.

Findings of the Open Doors online survey on the importance of knowing patients' sexual orientation appear in line with opinions collected from health professionals and experts interviewed. According to the majority of interviewees to know gender identity, especially when a person has undertaken a transition path, and intersex status of a patient or client is deemed of great importance in order to provide appropriate care; as opposed to sexual orientation often regarded as closely pertaining to an individual's intimate and private dimension and for this reason neglected except for prevention purposes.

"It's important to know physical characteristics: person as a body. The same does not apply to sexual orientation that concerns the personal sphere" - Head of medical research in a non-profit foundation, Milan

"For sure it is important to know if I am dealing with a trans patient: e.g. screening for some kind of cancer (MtF may need screening for prostate cancer; FtM may need pap test or mammography). In general they need a more sensitive staff capable of embracing diversity - for trans people increased fragility and stress can lead to risky behaviours also due to poor social acceptance; to know their sexual orientation is not relevant. In the broader sense of health and prevention, knowing about sexuality can be important in case of risky behaviour" - andrologist, Florence

Nevertheless, the importance of knowing sexual orientation of patients has been highlighted by some interviewees in order to consider minority stress and to better understand patients as a prerequisite for providing them with the most appropriate service and treatment.

"I think it's important in order to learn more about my patients: I need to know the patient's life for giving him/her personalized and more appropriate care (what does he/she do, if he/she turns to the internet for therapies, etc.) - Usually, I don't ask explicitly about sexual orientation but if I need to know I try with indirect questions (Who does he/she live with? Does he/she have a partner? etc.)" - orthopaedist, Brescia

Interestingly one of the people interviewed has underlined:

“It would be important [to know about sexual orientation of a patient] but the problem is how. It can be helpful for diagnostic purposes but the approach is often based on prejudices and stereotypes (Gay man = HIV/STI). It is problematic also from a legal point of view because sexual orientation is considered as sensitive data” - law researcher, Bergamo

6.3 Experience and practices

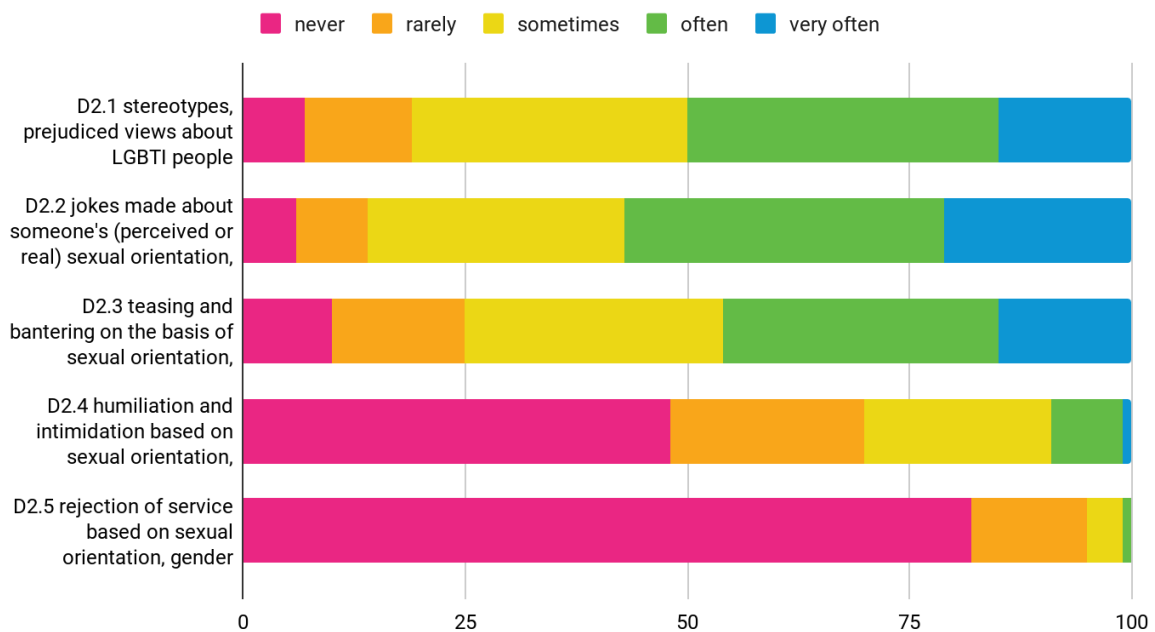
Of 188 respondents who passed the initial screening 146 completed this section concerning the experience and practice with LGBTI patients or clients.

When asked how often respondents have had patients or clients that were openly LGBTI only less than 1 in 10 responded often or very often, 23% sometimes, 20% rarely, 23% never and 27% didn't know. Results seem suggesting that the experience of the sample with LGBTI patients is not so widespread.

Then respondents were provided with a set of situations and asked to indicate how often they had experienced or overheard any of those during their studies or at work. Results are presented in Chart 2 below:

Chart 2 - Experience of discrimination against LGBTI people

How often have you experienced or overheard any of these during your studies or at your work?



A majority of respondents had often/very often experienced or overheard “jokes made about someone's (perceived or real) sexual orientation, gender identity or sex characteristics” (57%). “Stereotypes, prejudiced views about LGBTI people” and “teasing and bantering on the basis of sexual orientation, gender identity or sex characteristics” were often/very often experienced or overheard by almost half of respondents, respectively 50% and 47%, while “humiliation and intimidation based on sexual orientation, gender identity or sex characteristics” had been experienced or overheard very often by 1% of respondents, often by 9%, sometimes by 21%, rarely by 22% and never by 48%.

Almost the totality of respondents never (81%) or rarely (13%) experienced or overheard rejection of service based on sexual orientation, gender identity or sex characteristics. It should be noted that such serious misconduct as denial of service would be in breach of Italian Constitution and principles governing the National Health System, as specified in the legal Framework section, and health professionals would risk both disciplinary measures and lawsuits.

Respondents were asked to indicate how likely they would ask about a new patient's sexual orientation, gender identity and sexual characteristics with six possible answer options (highly unlikely, unlikely, neither likely nor unlikely, likely, highly likely and I don't know).

Less than 2 in 10 of respondents were highly likely or likely to ask about sexual orientation of a new patient/client (16%) compared to 26% for gender identity and 34% for sexual characteristics. These results appear to be consistent with the findings in the previous section regarding attitudes where sexual orientation was regarded as less important than gender identity and sex characteristics for medical purposes.

Last questions of this section were aimed at investigating how likely respondents would use neutral language and address someone by their preferred name and gender. Almost 7 in 10 respondents were likely to use patients' preferred name and gender, regardless of what is written in their documents (highly likely: 48%; likely: 29%), while respondents were slightly less likely to use neutral language when asking about patients' family relations (highly likely: 33%; likely: 42%).

6.4 Training

In Italy, education, as well as health, is one of the areas of shared competence between the State and the Regions; therefore, on one side, both central government and local authorities enact provisions governing university and post university learning, on the other side, despite the common rules established by the State local provisions can vary from a region to another. In addition, the Italian education and training system is organized according to the principles of subsidiarity and autonomy of educational institutions, thus each university has a certain degree of independence in organizing its educational offer.

With regard to the contents of health professionals academic curricula these are established by Ministerial Decree n. 270/2004 where learning goals and the list of courses to be covered are provided distinguishing by different classes of degree (Medicine and surgery; nursing science; psychology and so on)³⁹.

In order to get a degree students are required to award a certain number of educational credits: the majority of courses are mandatory and their content is equal or very similar for all relevant faculties/departments across the country. There is still room for optional courses which complete the curriculum and whose content is decided autonomously at university level. At State level there is no reference to LGBTI population and/or their health needs neither in learning goals nor in specific courses; however, it cannot be excluded that topics concerning LGBTI

³⁹ Ministerial Decree no. 270 of 22 October 2004, in GU no. 266 of 12 November 2004.

health may be included as part of a course “labeled” under a different name or treated as an optional course (e.g. “Inequalities in health and access to care for LGBTI people”, University of Verona).

Even not in a continuous and widespread manner throughout the national territory, we found a few training initiatives concerning the health of LGBTI people that deserve to be mentioned: the University of Florence provides a First level master course on “Gender incongruence at different stages of development”⁴⁰ currently underway, while the Hospital of Ferrara since 2019 included the topic of gender variant children in the three-year training course for new general practitioners (Signani 2019).

Healthcare professionals have a deontological obligation, stated in the Code of Ethics, to acquire new knowledge and skills and transfer them into practice in order to provide good quality services. According to Art. 16 *quater* of Legislative Decree no. 502/ 1992, participation in lifelong learning is a prerequisite for carrying out health professional activities both in the public and private sector. Training goals and requirements for obtaining accreditation as a provider are established by the National Commission for lifelong education (Agenzia Nazionale per i Servizi Sanitari Regionali) together with the new State-Regions Agreement of February 2017⁴¹. Unlike other vulnerable groups who are specifically mentioned (i.e. migrants), no explicit reference to LGBTI people and/or their health needs is included in the above mentioned documents.

Section E of the Open Doors Online Survey was dedicated to training with a first set of questions aimed at investigating which topics on LGBTI issues were covered in the basic training of the respondents or in a specialized service training course, how they rate the quality of training received and if they feel professionally prepared to deal with LGBT patients/clients. The second series of questions, on the other hand, aimed at identifying which topics respondents would like to be addressed during a training on LGBTI issues as well as the preferable format and content of an ideal training. 132 respondents have completed this section.

On average, the number of respondents who received training on LGBTI issues is quite low. According to survey results the only topic that has been covered during the training by the majority of respondents is “LGBTI people and sexually transmitted diseases” (49%: as part of basic training; 7%: as part of an in-service training; 16%: as part of both basic and in-service

⁴⁰ <https://www.unifi.it/vp-11408-dipartimento-di-scienze-biomediche-sperimentali-e-cliniche.html>

⁴¹

https://ape.agenas.it/documenti/Normativa/Accordo_Conferenza_Stato_Regioni_Rep_n_14_CSR_Punto_1_odg.pdf

training). The range of respondents who did not receive any training vary from 68% for “differences of sex development / intersex conditions”, 78% for “legislation on same-sex partnership and parenting”, 92% for “legislation on legal gender recognition”, and “barriers to accessing healthcare by LGBTI people”. Moreover, a not negligible number of participants, compared to the sample that responded, stated that they did not know whether topics envisaged had been dealt with during training: for instance with regard to “position of psychiatry whether homosexuality or bisexuality is a mental illness” of 131 respondents 17 said yes (as basic, in-service or both), 84 respondents said no and 30 stated they didn’t know. Analogous results are recorded when asked about “position of psychiatry whether having a trans identity is a mental illness” (15:yes; 88:no; 28:I don’t know).

One possible explanation could be that these topics were not actually addressed in the training of respondents or the quality level was inadequate; in any case in practice they can be assimilated to those who did not receive any training. Another possible explanation could be the participant's lack of interest in the topics and/or section of the survey, but this does not seem to be confirmed by the data in the following section where the number of those who chose the "I don't know" option is significantly lower compared to the previous one (a range from 12 to 30 for the first section versus 4-12 in the second section).

It should be noted that the Italian sample is mostly made up of students who have not yet finished their university studies, so it cannot be excluded that some topics may, at least partially, be dealt with in their future study plan. On the other hand, almost all the professionals interviewed for qualitative research stated that they have not received training on LGBTI issues at university and that their current knowledge is the result of self-training, selection of tailor-made educational/training events covering some of the topics, and skills acquired due to their field of specialization. This seems to be confirmed by the fact that, according to research conducted for this project, specific courses/training concerning the health of LGBTI people, despite some notable exceptions, are extremely rare.

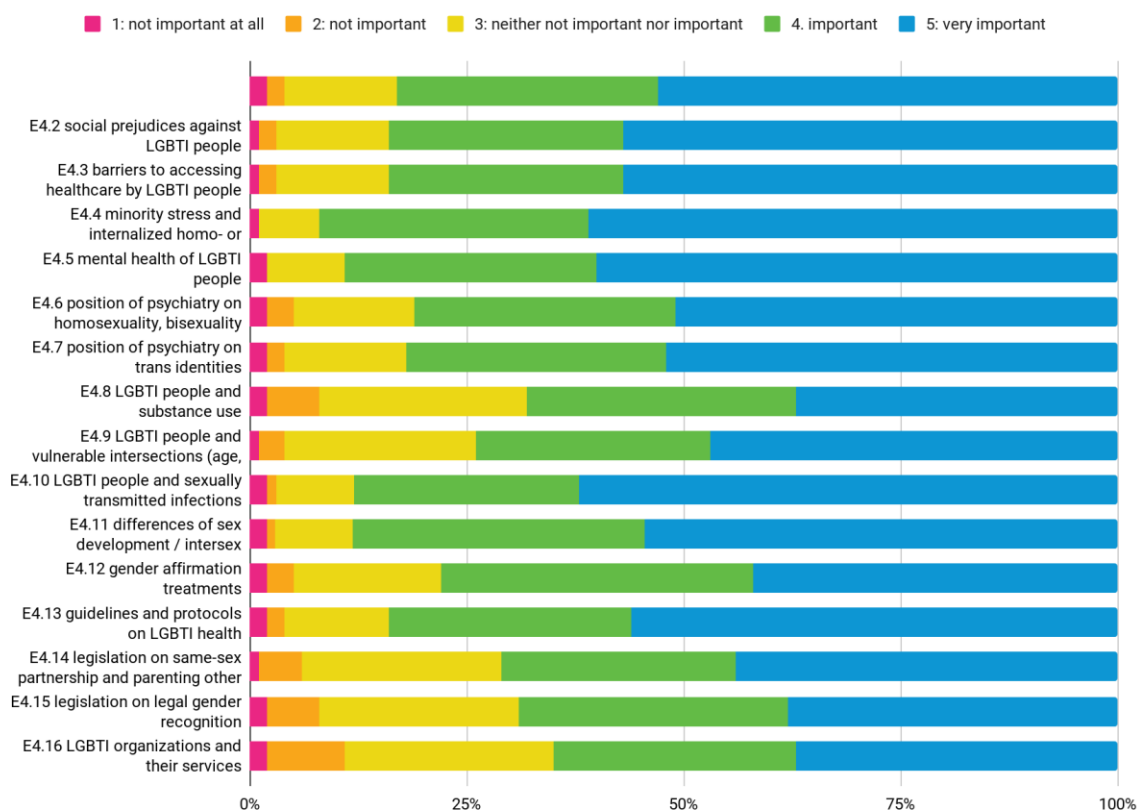
When asked respondents to rate the quality of the coverage of LGBTI health issues in the education received on a scale 0 to 10 (0 totally unsatisfactory - 10 totally satisfactory) the majority of respondents found it unsatisfactory (0: 37%; 1: 15%; 2: 11%) and less than one-third (28%) agreed/strongly agreed with the statement of having the knowledge and skills to provide good quality services to LGBTI patients or clients.

The last segment of the survey focused on the training needs of respondents who were asked to indicate on a scale of 1 to 5, where 1 means not at all important and 5 means very important, how important it is that a list of topics on LGBTI issues is covered in a training.

On average, more than two-thirds of respondents rated all sixteen topics identified as important or very important, with a variation between 65% for "LGBTI organizations and their services" and 91% for "minority stress and internalized homo- or transphobia". In addition, 10 out of 16 topics were considered important or very important to be covered by more than four-fifths of respondents. It is interesting to note that, although the sample consists essentially of health professionals and medical students, the interest of respondents is not limited to "strictly medical topics". Results are shown in Chart 3 below:

Chart 3- Topics to be covered in a training on LGBTI issues

In your opinion, how important it is for the following topics to be covered in a training on LGBTI issues?



Opinions collected through the interviews point in the same direction: according to health professionals and experts interviewed some topics like LGBTI concepts and terminology, inclusive language, social prejudices and minority stress should be mandatory and taught to any person who has or could have direct contact with a patient including receptionists and administrative staff.

"It's fundamental to learn the correct and inclusive approach starting with not taking the patient's heterosexuality for granted" - gynaecologist, Modena and "to underline that to be LGBTI is not a pathology!" - andrologist, Florence

Taking as an example an episode she witnessed to, one of the interviewees stressed the importance of training health policy makers as well:

"A trans man FtM receives a letter for andrological screening: he doesn't need it; it could be upsetting and painful for him receiving that letter and it's a huge and useless cost for the health system" - Head of medical research in a non-profit foundation, Milan

More specific topics like intersex and trans condition according to the majority of interviewees should be regarded as mandatory for some specialisations, especially those concerning the sexual sphere (namely: gynaecology, andrology, endocrinology and urology) and optional for those who don't practice in those fields.

More than one respondent stressed the importance of training general practitioners, first contact with the patient, and paediatricians for the key role they play.

"[A]dolescence is the main moment in which sexual orientation and gender identity are formed and it is also the moment of transition from paediatrician to general practitioner: very few health professionals know how to deal with certain topics and dialogue in a serene way, which is why their training is essential". - andrologist, Brescia

“[I]f a child / adolescent with atypical gender behavior shows up, it is essential for paediatrician to be able to give adequate answers to patient and parents” - andrologist, Florence

Finally, all interviewees agreed on the importance of starting training at university and whether possible even earlier.

With regard to the format and methods of an ideal training, in-person teaching (36%) and a combination of e-learning and in-person teaching (35%) were the preferred solution over e-learning considered alone (16%). Regarding methods respondents showed a clear preference for debating contested questions (71%) followed by discussing case studies and meeting with LGBTI people (61%), while role play and brainstorming are the least favourite options. Survey respondents' choices are reported in the Table 1 below in order of preference:

Table 1 - Format and methods of an ideal training

Format	Methods
<ul style="list-style-type: none"> - in-person training (36%) - combination of elearning and in person training (35%) - e-learning (16%) 	<ul style="list-style-type: none"> - debating contested questions (71%) - meeting with LGBTI people (61%) - discussing case studies (61%) - presentation of research results (58%) - sharing experience (45%) - brainstorming (23%) - role play (22%)

Almost all respondents would be willing to participate in a training course on LGBTI issues even if no training credits are granted (67% in any case; 26,5% if credits awarded) while the potential cost of the training is a factor that can affect participation (18% of respondents would participate anyway while 72% would subordinate their participation to the amount of the fee).

7. Conclusions

The situation of LGBTI patients in Italy is complex. The results of this research show that, while attitudes towards LGBTI people accessing healthcare is definitely positive, with more than two-

thirds of survey respondents disagreeing with the statement that they should keep their sexual orientation, gender identity or sex characteristics private, in terms of knowledge the results are less clear. This is likely due to the fact that the number of respondents who received training on LGBTI issues is quite low, as training initiatives concerning the health of LGBTI people are few and concentrated in some regions. The lack of research on the health needs of LGBTI people also prevents the possibility of delivering effective capacity-building. Future surveys will need to look more closely at some of the issues observed here. In particular, it might be useful to distinguish between trans men and women. It is also necessary to specify what we mean by specific services for LGBTI people, apart from trans people. It would also be good to explore why some respondents think that knowing the patient's sexual orientation is not relevant for medical and health purposes or in what cases it is. Finally, it would be good to find out what the causes of the lack of research on the health needs of LGBTI patients are.

Recommendations

- 1 Support the enactment of a law prohibiting sex-normalising treatments and surgery on intersex people
- 2 Ensure application of Gender Medicine Law in the direction of including LGBTI people special/unique health needs
- 3 Plan researches on the health condition of LGBTI people
- 4 Promote LGBTI-friendly health unit/services within the National Health System
- 5 Encourage development and sharing of good practices

6

Ensure that appropriate training and sensitization is provided to students, health professionals and all people who deal with LGBTI patients/clients

7

Take care of the training of trainers (ToT)

8

Increase involvement and collaboration between LGBTI NGOs and Health Services

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