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Department of Forensic Medicine & Toxicology, Third Floor, Library Building, Seth G S Medical College & KEM Hospital, Parel, Mumbai, Maharashtra, India. Pin-400 012. Email id: [mlameditor@gmail.com](mailto:mlameditor@gmail.com) Phone: 022-24107620 Mobile No. +91-9423016325.



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## Original Research Article

### **Awareness Regarding LGBTQ Persons Medical Problems, their Rights and Related Laws among Medical Fraternity**

Rahul M. Band<sup>a</sup>, Ashwinikumar B. Sapate<sup>b</sup>, Sadhana V. Lakhute<sup>c\*</sup>, Ajay L. Ghangale<sup>d</sup>, Kavya Vaddi<sup>a</sup>

<sup>a</sup>Assistant Professor, <sup>b</sup>Professor, <sup>d</sup>Professor & Head, FMT; <sup>c</sup>Associate Professor, Community Medicine, Dr. D Y Patil Medical College Hospital & Research Center, Pimpri, Pune, Maharashtra, India.

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Health Problems,  
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#### Abstract

**Introduction:** The LGBTQ community is a heterogenous group, with varied demographics, sexual orientations, gender identities and behaviours. Therefore, subgroups within the LGBT community are unlikely to have the same health needs. Educating healthcare professionals (HCPs) about LGBT-related healthcare issues is considered the most effective way to improve LGBT patients' management in healthcare. **Material and methods:** A total of 862 participants answered the questionnaire to check awareness in UG and PG medical students and medical professionals regarding rights and legal aspects of LGBTQ community based on MCQ type questionnaire. **Observation & results:** In this study, for 15 MCQs, 10 questions have more than 50% correct reply; and, for 5 questions with true/false or yes/no reply, 4 got more than 50% correct responses. It signifies need to increase legal literacy regarding rights of LGBTQ persons and their special medical needs among medical fraternity. **Conclusion & recommendations:** According to this survey awareness among medical students and practitioners is above 50% regarding general knowledge and legal rights but below 50% regarding healthcare needs and their treatment. To increase this awareness medical education should incorporate LGBTQ health issues in UG & PG curriculum.

#### 1. Introduction

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) people in India have experienced a long history of discrimination, including criminalization and classifications as mentally ill, attempts to forcibly change LGBTQ people's sexual orientation and/or gender identity, hate crimes and violence, and exclusion from employment, housing, public spaces, and social institutions.<sup>1</sup> Most health services research to date has focused on differences between non-LGBTQ and LGBTQ individuals, unable

to ascertain the variability within this population. Yet, evidence suggests that healthcare access, use, and experiences differ systematically among LGBTQ subgroups also.<sup>2</sup>

The LGBT community is a diverse group, with variation in the demographics, sexual orientations, gender identities and behaviors. Therefore, subgroups within the LGBT community are unlikely to have the same health needs. However, LGBT (plus queer (Q) and intersex (I))

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\*Corresponding author: Dr. Sadhana V. Lakhute, Associate professor, Community Medicine, Dr. D Y Patil Medical College Hospital & Research Center, Pune, Maharashtra, India. Email: [s.lakhute@gmail.com](mailto:s.lakhute@gmail.com) (M): +91- 9890648700.

groups were primarily representing a large group of people who have been neglected by the society.<sup>3</sup> The surge of medical conditions in the LGBT population strengthens the requirement of availability of proper healthcare. Systemic barriers include insensitive or lack of screening invitations, a lack of specialized services such as gender identity clinics, or deliberate withholding of treatment.<sup>3</sup>

The most operative way of enhancing the healthcare to LGBT patients is by making the doctors oriented about health issues faced by LGBT patients. Psychiatric doctors are more better positioned to handle issues related to LGBT patients orientation problems or gender identity. Many health professionals who do not feel comfortable in their ability to provide quality care for LGBT patients do not elicit complete sexual histories routinely and/or harbor bias towards these patients or their sexual practices. This situation underscores the continued need for further education on this topic.<sup>4</sup> Criminal law, matrimonial relations, commercial and corporate law and the law of contractual relations all have ambiguity regarding LGBT rights. Traditionally, the law has not served as a barometer of social change-if anything, it has acted in response to a need to regulate a situation which has already developed. Although transsexualism as a concept has been known for centuries, it is only within the last decade or two that our legal system has begun to recognize it.<sup>5</sup> The Government has recently formulated educational, social security and health schemes and welfare schemes and programmes in a manner to be transgender sensitive, non-stigmatizing and non-discriminatory to transgender persons.

As there is need to assess awareness among medical fraternity regarding rights and legal aspects of LGBTQ community and to have cognizance of their medical problems. This study is an attempt to focus on same.

## 2. Material and methods:

It is an observational cross-sectional study done on medical professionals i.e., UG & PG medical students, doctors and faculties from Medical College in Pune region who consented to participate in the study. A total of 862 participants answered the questionnaire to check awareness in UG and PG medical students regarding rights and legal aspects of LGBTQ community based on MCQ type questionnaire. A google form link of a questionnaire of 20 questions (15 MCQs and 5 binary answer questions) was sent to willing participants. From June

2023 to August 2023, Google form links via emails and social media were distributed. The email provided information about the survey to participants i.e., UG & PG medical students, doctors and faculties from Medical College who completed a questionnaire with 20 questions. After completion of the survey, an answer sheet was provided to participants to increase awareness. Mandatory permission from the Institutional Ethics Sub- Committee was obtained vide ref. no. I.E.S.C./IESC/46/2023 dated 19/08/2023.

## 3. Observation & results

A total of 862 participants responded to the questionnaire; 417 (48.7%) of them were male, 424 (49.5%) female and 13 (1.5%) didn't share gender information [Chart 1].

Chart 1: Sex distribution (856 responses)

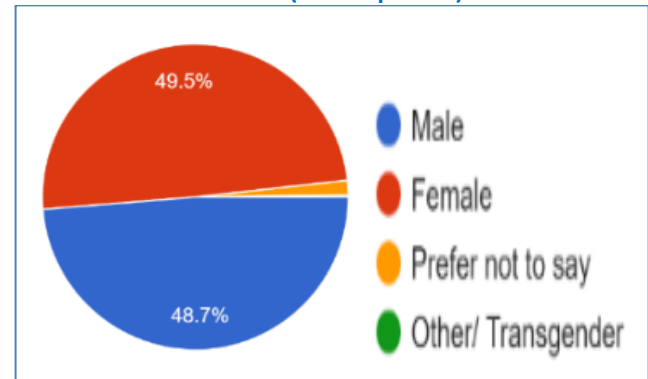


Chart 2: Age distribution (Years) (862 responses)

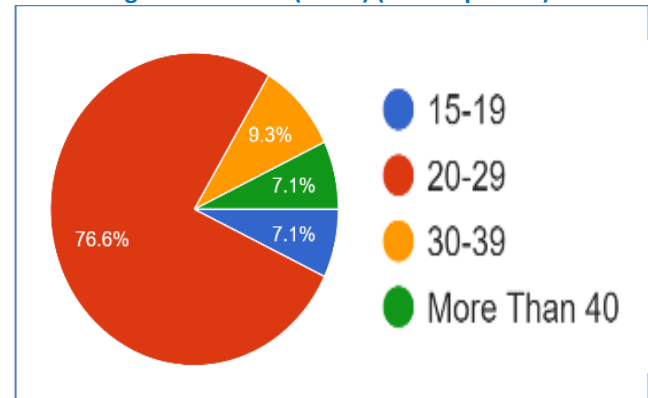
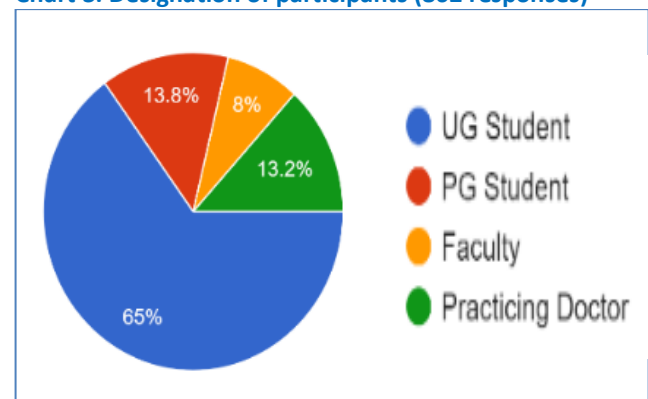


Chart 3: Designation of participants (862 responses)

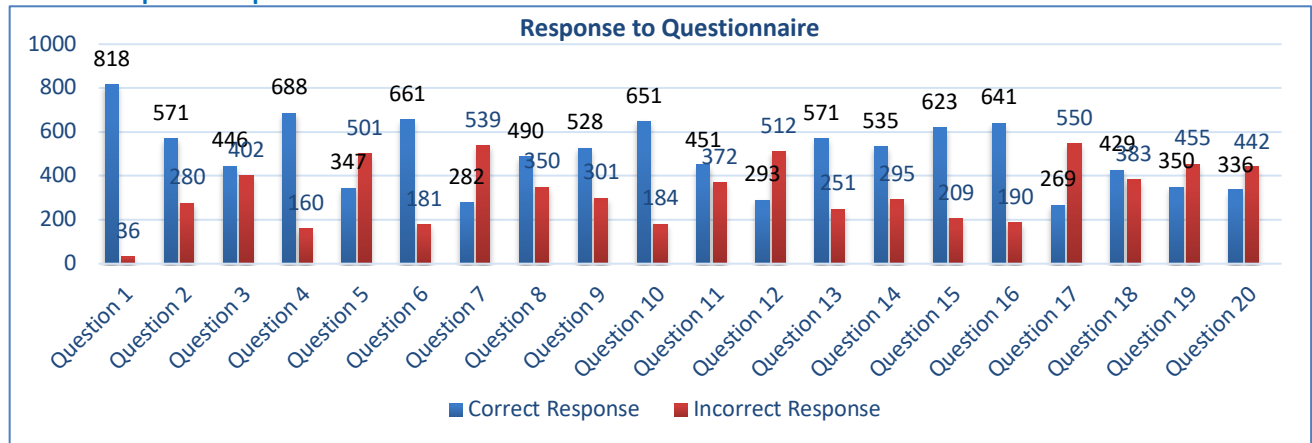


Most common age group of participants was 20 to 29 years with 660 participants (76.6%) followed by 30 to 39 year (9.3%), and less than 20 years & more than 40 years each accounted for 61 participants (7.1%) [Chart 2].

**Table 1: Response to questionnaire**

Sr. No.	Question & Correct Answer/Response	Total response	Correct response	Incorrect response
1	Have you Heard of LGBTQ word any time before?.....1. Yes	818	854 (95.8%)	36 (4.2%)
2	LGBTQ Persons have same civil rights as any other citizen.....1. True	851	571 (67.1%)	280 (32.9%)
3	'Gender' has same meaning that of 'Sex' of individual.....2. False	848	446 (52.6%)	402 (47.4%)
4	Being LGBTQ person is an anti-social behaviour?.....2. False	848	688 (81.1%)	160 (18.9%)
5	Indian law protects gay and transgender individuals from all forms of discrimination.....1. True	848	347 (40.9%)	501 (59.1%)
6	What is the full form of LGBTQ?..... Lesbian Gay Bisexual Transgender Queer	842	661 (78.5%)	181 (21.5%)
7	THE TRANSGENDER PERSONS (PROTECTION OF RIGHTS) ACT, 2019, "transgender person" includes all except..... Lesbians	821	282 (34.3%)	539 (65.5%)
8	What is gender identity?..... How you experience your gender internally	840	490 (58.3%)	350 (41.7%)
9	Which of the following organisations may be able to discriminate against LGBT people in certain limited circumstances?..... Religious organisations	829	528 (63.7%)	301 (36.3%)
10	How can you respect gender variance in the workplace?..... All..... Use the name and pronouns that trans people want, Avoid assumptions, Refrain from imposing theories about someone's transgender identity	835	651 (78%)	184 (22%)
11	What's the number-one most important thing we need to do to legally protect LGBT people from discrimination?.....Update antidiscrimination laws to include LGBT people.	823	451 (54.8%)	372 (45.2%)
12	Punishment for discriminating against a person of LGBTQ community for using public space is: .....6 months to 2-year imprisonment	805	293 (36.4%)	512 (63.6%)
13	An umbrella term for people whose gender identity and or expression don't match assigned sex at birth is..... Transgender	822	571 (69.5%)	251 (30.5%)
14	LGBTQ+ people are ____ likely to become disabled, higher risk of suicide attempts, and psychiatric disorders & LGBTQ+ people are ____ likely to be sexually or physically assaulted..... More---More	830	535 (64.5%)	295 (35.5%)
15	As a medical fraternity, if you see or hear someone who is displaying oppressive behaviour toward an LGBTQ+ patient, what should you do best?..... Stop that person	832	623 (74.9%)	209 (25.1%)
16	Which of the following is a predictor of suicide among transgender individuals?..... All..... Parental rejection, Past psychiatric hospitalizations, Previous suicide attempts or near attempts	831	641 (77.1%)	190 (22.9%)
17	The goal of voice therapy for MTF (Male to Female) individuals is-..... raising or "feminizing" the resonance of the voice	819	269 (32.8%)	550 (67.2%)
18	In the FTM (Female to Male) individual, testosterone-..... increases muscle mass.	812	429 (52.8%)	383 (47.2%)
19	Which of the following, is not common complication of breast augmentation surgery?..... capsular expansion.	805	350 (43.5%)	455 (56.5%)
20	About Phalloplasty; Not True: .....has fewer complications than metoidioplasty (Micro-penis).	778	336 (43.2%)	442 (56.8%)

**Chart 4: Response to questionnaire**



Around 560 (65%) participants are UG students, 119 (13.8%) PG students, 69 [8%] Faculties and 114 are practicing doctors [Chart 3]. In this study, for 15 MCQs, 10 questions have more than 50% correct reply; and, for 5 questions with true/false or yes/no reply, 4 got more than 50% correct responses [Table 1 and Chart 4].

#### 4. Discussion

The LGBT community is a heterogeneous group, with varied demographics, sexual orientations, gender identities and behaviors. Therefore, subgroups within the LGBT community have varied health problems and unlikely to have the same healthcare needs.<sup>3</sup> Absolutely, the lack of legal recognition can be a significant barrier for LGBTQ+ individuals, impacting many aspects of their lives. LGBT patients face many barriers to healthcare. Systemic barriers include insensitive or lack of screening invitations, a lack of specialized services such as gender identity clinics, or deliberate withholding of treatment.<sup>3,7,8</sup>

A total of 862 participants responded to the questionnaire; 417 (48.7%) of them were male, 424 (49.5%) female and 13 (1.5%) didn't share gender information [Chart 1]. Most common age group of participants was 20 to 29 years with 660 participants (76.6%) followed by 30 to 39 year (9.3%), and less than 20 years & more than 40 years age group each accounted for 61 (7.1%) [Chart 2]. Around 560 (65%) participants are UG students, 119 (13.8%) PG students, 69 [8%] Faculties and 114 are practicing doctors [Chart 3]. In this study, for 15 MCQs, 10 questions have more than 50% correct reply; and, for 5 questions with true/false or yes/no reply, 4 got more than 50% correct responses [Table 1 and Chart 4]. Understanding the difference between sex and gender is important for knowing transsexuality. Word 'Sex' differentiates based on physical features like anatomy of genitalia, the presence or absence of gonads as male or female, while 'Gender' denotes the psychological recognition of self, its sexual inclination towards desired gender. In short, sex is external appearance as male/ female and gender being the identity is what one feels.<sup>[6]</sup> In response to question whether sex and gender are same 52.6% participants responded correctly as false statement. Most participants (95.8%) were aware of the term LGBTQ and 67.1% were aware of their rights to be treated equally.

Sex reassignment surgeries (SRS) with collaboration of behavioural, endocrinological, and

surgical specialists working as a team can solve issue of transsexuality or gender identity. The usual protocol for the management of a transsexual condition includes hormone therapy, facial hair electrolysis and reassignment surgeries. Various studies indicated that many transsexuals have benefited from such reassignment surgeries, in properly selected and carefully managed cases.<sup>9</sup> To the questions 17<sup>th</sup> to 20<sup>th</sup> based on treatment needs of transsexuals; got 32.8%, 52.8%, 43.5% and 43.2% correct response respectively suggesting less awareness in medical fraternity regarding treatment needs of LGBTQ community. Not only India but even developed countries like USA lack LGBTQ-competent healthcare providers like sufficient physicians and facilities that provide high-quality LGBTQ care. There is need to address these issues through a program for medical students with the goal of increasing the number of LGBTQ-competent physicians both regionally and nationally.<sup>10</sup> Medical institutions are failed to include LGBT health care topics in an already burdened curriculum, and study respondents reported an overall displeasure with the reporting of LGBT topics at their institutions. Tollemache N et al in their study provided suggestions for undergraduate curriculum development leads about how to improve the level and range of LGBT-associated content in their courses.<sup>11</sup> Some researchers studied awareness of medical ethics and micolegal practices amongst the medical doctors.<sup>12,13, 14</sup>

In most national or state surveys lack of suitable questions relating to gender and sexual identity makes it problematic to evaluate the number of LGBT individuals and their health care needs. LGBT youth are scared to come forward and discrimination because of their sexual orientation or gender identity. This can result in increased risk of depression, posttraumatic stress disorder, substance use, and self-destructive behaviors. They are also particularly vulnerable to suicidal behaviors.<sup>15</sup>

They are also at an increased risk of physical or sexual abuse, STDs, and mental health issues. In this study more than 50% participant responded correctly to questions based on discrimination and psychosocial issues arising out of it, except for punishment prescribed in Indian law to discriminating person (6 months to 2-year imprisonment) only 36.4% responded correctly. It signifies need to increase legal literacy regarding rights of LGBTQ persons and their special medical needs among medical fraternity.

## 5. Conclusion & recommendations

Medical professionals should be aware about LGBTQ person's medical problems, healthcare needs, their rights and various legal issues. According to this survey awareness among medical students and practitioners is above 50% regarding general knowledge and legal rights but below 50% regarding healthcare needs and their treatment. To increase this awareness medical education should incorporate LGBTQ health issues in undergraduate curriculum. Special emphasis is needed to train and sensitize post-graduate medical students in Sex reassignment surgeries (SRS), behavioral, endocrinological therapies, that are primary needs of transsexuals. Regulatory bodies should strive to make these treatments cost-effective. CME's, seminars and workshops should be organized regularly on this topic. With these measures LGBTQ persons will get all their healthcare needs addressed as any other patient.

**Ethical Clearance:** IEC approval is taken from the Institutional Ethical committee.

**Contributor ship of Author:** All authors equally contributed.

**Conflict of interest:** None to declare.

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