Trying to Comprehend Physicians' Feelings and Behaviors toward Sex and Gender Minorities in Terms of Improving Minorities' Access to Healthcare Services

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Abstract

The fundamental basis of human existence is the enjoyment of rights and freedoms. The capacity of sexual and gender minority (SGM) individuals to enjoy equal access to their right to health is inextricably linked to the manner in which physicians interact with and treat SGM individuals. It is therefore evident that the perception of SGM individuals by physicians is a matter that requires further examination. The objective of this study was to gain insight into the attitudes of physicians toward SGM individuals by examining their feelings and behaviors. In this cross-sectional study of 193 physicians, a series of t-tests and chi-square tests were conducted to determine whether there were significant differences between the various sociodemographic categories of the participants. The findings indicate that physicians' approach to SGM individuals is largely aligned with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association (APA). A comparison of the attitudes of male and female participants reveals a greater proclivity toward egalitarianism among the latter with regard to SGMs. Additionally, it was determined that medical professionals engaged in the field of internal medicine exhibited a comparatively less traditionalist perspective on gender roles and a more egalitarian stance toward individuals who identified as sexual and gender minorities. The stress, fear, and anxiety experienced by SGM individuals impose a responsibility on physicians to demonstrate greater awareness and consideration of their behavior while providing health services. In order for physicians to become more aware and responsible, it is necessary to provide them with a higher level of education in medical content based on an egalitarian legal framework for sexual orientation and gender identity. Furthermore, the study recommends the implementation of more inclusive social practices.

Keywords: Sex and gender minority, Right to health, Physician, Feelings toward SGM individuals, Behaviors toward SGM individuals

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Cinsel Azınlıkların Sağlık Hizmetlerine Erişimini İyileştirme Açısından Doktorların Azınlıklara Yönelik Duygu Ve Davranışlarını Anlamaya Çalışmak

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Öz

Her insanın varlığının temeli, tüm hak ve özgürlüklerden yararlanmasına dayanmaktadır. Cinsel azınlık bireylerinin sağlık hakkından eşit şekilde yararlanabilmeleri, doktorların cinsel azınlık bireylerine nasıl davrandığı ile yakından ilişkilidir. Bu nedenle doktorların cinsel azınlık bireylerine ilişkin algısı incelenmesi gereken bir konu olarak karşımıza çıkmaktadır. Bu çalışmada, doktorların cinsel azınlık bireylerini nasıl algıladıklarını anlamak için doktorların duygu ve davranışlarını ortaya koymaya yönelik kesitsel bir araştırma yapılmıştır. 193 hekimin katılımıyla gerçekleştirilen bu kesitsel çalışmada, katılımcıların çeşitli sosyodemografik kategorileri arasında anlamlı farklılıklar olup olmadığını belirlemek için bir dizi t-testi ve ki-kare testi yapılmıştır. Bulgular, doktorların cinsel azınlık bireylerine yaklaşımının Amerikan Psikiyatri Birliği'nin (APA) Ruhsal Bozuklukların Tanısal ve İstatistiksel El Kitabı (DSM-5) ile büyük ölçüde uyumlu olduğunu göstermektedir. Cinsiyete göre yapılan karşılaştırmalar, kadın katılımcıların cinsel azınlık bireylerine karşı erkek katılımcılardan daha eşitlikçi bir tutuma sahip olduğunu göstermektedir. Buna ek olarak, dahili bilimlerde çalışan doktorların toplumsal cinsiyet rollerine ilişkin daha az gelenekçi bir bakış açısına ve cinsel azınlık bireylere yönelik daha eşitlikçi bir tutuma sahip olduğu görülmüştür. Cinsel azınlık bireylerinin yaşadığı stres, korku ve kaygılar, hekimlere sağlık hizmeti sunarken davranışlarına daha fazla dikkat etme sorumluluğu yüklemektedir. Doktorların daha bilinçli ve sorumlu hale gelmesi için cinsel yönelim ve cinsiyet kimliği açısından gerekli olan eşitlikçi bir hukuki altyapı temeline oturtulmuş bir yükseköğretim tıp içeriği gereklidir. Ayrıca daha kapsayıcı sosyal pratikler de çalışmanın önerileri arasındadır.

Anahtar Kelimeler: Cinsel azınlık, Sağlık hakkı, Hekim, Cinsel azınlık bireylerine yönelik duygular, Cinsel azınlık bireylerine yönelik davranışlar

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Introduction

Health disparities refer to differences and inequalities in health experiences and outcomes that result from the daily circumstances of people's lives and systemic practices related to health. These differences stem from social inequalities (Fish et al. 2021). According to the World Health Organization (WHO 2013), health disparity is defined as "inequalities in health that are avoidable and arise from differences in the conditions of people's lives". The objective of this study is to examine the feelings and behaviors of physicians toward sexual and gender minority (SGM) individuals in order to identify health disparities resulting from being a member of a SGM group and to propose strategies to improve the utilization of healthcare services by SGM individuals.

The term SGM encompasses individuals who deviate from the prevailing sexual and gender norms. This includes those with non-heteronormative sexual

orientations (e.g., gay, lesbian, bisexual), non-cisgender gender identities (e.g., transgender, non-binary), and individuals whose gender expression or sex characteristics diverge from the expectations of the majority. SGM frequently transcends the confines of conventional categorization, encompassing a multitude of identities and individuals not explicitly encompassed by acronyms such as LGBTIQ+. In terms of inclusivity, the term "SGM" is more expansive, encompassing a broader range of identities. In contrast, "LGBTIQ+" is a more detailed and nuanced designation, delineating the specific communities within the larger SGM umbrella.

This study aims to investigate the attitudes and behaviors of physicians toward SGM individuals, both in general and as patients, with the goal of shedding light on discrimination in the healthcare field and working toward its prevention. It has been observed that SGM individuals are at a higher risk of being diagnosed with and treated for diseases such as cancer and mental health disorders, as well as other health disparities, due to experiences of discrimination and trauma within the healthcare system (Lu et al. 2022). Although it is true that health problems may increase as SGM individuals' age, it is important to note that their access to healthcare does not necessarily improve. It is crucial to address these health concerns and ensure that all individuals have access to appropriate healthcare services. According to SGM individuals, some of the most prevalent chronic health issues include psychiatric diagnoses such as depression and anxiety, migraines, autoimmune diseases, heart disease, high blood pressure, asthma, chronic obstructive pulmonary disease, liver disease, kidney disease, gastrointestinal disease, and diabetes (17 Mayıs Derneği 2022). In order to enhance healthcare for SGM individuals, it is important to raise awareness among healthcare professionals of medical conditions such as suicidal thoughts and behaviors, depression, anxiety, problematic alcohol use, eating disorders, and self-harm (Arthur et al. 2021; Williams 2021).

An Overview on SGM Individuals, Health Disparities, Legal Framework and Turkiye

Connell (2012) posits that world society is not a homogeneous system. When the last 500 years are analyzed, it becomes evident that homogenization has not occurred due to colonial conquest and economic subordination. The most significant impediments to homogenization are the considerable disparities in income, investment, education, and other social resources. The heterogeneity that exists across societies, when considered in conjunction with the impact of patriarchy, gives rise to increased inequalities and the widening of gaps between groups. In light of the existing inequalities that persist, it is imperative to provide support to SGMs who continue to face marginalization and exclusion within patriarchal social structures. The provision of support for SGMs can be made on a legal basis.

Legislation included in the Turkish legal system prohibits all forms of discrimination against individuals although no specific term exists in domestic legislation to denote the individuals covered by the SGM. It is therefore obligatory to ensure equality for all individuals. Nevertheless, the lack of legal regulation against discrimination and human rights violations based on sexual orientation and gender identity in Turkiye, coupled with the challenges faced by NGOs supporting SGMs (Gelgeç Bakacak and Öktem 2014), render the principle of equal treatment of individuals an inadequate safeguard.

Article 10 of the 1982 Constitution of The Republic of Turkiye asserts that all individuals are equal before the law and underscores the obligation of the state to guarantee equality through positive discrimination for groups such as women, children, persons with disabilities, and the elderly. In addition to the constitution as a written text, the decisions of the Turkish Constitutional Court also comprise an important element of domestic law. Yıldırım (2022) highlights that while the Turkish Constitutional Court's decisions have

upheld the equality clause as a safeguard against discriminatory state actions based on sexual orientation, it has largely failed to extend the guarantee of equality to SGM individuals. The Constitutional Court is capable of judicially reproducing unofficial discrimination through the inclusion of homophobic and heterosexist elements in its rulings (Şirin 2018).

In addition to the Constitution, domestic legislation includes a number of regulations that are directly related to non-discrimination in health services. These include the Turkish Criminal Code, the Civil Code, the Law on the Ratification of the Convention on Human Rights and Biomedicine, the Regulation on Patient Rights, the Additional Protocol to the Oviedo Convention and the Regulation on Clinical Trials (Arda and Arda 2016). The Medical Statute of Deontology of 1960 requires physicians to provide services without discriminating between patients on the basis of sex, social class, race, or religion. The Patient Rights Directive of 1998 stipulates that patients are entitled to receive health services on an equal basis, irrespective of race, language, religion, gender, political views, and socio-economic status. This regulation imposes a responsibility on health professionals to refrain from discriminatory practices and to treat all individuals equally. Nevertheless, it is widely acknowledged that there is currently no legal framework in Turkiye that explicitly prohibits discrimination and human rights violations based on sexual orientation and gender identity (Gelgeç Bakacak and Öktem 2014). This represents a significant legal shortcoming in the country.

The Convention on Human Rights and Biomedicine, which Turkiye ratified in 2004, also includes the obligation to ensure equality in health services. The only Turkish legal text that includes homosexuality (in addition to transsexuality) as a psychosocial disorder is the Turkish Armed Forces Health Capability Regulation (Yılmaz 2013). While the Turkish military refers to the 1968 Diagnostic and Statistical Manual of Mental Disorders, which lists homosexuality as a psychosexual disorder and states that those

with this "condition" are "unfit for military service", the contemporary medical world uses the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), which does not list homosexuality as a disorder (Lambdaistanbul 2006).

Articles 2 and 21 of the United Nations Universal Declaration of Human Rights establish that all individuals are inherently equal, regardless of arbitrary distinctions such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status. These articles also guarantee that all individuals are entitled to equal access to the public services of their country (UN no date). The medical pledge adopted in the Geneva Declaration of the World Medical Association emphasizes that the characteristics, including age, illness or disability, belief, ethnic origin, gender, nationality, political opinion, race, sexual orientation, social position, or any other characteristic, shall not alter the attitude and behavior of physicians toward patients (WMA no date). When the issue is considered from the perspective of medical ethics and human rights, it becomes evident that no ethical or legal problems are involved.

SGM people may encounter challenges in various domains of life, including human rights, politics, business, culture, media, education, sports, military services, family relations, and healthcare (Ayhan Balık et al. 2020; Harper and Schneider 2003; Kara 2022; McNair, Anderson and Mitchell 2001). It is of the utmost importance to guarantee that their right to health is not infringed upon due to discriminatory practices. Ayhan Balık et al. (2020), Chapman et al. (2012), Göçmen and Yılmaz (2017), Grant et al. (2010), Lambdaistanbul (2006), Sabin, Riskind and Nosek (2015), Yeşiltepe and Özdemir (2023), and Yılmaz and Göçmen (2016) have identified the various forms of discrimination that SGM patients may encounter when seeking healthcare services. Such forms of discrimination may manifest as glances and gestures, ask uncomfortably curious questions, trying to "treat

their illness", stigma, implicit and explicit attitudes from healthcare providers, verbal abuse or physical abuse, threats, physical aggression (with or without injury), refusal of medical treatment, unsatisfactory or unequal healthcare treatment, discourteous behavior, indifference, and sexual harassment (verbal or physical). It is imperative that healthcare providers are cognizant of these issues and take the requisite measures to guarantee that all patients receive respectful and equitable care.

Hafeez et al. (2017) discovered that young LGBT people are more prone to substance use, sexually transmitted diseases (STDs), cancer, cardiovascular disease, obesity, bullying, isolation, rejection, anxiety, depression and suicide than the general population. However, they often receive inadequate care due to stigma, lack of awareness by healthcare providers and a lack of sensitivity to the specific needs of this community. Furthermore, the actual or anticipated discrimination that the transgender population encounters in the realms of health and social services results in unmet health needs and a diminished sense of well-being among transgender individuals. Consequently, some transgender individuals may refrain from disclosing their gender identity or avoid utilizing such services in order to benefit more effectively from health services (Dziewanska-Stringer, D'Souza and Jager 2019). It is imperative that healthcare providers are cognizant of these issues and take the requisite measures to guarantee that all patients receive respectful and equitable care. The principle of non-discrimination has been a fundamental tenet of the medical profession since its inception. It is crucial for physicians to recognize that patients may exhibit a range of sexual orientations and gender identities (Başar, 2020).

SGM members may face challenges accessing healthcare due to unequal practices and discrimination. The health disparities faced by SGMs are primarily attributable to their experiences of pervasive social exclusion and discrimination. SGM people are more hesitant to share sexual orientation and

gender identity data with healthcare providers due to a lack of trust in health systems, fear of being pathologized and stigmatized, and even a perception that health systems largely ignore the needs of LGBTQI+ people, as was the case during the AIDS crisis in the 1980s and 1990s (Gilmore 2024).

Health care providers need to be trained on the health needs of SGM individuals and be sensitized to these needs. This education and sensitivity may make it easier for health professionals to discuss sexuality in relation to sexual orientation or gender identity. Thus, the obstacles to SGM patients' access to adequate healthcare services due to lack of specific information and/or heterosexist attitudes of healthcare professionals can be more easily overcome. Additionally, misdiagnosis and inadequate or incorrect use of screening tools can be prevented (Wahlen et al. 2020).

SGM individuals may encounter certain obstacles when seeking healthcare services. These obstacles may include worries about breaches of confidentiality, insufficient understanding among healthcare professionals regarding the unique needs of the LGBT community, limited comprehensive care beyond sexual health, homophobia, and cis-heteronormative biases (Jamieson et al. 2020). Cis-heteronormativity, a belief that assumes everyone is heterosexual and cisgender, meaning their gender identity matches the sex they were assigned at birth, has been identified as a belief that is often considered superior to all other sexual orientations and gender identities (Medina-Martínez et al. 2021).

This article discusses two important definitions related to gender perception: gender identity and sexual orientation. Gender identity refers to the personality traits that individuals prefer to identify with, independent of their biological sex. Sexual orientation is the ongoing emotional, romantic, and sexual attraction to a particular gender, which may manifest as heterosexuality, homosexuality, or bisexuality. To promote equal access to healthcare and

prevent discrimination against SGM individuals, it is essential for physicians to treat all patients equally. The way physicians treat SGM individuals is of utmost importance, as both explicit and implicit forms of prejudice can result in discrimination against SGM patients. Explicit bias refers to conscious bias that is expressed verbally or physically and is directed toward an individual or group. Implicit prejudice is a concept that refers to the subconscious discriminatory feelings of a person who holds discriminatory attitudes without being aware of them (Arnold and Dhingra 2020). Therefore, it is important to examine the perception of SGM individuals by physicians.

Materials and Method

Sample

This study employs a cross-sectional and descriptive approach, with a focus on physicians employed at a university hospital in Turkiye. Prior to the empirical study phase, the Clinical Research Ethics Committee of Zonguldak Bülent Ecevit University approved conformity with ethical principles on March 23, 2016, numbered 2016/06. A total of 307 physicians working at the hospital were contacted. Questionnaires were administered to 193 subjects (62.9%) who agreed to participate in the study after examining the relevant literature and the surveys were conducted in April and May 2016. The questionnaire included questions about physicians' sociodemographic and professional characteristics, opinions, feelings, and behaviors toward SGM individuals. The data collected were analyzed using SPSS, and intergroup comparisons were made using the chi-square test with a significance level of $p<0.05$.

Measures

In this article, the researchers employed two scales to evaluate the feelings and behaviors of physicians toward both SGM patients and non-patient

SGM members from diverse backgrounds, including medical students, family members, and relatives. The subscale measuring physician feelings consisted of 13 items with the reliability coefficient (α) of .91. The subscale utilized to assess physician behaviors comprised of nine items, and the reliability coefficient (α) for this subscale was 0.88.

Results

Of the participants, 43.2% identified as female and 56.8% identified as male. According to the socio-demographic data, the study included 193 participants with a mean age of 34.5 years (ranging from 25 to 57 years). The average professional experience was 9.7 years (ranging from 0.8 to 30 years). 57% of the participants reported being married.

In addition, the questionnaire included questions about the participants' birthplace and current residence. The results show that the majority of participants, 67.6%, were born in a metropolis, while 32.4% were born in smaller cities. In terms of the cities where they have resided the longest, 68.8% of participants have spent the majority of their lives in a metropolitan area, while 31.2% have lived in smaller cities. This question was posed to ascertain whether there were any differences in the way respondents treated SGM individuals based on their place of residence, whether it be a densely populated metropolis or a smaller settlement where they have lived for the majority of their lives. The study participants were divided into two groups according to their field of expertise: internal or surgical sciences. Of the 193 physicians who took part in the survey, 192 indicated their area of expertise, while one did not respond. The participants were divided into two groups: 59.9% (115 physicians) were from the internal sciences, while 40.1% (77 physicians) were from the surgical sciences.

A total of 193 physicians who participated in the study were asked for their opinions on SGM people. Of the respondents, 18% (34 physicians)

indicated that they believed SGM persons were sick. This is a perspective that is at odds with the DSM-5. The survey revealed a range of beliefs held by participants regarding their identification as an SGM person. Some respondents considered it a heresy (10.6%), while others regarded it as a matter of personal preference (45%). Furthermore, a proportion of respondents indicated that they believed SGM status to be innate (16.4%), while a smaller number were uncertain (6.9% or 13 physicians) or provided alternative explanations (3.2%).

The survey revealed that 53.9% of physicians had examined an SGM person, while 34.6% had not and 11.6% were unsure.

The initial question on the scale was designed to ascertain whether participants would experience any reservations when treating an SGM patient. The results indicated that 11.9% of respondents would certainly feel uncomfortable, while 62.7% stated that they would not feel uncomfortable at all.

Furthermore, 67.2% of respondents indicated that providing care to an SGM individual would be a source of professional satisfaction. The survey results indicate that 12.5% of participants believe that providing assistance to an SGM individual would not lead to occupational satisfaction.

The survey inquired whether the sex of a heterosexual patient (whose sexual preference is accepted as normal) would influence the physician's perspective. The vast majority of participants (81.7%) stated that it would not affect their standpoint. However, when asked if their standpoint would be affected if their patient identified as a sexual and/or gender minority, the percentage of participants who stated that it would not affect their standpoint decreased to 68.4%.

When asked about their comfort level in examining male patients who identify as sexual and/or gender minorities (SGM), only a small percentage of physicians, 6.2%, responded that they would definitely feel more comfortable.

The majority (69.9%) indicated that they would not feel more comfortable examining male SGM patients.

The following survey question pertains to the comfort level of participants when examining a female patient who identifies as a sexual and gender minority (SGM). The results demonstrated that only 9.8% of participants indicated that they would feel more comfortable, while 65.8% of physicians stated that they would not feel more comfortable examining a female SGM patient.

The following survey question inquired of physicians whether they believed a specialized health unit for SGM patients should be established. The proposal elicited a mixed response, with 60.1% of participants expressing strong disagreement and 10.4% indicating disagreement. Conversely, 8.8% of respondents indicated that they strongly agreed with the statement, while a further 8.8% agreed.

A survey of physicians revealed that 20.8% of respondents believed that SGM patients would experience fear of exclusion before visiting a physician for a health problem, while 15.6% held the opposite view.

In response to the question of whether they would be able to empathize with a family member who identifies as SGM, a significant proportion of participants (24%) expressed sympathy and support, while 24.5% stated that they would not be able to do so. A considerable proportion (30.7%) of participants indicated that they were undecided on this matter.

The survey sought to ascertain the extent of potential disappointment experienced by participants upon learning that a family member was identified as SGM. The results demonstrated that 30.1% of respondents indicated a high probability of experiencing disappointment, while 19.2% expressed a moderate probability of experiencing disappointment. A mere 21.8% of respondents indicated that they would not experience any disappointment whatsoever,

while 19.2% professed to being undecided.

In response to the question regarding their comfort level with the sexual interest of a same-sex person, 62.5% of participants indicated that it would certainly be a source of distress, while 5.7% stated that it would not be a cause for concern.

The following question was posed to ascertain whether standing or working in close proximity to an individual identifying as SGM would cause any disruption to the participant. Of the participants, 48.7% indicated that such an encounter would not result in any disruption, while 15.5% stated that it would certainly cause disruption. The remaining 17.1% of respondents indicated that they were undecided.

In response to a subsequent inquiry, the majority of participants (62.5%) indicated that the presence of an SGM student would not constitute an inconvenience, whereas a smaller proportion (12%) asserted that it would. For further details, Table 1, which provides a breakdown of the percentage responses for each question on the scale, is shown below.

Table 1. Physicians' feelings toward SGM people (%)

	Strongly agree	**Agree**	**Undecided**	**Disagree**	**Strongly disagree**
I feel uncomfortable with having an SGM patient	11.9	8.8	6.2	10.4	62.7
Examining and helping an SGM individual does not provide occupational satisfaction	12.5	1.0	10.9	8.3	67.2
The sex of a heterosexual patient (whose sexual preference accepted as normal) do not affect my standpoint as a physician	81.7	7.9	5.2	1.6	3.7
The biological sex of an SGM patient affects my standpoint as a physician	7.8	7.3	8.8	7.8	68.4
I feel freer while examining a male SGM patient	6.2	6.7	11.4	5.7	69.9
I feel freer while examining a female SGM patient	9.8	6.7	11.9	5.7	65.8

A particular health unit has to be founded for SGM patients.	8.8	8.8	11.9	10.4	60.1
SGM patients fear of exclusion before going to a physician visit	20.8	27.1	28.1	8.3	15.6
I would understand a family member if he/she were an SGM individual	24.0	13.0	30.7	7.8	24.5
I would get disappointed if I learned that a family member had been an SGM individual	30.1	19.2	19.7	9.3	21.8
The sexual interest of a same-sex person disturbs me.	62.5	16.7	8.3	6.8	5.7
Standing or working in the same place with an SGM individual disturbs me	15.5	11.4	17.1	7.3	48.7
Having an SGM student disturbs me	12.0	8.3	10.9	6.3	62.5

In response to the question of whether they would hesitate to proceed with a conversation with a patient and anamnesis process, the majority of physicians (63.9%) stated that they would not hesitate. A notable proportion of respondents (17.3%) indicated that they would exercise caution to a certain degree, while a smaller number (6.8%) stated that they would do so to a limited extent. Only a small percentage (6.3%) asserted that they would refrain from hesitation entirely. A minority of participants (5.8%) indicated uncertainty regarding their inclination to hesitate or not during their interaction with an SGM patient and the anamnesis process.

When participants were asked whether they would hesitate to touch SGM patients while examining, 32.7% of the physicians stated that they would not hesitate at all, 10.9% would not hesitate to a certain extent, 4.7% would hesitate to a certain extent, and 14% would hesitate. Furthermore, 7.8% of participants indicated uncertainty regarding their potential hesitation or lack thereof when examining SGM patients.

The survey revealed that, when examining an SGM individual, 28.5% of physicians would not increase protective measures, 8.3% would not partially increase them, 25.9% would partially increase them, and 26.9% would certainly increase measures. Furthermore, 10.4% of physicians indicated uncertainty

regarding the implementation of enhanced protective measures during the examination process.

According to the survey, 59.7% of participants were in favor of maintaining the current examination period for SGM patients. A total of 12% of participants indicated that they would maintain the current period, while 3.2% stated that they would shorten it and 16.8% asserted that they would certainly do so. The remaining 7.9% of participants indicated that they were undecided.

In response to the question of whether they would examine the genitourinary system of an SGM patient, 50.8% of participants indicated that they would not avoid doing so. A further 6.7% of respondents indicated that they would likely refrain from examining the genitourinary system of an SGM patient. A total of 17.6% of respondents indicated that they would likely refrain from examining the genitourinary system of an SGM patient, while 13.5% stated that they would definitely avoid doing so.

In response to the question of whether they would request additional medical tests when examining SGM individuals, 34.2% of physicians indicated that they would do so, while 28% stated that they would not require any further tests.

In the survey, physicians were queried as to whether they would take the sexual preference of SGM individuals into account when making a recommendation for a patient. It is imperative that efforts be made to enhance awareness and promote inclusivity in healthcare. The findings revealed that 69.9% of respondents indicated that they would not consider sexual preference, while 8.4% stated that they would.

Following an examination of SGM persons, a significant proportion (42%) of physicians indicated that they would provide additional recommendations regarding their health problems based on their sexual

preferences. Another portion (20.7%) stated that they would probably make further recommendations, while a portion of participants (19.7%) indicated that they would not provide any additional recommendations and another portion (7.8%) stated that they would not probably make further recommendations. A minority (9.8%) indicated uncertainty.

In response to the question of providing support to SGM individuals in the defense of their rights, 49.7% of participants indicated their full support, while 12.4% expressed complete opposition. Table 2 can be referred to for a comprehensive breakdown of responses to each question on the scale.

Table 2. Physicians' behaviors toward SGM people (%)

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
I hesitate during the conversation or anamnesis process with SGM patients	6.3	6.8	5.8	17.3	63.9
I'm not hesitated to touch while examining SGM patients	62.7	10.9	7.8	4.7	14.0
I increase the protective measures while examining an SGM individual	26.9	25.9	10.4	8.3	28.5
I don't shorten the examination time for an SGM patient	59.7	12.0	7.9	3.7	16.8
I avoid examining the genitourinary system of an SGM patient	13.5	17.6	11.4	6.7	50.8
I do not ask for extra medical tests while examining SGM people	28.0	12.4	13.0	12.4	34.2
I ponder the sexual preference of SGM people after examination to make a suggestion for the patient	8.4	9.4	5.2	7.3	69.6
I make additional recommendations after examination regarding the health problems SGM people might face depending on their sexual preferences	42.0	20.7	9.8	7.8	19.7

I support SGM people in defending their rights	49.7	15.5	12.4	9.8	12.4

In the subsequent phase of the investigation, t-tests and chi-squared tests were employed to ascertain potential discrepancies between participants in relation to a range of sociodemographic variables.

Table 3. Feeling uncomfortable with having an SGM patient by gender

Gender	Agree	Undecided	Disagree	p
Female	10	1	71	0.001
Male	30	11	67	

As illustrated in Table 3, male physicians may have reported greater levels of discomfort when treating individuals belonging to the SGM community. Furthermore, a statistically significant difference ($p < 0.005$) was observed in the level of discomfort reported by male and female physicians when treating SGM patients.

Table 4. Getting disappointed if learned that a family member had been an SGM individual by gender

Gender	Agree	Undecided	Disagree	p
Female	%35,4	%22	%42,7	0.004
Male	%58,3	%18,5	%23,1	

A notable difference in disillusionment was observed between male and female participants when they discovered that a family member was an SGM person ($p < 0.005$). Please refer to Table 4 for further details.

Table 5. Understanding an SGM family member by gender

Gender	Agree	Undecided	Disagree	p
Female	%12,2	%1,2	%86,6	0.001
Male	%27,8	%10,2	%62	

Table 5 indicates a statistically significant difference in the

understanding of being an SGM individual among family members between male and female participants, with male participants demonstrating a higher level of understanding ($p<0.005$).

Table 6. Feeling uncomfortable with having an SGM patient by field of expertise

Field of expertise	Agree	Undecided	Disagree	p
Medical sciences	15	5	95	0.001
Surgical sciences	25	7	45	

The objective of the study was to ascertain the levels of discomfort experienced by participants when interacting with SGM patients, with a view to establishing whether there were any differences based on their respective fields of expertise. As illustrated in Table 6, a statistically significant discrepancy was observed between the participants from medical science and surgical science ($p < 0.005$).

Table 7. Feeling uncomfortable with having an SGM student by field of expertise

Field of expertise	Agree	Undecided	Disagree	P
Medical sciences	13	8	93	0.000
Surgical sciences	26	13	38	

Table 7 illustrates a significant divergence in attitudes among participants based on their area of expertise with regard to the discomfort associated with having an SGM student. Those with a background in medical science express greater discomfort than their counterparts in the field of medicine ($p < 0.005$).

Discussion

It is not uncommon for individuals who have experienced sexual and gender minority (SGM) issues to refrain from disclosing their sexual identity in their

daily lives due to concerns about potential negative reactions from educational institutions, workplaces, neighborhoods, or families. In addition, SGM individuals may also choose to conceal their sexual identity when accessing health services, due to the obligations they feel they are under. Some SGM individuals may elect to conceal their sexual orientation or gender identity in healthcare settings in order to align with societal expectations based on heteronormative assumptions. Stress, fear of stigmatization, the presence of homophobic health professionals and lack of social support (Danish Institute for Human Rights 2022) are among the factors that may contribute to the decision of SGM individuals to conceal their sexual orientation and gender identity.

A study conducted in 1997 by White and Dull revealed that some members of the LGBTQ+ community have expressed discontent with the healthcare services they receive. Furthermore, research has indicated that gay men may be less inclined to seek healthcare, derive less benefit from healthcare services, and have negative experiences in their communication with healthcare professionals compared to their heterosexual counterparts (Bernhard 2001, Diamant et al. 2000, Stein and Bonuck 2001, Yen et al. 2007). The studies conducted by Dahan, Feldman and Hermoni (2007) and Karataş and Buzlu (2018) have revealed that gay men tend to avoid routine health screenings and experience dissatisfaction due to fear of stigma, which poses significant medical risks. Similarly, studies on lesbians have indicated that they may derive less benefit from cancer screening services, such as PAP smears and mammograms, than heterosexual women (Aaron et al. 2001; Cochran et al. 2001; Matthews et al. 2004). Research indicates a discrepancy in the utilization of preventive healthcare services between gay and heterosexual men (Fitzpatrick et al. 2004; Wadsworth and McCann 1992).

In their 2019 study, Aleshire et al. examined the emergence of disparities in the utilization of primary health care services among LGBTQ

individuals. They employed an ecological systems model to investigate the social, cultural, and temporal processes through which these inequalities manifest. Their findings indicate that stigmatization and barriers to accessing health services have a detrimental impact on the health outcomes of LGBTQ individuals.

Rounds, Burns McGrath, and Walsh (2013) conducted a study on the quality of healthcare services received by LGBTQ individuals through the knowledge of healthcare providers about LGBTQ individuals and their communication behaviors with them. Their findings highlight the concerns and challenges faced by LGBTQ individuals in healthcare settings, particularly in relation to discrimination and communication barriers. In a study conducted by Alpert et al. (2017), the constructive suggestions of LGBTQI patients regarding the problems experienced by SGMs with physicians while utilizing healthcare services were investigated. The findings of this qualitative research with LGBTQI patients revealed five overarching themes that should be considered by physicians when interacting with LGBTQI patients. These themes are "being comfortable with LGBTQI patients", "sharing medical decision-making", "avoiding assumptions", "applying LGBTQI-related knowledge", and "addressing the social context of health disparities".

The objective of this study is to gain insight into the feelings and behaviors of physicians at a university hospital regarding healthcare provision, patient approach, and treatment for SGM patients. Furthermore, the study assesses how physicians would interact with an SGM student or family member. Statistical analysis techniques were employed to ascertain whether any discrepancies existed in these attitudes and behaviors based on demographic variables such as gender, field of expertise, and place of birth. At the outset of the methodological research, participants were presented with a general question to assess their overall approach.

The results indicate that medical professionals generally concur that being an SGM individual is not considered an illness, which aligns with the DSM-5. The research also revealed that while physicians may not want an SGM individual in their own family, they are dedicated to providing equitable and respectful healthcare to all patients, irrespective of their sexual orientation or gender identity. The perception and interaction of individuals with SGM individuals in their personal versus public lives may be influenced by medical ethics.

The study revealed that female participants exhibited a more egalitarian attitude than males, while male participants demonstrated a greater proclivity to endorse and adhere to a heteronormative perspective. These results align with the findings of Fisher et al. (2017), which indicate that heterosexual men and male healthcare professionals demonstrate elevated levels of homophobia. The research conducted by Durmuş et al. (2021) yielded comparable results and found that male interns tended to exhibit more homophobic attitudes than their female counterparts do. In contrast, female interns tended to display a more favorable attitude toward homosexual individuals.

When evaluating differences in similar parameters based on participants' branches (internal or surgical), it was found that those from the internal branch reported having a less traditional view of gender roles and a more egalitarian attitude toward SGM persons. The findings indicate that physicians' attitudes and behaviors toward SGM individuals tend to align with universal standards, despite the prevalence of prejudice in society.

The study was limited in terms of the number of participants due to the high workload of physicians in empirical practice. One reason for this may be the use of a performance criterion for physicians in the health sector based on the number of patient consultations per day, which may make it difficult for physicians to allocate time for research. The performance-based payment

system may be one of the changes brought about by the health transformation program, which represents a shift toward neoliberal and privatizationist policies in Turkiye following the period of economic and political reforms initiated in 1980. The program has been in effect since 2003. In this model, the quantity of work rather than its quality has become the primary determinant of remuneration, which has had a significant impact on the work patterns of physicians. The system, which encourages a greater number of procedures, has resulted in a disruption to the work patterns of physicians, an increase in the number of examinations, a decrease in the duration of examinations, and a reduction in the time allocated for education and research (TTB 2009). Moreover, it is possible that cultural norms and values regarding sexual and gender minority individuals may have influenced some physicians who chose not to participate in the study to withhold their opinions and emotions toward these individuals, which could have contributed to the lower participation rate.

Conclusion

It is not uncommon for various ideological groups to engage in the massacre of SGM persons and to declare ideas on social media that are perceived to be hate speech or to exceed the bounds of social acceptability. To guarantee that SGM individuals receive satisfying healthcare, it is advised that physicians consider scientific studies and proposals. In light of the notable findings, this study will offer guidance on how to address any inadvertent behaviors or attitudes that health professionals may display toward SGM individuals.

It is of significant importance for physicians to receive training on the issues and obstacles that impede the accessibility of health rights for individuals in the SGM community. It is possible that policies and laws that mandate non-discrimination may not result in improved attitudes and knowledge of physicians toward SGM individuals (Jabson, Mitchell, and Doty

2016). SGM individuals may perceive health professionals as individuals who adhere to taboos about sexuality and relationships and who view them from a heteronormative perspective (Kara, 2022).

Heteronormativity may have adverse effects on SGM individuals within the medical system, potentially leading to delayed or avoided medical care. Furthermore, a lack of information about the specific health needs of SGM individuals among health professionals, including physicians, can impede communication with minority individuals (Çakır and Harmancı Seren 2021; Karakaya and Kutlu 2021). Effective communication with patients is essential to ensure accurate diagnoses and appropriate treatments. It is therefore important to take the necessary precautions in a variety of healthcare settings, including health centers, primary care clinics, polyclinics, and waiting rooms. It is essential that public policies, particularly those pertaining to healthcare, consider gender differences, as emphasized by Costa-Val et al. (2022). The Turkish Medical Association Working Group on SGM People (2016) has recommended a list of precautions to be considered, including:

It is of the great importance for those engaged in the field of healthcare to possess a comprehensive understanding of the potential challenges and obstacles that individuals within the SGM community may face when seeking medical attention. As Rowe et al. (2017) have found, training programs conducted during Honor Week can be an effective way to raise awareness. It is recommended that physicians receive training in order to provide healthcare to individuals who identify as SGM, without any form of discrimination based on their sexual orientation or gender identity. It is essential that the healthcare needs of SGM individuals be integrated into primary healthcare services. It may be beneficial to consider periodic follow-ups tailored to specific age groups for individuals who identify as sexual and gender minorities. It would be advantageous for health centers, polyclinics, and waiting rooms to provide informative brochures and educational materials on the health needs of SGM

individuals, as well as resources to address homophobia, transphobia, and biphobia. It is vital to facilitate open dialogue about gender identity, sexual orientation, and sexual experiences, ensuring that all parties feel comfortable and are treated with respect and non-discriminatory language. Communication should be conducted in an open-minded manner, using non-discriminatory and non-judgmental language. It is recommended that, during the medical history process, the terms "relationship" and "partner" be used instead of "marriage" and "spouse", respectively, when asking inclusive and open-ended questions. Furthermore, forms requesting gender information should include options for female, male, and transgender individuals. It is the responsibility of health personnel to focus on assessing the health problem and to avoid asking about unrelated issues. It is crucial to use neutral language when obtaining a sexual medical history and discussing the patient's relationship with their partner. It would be advantageous to share information with local organizations that support SGMs. It is recommended that information and training programs be developed for parents of SGM children. The National LGBT Health Education Center of the Fenway Institute (2022) suggests that displaying announcements of anti-discrimination policies in public areas and establishing single-stall or genderless toilets could be beneficial in meeting the toilet needs of SGM individuals.

In addition to the aforementioned recommendations, it is essential to address the educational content of higher education institutions that train physicians. In the National Core Education Program for Pre-Graduation Medical Education, which serves as the foundation for the content and quality of pre-graduate medical education in our country, the adoption of professional ethics and professional principles is included among the core competencies. In addition, the ability to identify at-risk groups in society is sought in the "Basic Medical Practices List" of the National Core Education Program for Pre-Graduation Medical Education (YÖK no date). The term "at-risk groups"

is used to describe individuals who display characteristics that suggest an elevated need for health services and support. In this context, the primary sources of concern for sexual and gender minority individuals appear to be medical ethics, human rights, and health education goals. On the other hand, sexual dysfunctions and sexual identity disorders are included in the list of core diseases. In the context of postgraduate education, it can be argued that certain medical specialties, such as public health and psychiatry, address the issue of discrimination and its associated consequences (TUK 2024). Nevertheless, a multitude of fundamental factors, including social structure, cultural characteristics, belief characteristics, and political characteristics, may exert an influence on attitudes and behaviors. In light of the aforementioned contextual factors, it can be asserted that physicians provide services that respect human rights, comply with the law, and possess the requisite professional qualifications.

To inform future studies, qualitative research may be beneficial in identifying the cognitive resources that influence the emotions, thoughts, and behaviors of not only medical professionals but also individuals who harbor biases against SGM individuals. This approach can contribute to the development of a more inclusive corporate culture. Semi-structured, in-depth interviews can provide valuable insights into the underlying reasons behind feelings of anxiety, discomfort, or disappointment toward SGM individuals. There are measures that can be taken to promote respect for the rights of SGM individuals.

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