



Health and wellbeing for
lesbian, gay, bisexual, trans, intersex [LGBTI]
people and sexuality, genders, and bodily
diverse people and communities
throughout Australia

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Medical Board of Australia
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To the Executive Officer

The National LGBTI Health Alliance welcomes the opportunity to provide a written submission on the public consultation paper relating to the draft guidelines on sexual boundaries in the doctor-patient relationship. This submission focuses on the experiences and needs of lesbian, gay, transgender and intersex (LGBTI) people in relation to this issue. The Alliance would also like to take this opportunity to express its support of the submissions from Intersex Human Rights Australia (until recently known as Organisation Intersex International Australia) and AIS Support Group Australia.

About the National LGBTI Health Alliance

The National LGBTI Health Alliance (the Alliance) is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and evidence-based research focused on LGBTI and other sexuality, gender, and bodily diverse people and communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life, including when they are a patient.

Although most LGBTI Australians live healthy and happy lives, research has demonstrated that a disproportionate number experience poorer mental health outcomes and have higher risk of suicidal behaviours than their peers. These health outcomes are not due to their sexual orientation, gender identity or variations in sex characteristics, but are directly related to experiences of stigma, prejudice, discrimination and abuse on the basis of being L,G,B,T,I.¹

Due to such a heightened instance of poor outcomes for these populations, there is a clear need for the development and delivery of LGBTI-inclusive health services.² In order to ensure the draft revised guidelines on sexual boundaries in doctor-patient relationships are appropriate, the mental health implications of LGBTI people associated with negative experiences and discrimination within the health system must be considered.

The Alliance congratulates the Medical Board of Australia for their work on the draft revised guidelines. They are clear, relevant and more practicable than the current guidelines. Rather than

¹ National LGBTI Health Alliance, (2016). "Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI people." Available from: <https://lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf>

² Leonard, W. & Metcalf, A. (2014) Going Upstream: A Framework for Promoting the mental health of LGBTI people Sydney. National LGBTI Health Alliance. Available from: <https://www.lgbtihealth.org.au/sites/default/files/going-upstream-online-o-lgbti-mental-health-promotion-framework.pdf>



speaking to each guideline, the following sections highlight some key omissions and offer suggestions on how to increase the inclusivity of the document as a whole.

Key omissions:

- People with variations in sex characteristics (intersex people) experience a unique set of medical and social impacts on their health and wellbeing.³ There are several key omissions relating to potential breaches in the doctor-patient relationship:
 - The nature of clinical indications is not specified clearly. This can facilitate over-examination of genitalia and other sex characteristics.
 - Intersex variations and their perceived interest to clinicians and student doctors should not be used to justify genital and related examinations, as they are unnecessary. This includes genital sensitivity testing on individuals who are subjected to early genitoplasties before they are old enough to give informed consent. Vibration and touch sensitivity testing on children should be prohibited by these guidelines.⁴
 - The ethics, control and usage of medical photography of children with variations in sex characteristics has also been omitted. Medical photography has historically served to other and dehumanize intersex people. Due to the psychological distress it causes, it should be stated within the guidelines that medical photographs of children's genitalia and other sex characteristics should not be taken or shared under any circumstances.

Suggestions for increased inclusivity:

- Terms referring to sexual harassment and/or sexualised behaviour in the guidelines should refer and be linked to the definitions that are explicated at the end of the document. In addition, other terms are used without a clear definition. For example, the phrase 'flirtatious behaviour' is listed as a sexualised behaviour, which would benefit from a working definition either in text, or under the definitions subheading.
- In the section relating to physical exams, it is important to include references to those who have limits to their ability to give informed consent. For example, people with cognitive impairments and/or other disabilities.
- An acknowledgement of the impact of unwanted sexualised behaviour on LGBTI people who already face a range of upstream barriers to access health care and its impact on a patient's ability to remain engaged in their own health care.
- Clear review parameters and timelines around the Board's definition of "Good medical practice".
- A statement outlining the need for doctors to develop and explain to the patient (or the patient's carer, spouse/partner or parent), their policies surrounding the sexual boundaries

³ International Commission of Jurists. (2007). Yogyakarta Principles plus 10: Principles on the application of international human rights law in relation to sexual orientation and gender identity. Available from http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf

⁴ OII Australia, AIS Support Group Submission



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in a doctor-patient relationship, when warning signs indicate that boundaries are being, or are about to be crossed. This will facilitate a relationship of trust and maintain professional boundaries between the doctor and patient.

- A statement outlining that an observer present with a doctor during an intimate examination of a patient should familiarise themselves with issues associated with physical examinations. This will be to ensure the patient's comfort, dignity and privacy. Some issues they may consider include the cultural values and beliefs of the patient and historical instances of trauma.
- In addition to supporting the submission from Intersex Human Rights Australia (then OII Australia) and AIS Support Group Australia, the Alliance recommends the consideration of the Darlington Statement⁵, a joint statement by Australia and New Zealand intersex community organisations and independent advocates, including the Organisation Intersex International Australia (OIIAU), Androgen Insensitivity Support Syndrome Support Group Australia (AISSGA) and Intersex Trust Aotearoa New Zealand (ITANZ). This statement outlines actions to advance the health and wellbeing needs of people with variations in sex characteristics in particular. It is practical and valuable to increase inclusion of people with variations in sex characteristics.

The Alliance would like to thank the Medical Board of Australia for the opportunity to provide feedback on the draft revised guidelines. If you require any further information, please do not hesitate to contact myself on [REDACTED] or via email at [REDACTED] or Daniel Comensoli, of the Policy and Research team on [REDACTED] to discuss these comments further.

Yours Sincerely

Rebecca Reynolds
Executive Director
NATIONAL LGBTI HEALTH ALLIANCE

⁵ <https://oii.org.au/darlington-statement/>, retrieved January 25, 2018.