Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

REFLECTIVE ANALYSIS ARTICLE

BIOETHICS PROTECTION AT THE LESBIANS, GAYS, BISEXUALS AND TRANSGENDER ACCESSIBILITY

BIOÉTICA DA PROTEÇÃO NA ACESSIBILIDADE À SAÚDE DE LÉSBICAS, GAYS, BISSEXUAIS, TRAVESTIS E TRANSEXUAIS

PROTECCIÓN DE LA BIOÉTICA EN ACCESIBILIDAD DE LESBIANAS, HOMOSEXUALES, BISEXUALES, TRANS A LA SALUD

Thainara Araujo Franklin[1], Rodrigo Almeida Galvão[2], Rita Narriman Silva de Oliveira Boery[3]
Edite Lago da Silva Sena[4], Sérgio Donha Yarid[5]

ABSTRACT

Objective: to analyze the lesbians, gays, bisexuals and transgender (LGBT) accessibility to the Health Basic Care Services theme, after the Lesbians, Gays, Bisexuals and Transgender Health National Policy implementation, talking about this theme with the bioethical protection. ***Method:*** were analyzed 15 studies from 2000 to 2015 through the Health Virtual Library. ***Results:*** the information discussion was structured in two thematic: access difficulty to the Basic Care Health reported by the LGBT and the ethical problem of their accessibility to the Basic Attention. ***Conclusion:*** the revised material evidences the existence of factors related to the service operation and the prejudice to the homosexuals. It is considered to benefit the bioethical approach at this accessibility context, because the theme presents an ethical problem at the public health field. ***Descriptors***: Homosexuality; Access to Health Services; Basic Care; Bioethics.

RESUMO

Objetivo: analisar a temática da acessibilidade de lésbicas, gays, bissexuais, travestis e transexuais - LGBT aos serviços da Atenção Básica a Saúde após a implementação da Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais, dialogando essa temática com a bioética da proteção. ***Método:*** foram analisados 15 estudos do período de 2000 a 2015 a partir da Biblioteca Virtual em Saúde. ***Resultados:*** a discussão das informações estruturou-se em duas temáticas: Dificuldades de acesso aos serviços da Atenção Básica relatados pelos LGBT e o problema ético da acessibilidade dos LGBT aos serviços da Atenção Básica. ***Conclusão:*** o material revisado evidencia a existência de fatores relacionados ao funcionamento dos serviços e o preconceito aos homossexuais. Considera-se salutar a abordagem da bioética no contexto desta acessibilidade, pois a temática representa um problema ético no campo da saúde pública. ***Descritores:*** Homossexualidade; Acesso aos Serviços de Saúde; Atenção Básica; Bioética.

RESUMEN

Objetivo*:** Examinar la cuestión de la accesibilidad de las personas lesbianas, gays, bisexuales y trans - LGBT a los servicios de atención primaria después de la aplicación de la Política Nacional de Salud Integral de Lesbianas, Gays, Bisexuales y Trans, dialogando con este tema la bioética de protección. ***Método*:** El estudio incluyó 15 estudios de 2000-2015 a partir de la Biblioteca Virtual en Salud ***Resultados: La Discusión de la información se estructuro en dos temas: las dificultades de acceso a los servicios de Atención Básica según informaron los LGBT y el problema ético de la accesibilidad de los LGBT a los servicios de atención primaria. **Conclusión:** El material revisado ilustra la existencia de factores relacionados con el funcionamiento de los servicios y los prejuicios contra los homosexuales. Se considera beneficioso para acercarse a la bioética en el contexto de la accesibilidad, ya que el tema es un problema ético en el campo de la salud pública. ***Descriptores***: Homosexualidad; El Acceso a los Servicios de Salud; Atención Básica; Bioética.

[1]Nurse, Master Degree; Nursing and Health Graduation Program; Bahia Southeast State University UESB. Jequié (BA), Brazil. E-mail: thainarafranklin@hotmail.com; [2]Nurse, Student in Nursing and Midwifery Specialization Course, Technology and Science College. Jequié (BA), Brazil. E-mail: rodrigoagalvao@hotmail.com; [3]Nurse, PhD Professor (Doctor in Bioethics); Nursing Course; Nursing and Health Graduation Program; Bahia Southeast State University UESB. Jequié (BA), Brazil. E-mail: rboery@uesb.edu.br; [4]Nurse, Nursing PhD; Professor at the Nursing and Health Graduation Program; Bahia Southeast State University UESB. Jequié (BA). E-mail: editelago@gmail.com; [5]Dentist- surgeon, Social and Preventive Odontology Doctor; Auxiliar Professor at the Nursing and Health Graduation Program; Bahia Southeast State University UESB. Jequié (BA), Brazil. E-mail: syarid@hotmail.com

INTRODUCTION

According to the IBGE only 25% of the Brazilian population have at least a private health plan.[1] With this, a great number of the population use or had already used the health basic service at the Health Unic System – SUS. In Brazil the right to the health basic care universality and integrality are provided by the Federal Law nº 98.080/90, where the health is a right for everyone and a duty for the state.[2] In this perspective, evolving everyone, without gender distinction, sex, color, belief or age.

Thinking about the Brazilian population rights the Health Ministry published the health users' letter, within the rights and duties of the Health Unic System (HUS) users, contemplating all the Brazilian social groups in their different specificities.[3]

In this perspective, in 2008 was released by the Health Ministry the More Health Program-Everyone's right, aiming to decrease the inequality and amplifying the access to quality services.[4] In this program is expected to achieve the black, maroon, LGBT, Gypsies, prostitutes, homeless, among others.

During much time was observed the low accessibility and adhesion to the LGBT group to the Health Basic Services, worrying the Health Ministry in relation to a data control and their information. Was created then, the lesbian, gay, bisexual, and transgender National Integral Health Plan – LGBTNIHP, in 2010, aiming to get them closer to the health basic network, guarantying attendance with no differenced treatment or homophobic acts that may deviate them to guarantee their rights.

Other study present this homophobia as a classification without people fundamentals that escape the heterosexuals patterns, including also the ethnical, racial and religious diversities.[5] The homophobia is as the "explicit, persistent and widespread hate against the honor, till the extreme and physical violence episodes, consummate with cruelty refinements".[5:554]

The federal government seeking the universality, integrality and equality as it is said; it is now used in a more explicit way the will to create the Integral National Health Policy, aiming decrees, ordinances and resolutions. But for this, it should have budget resources to its application. It is still shown that those resources are lower than the destined to the HIV/Aids combat and its prevention.

In this perspective, it is observed the importance to implant public policies to the health professionals. In this way, it is assured to the users the protection to any homophobic and prejudicial treatment to their sexual option, being the user, Lesbian, gay, bisexual or transgender.[6]

In this way, it is understood that the professionals may change their habits, mainly, for the health counseling, rethinking their practices, while an instrument responsible for the health promotion and problems and sequels preventions, with the perspective to improve the life health quality.[6-20]

The respect without prejudice and without discrimination is valued in this policy as founding to the promotion humanization, protection, attention and health care.[7] In this way, the article as the objective, analyze the thematic about the Lesbians, Gays, Bisexuals and transgender accessibility to the Health Basic Care, after the Lesbians, Gays, Bisexuals and transgender National Policy implementation, talking to the protection bioethics.

METHOD

A reflexive test trough the bibliographic revision, conducted from May to June 2015 from the Virtual Library in Health. Were used the following grouped descriptors: homosexuality, health primary care, access to the health services and bioethics protection. The temporal record used was from 2010, due to the mark that established the LGBTNIHP, till June 2015, being found the quantitative of 276 articles.

The inclusion criteria were: research articles; fully online available, in Portuguese, as soon as the LGBTNIHP is a Brazilian policy and as exclusion criteria: articles without resumes or incompletes.

Was conducted, as a first step, the titles floating reading, resumes and keywords/describers, to identification and adhere to the study purpose. As a second stage, it was conducted the exhausted reading of the published contents, identifying and transcribing the interest information in own queries. Thereby, were delimited the studies to be interpreted in a total of 20 articles that attended to the objective, it is, that approach the lesbians, gays, bisexuals, travesties accessibility to the Basic Attention services after the LGBTNIHP implementation, talking this theme with the bioethics protection.

RESULTS

From the 15 selected articles, it is believed that the descriptors grouping helped at this research direction, covering a large production and possible relation with the elected focuses.

Generally, the production shows an increasing tendency, because it was observed that all the selected articles were published in 2000, inferring a worrisome from the researchers when conducting studies about the lesbian, gays, bisexuals and transgender to the Basic Health Services. Based on the content of the 12 articles were categorized two thematic classes, which will be discussed following, access difficulties to the Basic Health Services by the LGBT; and the ethical problem to accessibility of the LGBT to the Health Basic Services.

DISCUSSION

♦ Access difficulties to the Basic Attention related to the LGBT

The unpreparedness and the lack of knowledge about the homosexuals health necessities by the health professionals is a reality, seen that this lack of knowledge increases, and also the insecurity by those users, deviating and creating a resistance for the search in a specialized service, worried even with a possible discrimination. The professionals' lack of qualification can be one of the reasons in which the users stop looking for them and with this, guiding to the services detachment provided by the Basic Attention Network, mainly the female homosexual population that stop the frequent preventive and others daily exams.[8-21]

The health of the LGBT population is not being contemplated as it had to be at the Health Basic Care services, taking into account also the users' fear to suffer some intolerance, being not accepted by their sexual option, making him not searching for this attendance.[8]

One of the studies analyzed reveals that the LGBT Basic Attention services adaptation is a challenge to the health Unic system, as soon as the health professionals unpreparedness to deal with those clients only increase over the time and transforming the clients accessibility in apprehension and fear to search the health services from the Basic Attention area.[9] One of the ways to get an improvement at the health services is hearing those users, because, thus, it was possible to recognize their opinion in relation to the services access.

Another related fact that configures the lack of professionals to deal with those clients, has as example the pregnancy exams solicitation or anti connectional prescription to lesbians, without considering that they only have sex with others women. Thereby, one of the studies emphasizes the lack of studies at the lesbian women field, leading to serious diseases as cervical and breast cancer.[10]

Another study added that lesbians and bisexuals don't trust in telling to the professionals about their sexual options.[11] Turning this contact even harder, consequently transforming the attendance in something not safe or trustable as advocates all the governmental programs.

The LGBT group is also disadvantaged, by the fact that, their sexual options is different of their biological sex, thus, having their basic rights interfered, turning them more vulnerable for the society.[12]

The LGBT lack of accessibility to the Basic Attention services is the greater cause of difficulties that the health professionals have knowing their real health necessities.[13-22] The study is affirming that the vulnerability that this group has resulting from the lack of their basic human rights, being the greater justification to a specific policy that can attend them with respect.[14] It is important the ethical posture during the users' reception at the health unity with the perspective to listen them respecting the sexual choices diversities, in this way achieving the resoluteness, and consequently achieving those individuals social inclusion.[14-23]

♦ LGBT accessibility to the Health Basic Care ethical problem

The right to health in Brazil is the result of the Sanitary Reform Movement and is guaranteed at the 1988 constitution. In the constitution, the health is understood in an amplified way and not only as sanitary medic assistance. In this conception, health comes from the people access and collectivity to the goods and public services offered by the universal social policies. The health, the providence and the social assistance is part of the social security system and this conquer presents the compromise and the State responsibility to the population well being.[15]

In this context, the LGBT accessibility to the Basic Care Services theme is pertinent at the discussions in the bioethics field, because it is an ethical problem at the health public field. It can be understood through analyzed studies is pertinent to the discussions from the bioethics field, because it is an ethical problem at the public health services. It can

be understood through the analyzed studies that the factors that turn harder the LGBT accessibility to the Basic Care Services are associated to the demand and work process at the services, being really set in ethical problems.

The accessibility to the LGBT to the Basic Attention Services, seen as an ethical problem can be faced through the bioethics protection. The bioethics protection is conceptualized as, "the aptitude of giving fender or covering to the essentials necessities, it means, those that shall be satisfied so that the affected people may attend to others necessities or others interests".[16:121]

The bioethics protection expression may be assimilated through two concepts, the "bioethics", with the generic meaning of life ethic, and as "protection", that indicates a consistent practice in giving support to who need to protect the vulnerable, thus achieving equality.[17] Thus, it is necessary a strategy change, in which is really considered the most vulnerable population and that is developed real prevention strategies coming from public policies that aims to decrease the great existent inequalities.[18]

One of the studied articles evidence that the homosexuals' users report that when searching the health services, by the fact of being homosexuals generate a fake idea that something is wrong and, in the case of that population, the wrong would be the associated to the seropositive condition to the HIV, thus, being a prejudice aptitude coming from the health professionals.[19]

Within the users worrisome was also reported the lack of confidence, many reported that inside of the clinic the professional keeps the secrecy, but this is violated when many of the HUS proceedings make that many information being obtained and circle by a reasonable number of professionals, creating, thus, an idea that many information may be turned public.[19]

One more time, the Professional unpreparedness to deal with those clients is ratified. Certainly, the homosexuality can't be seen as a mistake and, much less, being linked to seropositivity to the HIV/AIDS. It is, so, up to the managers and professionals, the search for actualization for the development of their professional practice, above all in their ethical and bio-ethical aspects.

CONCLUSION

At the studies analysis was observed how there are many complaining from those users to the access to the Basic Attention.

It is important to consider the necessity to achieve an assistance that understand the LGBT as a holistic and integral being, what confers the health services characterization as institutions provided from a multi professional attention, mainly, the health care that has a team with professionals' diversity, like the nurse, doctor, dentist who can contribute in a decisive way to those users' health.

It is necessary a health service adequacy to the LGBT accompaniment, seen that this part of the population is really representative. Although being understood the professionals actualization importance to deal with those clients, if recognize, also, that there are difficulties. It is important to notify that hose users are more vulnerable to be affected by the STD's, because of it, it is necessary a long duration accompaniment, that helps them to avoid and obtain those diseases' control.

Yet, it is understood the necessity for others investigations about the LGBT accessibility to the Basic Attention Health Services, once it will allow a knowledge spreading and will be able to favorite to a better adhesion to those health services, seen that many, still, feel blame by the health services.

REFERENCES

1. Ministério do Planejamento, Orçamento e Gestão (BR). Fundação Instituto Brasileiro de Geografia e Estatística. Censo demográfico 2010 [Internet]. 2010 [cited 2015 July 10]. Available from: http://www.ibge.gov.br/home/estatistica/populacao/censo2010/default.shtmm

2. Ministério da Saúde (BR). Lei Federal nº 8.080, de 19 de setembro de 1990. Brasília, DF, 1990 [Internet]. [cited 2015 July 10]. Available from: http://conselho.saude.gov.br/legislacao/lei8080_190990.htm

3. Ministério da Saúde (BR). Carta dos Direitos dos Usuários da Saúde. Portaria N° 675/GM/2006. Diário Oficial da União. 31/03/2006 [Internet]. [cited 2015 July 10]. Available from: http://www.conselho.saude.gov.br/biblioteca/livros/AF_Carta_Usuarios_Saude_site.pdf

4. Ministério da Saúde (BR). Secretaria Executiva. Mais Saúde: Direito de Todos: 2008-2011. 2ª ed. Brasília: Editora do Ministério da Saúde. Brasília-DF, 2008 [Internet]. [cited 2015 July 10]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/mais_saude_direito_todos_3ed.pdf

5. Cardoso MR, Ferro LF. Saúde e População LGBT: Demandas e Especificidades em Questão. Psicologia: Ciência e Profissão

[Internet]. 2012 [cited 2015 June 05];32(3):552-63. Available from: http://www.scielo.br/pdf/pcp/v32n3/v32n3a03.pdf

6. Mello L, Perilo M, Braz CA, Pedrosa C. Políticas de saúde para lésbicas, gays, bissexuais, travestis e transexuais no Brasil: em busca de universalidade, integralidade e equidade. Revista Latino-Americana Sexualidad, Salud y Sociedad [Internet]. 2011 [cited 2015 June 05];9:7-28. Available from: http://www.scielo.br/pdf/sess/n9/02.pdf

7. Ministério da Saúde (BR). Política Nacional de Saúde Integral de Lesbicas, Gays, Bissexuais, Travestis e Transexuais. Brasília: Ministério da Saúde; 2010 [Internet]. [cited 2015 July 10]. Available from: http://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_saude_lesbicas_gays.pdf

8. Albuquerque GA, Garcia CL, Alves MJH, Queiroz CMHT, Adami F. Homossexualidade e o direito à saúde: um desafio para as políticas públicas de saúde no Brasil. Saúde em Debate [Internet]. 2013 [cited 2015 June 05];37(98):516-24. Available from: http://www.scielo.br/pdf/sdeb/v37n98/a15v37n98.pdf

9. Santos ML, Murai HC. Homossexualismo feminino: um novo contexto para o trabalho humanizado na enfermagem. Rev Enferm UNISA [Internet]. 2011 [cited 2015 June 05]; 12 (1): 48-51. Available from: http://www.unisa.br/graduacao/biologicas/enfer/revista/arquivos/2011-1-08.pdf

10. Barbosa MR, Koyama MAH. Mulheres que fazem sexo com mulheres: algumas estimativas para o Brasil. Cad Saúde Pública [Internet]. 2006 [cited 2015 July 10];22(7):1511-4. Available from: http://www.scielo.br/pdf/%0D/csp/v22n7/15.pdf

11. Valadão RC, Gomes R. A homossexualidade feminina no campo da saúde: da invisibilidade à violência. Physis Revista de Saúde Coletiva Rio de Janeiro [Internet]. 2011 [cited 2015 June 05];21 [4]: 1451-1467. Available from: http://www.scielo.br/pdf/physis/v21n4/a14v21n4.pdf

12. Lionço T. Que Direito à Saúde para a População GLBT? Considerando Direitos Humanos, Sexuais e Reprodutivos em Busca da Integralidade e da Equidade. Saúde e Sociedade, São Paulo. [Internet]. 2008 [cited 2015 June 05];17(2):11-21. Available from: http://www.scielo.br/pdf/sausoc/v17n2/03.pdf

13. Terto JV. Homossexualidade e saúde: desafios para a terceira década de epidemia de HIV/AIDS. Horizontes Antropológicos, Porto Alegre [Internet]. 2002 [cited 2015 June 05];8(17):147-58. Available from: http://www.scielo.br/pdf/ha/v8n17/19080.pdf

14. Carvalho LS, Philippi MM. Percepção de lésbicas, gays e bissexuais em relação aos serviços de saúde. Universitas: Ciências da Saúde, Brasília [Internet]. 2013 [cited 2015 June 05];11(2):83-92. Available from: file:///C:/Users/Thai/Downloads/1837-12937-1-PB%20(1).pdf

15. Constituição da República Federativa do Brasil (BR). Brasília, DF: Senado, 1988. Título VIII – Da Ordem Social, Seção II – Da Saúde – artigo 196-200, 1988 [Internet]. [cited 2015 July 10]. Available from: http://www.senado.gov.br/legislacao/const/con1988/con1988_05.10.1988/con1988.pdf

16. Arreguy EEM, Schramm FR. Bioética do Sistema Único de Saúde/SUS: uma análise pela bioética da proteção. Revista Brasileira de Cancerologia [Internet]. 2005[cited 2015 June 05];51(2):117-123 [cited 2015 July 10]. Available from: http://www.inca.gov.br/rbc/n_51/v02/pdf/artigo3.pdf

17. Schramm FR. Bioética da Proteção: ferramenta válida para enfrentar problemas morais na era da globalização. Revista Bioética [Internet]. 2008 [cited 2015 June 05];16(1):11-23. Available from: http://revistabioetica.cfm.org.br/index.php/revista_bioetica/article/viewFile/52/55

18. Valadão RC, Gomes R. A homossexualidade feminina no campo da saúde: da invisibilidade à violência. Physis Revista de Saúde Coletiva Rio de Janeiro [Internet]. 2011[cited 2015 June 05];21[4]: 1451-1467. Available from: http://www.scielo.br/pdf/physis/v21n4/a14v21n4.pdf

19. Santos EC, Calvetti PU, Rocha KB, Moura A, Barbosa LH, Hermel J. Percepção de Usuários Gays, Lésbicas, Bissexuais e Transgêneros, Transexuais e Travestis do Sistema Único de Saúde. Revista Interamericana de Psicología/Interamerican Journal of Psychology [Internet]. 2010 [cited 2015 June 05];44(2):235-45. Available from: http://www.redalyc.org/articulo.oa?id=28420641004

20. Sousa PJ de, Abrão FMS, Costa AM da, Ferreira LOC. Humanização no acolhimento de Lesbicas, Gays, Bissexuais, Travestis e Transexuais na Atenção Basica: reflexões bioéticas para Enfermagem. J Nurs UFPE on line [Internet]. 2011 [cited 2015 June 05];5(4):1064-71. Available from:http://www.revista.ufpe.br/revistaenfe

rmagem/index.php/revista/article/view/1355/pdf_503

21. Sharek DB, Mccann E., Sheerin F., Glacken M. & Higgins A. Older LGBT people's experiences and concerns with healthcare professionals and services in Ireland. International Journal of Older People Nursing [Internet]. 2014 [cited 2015 June 05];10:230–40. Available from:http://onlinelibrary.wiley.com/doi/10.1111/opn.12078/epdf

22. Wahlert L, Fiester A.A False Sense of Security: Lesbian, Gay, Bisexual, and Transgender (LGBT) Surrogate Health Care Decision-Making Rights. Ethics Feature [Internet]. 2013 [cited 2015 June 05];26(6):[about 5 p.] Available from: http://www.jabfm.org/content/26/6/802.full.pdf+html

23. DS Reitman, B Austin, T Chaffee, ND Hoffman, E Moore, R Morris, et al.Recommendations for Promoting the Health and Well-Being of Lesbian, Gay, Bisexual, and Transgender Adolescents: A Position Paper of the Society for Adolescent Health and Medicine.Journal of Adolescent Health [Internet]. 2013 [cited 2015 June 05];(52):506-10. Available from: http://www.sciencedirect.com/science/article/pii/S1054139X13000578

Submission: 2015/02/19
Accepted: 2016/05/10
Publishing: 2016/09/01

Corresponding Address

Thainara Araujo Franklin
Urbis I, Caminho F, 08
Bairro Jequiezinho
CEP 45206-510 – Jequié (BA), Brazil