

WMA STATEMENT ON NATURAL VARIATIONS OF HUMAN SEXUALITY

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PREAMBLE

Individuals who identify as LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and other identities beyond these) represent a broad and fluid spectrum of natural sexual orientations, gender identities, gender expressions, and sex characteristics. While LGBTQIA+ people may share common cultural and social experiences and shared goals of justice and equity in the face of detrimental, discriminatory treatment and even violence, these are diverse communities facing distinct challenges and with specific needs in healthcare and beyond.

This statement is specifically focused on lesbian, gay, and bisexual people.

Healthcare professionals encounter many aspects of human diversity when providing care, including different natural variations of human sexuality.

A large body of scientific research indicates that being lesbian, gay, or bisexual constitute natural variations of human sexuality without any intrinsically harmful health effects. They do not constitute a disorder or illness that requires treatment or cure and any efforts to do so are contrary to the ethical practice of medicine.

Homosexuality and bisexuality are consequently not included in the World Health Organization's (WHO) International Classification of Diseases (ICD 11).

However, direct and indirect discrimination, both interpersonally and at the institutional level, anti-homosexual or anti-bisexual legislation and human rights violations, stigmatisation, criminalisation of same-sex partnerships, peer rejection, and bullying continue to have a serious impact upon the psychological and physical health of lesbian, gay, or bisexual people. These negative experiences are perpetuated by a lack of education in society on the different natural variations of human sexuality. They lead to poorer health outcomes, including higher prevalence rates of depression, anxiety disorders, substance misuse, and suicidal ideations and attempts. As a result, the suicide rate among lesbian, gay, or bisexual adolescents and young adults significantly higher than that of their heterosexual peers.

These negative outcomes can be exacerbated by other intersectional factors, including but not limited to national origin, race, ethnicity, gender, age, religion, gender identity, socioeconomic status, or disabilities.

In addition, false and baseless pathologisation of lesbian, gay, or bisexual identities leaves such individuals at risk of being coerced into so-called "conversion" or "reparative" procedures. These harmful and unethical practices, also sometimes referred to as sexual orientation and gender identity change efforts (SOGICE), are intended to suppress or change a person's natural sexual orientation or gender identity. These methods have no medical indication, lack any evidence of effectiveness, and represent a serious threat to the health and human rights of those subjected to these practices. They can lead to anxiety, depression, low self-esteem, substance abuse, problems with intimacy, and suicide.

Negative experiences in healthcare may affect the patient-physician relationship, leading lesbian, gay, and bisexual individuals to avoid accessing care where it is available. They may also withhold their sexual orientation from physicians due to the resulting lack of confidence that they will receive the appropriate treatment and concerns about the safety and confidentiality of their healthcare environment. Without this information, it may be more challenging for physicians to provide targeted care that takes into account the specific health needs of lesbian, gay, or bisexual patients.

Lesbian, gay, or bisexual physicians, medical students, and other health professionals also face discrimination, disadvantages, marginalisation and bullying in the workplace, in schools, in professional organisations, and beyond. Harmful working and learning environments can lead to stress and burnout, especially among marginalised individuals.

RECOMMENDATIONS

1. The WMA strongly asserts that being lesbian, gay, or bisexual does not represent a disease, but rather natural variations within the range of human sexuality.
2. The WMA condemns all forms of stigmatisation, criminalisation of and discrimination against people based on their sexual orientation.
3. The WMA asserts that psychiatric or psychotherapeutic support, when needed, must not focus upon the variations of sexuality itself, but rather upon conflicts which arise between those variations and religious, social and internalised norms and prejudices, as well as the health needs of the individual patient.
4. The WMA unequivocally condemns so-called “conversion” or “reparative” methods. These constitute violations of human rights and are unjustifiable practices that should be denounced and subject to sanctions and penalties. It is unethical for physicians to participate during any step of any such procedures.
5. The WMA calls upon all physicians to:
 - classify physical and psychological diseases on the basis of clinically relevant symptoms according to ICD 11 criteria regardless of sexual orientation, and to provide quality, evidence-based care in accordance with internationally recognised treatments and protocols and in keeping with the principles set forth in the [WMA International Code of Medical Ethics](#);
 - provide a safe, respectful, and inclusive healthcare setting for lesbian, gay, and bisexual patients;
 - foster safe, respectful, and inclusive work and learning environments for lesbian, gay, and bisexual physicians, medical students, and other health professionals;
 - engage in continuing education and professional development to better understand the specific health needs of lesbian, gay, and bisexual patients and the benefits of certain treatments;
 - where appropriate, involve patients’ same-sex partners and same-sex parents in healthcare discussions in keeping with the patient’s preferences, respecting their consent, and with due regard for patient confidentiality;
 - speak out against legislation and practices violating the human rights of lesbian, gay, and bisexual people, which may also negatively impact the healthcare system at large;
 - reject and refuse to participate in any step of so-called “conversion” or “reparative” methods.
6. The WMA calls upon constituent members and professional associations to:
 - advocate for safe and inclusive working and learning environments for lesbian, gay, and bisexual physicians, medical students, and other health professionals;
 - establish and enforce non-discriminatory policies in keeping with the [WMA Statement on Non-Discrimination in Professional Membership and Activities of Physicians](#);
 - create guidelines for physicians outlining the specific physical and mental health challenges facing lesbian, gay, and bisexual patients, where appropriate;
 - Where possible, promote changes to medical education, specialty training and CME/CPD curricula to create sensitivity and awareness of the specific health needs of lesbian, gay, and bisexual patients;
 - establish channels for lesbian, gay, and bisexual physicians to report incidents of discrimination or bias against themselves or lesbian, gay, or bisexual patients;
 - in environments where confidentiality and patient safety are guaranteed and data cannot be abused, encourage voluntary data collection in the clinical setting and regular reporting on the health outcomes of lesbian, gay, and bisexual patient groups, while also taking intersectionality into account, to ensure and further improve targeted and appropriate healthcare provision;
 - actively condemn so-called “conversion” or “reparative” methods as unethical.

7. The WMA calls upon governments to:

- reject and repeal anti-homosexual or anti-bisexual legislation;
- condemn and ban so-called “conversion” or “reparative” methods;
- promote policies that counteract health-related and other inequities caused by overt and implicit discrimination against lesbian, gay, and bisexual people;
- encourage education from an early age on diverse natural variations of human sexuality to increase acceptance and with the ultimate aim of promoting better physical and mental health for all individuals.