

The medical education and health care for the LGBTQIA+ population

A educação médica e a atenção à saúde da população LGBTQIA+

La educación médica e la atención en salud a la población LGBTQIA+

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Abstract

The LGBTQIA+ population is marginalized in contemporary society. The obstacles to which they are exposed promote vulnerabilities and social negligence, including those related to access in the context of health care. Besides, professional mistakes are common during consultations with LGBTQIA+ people and, therefore, they should be argued in the field of medical education. This manuscript aims to discuss the medical education and health practices addressed to these people. Narrative review, through scientific platforms, and qualitative analysis. Sixteen texts related to the theme were used. The invisibility of data that could guide best professional practices and strengthen public policies applied to the group stands out. It is observed that the LGBTQIA+ population is commonly marginalized in health care, due to inadequate professional practices. As a cause, medical training is noteworthy, both for the curricula that involve medical schools and for teaching practices that disregard the subject. Ensuring adequate health care may promote improvements in the experiences lived by the LGBTQIA+ population, given their health demands and confrontations in their daily lives. Health support should consider specific demands, especially related to health promotion. Medical education must be modified in order to ensure that professionals work properly with the LGBTQIA+ population. The lack of consistent data on the population under discussion jeopardizes public policies and health practices. Moreover, the topic receives little attention in medical education courses, a fact that indicates the need for changes in the curricula as well as in didactic actions of professors.

Keywords: Health care; LGBTQIA+; Medical education; Health training.

Resumo

A população LGBTQIA+ é um grupo marginalizado na sociedade contemporânea. Os obstáculos aos quais são expostos, cotidianamente, promovem vulnerabilidades, inclusive relacionadas ao acesso no contexto da atenção à saúde. Ainda, são comuns equívocos profissionais durante atendimentos realizados com pessoas LGBTQIA+ e, portanto, devem ser problematizados no campo da educação médica. Portanto, este manuscrito tensiona a educação médica e as práticas de saúde direcionadas a essas pessoas. Revisão narrativa, por meio de plataformas científicas, e análise qualitativa da literatura selecionada. Foram utilizados 16 textos relacionados à temática. Destaca-se a invisibilidade de dados que orientem melhores práticas profissionais e fortaleçam as políticas públicas direcionadas ao grupo. Observa-se que a população LGBTQIA+ é comumente marginalizada na atenção à saúde, devido a práticas profissionais inadequadas. Como causa, a formação médica se destaca, tanto pelos currículos que envolvem as escolas médicas quanto pelas práticas docentes que desconsideram o assunto. A garantia de atenção à saúde adequada pode promover melhorias acerca das experiências vividas pela população LGBTQIA+, vistas suas demandas de saúde e enfrentamentos em seus cotidianos. O suporte sanitário deve considerar demandas específicas, especialmente relacionadas à promoção da saúde. A educação médica deve ser transformada de modo a assegurar que profissionais da Medicina atuem adequadamente junto à população LGBTQIA+. A falta de dados consistentes sobre a população em discussão prejudica políticas públicas e práticas de saúde. Associado a isso, o tema recebe pouca atenção em cursos de educação médica, fato que indica a necessidade de mudanças nos currículos e nas ações didáticas de docentes.

Palavras-chave: Atenção à saúde; LGBTQIA+; Educação médica; Formação em saúde.

Resumen

La población LGBTQIA+ es un grupo marginado en la sociedad contemporánea. La gama de obstáculos a los que están expuestos promueven vulnerabilidades, incluso las relacionadas con el acceso en el contexto de la atención de la salud. Además, los errores profesionales son comunes durante las consultas con personas LGBTQIA+ y, por tanto, deberían estar discutiendo las personas en el campo de la educación médica. Este manuscrito tiene como objetivo enfatizar el lugar de la educación médica en relación con las prácticas de salud dirigidas a estas personas. Revisión narrativa, a través de plataformas científicas y análisis cualitativo de la literatura seleccionada. Se utilizaron dieciséis textos relacionados con el tema. Se destaca la invisibilidad de los datos que podrían orientar las mejores prácticas profesionales y fortalecer las políticas públicas aplicadas al grupo. Se observa que la población LGBTQIA+ es comúnmente marginada en el cuidado de la salud, debido a prácticas profesionales inadecuadas. Como causa, se destaca la formación médica, tanto por los planes de estudio que involucran a las facultades de medicina como por las prácticas docentes que se desprecupan de la materia. Asegurar una adecuada atención en salud puede promover mejoras en las experiencias vividas por la población LGBTQIA+, frente a sus demandas de salud y confrontaciones en su cotidiano. El apoyo a la salud debe considerar demandas específicas, especialmente relacionadas con la promoción de la salud. La educación médica debe modificarse para garantizar que los profesionales médicos trabajen adecuadamente con la población LGBTQIA+. La falta de datos consistentes sobre la población en discusión compromete las políticas públicas y las prácticas de salud. Además, el tema recibe poca atención en los cursos de educación médica, hecho que indica la necesidad de cambios en los planes de estudios, así como en las acciones didáticas de los profesores.

Palabras clave: Atención de la salud; LGBTQIA+; Educación médica; Formación en salud.

1. Introduction

The LGBTQIA+ population (Lesbians, Gays, Bisexuals, Transgenders, Queers, Intersex, Asexuals and any other manifestations of sexuality) represents a marginalized social group, especially in Brazil. This is due to the discriminatory processes which are historically constructed, and commonly replicated in practices of daily life. The social structure of low education, as well as low socioeconomic status, violence, difficulties in accessing health services and prejudice are closely associated with sexual and gender minorities. All these factors contribute to the weakening of the group and broaden the challenges to which they are exposed (Bordiano et al, 2021).

According to evidence from the Getúlio Vargas Foundation (2022), based on data from “Dial 100” – a platform for denouncing Human Rights violations – in 2017, about 35,2% of this population suffered psychological violence and 20,9% suffered some type of physical violence. Data from the National Survey on the Educational Environment in Brazil (Associação Brasileira de Lésbicas, Gays, Bissexuais, Travestis e Transexuais, 2016) demonstrate that 73% of the LGBTQIA+ students have already been victims of attacks through verbal aggression, while 36% had already suffered physical violence. Likewise, the Transgender Europe Organization (2018), points out that Brazil accounts for more than 40% of the murders of transgender people worldwide, since 2008 (Associação Brasileira de Lésbicas, Gays, Bissexuais, Travestis e Transexuais, 2016). It is noteworthy that the cases of homicide are framed as a public health problem associated with the violation of human rights, regardless of whether they are directly linked to what is meant by homophobia (Menezes et al., 2021)

In addition, situations of violence associated with prejudice or professional unpreparedness occur in the context of public and private health services. LGBTQIA+ people have a lower perception of the quality of care provided by the health system, mainly due to the recognition of discriminatory practices still performed by health professionals. This situation is indicated as one of the reasons that LGBTQIA+ individuals have a lower coverage, both for mammography and pap smear tests, as well as for health plans worldwide (Átila et al., 2019)

The daily challenges faced by this population are also highlighted. Such adversities promote mental illness, such as depressive and anxiety disorders, in addition to causing, in many cases, the processes of self-acceptance to be time-consuming and complex. This situation contributes to the suffering and strengthening of feelings of helplessness of the individuals in relation to the State. In this sense, challenges related to a social system that makes access to work difficult, as well as the acceptance of different practices and body aesthetics and the sociability of several LGBTQIA+ people are added (Moraes, et al., 2021).

Nevertheless, national public health policies seek to guarantee adequate health services and conditions, through the expanded notion of health, which should potentially help transform situations considered negative. Health services are designed to be operationalized in a welcoming, personalized and effective way for the LGBTQIA+ population, in view of their specific demands and the daily confrontations. It is noteworthy that public health policies are considered, at national and international levels, essential for the maintenance of life, wellbeing and for positive biopsychosocial transformations (Darsie et al., 2021).

In order to actually achieve the adequacy of the desired care, it is essential that health education practices are observed, problematized and transformed. Thus, there is a need to develop opportunities for permanent education and training, in order to reinforce the humanization of services instead of the biological mindset that often reproduces stigmas linked to the group. Another point is the necessity to intensify debates and insert content related to the health of LGBTQIA+ in curricula involving professional education, in order to approach the subject in an interdisciplinary way from the beginning of graduations and/or technical courses (Paranhos, et al., 2021)

In this sense, it is emphasized that studies related to teaching didactics, in university and professional training courses are still incipient, with regard to the development of discussions and approaches that favour other ways of thinking and

assisting, in the context of health, the LGBTQIA+ population. The manuscripts and reviews found from the search in databases often address issues related to the challenges this population faces on accessing services, or refer to the field of work as a *locus* of learning, however, without highlighting teaching practices.

In view of this, this article presents a discussion supported by a qualitative literature review, which aims to establish a relationship between health practices offered to the LGBTQIA+ population, in the context of services, and university and professional education, in the field of Medicine. Therefore, it should be noted that education and medical teaching are complementary categories, the first of which concerns curricula and educational culture, while the second involves the teaching strategies of professors of medical training courses. It is hoped that the discussion may provoke reflections on the subject, in order to promote new ways of addressing teaching practices.

In order to do so, some of the challenges experienced by such individuals are stressed – especially those related to their invisibility in the statistical context and public policies. Also, education and medical teaching are addressed as practices that represent, at the same time, great obstacles and important tools of transformation.

2. Methodology

The study consists of a qualitative literature review, elaborated through the selection of books, chapters, scientific articles and other materials associated with the themes of health care, LGBTQIA+ population and medical education. This method is relevant because it is based on the search, organization and selection of previously produced material, helping researchers to present holistic perspectives on their themes. By using this methodological approach, the aim is to avoid mistakes made in advance, and as a consequence, supporting new ideas and points of view in favour of the development of scientific literature (Mariano & Santos, 2017)

As selection criteria, were considered materials published from 2018 onwards – in order to address current topics in relation to the theme –, which were complete, free and produced in Portuguese language, and which discussed the health of the LGBTQIA+ population, medical care in this context and medical education. The exclusion criteria excluded theses, dissertations, chapters of theses and dissertations, technical and scientific reports and government documents. The databases searched were Google Scholar and Scientific Electronic Library Online (SciELO). The descriptors used were “health of the LGBTQIA+ population”, “medical education”, “medical training” and “medical teaching”.

3. Results

A total of 202 texts were found, of which, after reading the abstracts, 16 articles and book chapters were selected (Table 1).

Table 1 – Texts selected for qualitative analysis.

Authors	Title	Journal/Book	Year
Bordiano G, Liberal SP, Lovisi GM, Abelha L.	COVID-19, vulnerabilidade social e saúde mental das populações LGBTQIA+. [COVID-19, social vulnerability and mental health of LGBTQIA+ population].	Cadernos de Saúde Pública. [Public Health Notebooks].	2021
Menezes MS, Lima JG, Santos SMC.	Saúde como Direito Humano da População LGBTQIA+. [Health as a Human Right of the LGBTQIA+ Population].	Seminário de Iniciação Científica - PROVIC/UNIT - Ciências da Saúde e Biológicas. [Scientific Initiation Seminar - PROVIC/UNIT - Health and Biological Sciences].	2021
Lima Átila M, do Nascimento RT, Cazelli CM, de Carvalho TGF.	Atributos da Atenção Primária à Saúde e ferramentas de medicina de família no atendimento às diversidades sexual e de gênero: Relato de caso. [Attributes of Primary Health Care and Family Medicine tools in addressing sexual and gender diversities: Case report].	Revista Brasileira de Medicina de Família e Comunidade. [Brazilian Journal of Family and Community Medicine].	2019
Moraes MA, Borges JLDJ, Santos JEDS.	Saúde mental da população LGBTQIA+: violências, preconceitos e suas consequências. [Mental health of the LGBTQIA+ population: violence, prejudice and its consequences].	Brazilian Journal of Development.	2021
Paranhos WR, Willerding IAV, Lapolli EM.	Formação dos profissionais de saúde para o atendimento de LGBTQI+. [Training of health professionals for the care of LGBTQI+].	Interface - Comunicação, Saúde, Educação. [Interface – Communication, Health, Education].	2021
Bezerra MVDR, Moreno CA, Prado NMDBL.	Política de saúde LGBT e sua invisibilidade nas publicações em saúde coletiva. [LGBT Health Policy and its invisibility in public health publications].	Saúde em Debate. [Health in Debate].	2019
Oliveira DC.	Representatividade da população LGBTQIA+ nas pesquisas epidemiológicas, no contexto da Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais: ampliar a produção de conhecimento no SUS para a justiça social. [Representativeness of the LGBTQIA+ population in epidemiological research, in the context of the National Policy for the Comprehensive Health of Lesbians, Gays, Bisexuals, Transgenders and Transexuals: expanding the production of knowledge in the SUS for social justice].	Epidemiologia e Serviços de Saúde. [Epidemiology and Health Services].	2022
Carvalho AA, Barreto RCV.	A invisibilidade das pessoas LGBTQIA+ nas bases de dados: novas possibilidades na Pesquisa Nacional de Saúde 2019? [The invisibility of LGBTQIA+ people in databases: new possibilities in the 2019	Ciência & Saúde Coletiva. [Science and Public Health].	2021

	National Health Survey?].		
Barchin VF, Carvalho B, Marques SDMS, Franco CRP, Garzin ACA.	Percepção de alunos de graduação da área da saúde acerca da abordagem sobre a saúde de LGBTI+. [Perception of undergraduate health students about the approach to LGBTI+ health].	O Mundo da Saúde. [Health World].	2021
Loria GB, Canesin GMF, Silva GM, Amorim GHDO, de Melo JM, Santos LR, et al.	Saúde da população LGBT+ no contexto da atenção primária em saúde: relato de oficina realizada no internato integrado de Medicina de Família e Comunidade/Saúde Mental em uma universidade pública. [Health of the LGBT+ population in the context of primary health care: report of a workshop held during the integrated internship of Family and Community Medicine/Mental Health at a public university].	Revista Brasileira de Medicina de Família e Comunidade. [Brazilian Journal of Family and Community Medicine].	2019
Miranda TS, Corrêa MI, da Silva ABV, Souza ACV, de Mello LV, Bahia LN da S, et al.	Disparidades em saúde da população LGBTQIA+: a atuação médica frente a este cenário. [Disparities in the health of the LGBTQIA+ population: medical action in this scenario].	Revista Eletrônica Acervo Científico. [Electronic Journal Scientific Collection].	2020
Moretti-Pires RO, et al.	Preconceito contra Diversidade Sexual e de Gênero entre Estudantes de Medicina de 1º ao 8º Semestre de um Curso da Região Sul do Brasil. [Prejudice against Sexual and Gender Diversity among Medical Students from the 1st to the 8th Semester of a Course in the Southern Region of Brazil].	Revista Brasileira de Educação Médica. [Brazilian Journal of Medical Education].	2019
Negreiros FRN, et al.	Saúde de Lésbicas, Gays, Bissexuais, Travestis e Transexuais: da Formação Médica à Atuação Profissional. [Health of Lesbians, Gays, Bisexuals, Transgenders and Transexuals: from Medical Training to Professional Practice].	Revista Brasileira de Educação Médica. [Brazilian Journal of Medical Education].	2019
Paulino DB, Rasera EF, Teixeira F do B.	Discursos sobre o cuidado em saúde de Lésbicas, Gays, Bissexuais, Travestis, Transexuais (LGBT) entre médicas(os) da Estratégia Saúde da Família. [Reports on the health care of Lesbians, Gays, Bisexuals, Transgenders, Transexuals (LGBT) among physicians of the Family Health Strategy].	Interface – Comunicação Saúde Educação. [Interface – Communication, Health, Education].	2019
Thomazi GI, Bernardo GA, Silveira RM, Oliveira DC, Ferla AA, Neves M.	A promoção da saúde em profissionais do sexo como acontecimento educativo: afirmação das vidas e produção de cultura. [Health promotion in sex workers as an educational event: affirmation of lives and production of culture].	Educação e saúde: reflexos e experiências educativas. [Education and health: reflections and educational experiences].	2022
Veiga IPA, Silva EF.	Docência na educação superior: problematizadora e tecnocientífica. [Teaching in higher education: argumentative and technoscientific].	Revista Diálogo Educacional. [Educational Dialogue Journal].	2020

Source: Authors.

4. Discussion

4.1 Statistical invisibility of LGBTQIA+ and its impacts on professional health education

It is not possible to precisely define the percentage of Brazilians who recognize themselves as LGBTQIA+. Although, according to the Brazilian Institute of Geography and Statistics (2022), from May 2022, indicators referring to self-declared sexual orientation will be released, which may help in the programming and execution of specific actions in different fields of knowledge. For this purpose, data were collected and organized through the Sexual Activity Module, which is inserted in the National Health Survey (2019) in compliance with the National Policy for the Comprehensive Health of Lesbians, Gays, Bisexuals, Transgenders and Transexuals (NPCH-LGBT) (Ministério da Saúde, 2013), and established by the Ordinance no. 2.836 of December 1, 2011 (Brasil, 2011). The document considers the improvement of health surveillance instruments, with the inclusion of sexual orientation and gender identity topics, as well as the enhancement of health information.

The NPCH-LGBT aims to guide health practices in an integrative way, in order to promote social inclusion through the understanding that exclusion interferes with the quality of life and health of the LGBTQIA+ population (Ministério da Saúde, 2013). According to Bezerra et al. (2019), this Policy brought a greater expression of advances related to the rights of this group in the national context, however, the achievements still require more effectiveness and universal responsibility on the part of the State, especially with regard to the processes of inclusion and equity.

It is noticeable that, since the creation of the NPCH-LGBT, data related to the LGBTQIA+ community are still scarce and imprecise. The advance in the production, systematization and dissemination of information about these individuals is urgent for the planning of epidemiological research, organization of information systems and development of health actions. This is because complex analysis about the integrality of health care for LGBTQIA+ people [...] have faced gaps and the persistence of structural homophobia (Oliveira, 2020).

This invisibility in Brazilian population surveys hampers and limits the understanding of the similarities and specificities of the realities experienced by these individuals and, consequently, the organization and good performance of old and new public policies and focused professional education practices. Consistent and accessible data may support studies and practices in the health area, through analysis related to the health profile and the access and use of health services by this population. In addition, they collaborate with the assessment and a more effective transformation of the impacts of violence on the physical and emotional health of this group, by supporting the development of knowledge and useful actions about the relationship between sexual orientation and lifestyles, the exercise of fatherhood/motherhood, among others (Carvalho & Barreto, 2021).

In this sense, one of the risks involving the topic relates to the fact that the health requirements of the LGBTQIA+ population are commonly considered less relevant than the health demands of the population in general. An idea emerges, strengthened by the scarcity of information, in levels of education, management and health care, of relativizing the importance and specificities of the demands of this population in the face of the health and financial challenges faced by a population as large as Brazil.

The argument that investments directed to social minorities would be disposable because they burden the public coffers, harming other demands considered more urgent remains present. More precisely, in the context of the LGBTQIA+ population, conservative, religious values and other moral measures, associated with statistical gaps, often encourage the dismantling of public policies and discourage curricular changes in training courses, strengthening inequities that need to be strongly addressed. The amounts collected in taxes, for example, should be a guarantee that the SUS is able to provide comprehensive care to any person, according to their particular health needs, which is part of the national health principle of equity (Carvalho & Barreto, 2021).

This situation demonstrates the importance of effectively directing resources and attention to the most diverse users of the public health system. In this case, the needs of the LGBTQIA+ population, among others, need to be met, in view of the causes and consequences of less positive health indices that characterize the group and, also, public health policies. Such investments, especially with regard to training and professional education, are relevant to end feelings and situations of segregation (Barchin et al., 2021) as they interfere with professional practices.

It is still necessary, in this context, to incorporate the subject into the curricula of education and training courses as well as in the continued/permanent context in health¹⁹. Discussions related to the particularities and demands of the population in question, that should focus on comprehensive care and health promotion, in Brazil, are still considered major challenges to be faced. This is due to the history of health care addressed to LGBTQIA+ people, which, as a priority, includes the prevention and treatment of Sexually Transmitted Infections (STIs) instead of other demands (Valenzuela-Valenzuela & Cartes-Velásquez, 2021; Miranda et al., 2020).

In accordance with what has been proposed, it might be thought that the invisibility of statistical data about the LGBTQIA+ population harms comprehensive health care actions in the same proportion that it affects the direction of efforts and investments by the State. It also interferes – negatively – in the slowness of curricular and didactic adaptation movements in the context of professional education, in different teaching environments. Understanding the demands of the LGBTQIA+ population and the processes of denaturalization of professional prejudice may be strengthened or neglected during professional education (Santos, et al., 2020) and, therefore, it is essential to pay attention to this stage.

This scenario, therefore, contributes to institutional discrimination and to the replication of prejudices expressed by health professionals. In the context of this field, Medicine stands out as a relevant theoretical-practical territory, because at the same time that its professionals are the protagonists of most health care with LGBTQIA+ people, professional education practices rarely address the issue through non-biological debates and reflections, as pointed out below (Valenzuela-Valenzuela & Cartes-Velásquez, 2021).

4.2 Medical education and teaching: challenges and possibilities

In a study carried out with students of a medical training course in southern Brazil, prejudice related to the different ways LGBTQIA+ people live their sexualities was highlighted. The data were in line with other investigations and the international literature, indicating that attitudes of omission and neglect occur in the context of undergraduate and graduate medical courses and also in the activities of professionals in different parts of the world. In view of this, it was understood that the prejudice about this group goes beyond regionalized economic issues, associating itself to the sociocultural aspects that cross these schools (Moretti-Pires et al., 2019).

Interviews related to the care provided to the LGBTQIA+ population, carried out with medical professionals who work on the front line of PHC, revealed that elements in medical training that contribute to the promotion of the health of this population segment are not identified. Thus, it is understood that the establishment of practices aligned with health promotion and conducts accessible to the LGBTQIA+ public still represent an obstacle related to the quality of services provided to users of the national health system (Negreiros et al., 2019).

Paulino, et al., (Paulino, et al., 2019), after carrying out research with doctors who work in PHC, state that the idea of “no difference” is used by professionals who consider that there are no clinical distinctions between LGBTQIA+ people and other users. However, the authors argue that this logic of equality between users of the public health system produces and reinforces the denial of the sociocultural differences existing between the research respondents and the individuals served by them, subtly strengthening pre-existing prejudices. Such movement is based on practices that may be considered

discriminatory, since the idea that equality or “non-difference” prevents prejudice is wrong, since it fulfills the function of erasing individuals, just as in statistics.

Situations such as these, according to the analysed literature, are common in the context of LGBTQIA+ medical care. One of the possible causes of strengthening this logic is probably the attention and validation of the biological discourse, since university or technical training (Valenzuela-Valenzuela & Cartes-Velásquez, 2021). Despite a modest, but growing inclusion of subjects and content from the social and human sciences in the curricula of different medical courses, the disproportion between the volume of content from different scientific areas is still remarkable. This situation arises from the greater interest directed to technical and biological practices in relation to reflections and knowledge that involve social aspects related to the populations and individuals to be served.

Faced with this reality, Universities have the responsibility to promote changes in relation to the mentioned problem, both through the transformation of their curricular bases – which operate as pillars in the construction of knowledge – and by the application of their knowledge to the societies in which they are inserted. In this sense, they are co-responsible for implementing the doctrinal principles of the SUS, given that, in order to guarantee universality, integrality and equity in access to health, all realities present in health care contexts must be considered (Thomazi et al., 2022; Darsie et al., 2022; Almeida et al., 2021).

The National Curriculum Guidelines that guide Medicine courses should guide the curricula in order to define the academic and professional profiles of the graduates they intend to train. It is important to consider the need to train physicians who are attentive and aligned with national public health policies and the principles of human rights, acting in the direction of promoting the recognition of cultural, social and sexual plurality, among others (Carvalho & Barreto, 2022). Thus, discussions involving the demands of the LGBTQIA+ population need to be part of various moments of medical training, considering, for this, complementary educational practices and, especially, the articulation of the theme with the contents that support the basic structures of undergraduate courses in Medicine.

The raising of questions related to the most different populations that demand health care needs to be taken seriously in the context of medical education. For this entity to become effective in terms of serving the LGBTQIA+ population – and other minorities –, it is essential that discussions and reflections on the subject cross both professionals who work as professors and students. The faculty is the basis on which the necessary changes for health education must be instituted. However, it is still incipient the notion that there are, in addition to the technical competences of medical education, those related to university teaching (Moia et al., 2018).

Therefore, it is necessary that different professors associated with medical education promote practices and discussions, in the context of their didactic activities, that produce critical, conscious and participatory professionals in the transformation of contemporary reality. The problematization of socially relevant issues, such as the health of the LGBTQIA+ population, is a powerful possibility to overcome conservative processes that mark the teaching-learning dynamics in Medicine (Veiga & Silva, 2020).

In view of this, it is observed that, beyond the simple change of curricula, it is essential that professors review pedagogical practices and understand the relevance of stressing about technical, biological and social knowledge. Based on what has been exposed, the urgency of updating professional conceptions on the subject is highlighted.

5. Conclusion

The LGBTQIA+ population is a marginalized social group in contemporary societies, especially in the Brazilian context. Several obstacles to which it is exposed – from social, economic or health order, among others – intensify situations of

vulnerability and neglect, including those related to the difficulty of accessing health care services. Professional misconceptions are still common, especially related to medical care.

Despite the creation of public policies favorable to the support and strengthening of the living and health conditions of LGBTQIA+ people, the statistical invisibility of such individuals becomes a major challenge. This situation allows education, management and financing practices to disregard the specificities and relevance of the demands of this group and, for this reason, understandings and clinical protocols limited to STI screening are replicated instead of other demands.

Still, there remains a lack of practices and reflections within the scope of medical education, capable of transforming this reality that produces unfavorable health indices related to the LGBTQIA+ population. In view of this, it is necessary that curricula of undergraduate courses in medicine are updated and professors sensitized to operate with the subject from perspectives that go beyond the biological ones. Medical education and teaching, in articulation, are fundamental tools for the transformation and improvement of future professional practices.

Through this literature review, it became evident that the training processes, in the field of Medicine, have an important relation to professional practices. In this sense, the transformation of didactic strategies must be taken into account, so that, through medical teaching, new ways of understanding and serving the LGBTQIA+ population are considered. Medical education and teaching, in articulation, are fundamental tools for the transformation and improvement of future inclusive and productive professional practices.

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