



LGBTQ+ individuals face numerous obstacles in their access to healthcare, which exacerbate the health issues specific to this population. These barriers are related both to the direct discrimination experienced within the health system and to the structural difficulties in accessing appropriate services.

Despite societal progress, homophobia and transphobia persist among certain health professionals, whether consciously or unconsciously. This can manifest as a lack of knowledge about LGBTQ+ specificities (ignorance of trans issues, assumption of heterosexuality...), by judgmental or stigmatizing attitudes (disapproving looks, inappropriate comments...) or even by a straightforward refusal of care. Thus, a transgender person regularly faces misgendering and intrusive questions about their genital organs during a consultation for an unrelated reason.

These experiences of discrimination deter LGBTQ+ individuals from seeking medical attention and from having regular check-ups, due to fear of judgment and mistreatment. This results in avoiding and giving up on healthcare, with late interventions and aggravated diseases. A cisgender lesbian who has experienced lesbophobic comments from a gynecologist may hesitate to seek consultation again and may miss breast cancer screening.

Beyond direct discrimination, the whole healthcare system is structurally unsuited to the needs of LGBTQ+ individuals. Professional training barely includes anything about gender and sexual orientation issues, often leaving them not attuned to dealing with these patients. Medical protocols and forms are generally designed for cisgender and heterosexual people, thereby rendering other identities and paths invisible.

Some caregivers also harbor stereotyped representations of LGBTQ+ lifestyles (high-risk

sexuality, relational instability...) and psychologizing and pathologizing readings of identities (belief in a traumatic cause for trans identity, for example). This results in moralizing and unsuitable treatment, or even in abuse such as conversion therapies aimed at "curing homosexuality".

LGBTQ+ individuals also suffer from a lack of information and guidance towards existing specialized resources. Finding a general practitioner open to LGBTQ+ issues, a gynecologist trained in trans follow-ups, or a caring psychiatrist, often involves overcoming many obstacles, especially outside large cities. This isolation reinforces the lack of recourse to healthcare.

Finally, LGBTQ+ individuals also endure socio-economic inequalities in access to healthcare, often in an intensified manner. Precarity, unemployment, and family exclusion affect this population more, limiting access to supplementary healthcare and expensive treatments. Trans pathways are emblematic of these difficulties, with little reimbursed care and very long wait times.

In light of these findings, the LGBTQ+ coach has an essential role to play in promoting access to healthcare. First, they can inform and direct people towards existing resources (associations, directories of considerate caregivers, specific literature...), reassuring them about the possibility of suitable follow-ups. They can also prepare for consultations by working on self assertiveness and communication with healthcare providers.

The coach can also raise awareness among healthcare professionals in his network about the specific needs of LGBTQ+ individuals, by training them in proper reception and follow-up practices. They can guide them towards resources to deepen their knowledge (conferences, literature, e-learning...).

More broadly, the coach must be an ally in the fight against discrimination within the healthcare system. This involves in-depth work on representations, to deconstruct stereotypes and promote the diversity of health journeys. The coach can also encourage patients to report instances of mistreatment and to assert their rights.

In summary, enabling equal access to healthcare for LGBTQ+ individuals requires a comprehensive and proactive approach, which addresses both individual discrimination and structural obstacles. The coach is a vital link in informing, guiding, and supporting patients in their journey, while raising awareness among healthcare providers. Their commitment to inclusive and caring healthcare is a prerequisite for improving the health of LGBTQ+ individuals.

Key takeaways:

- LGBTQ+ individuals encounter numerous obstacles in accessing healthcare, due to direct

discrimination and structural difficulties within the healthcare system.

- Experiences of discrimination (lack of knowledge, stigmatizing attitudes, refusal of care) deter LGBTQ+ individuals from seeking medical attention and lead to a renouncement of healthcare.
- The healthcare system is structurally unsuited to the needs of LGBTQ+ individuals: insufficient professional training, non-inclusive protocols, stereotypical representations.
- LGBTQ+ individuals lack information and guidance towards existing specialized resources. They also endure greater socio-economic inequalities in access to healthcare.
- The LGBTQ+ coach plays a crucial role in promoting access to healthcare: by informing, directing, preparing for consultations, raising awareness among healthcare professionals, and combating discrimination.
- Enabling equal access to healthcare for LGBTQ+ individuals requires a comprehensive approach that addresses individual discrimination and structural obstacles, in which the coach is a key link.