Subgroup-specific services or universal health coverage in LGBTQ+ health care?

Designing public services for excluded groups comes with a crucial question: is it better to create group-specific and consequently segregated services catering to the unique needs of population subgroups? Or should the inclusivity and intersectionality of existing services be increased instead by opening the care offers to all members of the community—the very idea of universal health coverage? This question is especially relevant in the care of people in the lesbian, gay, bisexual, trans, queer (LGBTQ+) community.

The Lancet Public Health's March Editorial[1] reflects on anti-LGBTQ+ laws and their effect on health. In doing so, it inadvertently illustrates some of the disadvantages of subpopulation-specific health services: LGBTQ+ people might self-exclude from such services when faced with the risk of criminalisation;[2] group-specific services developed with an anti-LGBTQ+ agenda might be detrimental to health, as in the case of conversion therapy; and targeting LGBTQ+ people as at-risk for HIV cultivates anti-LGBTQ+ laws.[1] Although intended to be safe spaces for marginalised groups, without critical reflection on LGBTQ+ specific health services might run the risk of increasing service users' vulnerability to further victimisation.

Debates surrounding prison services for trans people serve as a further example.[3] All discussions regarding the criminalisation of LGBTQ+ people aside, creating trans-specific prisons means putting one marker of diversity (gender identity) above any other attribute that authorities consider when placing a prisoner, such as personal history, physical and mental health, or type of offence. When LGBTQ+ prisons were debated in Turkey, with the premise and promise of security, LGBTQ+ prisoners mostly voiced an interrelated fear of first isolation, because it would force LGBTQ+ people to serve their time in a place far from their place of residence, making it difficult for friends and relatives to visit; and second stigma, because it would automatically identify them as LGBTQ+ to family members and everyone within the prison system.[4]

Such debates manifest the need for critical reflection and research dedicated to the essential question of subgroup-specific versus inclusive services. The risk of transmitting HIV, which the Editorial[1] chooses to underline above other health risks, and which might underlie the argument for specialised services, is only one component of the right to health indicated in its title. Being at risk of immediate physical and psychological danger due to stigmatisation and isolation is certainly a public health concern just as grave. With the encampment and torture of LGBTQ+ people in Chechnya[5] and the forced sterilisation of trans people in Japan,[6] the notion of group-specific services becomes even more paradoxical. Securing and promoting dignity should be the aim of any public service. Diversity-sensitive universal health coverage, rather than group-specific services, seems to be the best pathway to reaching this aim.

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3 The Economist. A tough cell: a transgender wing seeks to resolve a clash of prisoners' rights. March 7, 2019. https://www.economist.com/britain/2019/03/09/a-transgender-wing-seeks-to-resolve-a-clash-of-prisoners-rights (accessed April 26, 2019).
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6 The Lancet. Coercive sterilisation of transgender people in Japan. *Lancet* 2019; **393:** 1262.