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Ethical Discourse of Psychiatrists About Gender Identity and Sexual Orientation: A Qualitative Study

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SUMMARY

Objective: In Turkey, the studies that aim to elaborate on the experiences of people with gender identities and sexual orientations incongruent with social norms are limited both in bioethics and in psychiatry. The general aim of this study is to provide a deeper understanding about the value based problems related to the gender identity and sexual orientation of the patients who seek medical advice in psychiatry practice. In this study, psychiatrists' discourse on gender identity and sexual orientation is discussed from an ethical perspective based on their experiences in providing healthcare to LGBT individuals.

Method: In-depth interviews with 35 Psychiatry residents and specialists were conducted in the context of a qualitative field study. The data received from in-depth interviews were evaluated using the thematic content analysis method.

Results: The raw data received from the in-depth interviews with psychiatrists were analyzed and the themes and the contexts were derived. Discrimination, LGBTs access to healthcare services, counselling practice, beneficence, non-maleficence, being empathic, self-improvement, communicating with the family and interaction with LGBTs are the main themes that emerged. These main themes were handled within the contexts of providing healthcare services, professional responsibility of the psychiatrists, physician-patient/client and family relations. The relationship between the themes and the contexts were interpreted from an ethical perspective.

Conclusion: The results of the study show that in the absence of comprehensive and adequate education on gender identity and sexual orientation, psychiatrists may tend to adopt scientifically debatable methods in diagnosis, observation and treatment of LGBT patient/counselee.

Keywords: Psychiatrists, bioethics, gender identity, sexual orientation

INTRODUCTION

Similar to the case in many other countries in the world, lesbian, gay, bisexual, transgender (LGBT) individuals face several problems in their access to healthcare services in Turkey (Wahlert and Fiester 2012, Rubin 2015, Donald et al. 2017, Eckstrand et al. 2017, Göçmen and Yılmaz 2017, Lunn et al. 2017). However, the number of studies on gender identity and sexual orientation in Turkey is quite limited, which makes it difficult to wholly grasp what kind of problems LGBTs face in their access to healthcare services in the country. A number of declarations put out by The Turkish Medical Association (TMA) and certain non-governmental organizations (NGO) suggest that LGBTs are subjected to discrimination and have problems in their access to healthcare services (The Psychiatric Association of Turkey and Association of Sexual Education Treatment and Research 2010, The Turkish Medical Association 2016). Surmounting these difficulties in the healthcare problems of LGBTs are being attempted by the efforts of NGOs to bring into view and prevent these problems (American Psychological Association 2015, The Psychiatric Association of Turkey and Association of Sexual Education Treatment and Research 2015).

The various ill-treatments LGBTs are exposed to both socially and in the healthcare system causes an additional stress known as the 'minority stress' specific to this group which

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contributes to the frequency of their adverse psychological experiences (Meyer 2003). In this context, when compared to the general population, depression, anxiety, suicide, substance use and lifelong traumatic experiences are observed to be more prevalent among the LGBTs (King et al. 2008, Lewis 2009, Roberts et al. 2010, Marshal et al. 2011, Halady 2013, Sidaros 2017). Increased prevalence of psychological problems among LGBTs (Turan et al. 2015, Başar et al. 2016, Yüksel et al. 2017) and a relationship between lowered psychological resilience and mental and behavioural problems in individuals with gender dysphoria have been reported in Turkey (Başar and Öz 2016). Increasing discussions on the health problems of LBGTs have augmented their place in the fields of psychiatry and bioethics (Veltman 2014, Daniel and Butkus 2015, Flentje et al. 2016, McClain et al. 2016, Sutter and Perrin 2016, Mitchell and Ozminkowski 2017).

The overall objective of the present study is to provide data on how psychiatrists interpret the issues of gender identity and sexual orientation, to investigate their experiences while providing healthcare services to LGBTs, and to evaluate the obtained data in an ethical perspective. Analysis of the discourse with psychiatrists on the subject will help improve the psychological health services provided to LGBTs in a manner that meets their needs and contribute to development of the ethical perspective on gender identity and sexual orientation issues in psychiatric practices.

METHOD

Among the qualitative research techniques, in-depth interview technique was selected and used in the present study, and the obtained data were evaluated thematically.

The research participants consisted of a total of 35 postgraduate trainee residents in psychiatry and consultant psychiatrists working at the relevant departments of universities, training and research hospitals, private hospitals or full time at private out-patient psychiatric clinics or surgeries, who confirmed that they had taken part at least once in the diagnosis, treatment or observation process of LGBT patients/counselees.

A limited number of participants were enrolled from each work place in order to avoid similarities of in-house healthcare practice that would lead to collection of one-way biased data. The participants were contacted via e-mail informing them about the study and were invited to participate in it. Subsequently, appointments were taken from the volunteering psychiatrists. The in-depth interviews, initiated with the participating psychiatrists working at different institutions, were continued with further interviews with the colleagues of the interviewees the researchers were referred to as potential participants, and snowball method was employed for the following stage of the study.

Field research of this study was approved by the Ethics Committee of Out-Clinic Research on Humans of Ankara University (decision numbered 766 of the meeting numbered 148, dated 2013); and the in-depth interviews with the volunteering psychiatrists were performed with their informed written consent between 28 June, 2013 and 01 September, 2014.

Preparation of Interview Questions

In the present study, a semi-structured question form was used. The semi-structured interview form comprised questions about the demographic profile of the participants and were designed in categories that would enable participants to express their "experiences", "behaviour", "knowledge", and "emotions" in their delivery of healthcare services to LGBT individuals. The experts in the research team were consulted for the development of the questions to be addressed to the psychiatrists, and it was ensured that the questions were strongly representative of their respective categories.

A selected part of the questions directed to the participating psychiatrists and psychiatry residents are; (i) What are your duties as psychiatrists in the process of diagnosis, treatment and observation of your patients/counselees? (ii) During your patients/counselees' diagnosis, treatment, and observation process, do you have any special considerations as to the physical space, record keeping, interviewing techniques, etc.? If so, what are they? (iii) If you compare it with your other patients, have you noticed any changes – either positive or negative- in your attitudes and behaviours towards your LGBT counselees/patients? What could be the possible factors that influence those attitudes and behaviours? (iv) Have you ever had homosexual or bisexual counselees/patients wanting, with various reasons, to change their sexual orientation? If yes, what was your attitude towards them? (v) Do you think LGBTs face problems in their access to healthcare services? (vi) How do you feel during your relationship with your LGBT counselees/patients?

Data Collection and Data Analysis

The in-depth interviews were recorded with a voice recorder. One of the participants (DoP.14.33) objected to being recorded; therefore, note-taking method was performed during the interview. The one-to-one interviews lasted between 30 and 90 minutes. In-depth interviews were carried out by the corresponding author, and the interview recordings were transcribed, which were then transformed into raw data and archived by means of giving each participant a protocol number. Protocol numbers were codified under the abbreviation DoP standing for "Department of Psychiatry", and with the year of the interview and the interviewee number. The interviews were scheduled according the convenience

Table 1. Thematic Analysis Steps

Stage	Step	Function	Aim
Comprehensive, in-depth Evaluating	VII	Interpretation	Comparison of the research findings with the data obtained in previous research and discussion
Reconstructing the Unified Meaning	VI	Mapping	Identification of the relationships between contexts, themes, and sub-themes
	V	Thematic Charting	Determining the contexts, themes, and sub-themes
	IV	Structuring	Discussion and consensus on the possible themes of the study
	III	Data-theme correlation	Revising the relevant answers to questions
	II	Sorting Out-Clustering	Sorting out the expressions in the answers given to the questions
General Comprehension	I	Reading	Understanding the data in hand

of the participants, and were performed at their respective working environments. There was not acquaintance or any relationship based on self-interest between the researcher who conducted the in-depth interviews and participating psychiatrists.

The obtained data were subjected to thematic content analysis (see Table 1). The research analysis consists of three basic steps, which are 'general comprehension', 'reconstructing the unified meaning' and 'comprehensive, in-depth evaluating' (Lindseth and Nornberg 2004). On the basis of this framework, thematic tables were formed by the following procedure: (Step I) 'Data Identification Stage'- The research team skim read the raw data obtained from the transcriptions of interviews in order to reach a general opinion. (Step II) 'Sorting Out Data and Clustering Stage'- The relevant answers to the questions in the semi-structured interview form were firstly sorted out and clustered. (Step III) 'Data and Theme Correlating Stage'- The anwers given to the questions were read comprehensively, revised and grouped into their corresponding themes. (Step IV) 'Structuring Stage'. The frequently repeated expressions and distinctive statements were elaborated while studying the thematic tables (Krueger and Casey 2000). At this stage, the research team discussed, on the basis of the Ward method, the discourse with the participants (Schielke et al. 2009); and the draft themes of the study were structured through these discussions. (Step V). 'Thematic Charting Stage' - At this step of data evaluation some of the themes were extracted and were named with the sense to include the expressions picked out from the statements made by the participants. Thematic tables were formed to express the research data with respect to context, themes, and sub-themes. (Step VI). 'Mapping Stage'- This is the stage of reconstructing a meaningful unity, after revising the relationships between context, main theme and subthemes. (Step VII). 'Interpretation Stage'- At this stage the statements that best expressed the discourse were sorted out and included in the research report. Finally, the data collected in order to attain a comprehensive and in-depth perspective were compared with the data from previous research on the subject and discussed.

RESULTS

Th e average age of the participating psychiatrists and psychiatry residents in the study was 31.5 (26-46). The demographic details of the participants are given in Table 2. The main emerging themes of the study in terms of "healthcare service delivery" are given in Table 3 and those in terms of "professional responsibility" are given in Table 4.

Discrimination

In comparison to their attitudes and behaviours towards other patients, most psychiatrists stated that they apply positive discrimination towards counselees/patients whom they know or think to be LGBT. The expression that exemplifies the common view of the psychiatrists on this theme was "*I think that they have been treated so badly that they cannot properly build a trustful relationship. For example, they don't generally tell it at the first encounter. If I am suspicious of it, I spare more time for them.* DoP.14.04"

Table 2. Demographic Details of the Participants

	Participants (n=35)
Sex	
Female	24
Male	11
City	
Ankara	22
İstanbul	13
Years of Professional Experience	
Less than 5 years	27
Over 5 years	8
Current Institution	
University Hospital (State)	14
University Hospital (Private)	3
Training and Research Hospital	14
Private Psychiatric Out-Patient Clinic	3
Private Practice	1

Table 3. The Context of 'Healthcare Service Delivery' and Related Themes

Context	Themes			Expression
	Main Theme	Theme	Sub-theme	
Healthcare Service Delivery	Discrimination	Psychiatrist applying positive discrimination	Sparing extra time	Questioning in detail
			Being friendly	Being attentive
			Trying to understand	Building a relationship based on trust
			Being enthusiastic	Monitoring closely
		Non-discriminatory Psychiatrist	Being neutral	Gender identity and sexual orientation do not create a difference in practice
	Access to Healthcare Services by LGBTs	LGBTs having problems in access to healthcare	LGBT difficulty in self-expression	Being scared
				Being timid
			Deprivation of any social security	Less opportunity to receive healthcare service
			Being judged	Disapproval of LGBT for his/her physical appearance
			Stigmatization	Being seen as a threat
			Othering	Being excluded
				Being disdained
			Institutional features / principles	Healthcare service procedures of the institution

Access to Healthcare Services by LGBTs

The participants considered that LGBTs face problems in accessing healthcare services. Some of the psychiatrists reported the fear experienced by the as: "*They become isolated and don't know what awaits them. Perhaps they do not know how they will be perceived. They can also be afraid of that; I think that's why they experience hardships.* DoP.14.17", and added: "*In the first place, they are withdrawn and embarrassed. Although this institution is a place to serve them, they still wear hats or pull up hoods to cover their heads. They don't want to manifest themselves.* DoP.14.04"

Moreover, the participants also stated that among the problems which prevent LGBT access to healthcare services is not having social security health insurance. In this respect one of the participants expressed: "*For example, if what they want is an operation, I realize that they do not have any insurance to cover the expenses (…) As far as I think, these patients are more likely to work uninsured in their later lives, which reduces their chances of receiving treatment*. DOP.14.06." Also, one of the

Table 4. The Context of 'Professional Responsibility' and Related Themes

Context	Theme			Expression
	Main Theme	Theme	Sub-theme	
Professional Responsibility	Counseling Practice	Affirmative Approaches	Giving Information	Informing the family
				Informing the LGBT individual
			Setting/ Managing sexual identity changing process	Planning the counseling process
				Monitoring the mood state
				Surgical operation
		Reparative Approaches	Responding to the request of changing the sexual orientation	Attempting to eliminate the discomfort about sexual orientation
	Beneficence	Doing the scientifically right thing	True diagnosis	Detecting whether or not the patient has any psychotic disorder
			Appropriate treatment	Following the hormone use
	Non-maleficence	Confidentiality	Not sharing information about private life	Not sharing information with the family members or other health professionals
		Privacy	Ensuring data security	Paying attention to data archiving
	Being empathetic	Establishing a positive relationship	Having good communication skills	Calling the LGBT individual by the name he/she prefers
				Using a clear and plain language
	Self-improvement	Education	Insufficient training on subjects related to LGBT during medical education	Excluding the topics of gender identity and sexual orientation in the curriculum
			Insufficient training on subjects related to LGBTs during residency training	Limited knowledge exchange about LGBT healthcare needs

participants expressed the problem of judgemental attitudes as: "*I worked at a prison temporarily for a month. LGBT ward was separated from the other prisoners'. When it was time for their medical check-up, the staff acted weirdly; their look, interest and attention were changed.* DOP.14.22." Stigmatization was also expressed as: "*I think especially the transsexual individuals experience this problem. Compared to other LGBTs, their physical appearance gives more clues about their sexual orientation. Of course, seeing a heterosexual and a transsexual at an emergency unit is not the same thing*. DoP.14.27." Finally, one of the psychiatrists narrated an incident of othering of the LGBT patient, as: "*In gender identity disorder, for example, if her name is different… She waits there. Then, she is called by a woman's name. 'Emine' they call her, but she is actually dressed like a man. She waits in the queue and everybody looks at her.* DoP.14.07."

In reference to the problems that LGBTs face due to institutional features/principles, some of the participants said: "*Those people also need to use hormone therapy. (…) Yet, it's not us, but an endocrinology specialist that is supposed to give it. Nevertheless, when I referred a transgender individual to endocrinology department, they scheduled an appointment for 4 years later than that day. (…) Therefore, we referred the patient to an endocrinology specialist working at a private health institution.* DoP.13.01"

Counseling

The identity affirming approaches that psychiatrists perform for both LGBTs and their families were expressed as: "(…) *Sometimes they come with their families. At first, they do not accept it. Their parents do not want to accept it either. The general approach is that 'this is a disease, a need for hormone', or the request to 'give the necessary drug.' What we have to do as professionals is to normalize this situation and explain this to the LGBT person and his/her family.* DoP.14.07"

Few of the psychiatrists stated that some of their colleagues employ reparative approaches, and thus some family members and LGBT counselees come and see them believing that homosexuality can be treated, and they want to try this treatment. In this respect, the interview with a psychiatrists included his statements and those of the counselee as: *"I had a patient whose family had told him that this was a disease. (…) He said he had come to me to fix it. He mentioned a man he had heard of on the internet claiming that 'this can be treated'. (He said:) 'I've seen it on the internet. If you don't do it, I'll see that man'; and I replied that 'Psychiatrically, we do not employ such a treatment. We give the people support on fitting into society and living comfortably, rather than treating it.' And, he never came back again."* DoP.14.27

Some of the psychiatrists stated that they try to understand the reason for the desire of their counselees to change their sexual orientation. One participant said "(…) *I respond negatively to the questioning such as: 'I'm a homosexual, and I want it to change. Do you know any treatment for it?' There isn't such a treatment, but yes, I definitely take these concerns seriously at early phases when their gender identity hasn't been settled yet.* DoP.14.10." Another psychiatrist remarked: *"(…) Speaking for myself, if a person says 'I don't want to be a homosexual; it really disturbs me' I can change the direction of counseling process in a sense to help him/her in that respect*. DoP.14.22"

Beneficence

Psychiatrists asserted that a transgender person's psychiatric follow-up begins when he/she requests gender reassignment and decides to undergo a surgical procedure. The common discourse of the psychiatrists who mentioned their concern for beneficence during the psychiatric follow-up process was as: "*(…) we need to be certain about the diagnosis; and we also need to keep being certain about that during the follow-up process, as well.* DoP.14.30". On the other hand, the psychiatrists who point out the significance of determining whether a person's statements on gender identity or sexual orientation reflect a psychotic disorder argue that it is crucial to be careful while assisting counselees/patients to discover their authentic gender identity. Their position was stated as: *"(…) There are cases in which a patient coming to our office as a trans person leaves the room as a gay person, or vice versa. Therefore, the most important thing to consider is the likelihood of a psychotic disorder and then the true diagnosis should be taken into account*. DoP.14.36"

Non-Maleficence

Some of the psychiatrists expressed the point that they pay attention in order to protect the confidential information on the patients from third parties as: "(…) *I do mind data security and I do not trust the data security systems. Even the best system can be hacked. Never do I put any confidential notes about my patients into a file, or enter data into the computer medium. This is a procedure that I follow for everybody, including LGBTs*. DoP.14.20". They also stated that they try to do their best not to harm LGBTs.

Being Empathetic

Most of the psychiatrists who remarked that they are trying to be more empathetic and non-judgmental towards LGBT individuals than their other patients, also expressed their efforts to build a positive relationship with them as: *"(…) Transsexual patients usually have a name that they've chosen for themselves. Before addressing them by the names in their identity cards, we ask if they have a name they prefer us to use, and in this way, we try to address them appropriately in accordance with their preferred gender identities.* DoP.14.30"

Self-Improvement

The argument that medical education curriculum lacks satisfactory training on providing healthcare services to LGBTs was pointed out as: "*The essential trainings in our*

Table 5. The Context of 'Physician-Patient/Counselee and Family Relations' and Related Themes

Context	Themes			Expression
	Main Theme	Theme	Sub Themes	
Relationships between Physician, Counselee / Patient and Family	Communication with the family	Rejecting family	Ignoring	Ignorant
				Dismissive
			Raging	The quest to 'fix' sexual orientation
		Supporting family	Embracing	Protective
		Uninformed family	Ignorance on gender identity and sexual orientation issues	Unaware of the existence of LGBT identity
	Interaction with LGBTs	Psychiatrists' mood	Comfortable, feeling good	Deeming it natural
			Feeling tense, nervous, uncomfortable and anxious	Thinking that they cannot correctly understand the LGBT individual
				Unfamiliarity with LGBT individuals
			Eagerness to explore	Willingness to learn how the LGBT individuals feel
			Feeling upset	Being worried about hard living conditions of LGBTs

health system and the necessary perspective haven't been fully achieved yet. DoP.14.11". Nevertheless, the professionals who provide education on gender identity and sexual orientation argue that the subject is included in residency training, saying that: "*We've more or less settled the program in residents' training. The Psychiatric Association of Turkey also supports us. Our residents, whether or not having fully adopted it, use our language*. DoP.14.02"

The majority of the psychiatrists stated that while providing healthcare services to LGBT counselees/patients, they develop a close relationship with the families. In this respect, the context of "Physician-Patient/Counselee and Family Relations" and related themes are given in Table 5.

Communication with the Family

The participants summarized the attitudes and behaviors of rejecting families' as: "*In some cases, families first ask us to 'change' the situation.* DoP.14.25." In some cases, they had witnessed that some families begin to embrace and support their LGBT children in the course of time during the counselling process. Some of those psychiatrists said that: "*One of the most valuable experiences in my psychiatric career is the time when a boy told his mother that he is a homosexual. The woman was crying as if he was diagnosed with cancer while at the same time wishing nobody would harm him in any way.* DoP.14.35". On the other hand, the expression "*I think it's mostly about the culture they live in. Most of their families are not even aware of the situation.* DoP.14.17" suggests that the majority of the families are not aware of their children's gender identities and sexual orientation.

Interaction with LGBTs

During the in-depth interviews, some of the psychiatrists expressed that their mood during their therapeutic encounter with LGBTs is occasionally nervous, uneasy, and anxious. In this respect, one psychiatrist said that: "*First of all, if you know that the person you encounter is a homosexual or a transsexual individual, you feel some anxiety. You feel that way because you wonder if he/she may think you'll judge him/her… It's because of not knowing what to do or being inexperienced. It'll disappear if I see more patients, but now it makes me feel a bit anxious.* DoP.14.28". On the other hand, the statement "*It's like an exploration… I take pleasure in learning about how people feel.* DoP.14.33" shows that there are also psychiatrists in the study who aspire to learn how LGBT counselees/patients feel. However, some psychiatrists who feel upset for LGBT counselees/patients expressed their feelings as "*They will face huge difficulties, and their future lives will be much more difficult and challenging. I do not have any other feelings for them, apart from this. It's not something like pitying, but I think they will have a hard time, and this upsets me.* DoP.14.19"

The participants have the common perspective that LGBTs are subjected to discrimination both in the field of medicine and in many other areas of life. The psychiatrists who were of the opinion that perceptions of gender identity different from the one ascribed by birth, and homosexual and bisexual orientations were abnormal, also pointed out that they were eager to enhance their experience and knowledge on this issue.

DISCUSSION

The present work is novel in that it is the first extensive study in Turkey analyzing the views of psychiatrists on gender identity and sexual orientation. The data obtained by the study include the factors that the psychiatrists in Turkey take into consideration within their professional responsibilities and in building the required kind of relationship with both the LGBT counselees/patients and their families while providing healthcare services. The obtained data suggest that once psychiatrists have adequate knowledge on the values of

their LGBT counselees/patients, they feel more self-confident and be able to provide quality healthcare.

The majority of psychiatrists stated that while providing healthcare services, they apply positive discrimination towards LGBTs, whom they think are treated badly and unfairly. It was reported in one of the recent studies carried out in Turkey that LGBTs are subjected to discrimination in many areas of their lives, which supports the views of the psychiatrists participating in this study (Göçmen and Yılmaz 2017). Positive discrimination towards LGBTs, who cannot fully benefit from the right to healthcare – which is deemed as a fundamental and accessible right of non-LGBT individuals – for various reasons, is justified on the notion that individuals belonging to minority groups must get the chance to be on equal terms with the majority. It was pointed out in the literature that LGBTs are subjected to various kinds of discrimination including not being able to satisfy their healthcare needs as easily as other members of the public. Also, health professionals may either refrain from touching them or use an inappropriate language while providing healthcare services to them which makes LGBTs seek improper healthcare in unfavorable conditions (Lombardi 2007, Lambda Legal 2010, The Lancet 2016). It was also admitted that the traumatic effects of discriminatory attitudes towards LGBTs might influence the psychological health of these individuals negatively (Kaptan 2013, Yüksel and Yetkin 2013). Therefore, when LBGTs are subjected to discrimination due to their sexuality, positive discrimination is an ethically justifiable action for a psychiatrist to establish a balance. Such attitudes of the psychiatrists are justified by the argument that the equality of LGBT counselees/patients is a value to be preserved. At this point, determining the boundaries of positive discrimination to be applied to LGBTs becomes significant. Providing unconditional support to a counselee/patient that exceeds standard applications may do more harm than good to these individuals. In this respect, establishing the balance depends on the psychiatrist's competence.

The research findings have shown that informing LGBT counselees/patients constitutes a crucial part of a psychiatrist's professional responsibilities. Psychiatrists tend to pursue a longer counselling procedure with transgender people than the bisexuals or homosexuals. Most of the participants stated that they were aware of the healthcare needs of transgender counselees/patients. In parallel with the reports in the literature, they emphasized the need for specialized knowledge on this subject (Beagan et al. 2013, Keskin et al. 2015, Safer et al. 2016, Su et al. 2016, McPhail et al. 2016).

The *Madrid Declaration* on Ethical Standards for Psychiatric Practice states under the title "Ethical Standards in Psychiatry" that, compared to other branches of medicine, psychiatry has a more special place with respect to physician- counselee/patient relationship (World Psychiatry Association 2011). The psychiatrists participating in the present study emphasized the importance of doing the scientifically right thing for beneficence and non-maleficence to LGBT counselees/patients. They pay special attention to privacy and confidentiality by respecting the autonomy of their LGBT counselees/ patients, which indicates their ethical awareness of the issue. A related study reported that LGBTs would feel worried if information about their gender identity and sexual orientation was shared with third parties (German et al. 2016). Confidentiality is vital as an ethical principle for respecting one's private life, especially on LGBT sexuality. Psychiatrists share confidential information on LGBT individuals with second or third parties, only if they are allowed. Respect for autonomy, one of the most fundamental ethical principles, is dissipated when the privacy of a counselee/patient is not respected. Hence, disrespectful attitudes towards privacy is disputable within the framework of ethics.

The majority of the participant psychiatrists stated that while interviewing counselees who feel uncomfortable with their sexual orientation and request to change it, they tell them they cannot meet this demand and act in a sense to normalize the situation. Considering the patriarchal structure, the dominant religious beliefs and moral norms of Turkish society, one can understand the reasons for seeking a psychiatrist's support by LGBT counselees/patients. This can be deduced from the psychiatrists' statements asserting that LGBTs are subjected to family pressure and consider their homosexual and bisexual orientation as a sin or a shameful state.

Medical malpractice has various aspects including those stemming from the physician's actions, such as ignorance, negligence, or nescience. In research conducted both in Turkey and the Western countries, it has been frequently reported that approaching the LGBT patients with the assumption that 'being heterosexual and having the gender identity ascribed by birth' or that 'this is the only healthy state' is prevalent in medicine as well as the malpractices such as forcing LGBTs to undergo drug therapy, which was argued to lead to significant ethical problems. (Lambda Istanbul 2006, Lambda Istanbul 2010, Bjarnadottir et al. 2017, Bristowe et al. 2018). The psychiatrists participating in the present study asserted that they are afraid of causing harm to their counselees/ patients by insufficient expertise on medical practice and that they try to refrain from treating them badly. Also, it was found that most of the psychiatrists assume that the patients coming to psychiatry division are sensitive to being judged and relate these attitudes with the stigma of labelling. In order to avoid being judgmental our respondents are seeking ways to improve their competence on gender identity and sexual orientation issues.

Most psychiatrists, who contacted the families of their LGBT counselees/patients, pointed out that the families

showed negative reactions of varying levels to changed sexual orientation or gender identity of their children. The statements made in this respect by the psychiatrists, which are included in the study within the contexts 'professional responsibility' and 'physician-counselee/ patient and family relations', are in agreement with the findings of the studies pointing out that LGBTs face a negative reaction when they first open up the subject to their families (Yüksel 2009, Göregenli 2011, Başar and Yüksel 2014). As reported by the participants, the change in the attitudes of families having learned of the homosexuality, bisexuality or transsexuality of their children, suggests that these families have to determine their moral priorities. As can be seen in the statements of the participants of the study, adhering to the societal norms which they are accustomed to live by, the families tend to give various responses such as denying, ignoring or rejecting their children's LGBT identity or asking for medical treatment. On the other hand, there are families who question those societal norms and accept the LGBT identity of their children by supporting and showing affection.

The discourse with the participating psychiatrists indicate the different levels of moral attributes revealing the current state of healthcare delivery in the area of gender identity and sexual orientation. Some limitations of the present study can provide guidance to the researchers for planning similar studies. The study is significantly limited by including postgraduate trainee residents in psychiatry and consultant psychiatrists working in Ankara and Istanbul only. It was attempted to contact the participants through several channels and to make sure that the participants included psychiatrists working at different institutions in order to minimize this limitation. The researchers reached out to NGOs and participated in scientific meetings relevant to the subject of this study. These extensive efforts failed, however, to reach psychiatrists who worked and followed up LGBT counselees/patients outside Ankara and Istanbul. One of the basic reasons for this failure is that the majority of the health centers where LGBT counselee/patient follow-up practices are located in Ankara and İstanbul. The use of the snowball method after beginning the in-depth interviews with the participant psychiatrists can also be considered as a limitation of the study. Another limitation is attributed to the in-depth interview technique used. The participants were requested to allocate a certain amount of time for in-depth interviews, which some psychiatrists believed their schedule could not meet and had to stay outside the study. The idea of taking voice recordings of the interviews can be regarded as a problem stemming from the research technique. The participants were asked in advance for their permission to audiotape the interviews with the thought that it would help them express themselves more easily. However, one of the participants (DoP.14.33) objected to voice recording and, therefore, his interview was manually noted down. The possible data loss caused by this incident is also one of the limitations of the study. In addition, some of the participants noticeably felt uncomfortable during the interviews due to the voice recorders, and it was speculated that they might not have openly expressed themselves.

Conclusion and Suggestions

The results of the study imply that psychiatrists think both the undergraduate medical curricula and the residency training programs fail to give sufficient education on gender identity and sexual orientation subjects. This insufficiency may lead to adoption of scientifically questionable methods for diagnosis, treatment and follow-up of counselees/patients belonging to sexual minority groups. It was also noted that psychiatrists make personal efforts to increase their knowledge on these issues. It appears that reinforcing these efforts with institutional and systematic solutions and attempting to improve the current trends are essential.

The participants told us that they are aware of the problems LGBTs face in the healthcare system, which suggests that they are conscious about the healthcare needs of their counselees/ patients. They think that the problems LGBTs face not only pertain to the field of psychiatry; but also to difficulties in other related branches of medicine as well. Also, they think LGBTs are more likely to face several other unethical attitudes such as maltreatment, discrimination and othering by the public. In order to eliminate the problems that LGBTs face in their access to healthcare services, the collaborative works of the Ministry of Health, professional organizations, and the NGOs working on gender identity and sexual orientation issues should be fostered.

The results of the study showed that the participant psychiatrists are willing to provide healthcare services to LGBT counselees/patients. However, although it is possible to inform the psychiatrists and other health professionals about the meaning and concepts of gender identity and sexual orientation through education, this may not guarantee that the issue is really understood. Therefore, providing education in ethics should help medical students explore their values.

In conclusion, the research findings emphasize that further quantitative and qualitative studies on the LGBT gender identity and sexual orientation must be conducted both in the fields of psychiatry and other branches of medicine.

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