

Diversity in Gender Identity and Sexual Orientation and Professional Ethics Codes in Psychiatry



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The Psychiatric Association of Türkiye (PAT), shortly after its establishment, adopted the “Professional Ethics Codes in Psychiatry” (Psychiatric Association of Türkiye 2002) and decided to update this document twenty years after its publication. In 2024, the updated “Principles and Rules of Professional Ethics in Psychiatry” (Psychiatric Association of Türkiye 2024) aimed to revise the document to reflect current characteristics of professional practice methods, interpersonal interactions, and social norms, ensuring that it meets contemporary needs (Aşut 2024). The updated document includes significant changes regarding sexual and gender identity, both conceptually and in terms of practical implications. In the clause concerning the impartiality of the physician within the “Principles and Rules of Professional Ethics in Psychiatry,” it is stated that, in addition to the characteristics listed in the previous document, the physician will not allow characteristics related to sex, gender, gender identity, gender expression, and sexual orientation to interfere with their duties. The physician is also prohibited from engaging in any behavior that is humiliating, exclusionary, or discriminatory towards patients and their relatives and must not impose their own values (Psychiatric Association of Türkiye 2024). The domain of sexual and gender identity, which was previously limited to sex, has been expanded in this document to reflect the full spectrum of diversity related to different components of sexual and gender identity. This includes physical characteristics associated with sex, how a person identifies themselves in terms of gender, how they express their gender through appearance, clothing, and behavior, and the gender(s) to which they are sexually and emotionally attracted. Although it could be argued that these differences were encompassed by the “and similar” phrase in the previous document, explicitly naming

all dimensions emphasizes the recognition of diversity in human sexual and gender identity and demonstrates a firm stance against discrimination related to these characteristics. With this change, the PAT Ethical Rules not only align with the most recent ethical codes of the European and World Psychiatric Associations (World Psychiatric Association 2020, European Psychiatric Association 2021), but they also adopt a more progressive stance by listing some additional identity characteristics. Moreover, the updated document extends the physician’s responsibility to refrain from discriminatory behavior beyond patients, including employees, individuals in educational relationships, research volunteers, colleagues, and other professional groups.

The updated document, under the section titled “Gender Sensitivity,” emphasizes the obligation of physicians to be aware of the devastating effects of violence, harassment, and discrimination based on gender, gender identity, and sexual orientation on mental health and well-being (Psychiatric Association of Türkiye 2024). This awareness highlights the responsibility of physicians not only to avoid discriminatory behavior but also to recognize the potential effects of chronic stress in groups subjected to discrimination and to support psychological resilience in preventive, protective, and therapeutic practices related to mental health. This unique stress experienced by sexual minorities due to societal sources and has been shown to have negative physical and mental health outcomes, is defined as “minority stress” (Hatzenbuehler et al., 2013; Frost & Meyer, 2023). In clinical practice, initiatives that go beyond addressing presenting complaints and aim to increase resilience in groups exposed to discrimination, such as strengthening social support (Cesur et al., 2022), can be considered within the scope of the obligation that comes with this awareness.

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The 2002 document on ethical codes emphasized the necessity for physicians to be practitioners and advocates of equality for all and to act against all forms of discrimination (Psychiatric Association of Türkiye 2002). Advocacy is one of the core components of professional identity addressed in the “Profile of a Psychiatrist,” updated by the European Union of Medical Specialists (UEMS) – Section of Psychiatry (UEMS Section of Psychiatry 2021). The 2024 update emphasizes that physicians have a duty to advocate for the rights of disadvantaged or vulnerable groups in society by using the opportunities provided by their profession (Psychiatric Association of Türkiye 2024). The relationship between health inequalities and structural discrimination, which is defined within the context of social and cultural norms, laws, regulations, and institutional characteristics has long been recognized (Başar 2019). It has also been demonstrated that physicians’ attitudes, discourse, and actions can have positive effects in the face of these structural characteristics, and “structural competence” has been defined as a skill that should be acquired in psychiatric education. Structural discrimination faced by lesbian, gay, bisexual, transgender, and intersex (LGBTI+) individuals due to sexual orientation, sex, and gender identity has its own destructive effects, independent of the discrimination experienced in interpersonal relationships (Price et al., 2024; Hatzenbuehler et al., 2024). Considering the potential significant impact of psychiatrists’ attitudes and initiatives against structural discrimination on individual and public health, it is evident that the emphasis on “advocacy” in the updated PAT ethical codes reflects a stance that is ahead of many contemporary professional ethical codes.

Although there have been positive changes in societal attitudes towards sexual minorities worldwide over the years, the negative effects of stigma and discrimination continue in various communities (Jarasiunaite-Fedosejeva & Kravcenko 2022; Pachankis & Bränström 2018; Pachankis et al. 2021; Falk & Bränström 2023). Considering that in recent years, the political climate in many countries has become increasingly threatening to the rights of sexual minorities, it becomes evident that the PAT’s update of its ethical principles and rules addresses a current need. What remains critical now is to uphold these principles, ensure their implementation in education and practice, and to recognize that defending both past and current ethical principles and rules is only possible through the organized effort sustained by the PAT, beyond individual struggles.

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