


LGBTI+ people in the DCN of health courses in Brazil, 2001-2023


As pessoas LGBTI+ nas DCN dos cursos de saúde no Brasil, 2001-2023

Maikon Leiria¹ 


maikonleiria@gmail.com

Julian Matheus Flores² 


julianmatheus.flores2@gmail.com

Zeno Carlos Tesser Junior² 

zenotjunior@gmail.com

Daniel Canavese de Oliveira³ 

daniel.canavese@gmail.com

Rodrigo Otávio Moretti-Pires¹ 

rodrigo.moretti@ufsc.br

ABSTRACT

Introduction: The implementation of the National Policy for Comprehensive Health for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSI-LGBTT) in 2011, together with other legal frameworks, highlights the importance of including Gender Identity and Sexual Orientation in health training. In this context, the present study aims to demonstrate the presence of sexual and gender diversity in the National Curricular Guidelines (DCN) of undergraduate health courses.

Method: Data collection was carried out through publicly accessible documents available on the MEC website. Twenty-two DCNs established in the last two decades were assessed, focusing on records of Human Rights, Gender Identity and Sexual Orientation.

Results: There has been a progressive increase in the inclusion of sexual minorities in the DCNs over the last two decades, especially in the last ten years. A notable growth in records of Human Rights, Gender Identity and Sexual Orientation stands out, reflecting a significant change in the panorama of curricular guidelines.

Discussion: The results show a positive trend towards the inclusion of topics related to sexual and gender diversity in the DCNs in the health area. This advance suggests greater awareness and recognition of the importance of inclusive training for health professionals, promoting equity and social justice.

Key-words: Human Rights; Sexual and Gender Minorities; University Education; Human Resources for Health.

RESUMO

Introdução: A implementação da Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais (PNSI-LGBTT) em 2011 e de outros marcos legais destaca a importância da inclusão da identidade de gênero e da orientação sexual na formação em saúde.

Objetivo: Nesse contexto, o presente estudo tem como objetivo apresentar a presença da diversidade sexual e de gênero nas Diretrizes Curriculares Nacionais (DCN) dos cursos de graduação em saúde.

Método: A coleta de dados foi realizada por meio de documentos de acesso público disponíveis no site do MEC. Examinaram-se 22 DCN estabelecidas nas últimas duas décadas, com foco nos registros de direitos humanos, identidade de gênero e orientação sexual.

Resultado: Houve um aumento progressivo na inclusão das minorias sexuais nas DCN ao longo das duas últimas décadas, sobretudo nos últimos dez anos. Destaca-se um notável crescimento nos registros de direitos humanos, identidade de gênero e orientação sexual, refletindo uma mudança significativa no panorama das DCN.

Conclusão: Os resultados evidenciam uma tendência positiva de inclusão de temas relacionados à diversidade sexual e de gênero nas DCN da área da saúde. Esse avanço sugere maior conscientização e reconhecimento da importância de uma formação inclusiva para profissionais de saúde, promovendo a equidade e a justiça social.

Palavras-chave: Direitos Humanos; Minorias Sexuais e de Gênero; Ensino Superior; Recursos Humanos para a Saúde.

¹ Universidade Federal de Santa Catarina, Postgraduate Program in Public Health, Florianópolis, Brazil.

² Universidade Federal de Santa Catarina, Florianópolis, Brazil.

³ Universidade Federal do Rio Grande do Sul, Postgraduate Program in Public Health, Porto Alegre, Rio Grande do Sul, Brazil.

Chief Editor: Rosiane Viana Zuza Diniz.

Associate Editor: Roberto Esteves.

Received on 12/04/23; Accepted on 05/02/24.

Evaluated by double blind review process.

INTRODUCTION

Humanity in the 20th century showed significant evolution in achieving human and social rights. In the 1940s, the United Nations (UN) published the Universal Declaration of Human Rights, which among other things recognizes the right to freedom and dignity of each person¹. In the 1970s, under the influence of the feminist movement, the concept of gender was dissociated from the concept of biological sex, starting to differentiate the biological dimension (sex) from the social dimension (gender) that men and women experienced at that time^{2,3}. The withdrawal of the so-called "homosexuality" from the list of diseases of the World Health Organization's (WHO) International List of Diseases, was another important victory for social movements that fought for the rights of the LGBTI+ population³.

Another milestone in the history of the struggle of the LGBTI+ population was the replacement of the term "sexual option", which is defended by religious extremism and heteronormative groups. Sexual orientation, the most common term nowadays, is the emotional and/or sexual affection that an individual feels for another person regardless of their will³. Despite the victory regarding the disuse of the term 'sexual option', which is incorrect, there are still numerous misconceptions related to gender identity and sexual orientation, which ultimately trigger discriminatory attitudes, such as, for instance, believing that every transsexual person is homosexual and/or to limit gender identity/expression to biological conditions.

In the Brazilian scenario, these advances arrived after the effort of collectives for gay rights in the advent of the Acquired Immunodeficiency Syndrome (AIDS/HIV) epidemic, which affected the homosexual population in the 1980s. When the new Brazilian Federal Constitution was published in 1988, it brought new socio-humanitarian advances defended by the UN, among other things, guaranteeing the promotion of the good of all, without prejudice or any form of discrimination, in addition to health as a right for all and a responsibility of the government^{4,5}.

The achievements for the rights of the LGBTI+ population in Brazilian society were advancing, and within the health sector the main achievement came in 2011, when the National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSI-LGBTT) was promulgated by the Ministry of Health (MoH) which aims to

"Promote the comprehensive health of lesbians, gays, bisexuals, transvestites and transsexuals, eliminating discrimination and institutional prejudice, as well as contributing to the reduction of inequalities and the consolidation of the SUS as a universal, integral and equitable system" (BRAZIL, 2013 p. 18).

The policy recommends that in order to establish humanized care for this population, the management within its scope must train SUS health professionals at all levels of care to meet the health specificities of the LGBTI+ population, fight gender and sexual orientation discrimination, etc.⁶.

Prior to the publication of the PNSI-LGBTT in Brazil, the importance of recognizing Human Rights to guarantee people's health was already being discussed worldwide. The Yogyakarta principles bring fundamental elements to the application of Human Rights in relation to Sexual Orientation and Gender Identity. From the meeting of a group of experts from different areas of knowledge and from several countries in 2006, the principles emerged that affirm the obligation of governments to implement human rights and the responsibility of other social actors, such as: (I) the United Nations Organizations (UN), (II) the Media, (III) Non-Governmental Organizations (NGOs), among others⁷.

Among the 29 principles of Yogyakarta, two of them are directly related to health: principle 17, Right to the Highest Achievable Standard of Health and principle 18, Protection Against Medical Abuse. The document states that any individual has the right to have access the highest possible standard of physical and mental health without any discrimination motivated by issues of gender and sexuality, as well as the importance of considering sexual and reproductive health to enjoy this right. The Yogyakarta document also states that sexual orientation and gender identity are not pathologies and should not be placed under medical treatment for the purpose of cure and elimination⁷. However, it is noteworthy that the pathologization of sexuality is defended by some social segments and also in Brazil, for example, within the conservative movement, including health professionals, who disseminate the "gay cure"⁸.

In this sense, it is necessary that the training of health professionals be aligned with the legal frameworks regarding LGBTI+ people to guarantee assistance without discrimination as recommended by the Brazilian rule of law. Inside the country, Federal Law number 9131 of November 24, 1995, places as one of the competencies of the National Education Council (CNE, *Conselho Nacional de Educação*) the deliberation on the National Curricular Guidelines (DCN, *Diretrizes Curriculares Nacionais*) proposed by the Ministry of Education and Culture (MEC) at the level of graduation⁹. Based on this legislation, the CNE presents two Opinions with recommendations for undergraduate curricular guidelines, CNE/CES number 776/97 and CNE/CES number 583/2001. The purpose of these guidelines is to provide general guidelines to be observed and elements to be considered when preparing the undergraduate DCNs^{10,11}.

According to the National Health Council (CNS), Resolution number 287 of October 8, 1998 lists the categories of higher education health professionals for the purposes of the Council's activities, namely: 1) Social Workers; 2) Biologists; 3) Biomedicians; 4) Physical Education Professionals; 5) Nurses; 6) Pharmacists; 7) Physical therapists; 8) Speech Therapists; 9) Physicians; 10) Veterinarians; 11) Nutritionists; 12) Dental surgeons; 13) Psychologists; and 14) Occupational Therapists¹². Thus, the DCNs of these professions served as the basis for the present study.

Therefore, the aim of this study is to carry out a documentary analysis with the aim of presenting records related to sexual and gender minorities within the national curricular guidelines for undergraduate courses in the health area.

METHODS

A document analysis can be considered a powerful technique in the qualitative study approach, both in discovering new aspects about a problem topic and as a complement to other research techniques¹³. Among the possibilities of focuses or excerpts of the document analysis is thematic analysis and Braun and Clarke¹⁴ define it as "(...) through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which potentially provides a rich and detailed, albeit complex, set of data". Braun and Clarke also indicate that the use of thematic analysis involves six fundamental phases: Familiarization with the data; Generation of initial codes; Search by topics; Review of topics; Definition and naming of topics; Report production.

Phase 1: Familiarization with the data

At this stage, there was an immersive reading of the data, aiming at reaching the research content in depth and breadth. The material was collected by searching the publicly accessible websites of the Ministry of Education and Culture (MEC). The inclusion criteria comprise: Resolution available for download on the MEC portal and having a degree in the health field. The Opinion is a technical analysis on a given topic and the Resolution is a normative act. Thus, the Resolution as a normative act and valid law, aims to approve what is recommended in the Opinion. In this sense, it was decided to only include resolutions as part of this study. Documentary opinions were not considered for the construction of this study and remains an exclusion criterion. In total, twenty-two Resolution documents from health courses comprised the research corpus.

Phase 2: Generation of the initial codes

In this second phase, the research scope was studied in depth with the purpose of establishing the initial codes, which

until then for the present research were defined as the main terms Gender Identity and Sexual Orientation and the time frame for analysis.

Phase 3: Search for topics

After surveying the initial codes, exhaustive readings of the content of the National Curricular Guidelines started, following the criteria of the selected terms and period for the undergraduate courses in the health area. We chose to use exhaustive reading to analyze the research corpus, even though we knew about the existence of software, such as NVivo, which allows such analyses.

Phase 4: Review of topics

This phase of the research took place concomitantly with the third phase. At this stage of the research, it was possible to verify that in addition to the two initial terms, Gender Identity and Sexual Orientation, Human Rights (HR) was also mentioned in the first DCNs that were released. Understanding that the first two terms are part of HR, thus, they are intertwined terms, where the HR "umbrella" includes both concepts and it is impossible to think of any of the three in isolation.

Phase 5: Definition and naming of topics

At this point in the research, the terms and their respective alternative terms were already defined as shown in Chart 1. Here we chose to expand the range of topics with their alternative terms, with the intention of not leaving out any mention of sexual minorities within the DCNs.

Phase 6: Report production

The last phase of the research can be considered the construction of the article itself; after all the other steps, analyses of the DCNs were possible following the criteria established above and will be presented below in the Study Results.

RESULTS

In 2001, the first three DCNs appeared in health courses:

- Nursing: established by resolution CNE/CES n. 3, of November 7, 2001¹⁵.
- Medicine: established by CNE/CES resolution n. 4, of November 7, 2001¹⁶.
- Nutrition: established by CNE/CES resolution n. 5, of November 7, 2001¹⁷.

None of these courses mentioned sexual minorities.

The first higher education course in health in 2002 to establish a DCN is a degree in Pharmacy, through resolution CNE/CES n. 2, of February 19, 2002¹⁸, which included the first record on sexual minorities in a course guideline in the health

Chart 1. Terms used to search the National Curricular Guidelines.

Term	Alternative Terms
Human Rights	- Right to Shelter; Right to Self-Determination; Right to Housing; Right to Adequate Housing; Right to Housing and Shelter; Right to Environmental Quality; Right to Use Natural Resources; Right to Control Natural Resources
	- Right to Development; Collective Law; Law of Nations; Right to Live in Peace; Human Law; Collective Rights; Rights of the Person; Human Person's Rights; People's Rights; Rights of Indigenous Populations; Human Rights; Rights of Individuals; Indigenous Rights; Indian Rights; Individual Rights; Rights of Peoples; Rights of Indigenous Peoples; Collective Human Rights; Human Rights of Indigenous Populations; Indigenous Human Rights; Human Rights of Indians; Human Rights of Indigenous Peoples
	- Human Rights in Linguistic Issues; Indigenous Human Rights; Linguistic Human Rights; Equal rights; Individual Rights; Linguistic Rights; Equal rights.
Gender Identity	Gender; Woman's Roles; Roles of Women; Gender Roles; Roles of Man; Roles of Men; Sex Roles; Role of Woman; Role of Women; Gender Role; Role of Man; Role of Men and Sexual Role.
Sexual Orientation	Androphilia; Sexual Attraction; Gynaecophilia; Gynephilia; Gynophilia and Sexual Preference.

Source: Prepared by the authors based on terms selected from Descriptors in Health Sciences – DeCS (2021).

area, Article 13, which deals with the structure of the course, and states (p.5) “committing the student to scientific development and the search for technical advancement associated with well-being, quality of life and respect for human rights”. Another six courses in the health area launched their DCNs, namely: Dentistry through Resolution CNE/CES n. 3, of February 19, 2002¹⁹, Physical therapy through resolution CNE/CES n. 4, of February 19, 2002²⁰; Speech therapy through resolution CNE/CES n. 5, of February 19, 2002²¹; Occupational Therapy through resolution CNE/CES n. 6, of February 19, 2002²²; Biological Sciences through resolution CNE/CES n. 7²³; Social Service through resolution CNE/CES n. 15, of March 13, 2002²⁴. That year, only the Pharmacy course mentioned sexual minorities.

In 2003, the DCN for Veterinary Medicine, CNE/CES n. 1, of February 18, 2003, and Biomedicine through resolution CNE/CES n. 2, of February 18, 2003^{25,26} were launched. There were no records about sexual minorities in their texts, either.

The second course in the health area to establish a DCN in 2004 was a course in Psychology, through resolution n. 8, of May 7, 2004²⁷. Its article 3, which talks about the central goals of training psychology professionals, includes the following item, “acting in different contexts considering the social needs, human rights, with a view to promoting the quality of life of individuals, groups, organizations and communities” (p. 1). For the second time a DCN had a direct quote about human rights. In the same year, the Physical Education course launched its first DCN through resolution n. 7, on March 31, 2004²⁸. Unlike Psychology, Physical Education did not contain records about sexual minorities in its text.

The undergraduate course in Physical Education instituted its second DCN through resolution n. 7, of October 4, 2007²⁹. However, it did not mention sexual minorities in its text.

In 2011, the second DNC for the undergraduate Psychology course was launched, established by Resolution n. 5, of March 15, 2011³⁰. The main objective of the aforementioned DCN was to establish standards for psychology teacher training. It maintained the structure of the previous DCN and in addition to mentioning sexual minorities in its article 3, it talked about the central goals of the psychology professional, “acting in different contexts, considering social needs and human rights, with a view to promoting quality life of individuals, groups, organizations and communities” (p. 1).

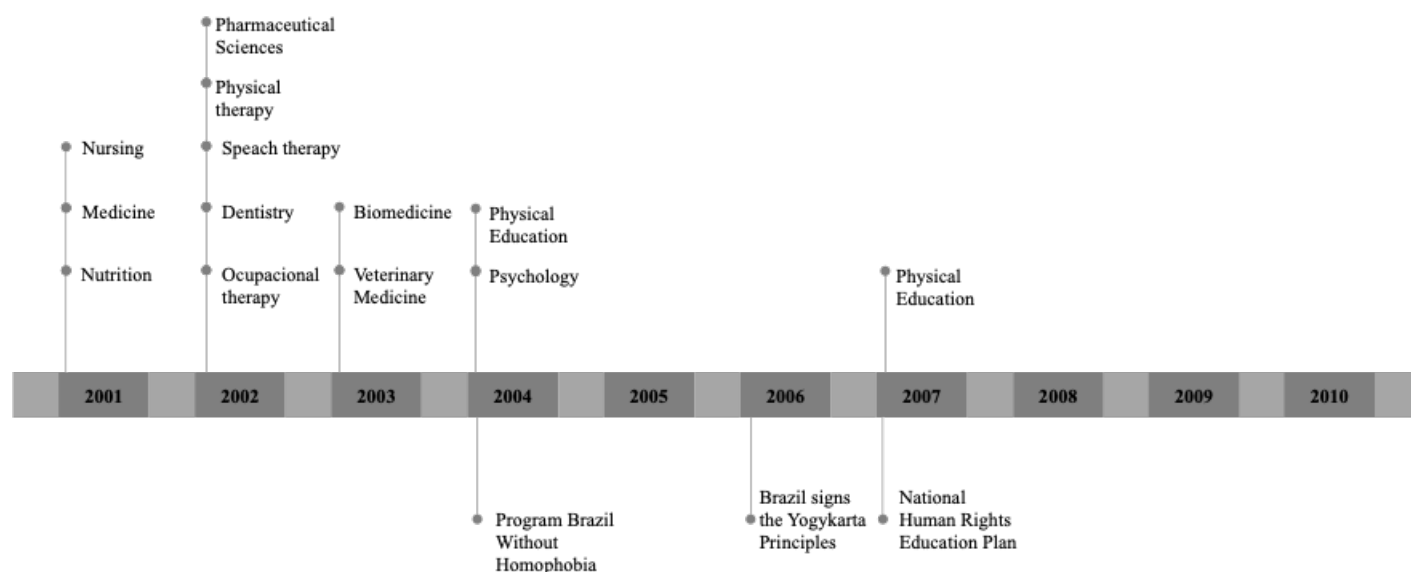
The undergraduate Medicine course launched its second and current DCN in 2014, established by Resolution n. 3, of June 20, 2014³¹. In its article 5, which talks about health care by medical professionals, it states that

[...] they will be trained to always consider the dimensions of biological, subjective, ethnic-racial, gender, sexual orientation, socioeconomic, political, environmental, cultural, ethical diversity and other aspects that constitute the spectrum of human diversity that singularize each person or each social group [...] (2014, p 1).

In article 12, which talks about Attention to Health Needs, item II - Carrying out the Physical Examination, the text says that:

[...] ethical, respectful posture and technical dexterity in the inspection, palpation, auscultation and percussion, with precision when applying general and specific physical examination maneuvers and procedures, considering the clinical history, ethnic-racial, gender, sexual, linguistic-cultural orientation diversity and of people with disabilities (2014, p.5).

Article 23, which talks about the fundamental contents for the undergraduate medical course, contains the following item:

Figure 1. Timeline of DCN publications and legal frameworks for the LGBTI+ population from 2001 to 2010.

Source: Prepared by the authors.

[...] approach to cross-sectional topics in the curriculum that involve knowledge, experiences and systematized reflections on human rights and people with disabilities, environmental education, teaching of Libras (Brazilian Sign Language), education of ethnic-racial relations and history of Afro-Brazilian and indigenous culture (2014, p. 10).

Its article 29 also talks about the structure of the course, mentioning the following items:

[...]to include ethical and humanistic dimensions, developing, in the student, attitudes and values oriented towards active multicultural citizenship and human rights... promoting integration and interdisciplinarity in coherence with the curricular development axis, seeking to integrate the biological, psychological, ethnic, racial, socioeconomic, cultural, environmental and educational dimensions (2014, p. 12).

The DCN of the 2017 Pharmacy course³² in its article 4, deals with the training of pharmacy professionals, stating they must have

Commitment to the care and defense of the integral health of human beings, taking into account socioeconomic, political, cultural, environmental, ethnic-racial, gender, sexual orientation, societal needs, as well as regional characteristics (2017, p. 2).

Within the disciplinary content, article 6, single paragraph says that

[...] understanding of the social determinants of health, which consider social, economic, political, cultural, gender and sexual orientation, ethnic-racial, psychological and behavioral, environmental factors,

of the individual's health-disease process and of the population (2017, p. 5).

As in the first Pharmacy DCN, the course curricular structure must "commit the student to scientific development and the search for technical advancement, associated with well-being, quality of life and respect for human rights" (p. 8)".

The undergraduate course in Physical Education launched its third and current DCN through Resolution n. 6, of December 18, 2018³³. In its article 9, which talks about the course in physical education training, it states that the professional must consider the following aspect (p. 3) "the respect and appreciation of ethnic-racial diversity". Article 16, which deals with the inclusion of activities in the course, contains the following item (p. 5) "[...] research and study of the relationships between education and work, education and diversity, human rights, citizenship, environmental education, among other central topics of contemporary society".

In 2019, the second and current DCN for the undergraduate course in Veterinary Medicine was launched, established through Resolution n. 3, of August 15, 2019³⁴. It is not in line with the most recent updated DCNs for health courses, as there is a persistent lack of mention of sexual minorities in its text.

The Dentistry DCN was updated in 2021³⁵ and for the first time it included references to sexual minorities in its text. In article 5 of chapter II, which deals with the competencies of the professional dental surgeon, it says that in the professional's performance must take into account (p. 2) "the ethics and the dimensions of biological, subjective, ethnic-racial, gender, and sexual orientation diversity [...]". In article 17, which talks about

the curricular structure of undergraduate courses, it contains the following statement (p. 6) “consideration of the health needs of users and populations, including ethical, humanistic and social dimensions, oriented towards citizenship and human rights [...]”. Also regarding the curricular content of the Humanities and Social Sciences mentioned above, it states in its article 24 (p. 7) “[...] education in human rights, accessibility for people with reduced mobility, and those that deal with equity and gender, sexual orientation, people with disabilities and education on ethnic-racial relationships [...]”.

The most recent course in the health area to establish a DCN was the Psychology course in the year 2023, through resolution CNE/CES n. 1, of October 11, 2023³⁶. In its 2nd article it talks about values, principles and commitments of the training of the psychology professional, mentioning the following item: “Respect for personal, social, cultural and ethical diversity, in line with the Universal Declaration of Human Rights” (p.1)

Moreover, in article 8, which deals with the basic competencies that define the profile of the Psychology professional, it states that the professional must work while respecting diversity and show cultural competence, considering that one of the principles is “Respecting gender, sociocultural ethnic-racial, religious diversity, and others (p. 5).”

DISCUSSION

Advances in the inclusion of sexual minorities into the DCNs have been noticeable in recent years. According to Chart 2, it is possible to observe that until 2007, of 15 DCNs, only Pharmacy and Psychology courses raised questions about Human Rights. While as of 2011, six of the seven DCNs addressed Human Rights, Gender Identity and Sexual Orientation.

According to Figures 1 and 2, there were legal milestones for LGBTI+ people from the publication of the first (2001) DCN

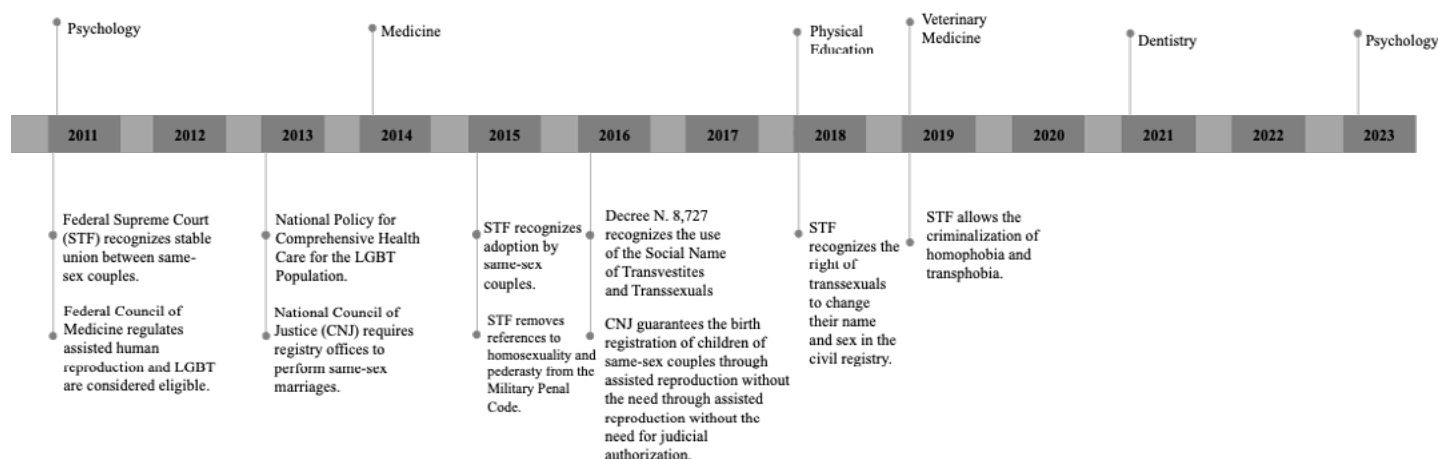
to the most recent one (2023). Among these achievements is the Program Brazil Without Homophobia of 2004, which states that for equal care, investment in training, teaching and awareness raising of health professionals in the care of LGBTI+ people must be supported. Another milestone of this period is the PNSI-LGBT of 2011, which delves even further into issues of equal care in health care for sexual minorities^{37,38}

Within the three higher-level professional categories that comprise basic care according to Ordinance N. 2,436 of 2017, Medicine and Dentistry have had their DCN updated in recent years, and both courses have their second version in force³⁹. The third category, the Nursing degree, has had the same DCN for two decades; however, according to news from the Federal Nursing Council, it is in its final phase, with public consultation expected in 2024⁴⁰. Another point that reinforces a more current version of the Nursing DCN is linked to the examples of Medicine and Dentistry, which in their first DCN did not have any mention of sexual and gender diversity, which appears in their current versions.

Magnago et al.⁴¹, in a study on the training of nurses and their approach to the assumptions of the DCN, recommend the establishment of a review process of the Nursing DCN, and the authors believe that the update will contribute to the definition of specific competencies that can meet the main demands of the SUS. It is noteworthy that the nursing courses that were part of the study differ from what is recommended in the DCN of 2001, with regard to distancing from national needs and curricular fragmentation. That is, a new DNC would also have a long way to go in pursuit of the recommendations proposed here.

In one study on DCN within the Curricular Pedagogical Projects (PPC) of new medical courses, Machado et. al.⁴² point to a great convergence of the changes proposed by the 2014

Figure 2. DCN publication timeline and legal frameworks for the LGBTI+ population from 2011 to 2023.



Source: Prepared by the authors.

Chart 2. Records of Human Rights, Gender Identity and Sexual Orientation in the National Curricular Guidelines by year of publication.

	2001	2002	2003	2004	2007	2011	2014	2017	2018	2019	2021	2023
Biology		No										
Biomedicine			No									
Phys. Education				No	No				Yes			
Nursing	No											
Pharmacy		Yes						Yes				
Physical Therapy		No										
Speech Therapy		No										
Medicine	No						Yes					
Veterinary Med.			No							No		
Nutrition	No											
Dentistry		No									Yes	
Psychology				Yes		Yes						Yes
Social Service		No										
Occupational Therapy		No										

Source: Prepared by the authors based on the National Curricular Guidelines.

DCN within the PPC. They state that there is a clear direction of care towards the expanded clinic as recommended in the DCN, which overcomes the biomedical model. However, another study on the DCN and Curricular Pedagogical Projects (PPC) for medical courses is in agreement with this. Oliveira et al.⁴³, point to the misalignment between the 2014 Medicine DCN and the PPC of the courses. The authors emphasize that curricular changes take time to be internalized. They are also influenced by people who constitute the Higher Education Institutions (HEIs), who give different meanings to the changes proposed in the DNC, which would ultimately make the alignment between the PPC and the DCN difficult. Similar studies with different approaches: while the first deals with a document analysis of HEI PPC, the second involves interviews with the HEI teachers.

Other studies are in line with the legal frameworks of Figures 1 and 2, Paulino et al.⁴⁴, state that medical curricula in the country must recognize the topic of LGBTI+ health, understanding the relevance of the topic for medical training in Brazil. They say it is necessary to understand the complexity of the issue and seek to work on broad social aspects, beyond the health sector. Nevertheless, Negreiros et al.⁴⁵ state that there are no elements in medical training that contribute to the promotion of LGBTI+ health. According to the authors, public policies and the Curricular Guidelines of the medical course do not include the most significant aspects of this population segment, being limited to exemplifications and comments in some disciplines.

Along these lines, Negreiros et al.⁴⁵ recommend that more work be carried out on LGBTI+ issues with the aim

of promoting the implementation of the National Policy for Comprehensive Health for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSI-LGBTT), thus facilitating the understanding, effectiveness and use of interventions in the care of the LGBTI+ population. Paulino et al.⁴⁴, draw attention to the health needs based on the medical-scientific discourse in the text of the LGBTI+ health policy, even though this mechanism considers the health-disease process from the perspective of social determination.

As one of the ways to overcome the barriers presented above, Raimondi et al.⁴⁶, state that the new higher education policies bring a new student profile and that this would contribute, within the context of medical education, to greater diversity, considering that these graduates are part of socially disadvantaged groups. Another point discussed by the authors is the contribution of the topic during the Covid-19 pandemic, where student collectives brought neglected topics into the medical schools through virtual seminars. They hope these movements can positively affect teachers and academic management to include diversity in medical curricula.

In line with the above, Lopes et al.⁴⁷, state that the Covid-19 pandemic made clear the need to consider health teaching and care that promote the diversity of social minorities, such as LGBTI+ people. It draws attention to the clarity of the DCN's contribution to specific competencies on LGBTI+ health that, when adopted, can make medical curricula more welcoming and committed to the needs of sexual and gender minorities.

The changes to the medical curricula go beyond the formal curriculum. In a study on sexual and gender diversity in the hidden curriculum of medicine, Raimondi et. al.⁴⁸ state that this debate needs to be expanded in a cross-sectional and longitudinal way within academic training, with constant dialogue between the different fields of knowledge and the different areas of professional activity, with the aim of reducing the “deafening” of medicine to people.

However, changing practices in medical schools and ensuring that PPCs are in line with the 2014 DCN have a difficult road ahead. There is difficulty in operationalizing DCN determinations by the HEIs. There is a lack of trained human resources, physical structure of practice scenarios, teaching resources, among other things. Thus, the lack of internships, subjects and professionals are seen as major challenges for DCN and PPC integration^{49,50}.

Similarly, a study on the perception of dentistry undergraduates about the PPC and the old DNC of 2002 shows that, in general, they were aware of the project and that it was in accordance with the guidelines. However, a large part of the students considered the content to be duplicated between disciplines and the difficulty in offering comprehensive care to patients⁵¹. With the new DCN of 2021, the path for the HEIs to align PPCs with the new DCN will be a great challenge, considering that the current guideline brings new challenges, such as considering social minorities among the dentist’s competencies.

Another study on the PCC and the nursing DCN regarding the students’ perception indicates that what is recommended in the guidelines and what constitutes the undergraduate curriculum are closely related. They draw attention to the individual, collective and institutional need and commitment to comply with what is proposed in the nursing DCN⁵².

Collaboration between teachers and institutions is necessary, so that innovative proposals become a reality within nursing. Even though there is talk of the need for changes, difficulties persist in overcoming the conservative teaching model⁵³. In this sense, even if the DCN is updated to include sexual and gender diversity in the nursing course, it is necessary to evaluate how the HEIs will operationalize the content within the PPC. It is worth remembering that the changes that the DCNs bring to the undergraduate PPCs have a great impact on the profile of the professional who will be trained.

It is worth noting that Psychology is a professional training that has advanced somewhat in discussions on the subject, especially due to the work of its Federal Council. In a study by Mizaél, Gomes and Marola⁵⁴ on discussions and omissions on the topic of sexual diversity and gender, the authors present results showing that the majority of the students’ perceptions in the study portrayed concepts that are aligned with the

decisions of the Federal Council. Even so, there was a lack of knowledge and divergences regarding conceptions about trans identities, often associated with pathologization, indicating the need to include disciplines focused on gender and sexuality in Psychology curricula.

FINAL CONSIDERATIONS

In the last two decades, twenty-two National Curricular Guidelines (DCNs) were established for undergraduate courses in the health area. The significant increase in Human Rights, Gender Identity and Sexual Orientation records in the last ten years is outstanding, coinciding with important legal milestones for LGBTI+ people during this same period.

Advances in the inclusion of social minorities in the DCN represent a significant step towards more humanized and people-centered care, according to their specificities and needs. However, it is crucial to recognize that the construction of these advances goes beyond the mere formalization of the rights of LGBTI+ people. Therefore, the need arises to evaluate not only the presence of these rights in the DCNs, but also their effective inclusion in the curricular components of courses and in the teaching practice of higher education institutions. The process of constructing the DCNs is certainly guided by instances and the actions of institutions that aim to improve both the technical education and the relevance to the society in which the curricula are debated. However, the process lacks deep reflection on which instances participate and the ones that do not participate in the process. Professional Councils are certainly fundamental, but it is necessary to improve the process, also including representatives from Teaching-Structuring Centers, Course Collegiates, the student movement, but also actors and institutions in society, such as social movements of interest and, inside this participation, movements that represent LGBTI+ people.

This in-depth assessment within academic institutions is essential to ensure not only formal inclusion, but also the effective implementation of an inclusive education that is aware of issues related to sexual minorities, thus contributing to the construction of more welcoming and egalitarian healthcare services.

To achieve this purpose, it is necessary for undergraduate health courses to increase their cross-sectional content on sexual and gender diversity. Another important point is the increase in the number of teachers in the health area who are trained to understand the needs of LGBTI+ people, taking into account their specificities. In this specific sense, it is worth reflecting on the importance of the several teaching-health service integration initiatives, in addition to instances of social participation/ control within the scope of the SUS, including

social movements. These spaces for dialogue with reality can nurture both the students' experiences and the reorientation of pedagogical practices, since discussions of gender and sexual diversity are certainly present in contemporary agendas, allowing teachers to also improve in this sense.

An important consideration is the need for investigations in the undergraduate courses listed here to evaluate how the topic has been worked by them, given that the existence of the DCNs does not necessarily imply advances in training, even if it is an important step towards changes and less discrimination towards LGBTI+ people in health services.

AUTHORS' CONTRIBUTION

Maikon Leiria designed the study, carried out and described the literature review and wrote the manuscript. Julian Matheus Flores reviewed and improved the final version of the manuscript. Zeno Carlos Tesser Junior reviewed and improved the final version of the manuscript. Daniel Canavese de Oliveira and Rodrigo Otávio Moretti-Pires helped with the study design, review of the texts and final manuscript adjustments.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

SOURCES OF FUNDING

The authors declare no sources of funding.

REFERENCES

1. Organização das Nações Unidas. Declaração Universal dos Direitos Humanos. ONU; 1948 [acesso em 28 ago 2020]. Disponível em: https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/por.pdf.
2. Dias IF. A influência de gênero dos quadros de gestão empresarial no desempenho financeiro: uma comparação entre Portugal e Espanha [dissertação]. Aveiro: Universidade de Aveiro; 2018.
3. São Paulo. Coordenação de políticas para a diversidade dexual. Diversidade sexual e cidadania LGBT. 3a ed. São Paulo: Secretaria da Justiça e da Defesa da Cidadania. Secretaria da Justiça e da Defesa da Cidadania; 2018.
4. Brasil. Constituição da República Federativa do Brasil. Brasília: Senado Federal; 1988.
5. Brasil. Lei nº 8.080, de 19 de setembro de 1990. Diário Oficial da União; 20 set 1990. Seção 1, p. 18055.
6. Brasil. Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais. Brasília: Ministério da Saúde; 2013 [acesso em 6 ago 2020]. Disponível em: http://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_saude_lesbicas_gays.pdf
7. The International Commission of Jurists, The International Service for Human Rights. The Yogyakarta Principles: principles on the application of international human rights law in relation to sexual orientation and gender identity. Yogyakarta: United Nation; 2007 [acesso em 1º ago. 2019]. Disponível em: <https://icj2.wpenginepowered.com/wp-content/uploads/2012/08/Yogyakarta-Principles-publication-2007-eng.pdf>
8. Brasil. Ação Popular de nº 1011189-79.2017.4.01.3400, de 15 de dezembro de 2017. Uso de terapias de reversão sexual. Brasília: Seção Judiciária do Distrito Federal; 2017 [acesso em 9 nov 2017]. Disponível em: <https://www.conjur.com.br/dl/sentenca-cura-gay.pdf>.
9. Brasil. Lei nº 9.131, de 24 novembro de 1995. Altera dispositivos da Lei nº 4.024, de 20 de dezembro 1961, e dá outras providências. Diário Oficial; 25 nov 1995.
10. Brasil. Parecer CNE nº 776, de 3 de dezembro de 1997. Orientação para as diretrizes curriculares dos cursos de graduação. Diário Oficial da União; 1997.
11. Brasil. Parecer CNE/CES nº 583, de 4 de abril de 2001. Orientação para as diretrizes curriculares dos cursos de graduação. Diário Oficial da União; 2001.
12. Brasil. Resolução CNS/MS nº 287, de 8 de outubro de 1998. Relaciona 14 (quatorze) categorias profissionais de saúde de nível superior para fins de atuação no Conselho Nacional de Saúde. Brasília: Ministério da Educação; 1998.
13. Lüdke M, André MEDA. Pesquisa em educação: abordagens qualitativas I. São Paulo: EPU; 1986.
14. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77-101.
15. Brasil. Resolução CNE/CES nº 3, de 9 de novembro de 2001. Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem. Brasília: Ministério da Educação; 2001.
16. Brasil. Resolução CNE/CES nº 4, de 7 de novembro de 2001. Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina. Brasília: Ministério da Educação; 2001.
17. Brasil. Resolução CNE/CES nº 5, de 9 de novembro de 2001. Diretrizes Curriculares Nacionais do Curso de Graduação em Nutrição. Brasília: Ministério da Educação; 2001.
18. Brasil. Resolução CNE/CES nº 2, de 4 de março de 2002. Diretrizes Curriculares Nacionais do Curso de Graduação em Farmácia. Brasília: Ministério da Educação; 2002.
19. Brasil. Resolução CNE/CES nº 3, de 4 de março de 2002. Diretrizes Curriculares Nacionais do Curso de Graduação em Odontologia. Brasília: Ministério da Educação; 2002.
20. Brasil. Resolução CNE/CES nº 4, de 4 de março de 2002. Diretrizes Curriculares Nacionais do Curso de Graduação em Fisioterapia. Brasília: Ministério da Educação; 2002.
21. Brasil. Resolução CNE/CES nº 5, de 4 de março de 2002. Diretrizes Curriculares Nacionais do Curso de Graduação em Fonoaudiologia. Brasília: Ministério da Educação; 2002.
22. Brasil. Resolução CNE/CES nº 6, de 4 de março de 2002. Diretrizes Curriculares Nacionais do Curso de Graduação em Terapia Ocupacional. Brasília: Ministério da Educação; 2002.
23. Brasil. Resolução CNE/CES nº 7, de 26 de março de 2002. Diretrizes Curriculares Nacionais do Curso de Graduação em Ciências Biológicas. Brasília: Ministério da Educação; 2002.
24. Brasil. Resolução CNE/CES nº 15, de 9 de abril de 2002. Diretrizes Curriculares Nacionais do Curso de Graduação em Serviço Social. Brasília: Ministério da Educação; 2002.
25. Brasil. Resolução CNE/CES nº 1, de 20 de fevereiro de 2003. Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina Veterinária. Brasília: Ministério da Educação; 2003.
26. Brasil. Resolução CNE/CES nº 2, de 20 de fevereiro de 2003. Diretrizes Curriculares Nacionais do Curso de Graduação em Biomedicina. Brasília: Ministério da Educação; 2003.
27. Brasil. Resolução CNE/CES nº 8, de 18 de maio de 2004. Diretrizes Curriculares Nacionais do Curso de Graduação em Psicologia. Brasília: Ministério da Educação; 2004.
28. Brasil. Resolução CNE/CES nº 7, de 5 de abril de 2004. Diretrizes Curriculares Nacionais do Curso de Graduação em Educação Física. Brasília: Ministério da Educação; 2004.
29. Brasil. Resolução CNE/CES nº 7, de 4 de outubro de 2007. Diretrizes Curriculares Nacionais do Curso de Graduação em Educação Física. Brasília: Ministério da Educação; 2007.
30. Brasil. Resolução CNE/CES nº 5, de 16 de março de 2011. Diretrizes Curriculares Nacionais do Curso de Graduação em Psicologia. Brasília: Ministério da Educação; 2011.

31. Brasil. Resolução CNE/CES nº 3, de 23 de junho de 2014. Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina. Brasília: Ministério da Educação; 2014.
32. Brasil. Resolução CNE/CES nº 6, de 20 de outubro de 2017. Diretrizes Curriculares Nacionais do Curso de Graduação em Farmácia. Brasília: Ministério da Educação; 2017.
33. Brasil. Resolução CNE/CES nº 6, de 19 de dezembro de 2018. Diretrizes Curriculares Nacionais do Curso de Graduação em Educação Física. Brasília: Ministério da Educação; 2018.
34. Brasil. Resolução CNE/CES nº 3, de 16 de agosto de 2019. Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina Veterinária. Brasília: Ministério da Educação; 2019.
35. Brasil. Resolução CNE/CES nº 3, de 22 de junho de 2021. Diretrizes Curriculares Nacionais do Curso de Graduação em Odontologia. Brasília: Ministério da Educação; 2021.
36. Brasil. Resolução CNE/CES nº 1, de 11 de outubro de 2023. Diretrizes Curriculares Nacionais do Curso de Graduação em Psicologia. Brasília: Ministério da Educação; 2023.
37. Ministério da Saúde. Brasil sem Homofobia: programa de combate à violência e à discriminação contra GLTB e promoção da cidadania homossexual. Brasília: Ministério da Saúde; 2004.
38. Ministério da Saúde. Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais. Brasília: Ministério da Saúde; 2011.
39. Brasil. Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da República Federativa do Brasil; 2017.
40. Conselho Federal de Enfermagem. Diretrizes dos cursos de Enfermagem chegam à reta final para aprovação pelo Conselho Nacional de Educação. Cofen; 2024 [acesso em 10 abr 2024]. Disponível em: <https://www.cofen.gov.br/diretrizes-dos-cursos-de-enfermagem-chegam-a-reta-final-para-aprovacao-pelo-conselho-nacional-de-educacao/>.
41. Magnago C, Pierantoni CR. A formação de enfermeiros e sua aproximação com os pressupostos das Diretrizes Curriculares Nacionais e da atenção básica. *Cien Saude Colet*. 2020;25(1):15-24.
42. Machado C, Oliveira JM, Malvezzi E. Repercussões das diretrizes curriculares nacionais de 2014 nos projetos pedagógicos das novas escolas médicas. *Interface Comun Saúde Educ*. 2021;25, e200358.
43. Oliveira CA. Encontros e desencontros entre projetos pedagógicos de cursos de Medicina e Diretrizes Curriculares Nacionais: percepções de professores. *Interface Comun Saúde Educ*. 2021;25, e200076.
44. Paulino DB, Rasera EF, Teixeira FB. Discursos sobre o cuidado em saúde de lésbicas, gays, bissexuais, travestis, transexuais (LGBT) entre médicas(os) da Estratégia Saúde da Família. *Interface (Botucatu)*. 2019;23:e180279. doi: <https://doi.org/10.1590/interface.180279>.
45. Negreiros FRN, Ferreira BO, Freitas DN, Pedrosa JIS, Nascimento EF. Saúde de lésbicas, gays, bissexuais, travestis e transexuais: da formação médica à atuação profissional. *Rev Bras Educ Med*. 2019;43(1):23-31 [acesso em 30/05/2023]. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-55022019000100023&lang=pt.
46. Raimondi GA. Análise crítica das DCN à luz das diversidades: educação médica e pandemia da Covid-19. *Rev Bras Educ Med*. 2020;44(supl 1):e135.
47. Lopes A. Ensino e cuidado em saúde LGBTI+: reflexões no contexto da pandemia da Covid-19. *Rev Bras Educ Med*. 2020;44(supl 1):e152.
48. Raimondi GA, Moreira C, Barros NF. Gêneros e sexualidades na educação médica: entre o currículo oculto e a integralidade do cuidado. *Saúde Soc*. 2019;28(3):198-209.
49. Cândido PTS, Batista NA. O internato médico após as Diretrizes Curriculares Nacionais de 2014: um estudo em escolas médicas do estado do Rio de Janeiro. *Rev Bras Educ Med*. 2019;43(3):36-45.
50. Rezende VLM. Percepção discente e docente sobre o desenvolvimento curricular na atenção primária após Diretrizes Curriculares de 2014. *Rev Bras Educ Med*. 2019;43(3): 91-9.
51. Fadel CB, Baldani MH. Percepções de formandos do curso de Odontologia sobre as Diretrizes Curriculares Nacionais. *Trab Educ Saúde*. 2013;11(2):339-54.
52. Kaiser DE, Serbim AK. Diretrizes Curriculares Nacionais: percepções de acadêmicos sobre a sua formação em enfermagem. *Rev Gaúch Enferm*. 2009;30(4):633-40.
53. Vieira MA. Diretrizes Curriculares Nacionais para a área da enfermagem: o papel das competências na formação do enfermeiro. *Revista Norte Mineira de Enfermagem*. 2016;5(1):105-21
54. Mizael TM, Gomes AR, Marola P.P. Conhecimentos de estudantes de Psicologia sobre normas de atuação com indivíduos LGBTs. *Psicol Ciênc Prof*. 2019;39:1-20. doi: <https://doi.org/10.1590/1982-3703003182761>.



This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.