JURIDICAL ANALYSIS OF HEALTH SERVICE FOR LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT)

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The reality of discrimination against LGBT patients in health services in Indonesia is still very strong, while health law norms emphasize the state's obligation to provide equal services to all citizens without discrimination. This study aims to analyze health services for LGBT patients from a legal perspective by highlighting the gap between legal regulations and practices in the field. The methods used are normative qualitative with a Statute Approach, Comparative Approach, and Case Approach, reinforced by a literature review from national and international journals. This study fills the gap in the lack of comparative analysis between Indonesia and other countries, particularly the United States, which already has stronger legal protection through federal regulations. The results show that LGBT patients in Indonesia often experience denial of services, especially related to HIV/AIDS, which has a negative impact on their physical and mental health. The discussion reveals that discrimination stems from a weak legal framework, social stigma, and religious interpretations that reinforce negative stereotypes. A comparison with the United States confirms that although discrimination still exists in conservative areas, regulations such as the Affordable Care Act are able to create more inclusive services. The novelty of this research lies in its presentation of an integrative perspective that combines legal, social, and religious dimensions with cross-country analysis. The study emphasizes the urgency of harmonization between sectors in realizing inclusive health services and provides recommendations for Indonesia to learn from international practices while still paying attention to the local context.

Keywords: Discrimination, Health Service, Human Right, Regulation

BACKGROUND

Discrimination against LGBT patients in health services is an urgent issue that cannot be ignored, as it directly impacts the fulfillment of human rights and public health quality. The urgency of this issue lies in the fact that discrimination not only violates the principle of equality, but also has the potential to cause serious consequences such as delayed diagnosis, increased rates of infectious diseases, and reduced quality of life for patients. If discrimination is not immediately addressed systematically, Indonesia risks failing to achieve global health targets such as the Sustainable Development Goals (SDGs), which emphasize the principle of non-discrimination in health services (Dhamayanti, 2022a). Furthermore, this discrimination also causes significant psychological burdens for LGBT patients, which ultimately has the potential to worsen their mental health. This situation shows that the urgency of resolving discrimination is not merely a need for minority groups, but a national agenda in realizing a fair and inclusive health system.

The phenomenon of discrimination against LGBT patients shows a gap between social reality and applicable legal norms. Normatively, Indonesian health law through Law Number 36 of 2009 guarantees equal access to health services for all citizens without discrimination. However, in practice, LGBT patients still face obstacles in the form of social stigma, discriminatory treatment from medical personnel, and inequality in access. This gap between das sein and das sollen reflects that even though

regulations are in place, implementation in the field is still far from ideal. This condition is an important indicator that the existence of legal norms does not necessarily eliminate discrimination without efforts to harmonize with social and religious aspects. From a social perspective, discrimination against LGBT people in the health sector reflects a social construct that does not yet fully accept diversity in sexual orientation. LGBT patients often choose not to access health services for fear of being treated unfairly, resulting in delays in the treatment of diseases that could have been prevented earlier (Nashriyah, 2021). This exacerbates health inequalities and places a socio-economic burden on the country. The associated social stigma also perpetuates a cycle of discrimination that is difficult to break. In this context, social harmonization needs to be achieved through public education, community empowerment, and training of health workers to be more inclusive.

The legal aspect reveals a significant research gap, particularly regarding the absence of regulations that explicitly protect LGBT patients in health services. Previous studies have focused more on the social and psychological aspects of discrimination, but few have comprehensively reviewed the role of law in addressing this issue. This gap raises critical questions: to what extent can health regulations in Indonesia guarantee real protection for LGBT groups, and how can the law work in synergy with social and religious values to reduce discrimination? Identifying this gap is important so that research does not stop at the descriptive level, but is also able to provide normative and applicable solutions. Many religious teachings still place LGBT people in the category of moral deviance, thereby influencing the perceptions of medical personnel and the general public (Tambunan, 2021). However, there is also a religious approach that emphasizes compassion, respect for human dignity, and social justice. This is where the challenge and opportunity lie: how to interpret religious teachings in a more inclusive manner without neglecting deeply rooted spiritual values. The harmonization of religion with law and society is essential to encourage a paradigm shift towards equitable health care. The urgency of harmonization between law, society, and religion becomes even more apparent when discrimination against LGBT patients not only hinders access to health care but also creates broader social conflicts. When the law demands equality, society presents resistance, and religion presents different moral justifications, without harmonization, discrimination will continue (Wirahmat & Alfiyani, 2023). This situation shows that health policy cannot be viewed in a sectoral manner, but must be developed within a multidisciplinary framework that takes various perspectives into account. Harmonization is necessary so that the health system can become a vehicle for inclusion, rather than an arena for marginalization.

In a global context, many countries have developed innovative approaches to reduce discrimination in healthcare services against LGBT groups. For example, by providing LGBT-friendly clinics, equality-based medical staff training, and strict regulations prohibiting discrimination. Unfortunately, Indonesia has not fully adopted these practices, leaving it behind in terms of protecting LGBT patients (Hasnah & Alang, 2019). Examining discrimination against LGBT patients in Indonesia from both legal and social perspectives, which has not been widely done in academic studies. Given the complexity of this issue, it is clear that discrimination against LGBT patients in health services is a multidimensional problem that requires an innovative approach. This research offers an integrative analysis between law and society in highlighting discrimination against LGBT patients. Thus, this research is expected not only to fill the existing literature gap but also to provide a real contribution to policymakers.

The issue of discrimination against LGBT patients in Indonesia's health system cannot be separated from the wider socio-cultural context that still considers non-heteronormative identities as deviant. This perception is deeply rooted in traditional norms that emphasize conformity to conventional gender roles. As a result, LGBT patients who seek health services are often forced to conceal their identities for fear of rejection or unequal treatment. Such a climate of fear leads to reduced access to preventive care and delays in obtaining medical interventions. Research indicates that hidden identities significantly reduce the willingness of LGBT people to participate in regular health check-ups. This creates a public health risk, as untreated illnesses can spread more widely within the community. The problem is exacerbated when discriminatory attitudes are justified by invoking moral or religious arguments. In practice, this creates a conflict between medical professionalism and personal bias. Therefore, the persistence of stigma shows that the problem is not only legal but also cultural. This highlights the importance of addressing cultural barriers as part of a broader health policy reform. The link between discrimination

and HIV/AIDS services highlights another dimension of this problem. LGBT patients are disproportionately associated with HIV, which reinforces stigma and leads to systematic neglect. In many cases, patients who test positive are denied adequate care or are humiliated by health workers. Such practices directly contradict the professional obligation to provide care without prejudice. Studies show that stigma discourages LGBT patients from seeking early testing. This results in late diagnosis and poorer treatment outcomes. From a public health perspective, this situation not only harms the individuals affected, but also undermines national strategies to combat HIV/AIDS. The continuation of discriminatory practices risks increasing transmission rates rather than reducing them. Conversely, countries with inclusive HIV programs have succeeded in reducing stigma and improving treatment outcomes. Thus, discrimination is not only a violation of human rights but also a serious obstacle to epidemic control.

The lack of explicit legal protection for LGBT patients in Indonesia stands in stark contrast to global human rights principles. International legal instruments such as the International Covenant on Economic, Social, and Cultural Rights (ICESCR) guarantee the right to health without discrimination. Indonesia has ratified many of these instruments, but their implementation remains weak at the national level. For example, the Yogyakarta Principles explicitly state that sexual orientation and gender identity should not be grounds for denial of health services. However, Indonesia has not incorporated these principles into binding regulations. As a result, healthcare providers operate without clear guidelines on how to treat LGBT patients inclusively. This regulatory vacuum opens the door to arbitrary practices in hospitals and clinics. Thus, the fulfillment of health rights is highly dependent on the personal attitudes of medical personnel. This legal gap creates uncertainty for LGBT patients. This situation also raises questions about Indonesia's commitment to its international obligations Comparative experience shows that legal reform can play an important role in reducing discrimination. For example, the United States introduced the Affordable Care Act (ACA), which explicitly prohibits discrimination in health care based on sexual orientation and gender identity. Although its implementation is not yet perfect, the existence of clear legal standards gives patients the tools to demand their rights. In contrast, Indonesia relies only on general provisions in health laws that do not explicitly mention LGBT people. This creates a significant legal gap, as hospitals cannot be held accountable within a specific anti-discrimination framework. Furthermore, weak enforcement mechanisms render existing norms ineffective in practice. The American experience shows that when legal clarity is combined with strong enforcement, discrimination can be significantly reduced. It also shows that inclusivity training for healthcare workers improves the quality of patient care. Thus, Indonesia can benefit from adopting similar measures tailored to the local context. However, such reforms require political will, which is still limited due to s discrimination against LGBT patients has serious implications for mental health. Repeated experiences of rejection trigger feelings of alienation, anxiety, and depression. Many LGBT patients report avoiding hospitals altogether due to past trauma with medical personnel. This avoidance behavior leads to untreated conditions and widens the health gap. Psychological studies confirm that minority stress—stress resulting from stigma and prejudice—is strongly correlated with mental disorders. For LGBT people living with HIV, this double burden creates extreme vulnerability. Healthcare systems that fail to address mental health needs cannot claim to be inclusive. Furthermore, the absence of LGBT-friendly mental health services in Indonesia widens the access gap. Conversely, countries that provide LGBT-based community mental health services have seen improved treatment outcomes. Thus, addressing discrimination requires not only legal and medical reforms, but also psychological support mechanisms tailored to the unique challenges of LGBT patients. The economic dimension of discrimination is often overlooked but equally important. Denying LGBT patients access to health services reduces their productivity and limits their contribution to society. Poor health outcomes result in reduced labor force participation and increased health costs. Research shows that discrimination in public services causes significant economic losses for countries. For Indonesia, which is striving to improve the quality of its human resources, exclusionary practices are counterproductive. Inclusive healthcare should be viewed not only as a human rights obligation, but also as an economic investment. Countries that adopt inclusive health policies have seen an increase in national productivity. Conversely, discrimination widens socio-economic gaps. This undermines efforts to achieve national development goals. Thus, eliminating discrimination is both a moral and rational necessity.

Policymakers must realize that inclusivity strengthens, rather than weakens, the social and economic foundations of the nation.

The multidimensional nature of discrimination against LGBT patients demands an integrative response. Legal, social, cultural, and religious dimensions intersect to reinforce exclusion. Addressing only one dimension will not solve the problem. For example, legal reform without social education will face resistance, while social campaigns without legal support lack enforcement power. A holistic approach requires collaboration between the government, civil society, religious leaders, and the medical profession. International best practices show that cross-sectoral dialogue produces more sustainable change. Therefore, Indonesia must move beyond sectoral solutions towards a multidisciplinary strategy. This strategy needs to integrate legal reform, inclusive education, public awareness campaigns, and community empowerment. Only by harmonizing these elements can the health system evolve into a vehicle for inclusion, not exclusion. The urgency of this task is not only to protect the rights of minority groups, but also to strengthen the foundations of national health and social justice.

RESEARCH METHOD (BOLD, 11)

The research method used in this study is a normative juridical approach with three main instruments. First, the Statute Approach, which examines applicable laws and regulations, particularly Law No. 36 of 2009 concerning Health in Indonesia and the Affordable Care Act (ACA) Section 1302 and Section 1557 in the United States. This approach is used to see the extent to which the legal frameworks of both countries provide protection for LGBT patients in accessing health services. Second, the Comparative Approach, which compares Indonesian regulations that do not yet provide specific protection for LGBT people with regulations in the United States that explicitly prohibit discrimination based on sexual orientation and gender identity in the health sector. This comparison aims to identify normative gaps and the possibility of adopting the principle of non-discrimination in the context of Indonesian national law. Third, the Case Approach, which examines practices of discrimination against LGBT patients in Indonesia, particularly cases of denial of medical services to LGBT patients with HIV, and compares them with cases in the United States that can be prosecuted under the ACA. Data was obtained from various secondary sources, including scientific journals, books, laws and regulations, and relevant research reports from the past six years to ensure the novelty of the research. Data collection techniques were carried out through systematic searches of academic databases such as Google Scholar and DOAJ, taking into account the validity and relevance of the literature to the research topic. Data analysis used content analysis with a normative-comparative approach to compare social reality with ideal legal norms. This approach allowed researchers to find gaps that still exist in legal protection while highlighting social and religious aspects that reinforce discrimination. The validity of the research results is maintained through source triangulation, by comparing legal, social, and religious perspectives so that the analysis is not biased towards a particular dimension. Thus, this method presents a novelty in the form of an integrative multidisciplinary analysis that has rarely been studied in previous research.

RESEARCH FINDINGS (BOLD, 11)

The results of the study show that discrimination against LGBT patients in health services in Indonesia is a reality, one example being the refusal to provide medical examinations to LGBT patients who are suspected of having HIV. Some hospitals and medical personnel still hold the stigma that LGBT patients are synonymous with HIV/AIDS, so they are treated differently and even denied access to medical examinations, which should be a basic right of every citizen (Mulyono & Yosafak, 2020), In fact, Law No. 36 of 2009 on Health explicitly guarantees the right of every citizen to obtain health services without discrimination. Field findings in a number of studies confirm that this stigma is rooted in social constructs that view LGBT people as deviants, so that discrimination is considered acceptable in the context of morality. Field findings in a number of studies confirm that this stigma is rooted in social constructs that view LGBT people as deviants, thereby making discrimination acceptable in the context of morality (Romero et al., 2023). This refusal not only violates the principle of equality in health law, but also worsens the health conditions of LGBT patients due to delays in diagnosis and necessary treatment (Tambunan, 2021). Cases of discrimination against HIV patients from the LGBT community show that medical personnel often place their personal moral values above the standards of medical

professionalism, which should be neutral and focused on saving lives. This indicates a serious gap between the legal obligation to provide services without discrimination and the reality of practices in the field, which are still influenced by stigma. (Aisha & Natasha, 2024). In addition, this type of discrimination contributes to increased HIV transmission rates in the LGBT community, as patients are reluctant to undergo follow-up examinations or seek alternative health services. Thus, the findings of this study confirm that discrimination in the form of denial of services to LGBT patients with HIV is a major challenge that must be addressed immediately through legal, social, and religious harmonization in order to create a more inclusive and equitable health system.

Other findings also show that discrimination in health services against LGBT patients with HIV often occurs covertly, for example through slow service, the use of derogatory language, or unfriendly treatment from medical personnel. This form of indirect discrimination has the same serious impact as overt denial of services, as patients feel unvalued and ultimately avoid health facilities. In many cases, patients choose to seek alternative treatments or delay examinations, which actually worsens their health condition and increases the risk of HIV transmission in the community. This discrimination shows that medical personnel are still influenced by moral and religious biases that should not be the basis for providing professional health services. Furthermore, the existence of this covert discrimination confirms that the problem lies not only in legal regulations, but also in the social paradigm and professional ethics of medical personnel, which are not yet inclusive. This situation underscores the urgent need to strengthen national regulations with derivative rules from Law No. 36 of 2009, while also learning from practices in the United States through the Affordable Care Act (ACA), particularly Section 1302 on essential health benefits and Section 1557 on the prohibition of discrimination based on gender identity and sexual orientation. By strengthening regulations, providing anti-discrimination training for medical personnel, and educating the wider community, discrimination against LGBT patients with HIV can be minimized. In this way, Indonesia's health system can move towards more equitable, equal, and human rights-based services.

DISCUSSION

Discrimination against LGBT patients in health services reveals a complex relationship between law, society, and religion. Many medical personnel in Indonesia still view non-heterosexual sexual orientation as a form of moral deviance that is contrary to the dominant values of society. As a result, even though the law guarantees the right to health for every citizen, the reality on the ground shows systematic discrimination. Studies show that social resistance rooted in moral and religious views has created justification for discrimination against LGBT people in the health sector (Sjaf et al., 2024). This situation creates a gap between ideal legal norms and discriminatory social practices, making the urgency of harmonization between actors even more apparent. Discrimination is not merely an individual phenomenon, but has become a structural problem that demands policy reform and a paradigm shift.

Table 1. Comparison of Health Services for LGBT Patients: Indonesia vs United States

Aspek	Indonesia	Amerika Serikat
Legal Framework	In Indonesia, there are no specific legal provisions that explicitly protect lesbian, gay, bisexual, and transgender patients from discrimination in the healthcare sector. Legal safeguards are only provided in a general sense through the Health Law..	In contrast, the United States has federal regulations such as the Affordable Care Act (ACA), which explicitly prohibits discrimination based on sexual orientation and gender identity in healthcare services
Legal Regulations on Health	Undang-Undang Nomor 36 Tahun 2009	Section 1302 ACA

Legal Regulations on LGBT	There are no legal regulations regarding LGBT individuals	Section 1557 ACA
Rights Protection	LGBT patients remain vulnerable to service denial, particularly concerning HIV/AIDS-related care. However	LGBT patients have legal rights to seek redress if they experience discrimination in healthcare services.
Attitudes of Healthcare Professionals	Many healthcare workers still carry moral stigma and religious values into their professional practice, resulting in both overt and covert discrimination.	However, the majority of healthcare professionals have received inclusivity training, although some stigma persists in certain contexts.
Access to HIV/AIDS Services	Stigma remains very high; many LGBT patients are denied testing because they are perceived as synonymous with HIV.	However, HIV/AIDS services are widely available through inclusive programs, including specialized clinics dedicated to the LGBT community.
Mental Health	There is a lack of LGBT friendly mental health services, and stigma exacerbates the psychological condition of patients.	Many mental health services are community-based and specifically designed for LGBT individuals, offering professional and non-discriminatory counseling support.

The absence of explicit regulations protecting LGBT patients exacerbates their vulnerability. Many health policies are general in nature and do not explicitly prohibit discrimination based on sexual orientation. The absence of these regulations means that health services depend on internal hospital policies or the views of medical personnel, which are influenced by social and religious norms. In practice, Indonesian health law does guarantee equality, but the weakness of oversight instruments makes this principle difficult to implement (Sipahutar et al., 2023). This situation highlights a regulatory gap that must be addressed immediately through the formulation of more progressive and clear legal regulations. Without explicit regulations, discrimination will continue because there are no sanctions to enforce them.

A comparison of the legal frameworks between Indonesia and the United States in the context of health services, particularly for LGBT groups, reveals striking differences. In Indonesia, there are no explicit regulations that specifically protect LGBT patients from discrimination in the health sector. The only protection available is general in nature, through Health Law No. 36 of 2009, which regulates the right of every citizen to health services without discrimination. However, this norm does not specifically mention sexual orientation or gender identity. In contrast, in the United States, there are federal regulations such as the Affordable Care Act (ACA) that explicitly prohibit discrimination in health services, including on the basis of sexual orientation and gender identity, as stipulated in Section 1557 of the ACA. This difference reflects different legal approaches, with Indonesia emphasizing general principles without addressing LGBT issues, while the United States explicitly includes LGBT issues in the framework of health law protection.

From a legal perspective, Indonesia has Law No. 36 of 2009 on Health as its main legal framework. This law regulates the rights and obligations of patients, medical personnel, and the role of the state in ensuring public health. However, the law does not address specific issues related to vulnerable groups such as LGBT people. Meanwhile, in the United States, ACA Section 1302 provides a definition of essential health benefits that must be provided by healthcare providers. These provisions include inpatient services, emergency services, medications, and reproductive health services. By including these minimum standards, the ACA automatically provides more comprehensive protection for all levels of society, including the LGBT community. In terms of legal regulations regarding LGBT, Indonesia does not have specific rules that regulate or protect the rights of LGBT people in the field of health. The position of LGBT people in national law tends to be in a gray area, as there is no official recognition or explicit protection. This makes LGBT people potentially face discrimination in accessing health services, especially on issues of reproductive and mental health. In contrast, the United States, through Section 1557 of the ACA, provides a clear legal basis. This provision emphasizes that the prohibition of discrimination in health services applies not only to race, age, or disability, but also includes gender identity and sexual orientation. Thus, LGBT groups in the United States have a strong legal basis to demand protection and equality in health services.

These differences in legal frameworks have real implications for access to healthcare. In Indonesia, although the Health Law guarantees non-discriminatory services, in reality LGBT people often face cultural, social, and even administrative barriers. The lack of legal recognition makes it difficult to advocate when discrimination occurs in hospitals or healthcare centers. On the other hand, in the United States, the existence of the ACA allows LGBT patients to report cases of discrimination and demand equal treatment. This clear legal protection makes healthcare providers more cautious in providing services, thereby reducing the potential for discrimination.

From a human rights perspective, Indonesia's approach is still normative and general, not specifically addressing LGBT issues. This is understandable given the strong social, cultural, and religious norms that still influence lawmaking in Indonesia. In contrast, the United States places LGBT issues within the framework of equal rights, in line with developments in Supreme Court rulings that interpret gender-based discrimination to include sexual orientation and gender identity. With this foundation, health regulations in the United States not only regulate service standards but also guarantee the inclusivity of vulnerable groups. In practice, the absence of LGBT regulations in Indonesia means that many LGBT groups depend on the internal policies of health facilities or civil society initiatives. For example, there are community clinics that provide LGBT-friendly services, but their status does not have a strong legal basis. This is certainly different from the United States, where every hospital or insurance provider that receives federal funds is required to comply with ACA provisions. If they do not, they can be subject to legal sanctions. As a result, access to healthcare for LGBT people in the United States is more structurally guaranteed. In Indonesia, healthcare issues are exacerbated by strong social stigma against LGBT people. Many medical personnel have personal biases that affect the quality of service. Although the Health Law promotes the principle of non-discrimination, its implementation is still far from ideal. In contrast, in the United States, Section 1557 of the ACA provides a formal complaint mechanism through the Office for Civil Rights (OCR) of the Department of Health and Human Services (HHS), so that any patient who experiences discrimination can report it. This mechanism increases the effectiveness of legal protection.

This regulatory gap also has implications for the mental health of LGBT people. In Indonesia, discrimination and the lack of legal protection worsen access to counseling or psychiatric services. This can increase the risk of depression, anxiety, and even suicide among the LGBT community. In the United States, although there are still social challenges, the ACA legal framework provides legitimacy that mental health services must be provided equally. Counseling services, hormone therapy, and gender transition care are covered by nondiscrimination laws.
In terms of public policy, Indonesia still views LGBT issues more as a moral debate than a health need. This makes it difficult to include LGBT issues in national health planning. In contrast, the United States integrates LGBT issues into national health policy through the ACA, reinforced by court rulings and

derivative regulations. This difference in approach confirms that the legal position of LGBT people in the health sector is highly dependent on the political, social, and cultural dynamics of each country.

A comparison between Indonesia and the United States in the context of healthcare services for LGBT patients shows fundamental differences in the applicable legal frameworks. To date, Indonesia does not have explicit regulations prohibiting discrimination based on sexual orientation or gender identity in the healthcare sector. This leaves LGBT patients vulnerable to discriminatory treatment without clear legal protection. Meanwhile, the United States has the Affordable Care Act (ACA), which explicitly prohibits discrimination in healthcare services. This regulation provides a strong legal basis for LGBT patients to obtain fair and equal medical services. The existence of legal protection in the United States allows LGBT patients to file lawsuits if they experience discrimination. This creates a healthcare system that is more responsive to sexual minorities. Thus, the legal aspect is one of the main factors that differentiate the level of discrimination in both countries.

The aspect of health rights protection also shows a large gap between Indonesia and the United States. In Indonesia, LGBT patients often face denial of services, especially if related to HIV/AIDS, due to the stigma attached to it. This makes it difficult for them to obtain health services, which should be a basic right of every citizen. On the other hand, the United States provides clear legal protection, so that LGBT patients can formally demand their rights. This protection is not merely a rule, but is also implemented through strict monitoring mechanisms. As a result, discrimination experienced by LGBT patients in the United States can be minimized, although not completely eliminated. This condition shows that without explicit rights protection, equality in health services is difficult to achieve. Thus, the existence of legal instruments is very important in creating an inclusive health system.

The attitudes of medical personnel in both countries also show a sharp contrast. In Indonesia, many medical personnel still bring moral biases and religious values into their professional practice. These biases often manifest themselves in the form of outright rejection or covert discrimination, such as slow service or the use of language that demeans patients. This situation exacerbates the reluctance of LGBT patients to access health services. Meanwhile, in the United States, many medical personnel have received special training on inclusive services for the LGBT community. This training helps medical personnel to suppress personal biases and prioritize professionalism. Although stigma still exists in some conservative areas, the strict professional education and regulatory systems make discrimination more controllable. Therefore, medical education reform is key to creating inclusive health services in Indonesia. From a social perspective, discrimination in healthcare services against LGBT individuals exacerbates the stigma and marginalization they experience. LGBT patients often delay or even avoid healthcare services for fear of rejection or unfair treatment. Studies show that this discrimination leads to an increased risk of spreading infectious diseases, especially HIV/AIDS, as patients are reluctant to undergo routine checkups (Manik et al., 2021). This shows that discrimination not only harms LGBT individuals, but also poses a broader threat to public health. Thus, discrimination becomes a structural barrier to achieving national health development goals. If social stigma is not addressed immediately, health disparities will widen.

Most religious views still position LGBT people as deviants, thereby reinforcing discriminatory practices in health services (Fauziah et al., 2020). The discussion also revealed that discrimination against LGBT people has a serious impact on mental health. Denial of health services causes patients to experience psychological stress, anxiety, and even depression. This condition worsens the situation for patients, especially those living with HIV/AIDS. Studies confirm that poor mental health hinders patient compliance with treatment (Verdianto et al., 2023). If discrimination continues, its impact will not only be on the quality of life of individuals, but also on the effectiveness of public health policies. Therefore, discriminatory treatment must be seen as a double threat: to individual health and to public health as a whole. In the context of international law, Indonesia has an obligation to guarantee the right to health without discrimination. As a party to various international human rights instruments, Indonesia is required to align its national policies with global standards. For example, the Yogyakarta Principles explicitly state that sexual orientation should not be a basis for discrimination in public services, including health services (Devina et al., 2024). However, the implementation of this principle in

Indonesia is still limited, mainly due to social and political resistance. This condition shows the need for harmonization efforts that are not only legal, but also cultural and political. Without cross-sectoral integration, international standards will only become rhetoric without realization.

Discrimination is also linked to the weakness of the medical profession's oversight system. Many health workers still bring their personal moral values into their professional practice, thereby disregarding the principle of medical neutrality. Studies show that discriminatory attitudes among medical personnel are often rooted in education and curricula that do not yet include issues of inclusivity. (Riyanto et al., 2023). This situation highlights the importance of reforming the health education system so that medical personnel have a more inclusive understanding of patient diversity. Without educational reform, discrimination will continue to be passed on to the next generation of medical personnel. This is a structural factor that needs to be addressed immediately to prevent repeated discrimination. Empowering the LGBT community is also an important strategy in overcoming discrimination. By strengthening their advocacy capacity, the LGBT community can demand their rights and encourage the creation of more inclusive policies. Research shows that well-organized communities can be effective agents of social change in fighting discrimination. (Canu & Tahali, 2023). The LGBT community can work together with civil society organizations, health institutions, and policymakers to promote social transformation. These efforts not only raise public awareness, but also strengthen the legitimacy of advocacy at the legal level. Thus, community empowerment is an integral part of the harmonization strategy.

Furthermore, discrimination against LGBT people also has a significant economic impact. When this group does not receive equal health services, their productivity declines due to deteriorating health conditions. This has an impact on the quality of human resources and hinders national development. Studies show that discrimination against vulnerable groups in public services can cause significant economic losses for the country (Ali & Sahlepi, 2021). Therefore, inclusivity in health services is not only a moral imperative, but also a long-term economic investment. Thus, eliminating discrimination is a rational and sustainable development strategy. Finally, this discussion emphasizes that discrimination against LGBT patients in healthcare services must be viewed as a multidimensional issue that requires an integrative approach. Harmonizing legal, social, and religious aspects is not merely a normative ideal, but a practical necessity for creating an inclusive healthcare system. This study highlights that although national laws guarantee equality, social realities still pose obstacles to implementation. By promoting cross-sector dialogue, regulatory reform, inclusive medical education, and community empowerment, discrimination can be minimized. These efforts are not only to protect the rights of LGBT groups, but also to strengthen the national healthcare system to be more just and equitable (Rahmat, 2022).

In terms of access to HIV/AIDS services, discrimination in Indonesia remains very high. LGBT patients are often considered synonymous with HIV, so they are treated differently or even denied access to testing services. This situation not only violates their right to health, but also exacerbates the HIV/AIDS epidemic in Indonesia. Patients who feel discriminated against are reluctant to get regular checkups, thereby increasing the risk of transmission. In contrast, the United States provides various inclusive programs for LGBT HIV/AIDS patients. These programs include LGBT-friendly clinics, counseling services, and comprehensive psychosocial support. The existence of these services helps patients to be more open in seeking medical care. Thus, this comparison shows that the high level of stigma in Indonesia is a major obstacle to the success of HIV/AIDS health programs.

The mental health of LGBT patients also shows a striking difference between Indonesia and the United States. In Indonesia, the lack of LGBT-friendly mental health services often leaves patients feeling isolated and without adequate psychological support. Social stigma exacerbates their mental condition, which ultimately has a negative impact on their physical health. Meanwhile, in the United States, LGBT-based community mental health services are more widely available. The counseling and psychological support provided are designed to be non-discriminatory, so that patients feel safe and valued. This situation shows that mental health support is very important in creating comprehensive

health services. Without attention to mental health, the Indonesian health system will continue to fail to provide equal services for LGBT people. Therefore, investment in inclusive mental health services needs to be prioritized.

Community involvement is another aspect that distinguishes the two countries. In Indonesia, the LGBT community is active in advocacy and providing assistance, but their role is often hampered by social and political resistance. Advocacy activities are also sometimes limited by moral pressure from conservative groups. This slows down the community's struggle to obtain health rights. In contrast, in the United States, the LGBT community has more space to play an active role in policy advocacy. They even contribute significantly to the development of inclusive public health regulations. The strong role of the community makes policy changes happen more quickly. Thus, the empowerment of the LGBT community is an important factor in accelerating the creation of equitable health services.

Overall, the level of discrimination in health services for LGBT patients is much higher in Indonesia than in the United States. In Indonesia, discrimination is reinforced by dominant religious values, weak legal protection, and the biased attitudes of medical personnel. This shows that legal, social, and religious harmony is still far from ideal. Meanwhile, in the United States, although discrimination still occurs in some conservative areas, the legal and social systems are better able to protect the rights of LGBT patients. This difference shows that legal reform, medical education, and social change are key to reducing discrimination in Indonesia. By learning from good practices in the United States, Indonesia can develop strategies that are appropriate to the local context. Cross-sectoral harmonization efforts are essential to creating truly inclusive and equitable health services.

CONCLUSION

The Indonesian government needs to immediately formulate more explicit and decisive policies to protect LGBT patients from discrimination in health services. The absence of clear regulations means that the rights of LGBT patients are often ignored, even though the constitution and health laws affirm equal service without discrimination. The government can adopt international standards, such as the Yogyakarta Principles, as guidelines in formulating LGBT-friendly and inclusive policies. In addition, there needs to be a mechanism for monitoring and imposing strict sanctions on health institutions or medical personnel who are proven to have committed discrimination. The government must also involve relevant ministries, human rights institutions, and civil society organizations in formulating policies that are responsive to sexual orientation diversity. This policy reform will be an important first step in realizing an inclusive health system that is in line with human rights principles. In this way, the government will demonstrate not only a normative commitment, but also an implementative one, to realizing social justice in the health sector.

As the frontline of health services, medical personnel have a moral and professional responsibility to ensure non-discriminatory services. Continuing education on inclusivity, gender sensitivity, and LGBT-friendly services is needed so that medical personnel can provide professional services. Medical and health education curricula need to be revised to include material on sexual orientation diversity, mental health, and non-discriminatory service ethics. With this training, medical personnel will no longer bring moral or religious biases into their professional practice. Medical professionalism should be based on a universal principle: saving lives and maintaining health regardless of patient identity. Medical personnel also need to understand that discrimination has the potential to worsen a patient's condition, delay treatment, and increase the burden on public health. Thus, a more inclusive role for medical personnel will be key to reducing discrimination against LGBT patients in health services.

The general public also has a significant role to play in eliminating discrimination against LGBT patients in the health sector. The social stigma attached to LGBT groups must be countered through education, public campaigns, and more open dialogue about universal health rights. Public education can be carried out through the mass media, schools, and community organizations by emphasizing that health services are a fundamental right of every citizen. The public also needs to be made aware that discrimination against LGBT patients not only violates human values, but also harms public health as a whole. Inclusive social solidarity will create a safer environment for LGBT patients to access medical

services without fear. With the decline of social stigma, the public can become strategic partners of the government and medical personnel in promoting equitable health services. Therefore, active community participation is an important factor in closing the gap between legal ideals and discriminatory social realities.

In conclusion, discrimination against LGBT patients in health services is a multidimensional issue involving legal, social, and religious aspects. This study shows that although the law guarantees the right to equality, its implementation is still far from ideal because it is influenced by social stigma and exclusive religious interpretations. Harmonization between law, society, and religion is needed so that discrimination can be minimized comprehensively. The government must take an active role in formulating firm non-discriminatory policies, while medical personnel are obliged to uphold the principle of inclusive professionalism. On the other hand, society needs to transform itself into an agent of social change by eliminating stigma and supporting equal health services. With collective cross-sectoral efforts, Indonesia's health system can develop to be more equitable, inclusive, and in line with human rights principles. This multidisciplinary harmonization is the key to realizing truly equitable universal health services.

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