The future of transgender healthcare

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GIRES
The Future of Transgender Healthcare for Adults in England

LGBT Health Summit

gender identity
research &
education society

September 2012
How many gender variant people in the UK have sought medical help?
(data from government sources & surveys)

Growth - 11% per annum

Referrals to Clinics 2010-2012 grew by 25% p.a.
Prevalence and growth

• Up to 40 others who experience a degree of gender variance
• Possibly 8 of them will transition in the future
• Assume that 1% of the population (EHRC) experiences gender variance; 0.2% may transition
• Heading towards parity between trans men and women
National v local funding

• Despite growth in numbers seeking treatment, “NO NEW MONEY” for specialised services

• Post-code lottery will continue for local services?
NHS (England) restructuring 2013

• National commissioning
  – Gender reassignment surgery services
  – Psychological Support and Intervention (8 GICs and possibly other designated providers)

• Clinical reference group (gender reassignment is 1 of 60)
  – DH officials 2
  – Clinicians 17
  – Patients 4
  – Associate members
Key Documents

• East Midlands commissioning document – least worst of 4, cover period up to 2013

• 2 Service Specifications (National Commissioning Board) for
  – Psychological services
  – Gender Identity Services – Gender Reassignment surgery

• English Protocol (GPs guidance written by Charing Cross, Sunderland, Leeds and Nottingham)

• RCPsychs standards of care
Tools for improvement

- Equality and Human Rights legislation
  - Equality law: gender reassignment is protected characteristic;
  - eliminate discrimination, harassment, victimisation;
  - protection by association – important when considering social change; allows service users to make their own decisions
Tools for improvement

• Human Rights 1998:
  – Article 8 privacy/family life (and Art.14, enjoy without discrimination)

• UK RCPsychs SoC:
  • protocols that breach Equality and Human Rights Acts, would risk judicial review …. “unlawful in their application”
    – Opinion by RCPsychs barrister on the UK SoC, 2009
Tools for improvement

• Question in House of Lords: National commissioning could limit choice further

• Advice given to “ensure that healthcare professionals do not exclude people on the grounds of gender identity and gender reassignment:
  – from being offered choice, or
  – to exercise choice”

(Earl Howe, June 2011).
World Professional Association for Transgender Health (2011)

Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People

Distancing from the binary gender experience and, therefore, of service users’ needs...

WPATH advises:

“matching treatment approach to specific needs of patients”

NHS trans service users have to meet the specific requirements of doctors
Depathologising

• Non stereotypical identities are common and culturally-diverse human phenomena…
  “not inherently pathological or negative”
• “transsexual, transgender and gender nonconforming individuals are not inherently disordered”
• Facilitate “informed choices” and “informed consent model”
“Diagnosis”

- The distress of gender dysphoria, when present (largely external), is the concern that might be diagnosable.

UK psychiatrist’s view: “it would seem to me that it is by definition a mental illness since it is a diagnosis currently appearing in the ICD 10 in the mental illness section”
Recommends new text and reposition out of mental illness section in ICD 11 (WHO)

transsexualism

gender incongruence
gender dysphoria
Eligibility criteria for treatment

Hormone therapy for both trans men and trans women;

– Persistent well-documented gender dysphoria
– Fully informed decision
– Health concerns must be reasonably well-controlled

UK view

• A clear change of gender role should precede hormone treatment. Hormone treatment is contingent upon social transition (including legal name change…..)
RLE requirement – ethical vulnerability

• The employment of the scientifically unfounded RLE can be a needless, cruel and harmful obstacle for patients who are eager to use hormones….

• [it] may be a disrespectful abrogation of…patient autonomy
  (Levine S, IJT, 2009)
Tools for improvement

Royal College of Psychiatrists (UK SoC): stakeholders’ perspective

- Equality and human rights law, and impact on treatment: patient autonomy, choice, “no decision about me, without me”; no refusal to treat on religious or cultural grounds

- Adopt WPATH non-pathologising description and ‘diagnosis’ (remove ICD10 mental illness reference)
Tools for improvement

- WPATH eligibility criteria (Scotland)– no change of gender role necessary for hormones/trans men’s chest reconstruction;

- Less GIC focus (psychiatric model) ➔ more local clinical network provision, GP or GPs w SI ➔ cheaper
Thomas Beatie

Celebrate diversity