TRANS* HEALTHCARE DIFFERENTLY

an alternative vision on trans healthcare in the Nederlands*

SUMMARY

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Introduction

Since 2019, Dutch trans healthcare has had the Quality Standard Transgender healthcare (for physical healthcare) and the Quality Standard Psychological Transgender Healthcare. This is an important step forward. Unfortunately, the standards violate fundamental rights of transgender healthcare recipients because they adhere to the old-fashioned "gatekeeper model." This means that healthcare recipients need a psychiatric diagnosis before they can access somatic healthcare. This is unheard of in the Netherlands.

This alternative vision on trans healthcare in the Netherlands is based on medical healthcare for those who need it, when they need it, and as they need it. That is a human rights principle. This report serves as inspiration for trans healthcare recipients and healthcare providers.

Right to health

Historically, pathologizing transgender healthcare has been deliberately chosen to lower resistance. Since then, the insights surrounding good trans healthcare have changed radically. Nevertheless, trans healthcare continues to follow this pathologizing path. This leads to the strange situation that current healthcare measures represent a double standard: one measure for general healthcare and another measure for trans healthcare. The medical model for trans healthcare is based on the psychiatric disorder termed 'gender dysphoria' (DSM-5) or the sexual disorder termed 'gender incongruity' (ICD-11). On the other hand, the human rights approach is based on the right of all people to exist. To obtain this right sometimes healthcare is needed.

Human rights

From the Yogyakarta Principles, the category of human rights that relates to sexual orientation, gender identity, expression and sex characteristics, it immediately follows that only informed consent is a legitimate method. A

model for trans healthcare from a human rights perspective can and must offer tailor-made healthcare.

Right to health

International human rights treaties describe health as a positive right. That is, health is classified as more than the absence of disease. (Legal) cases have confirmed that this human right also applies to transgender healthcare recipients.

Terminology

The Medical Treatment Agreement Act (WGBO) stipulates that a healthcare recipient must be able to give informed consent for the treatment and the healthcare that they receive. Usually, healthcare providers assume that healthcare recipients are able to give informed consent, unless proven otherwise.
The exception is trans healthcare recipients: they must first undergo a psychiatric evaluation that assesses whether they are 'competent' in this respect. After the psychiatric diagnosis of 'gender dysphoria' has been made, trans healthcare recipients are given access to somatic trans healthcare. That represents a violation of human rights.
Partly due to the enormous waiting lists in trans healthcare, people want to have trans healthcare recipients treated by their GP via triage groups. Principle 17 thinks this is an excellent development, as long as the psychologist is absent from the role of gatekeeper.

Informed consent

The WGBO regulates how informed consent works in Dutch healthcare. Here too, trans healthcare works differently, because that is where the responsibility lies with the healthcare provider. The best solution is however, strong informed consent, in which the responsibility lies as much as possible with the healthcare recipient.

Comments on Quality Standard Transgender Healthcare

There are fundamental problems in the principles used and the conditions for access to trans healthcare, as described in the Quality Standard Transgender Healthcare (for somatic healthcare) and the Quality Standard for Transgender Mental Healthcare. As a result, these standards violate the human rights of trans healthcare recipients. This summary is limited to following main objections.

Non-medical healthcare

Gender-based healthcare is more than just transition healthcare. It is also a legal change, social transition and/or medical treatment. A good standard for trans healthcare describes support in all aspects of gender-related healthcare.
Many trans people benefit from psychosocial support. An appropriate compensation for costs of psychosocial support is necessary.
Often trans people can benefit from psychological counseling, because there are deeper and / or more complex problems at play. In addition, the extremely long waiting times for gender-related healthcare often have major consequences for the psychological well-being of healthcare recipients.
Some trans people need psychiatric support.
Healthcare providers should consider the potential impact of gender inconsistency on psychiatric imbalance. There is a major shortage of transcultural competence among the aforementioned healthcare providers. Substantial investments must be made in continuing education and training.

Medical healthcare

Medication should by definition be tailor-made, but within trans healthcare the cheapest means is provided as standard. Principle 17 insists on prescribing medication that is tailored to the person.
Gender-related surgery comes in many forms and should be able to take place with and without hormone treatment. Honest information about what is and is not possible is necessary.
Postoperative healthcare should be a standard part of trans healthcare and not depend on individual healthcare providers. Here, too, transcultural and intercultural competence are of great importance.

Post-transition healthcare

Trans people must continue to be able to go to socialise and to the specialised healthcare providers for life. After all, one remains transgender. Usually, a general practitioner can do the annual hormone checks. Sometimes referral to an endocrinologist is needed. Healthcare providers must learn the necessary trans-cultural competences.
The social misunderstanding, discrimination, exclusion and violence that many transgender people face on a daily basis must be tackled. Transgender citizens also have the right to a safe life.
Transgender people who belong to multiple marginalised groups experience additional problems. This can only be adequately addressed by an approach based on 'crossroads thinking'.
Principle 17 would like to see the Netherlands stop registering the sex of citizens. This information no longer serves a purpose and is therefore contrary to the privacy of citizens.

Featured topics

Smoking and substance use

Principle 17 endorses the medical reasons behind the advice to stop, but at the same time sees that sticking to this advice at all costs is counterproductive. Smoking and/or substance use is often a survival strategy to cope with a stressful life.

Healthy body weight

Underweight or overweight is a serious matter. However, the criterion of BMI use is dubious. A more effective way is to look at fitness, muscularity and other physical aspects that indicate the state of a person's capacity for surgery.

Trans and HIV

An HIV-positive status does not have to be an objection for transition healthcare. The social conditions in which the healthcare recipient in question lives could possibly pose a problem. Principle 17 wants to

emphasise that it is also possible in these situations that healthcare recipients suffer severely from their body dysphoria.

Fees

When it comes to reimbursing medication, a lot of problems persist. The reimbursement of testosterone and estrogen are reasonably regulated. Bigger problems exist with drugs that are used off label, such as finasteride.
In addition, there are many essential procedures that are not or hardly reimbursed, such as laser hair removal and liposuction of the hips. These treatments have a major impact on a person's social acceptance.

COVID-19

Trans people are relatively often in a marginalised position, which is why the corona pandemic had – and still has – a very large impact on the trans community. Many trans people tend to be more isolated than average person and have fewer opportunities to meet like-minded people.

marginalised groups

Principle 17 held two roundtable meetings in 2019 with people from the trans community who also have other marginalised traits. Experiences were shared of non-binary trans people, trans people with disabilities or chronic illnesses, trans people of color, trans refugees and trans people with residency status.
The meetings made it painfully clear that anyone who does not meet the white, binary, able-bodied, neurotypical and Dutch standard has a high risk of difficulty in accessing trans healthcare. It was also striking that many were unnecessarily delayed during transition healthcare,

because healthcare providers wanted to be 'careful' and therefore considered 'extra certainties and checks' necessary.

Children and young people

Inconsistent standard

Current medical standards do not deal consistently with children's human rights. For example, Article Three of the UN Convention on the Rights of the Child (CRC) puts ensuring the best interests of the child first. Nevertheless, the ICD-11 includes a diagnosis of 'gender incongruity in children'. This pathologises healthy children who do not receive medical treatment, with a psychiatric diagnosis.

Screening

How can one determine to what extent a child is or is not transgender? The screening of gender-creative children is now carried out by child psychologists and psychiatrists, based on cisgender-normative principles.

Watchful waiting

The common approach with gender-creative children is watchful waiting, which involves waiting to see how the child develops. In addition, healthcare providers advise against a social transition, while adults should support children in their development – and therefore also in their gender development. Children can know their gender at a very young age.

Gay or trans?

A well-known argument against trans healthcare in children is that it is not clear whether it will be a transgender or homosexual development. By pathologizing gender-creative children, sexual and gender diversity are re-medicalised. This is a worrying development.
Childhood is characterised by 'mobility', 'variation' of behavior. What matters is that it is it is not seen as a bad thing when a child grows into another expression or reverses their direction.

Puberty inhibitors

Medical intervention in trans youth can only begin at the beginning of puberty, when the secondary sexual characteristics develop. Gender-creative children who indicate long before puberty that their body and their gender identity do not match, may be able to start crossgender hormone treatment earlier (in advance). This method is in accordance with the SOC-8, which has completely abandoned the fixed age limit.

Neurodiversity

In recent years, there has been a lot of attention for neurodiversity among gender-creative youth. However, it is worrying that this is being done from a "concerned" framework. Principle 17 always considers it important to take into account the emotional, cognitive and neurological capacities of trans healthcare recipients. At the same time, their needs should be taken into account just as naturally.

Criticism

Loud criticism of enabling social transition in children also comes from 'gender-critical' quarters, also known as Trans-Exclusionary Radical Feminists (TERFs). Their main goal is to deprive trans people in general and gender-creative youth in particular of gender-related healthcare.

Comments on Quality Standard Mental Transgender Healthcare

There are also some caveats to the Quality Standard for Transgender Mental Healthcare, the standard for mental health healthcare for trans people.

Comment

For Principle 17, the hottest issue is the prevalence of psychological assessment as standard gatekeeping for trans healthcare. Transgender healthcare recipients are the only healthcare recipients in the Netherlands who first have to prove that they are competent in this area before they can

- with a psychiatric diagnosis - gain access to necessary physical healthcare. Another fundamental problem of the examination psychologist is the uncontrolled power relationship between healthcare recipient and healthcare provider. Principle 17 advocates non-pathologizing healthcare.

By speaking of 'signalling' of 'gender dysphoria' in a special standard for a certain target group, the impression is created that the writers have thought from a cis-normative framework. Gender healthcare is normal healthcare.

Of course, healthcare providers must have trans cultural competence and (in general) knowledge of what is going on in the trans field. In practice, however, this cultural competence is often lacking.

Alternatives: how should it be then?

Principle 17 identifies a need for a different approach to somatic and mental trans healthcare standards.

Political construction

A different organization of (trans) healthcare also requires other money flows, because these are inextricably interconnected in the Netherlands. The minister is engaged in three-pronged consultations between healthcare providers, insurers and representation of healthcare recipients. However, there is a fundamental power imbalance between these parties.

Principle criticism

Principle 17 is convinced that the problem can only really be solved with a radically different approach to trans healthcare. We urge (or insist on) the cessation of using the inspection psychologist as a gatekeeper and use the resulting budget for actual healthcare.
In the end, we have to go to a situation where the following applies: "simple where possible, specialist where necessary". This requires a substantial investment in knowledge building in the (para)medical and social world.
All this can only be done with intensive involvement of the trans community.

Waiting times

The waiting times for medical assistance in gender transition are extreme. Years of attempts to solve these within the system have led to nothing. In short, a completely different set-up of trans healthcare is needed.

General practitioner

In principle, hormone healthcare for trans people is not complex. Yet GPs often do not feel comfortable providing this trans healthcare. An NHG standard can give GPs more confidence.
A general practitioner can also play another important role: seeing how things are going mentally and emotionally, checking how work, study, income, housing and the like are doing.
Normalization of being transgender and a more positive attitude of the Knowledge and Healthcare Center gender dysphoria in Amsterdam are welcome. The standard procedure of collegial contact should also be common in trans healthcare.

Hormone treatment

The somatic standard of healthcare sets conditions for gender-affirming hormone treatment. This again indicates distrust of the healthcare recipient: he must first 'prove' that he or she is trans enough to be trans. The requirement that "side problems" must be under control is problematic. Body dysphoria can be so strong that it in itself leads to severe stress that (seemingly) manifests itself as psychiatric problems. From 'damage reduction' one can see to what extent hormones provide relief.

Specific proposals

Principle 17 proposes the following changes:
- Work from human rights, medical or physiological conditions. Take the needs of the trans healthcare recipient as a starting point.
- Stop diagnostics, do an extensive intake.
- Stop the watchful waiting approach with gender-creative children.

- Crossgender hormones may be used by transgender youth from the moment competence is established to judge on matters that affect their own gender identity.
- Initiating the hormone treatment can be done in a few months. This is not an obstacle to continuing with a possible social transition.
- Granting and reimbursement of facial hair removal are indicated, as long as necessary or desired, also with heavy overall body hair.
- Gynecological surgery for young people should be available from the moment there is a desire and it is physically possible.

Protocols and guidelines

We must continue to realise that protocols are guidelines that give an indication of action. Treating people is always tailor-made.

Funding

In order to provide good (trans) healthcare, the Netherlands will have to invest in education and research. Trans experts and advocates will need to be involved at all stages.
In addition, healthcare financing must be arranged differently. Principle 17 believes that healthcare should not be a 'product', but a service.

In closing

By presenting a vision from the trans community, Principle 17 wants to make an important sound. Too often, our lives are decided on us, but not with us.

The full report can be found at: www.principle17.org.

In this summary of the alternative vision on trans healthcare in the Netherlands, Principle 17 briefly explains what is wrong with the current Quality Standard Transgender Healthcare and Quality Standard Psychological Transgender Healthcare. The collective also offers alternatives for how trans healthcare can be arranged better, based on human rights and tailored to the individual.

www.principle17.org
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