RIGHTS &THE DUTCH MODEL

Some observations from a recent survey

J. Vreer Verkerke, Principle 17

PRINCIPLE 17

- Yogyakarta Principles
- The right to the highest attainable standard of trans* health
- Tailored health care services
- Dutch research and advocacy collective
- Trans* led
- Support of national trans* organisation

THE RIGHT TO HEALTH

- Human rights: Respect, Protect & Fulfill. Pathologizing trans* people detrimental to well-being -> Right to health implicated, violated
- World Medical Association: The WMA emphasizes that everyone has the right to determine one's own gender and recognizes the diversity of possibilities in this respect. The WMA calls for physicians to uphold each individual's right to self-identification with regards to gender.
- Argentina 2012, Malta 2015: Complete depathologisation of trans* identity. Health care support because of needs, not GD/GI based Dx. Malta also prohibits IGM
- Commissioner Council of Europe: "The quality of transgender-related treatment often does not even come close to the 'highest attainable standard of health'"

THE DUTCH MODEL

- Oligopoly position for two clinics
- Psychologist checking the measure or gender dysphoria; for everyone regardless their stage of transition. One size fits all?
- Puts treating “co-morbidity” over helping relieve the GD, endangering the health care user’s life
- Pre-Diagnostic hormone use does not shorten RLE period, nor does non-NL diagnosis. Never ever. Social role change required 3 months into social transition
- After one year RLE surgery possible

POSTIVE EXPERIENCES

- Being able to get transition supporting health care at all
- Psychological support, when available. Outside of the clinics
- Social, humane behaving and capable surgeons (mostly outside gender clinic); empathic GP “Great you found out for yourself!”
- Satisfaction with one non-GC surgeon very high

EYE CATCHING ISSUES

In survey population of 176 respondents:

- Providers not familiar w/ gender diversity (W=88)
- Lack of respectful treatment (PPP) (86)
- More real acceptance (83)
- More reimbursed interventions (81)
- Better treatment (77)
- Decentralization of health care (74)

EYE CATCHING ISSUES

From free form answers by respondents:

- Many complaints about very long waiting lists
- Users experience lack of autonomy, of tailored health care
- Exclusion as undocumented person. Trans* care not considered essential
- Extremely governed by protocol
- Several times gross medical errors are mentioned

> “Waiting list, after which I have to undergo the entire diagnostic phase again, because they can apparently not bring themselves to retrieve and read my almost completed dossier from last time....”

-Respondent

“The 'you can't know this waiting is better for you' needs to go. If I'm sure this is what I want, why should I have to prove it to some cis person who doesn't know shit?”

-Respondent

“

Ideally? No need to convince cis people you are trans, to receive health care. LOL!

- Respondent

RECOMMENDATIONS

- Health care requester's wishes must be central, autonomy and tailored health care
- Psychological support for who needs, no GD/GI diagnostic process for who already "knows". Informed consent based all the way
- Wider availability of transition supporting health care
- Demedicalisation: medical support *when* we need it, *how* we need it, *if* we need it. Trans* is gender diversity, society needs repairing, trans* people less
- Support, don't punish non-binary identifying clients