

## Trans People's Access to Gender Reassignment Services Health Sector Round Table Discussion

### *Introduction*

This paper has been prepared by the Human Rights Commission, as background information about the discussions we are facilitating between trans people, health professionals and the Ministry of Health on access to gender reassignment services. It outlines the objectives of the 27 February 2008 health sector round table discussion, and its specific focus on treatment pathways and standards of care.

### *Background*

On 18 January 2008, the Human Rights Commission published the report of its Inquiry into discrimination experienced by transgender people, *To Be Who I Am: Kia noho au ki tōku anō ao* ([www.hrc.co.nz/transgenderinquiry](http://www.hrc.co.nz/transgenderinquiry)).

One of the three key areas identified in the Inquiry's Terms of Reference was:

- the accessibility of public health services to transgender people (incorporating the minimum core obligations of both the primary and secondary health services, including, but not limited to, gender reassignment services)

The report's Executive Summary sets out the following conclusions about trans people's access to health services:

The Inquiry found significant gaps and inconsistencies in the provision of health services. The services that are available are ad hoc and provided by a few dedicated health professionals. Most trans people cannot access the gender reassignment services necessary for them to live in their gender identity and appropriate sex.

The vast majority of services are not available within the public health system, resulting in many trans people bearing the cost of private assessments and medical treatments, either in New Zealand or overseas. The cost of gender reassignment services is a significant barrier to many trans people.

Trans people and health professionals are consistent in how to address these problems. The first priority is to build on the Inquiry by having the Human Rights Commission facilitate discussions between trans people, health professionals and the Ministry of Health to map out clear treatment pathways and standards of care.

Page 101 of the Inquiry report lists four recommendations and suggested actions to improve the health of trans people:

Action	Who	With
<b>Improve the health of trans people</b>		
Providing clear information about gender reassignment services available within each district health board	Ministry of Health	District health boards, trans people
Publishing a case study on treatment pathways for trans people	Ministry of Health	Trans people, health professionals
<b>Developing treatment pathways and agreed standards of care</b>	<b>Ministry of Health</b>	<b>Trans people, health professionals, Human Rights Commission</b>
Considering health insurance coverage for trans people	Insurance industry	Human Rights Commission, trans people

The focus of the 27 February health sector round table is on the highlighted recommendation listed above. Health professionals, trans people and the Ministry of Health have each indicated that the Human Rights Commission is well placed to facilitate such discussions.

As the Inquiry report notes, the Ministry of Health has stated its support for the development of an appropriate treatment pathway that addresses the whole continuum of care from primary care through to secondary services:

The Ministry would be keen to support sector leaders, in partnership with trans people, to develop an appropriate treatment pathway. This process may also help to explore what kinds of supports would be of greatest benefit to trans people in the public health system.

Further information about the Inquiry's health findings can be found in Chapter 5 of the Inquiry report, and Chapter 9 which sets out the Inquiry's findings and recommendations. That material is an important foundation for the round table discussions and includes the four components of the United Nations framework for assessing whether the right to health is promoted and protected. Specifically this framework requires that health services are available, accessible, acceptable and of good quality.

#### *Objectives*

The objectives of the day are focused on a small number of concrete tasks around the Inquiry's recommendation that treatment pathways and standards of care /best practice guidelines are developed for gender reassignment services. The three objectives are:

Bringing trans people, health professionals and Ministry of Health officials together to identify:

- the work required to develop treatment pathways and standards of care /best practice guidelines
- the options for how this work could be done and
- the next steps for progressing this Inquiry recommendation

### *Gender Reassignment Services*

Trans people and health professionals raised significant concerns about the barriers faced by those attempting to access gender reassignment services. The Inquiry report used the term 'gender reassignment services' to describe the wide range of health services that can assist a trans person to transition medically. These include, for example, counselling, psychotherapy, hormone treatment, electrolysis, initial surgeries such as a mastectomy / chest reconstruction, hysterectomy or orchidectomy<sup>1</sup>, and a range of genital reconstruction surgeries<sup>2</sup>.

### *Treatment Pathways*

A treatment pathway is a specific plan outlining the various steps that a patient will take from their first contact with a health professional, and what is likely to happen at each stage. It includes any referrals until the completion of the person's treatment. The Inquiry used the concept of treatment pathways to describe the need for clear steps that trans people can follow to obtain the combination of available gender reassignment services that best met their health needs. The steps taken, and in what order, will depend on the health needs of an individual.

### *Standards of Care*

During the Inquiry, both trans people and health professionals stressed the need for standards that set out best practice guidelines for health professionals who support trans people to transition. Most submitters cited the Harry Benjamin Standards of Care (which have recently been renamed the World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders). They can be downloaded from <http://wpath.org/Documents2/socv6.pdf>

While these are titled standards of care, the document itself explicitly states they are clinical guidelines intended to provide flexible directions for the treatment of trans people. In many ways they reflect a consensus of best practice, developed initially by members of the Harry Benjamin International Gender Dysphoria Association. Trans people increasingly play a pivotal role in the now renamed World Professional Association for Transgender Health (WPATH), including its ongoing work revising these standards.

The WPATH standards of care focus on five aspects of clinicians' work: diagnostic assessment, psychotherapy, real-life experience, hormone therapy, and surgical therapy. Submitters to the Inquiry identified the importance of standards or guidelines that reflect international best practice and are also modified to be relevant to this country.

The WPATH standards summarise the historical development of terminology describing the diagnostic process whereby a trans person is deemed eligible for medical interventions that will enable them to transition. That material includes information about the diagnosis of Gender Identity Disorder in both

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<sup>1</sup> Surgical removal of the testes

<sup>2</sup> Vaginoplasty for MtFs, metatoidoplasty or phalloplasty for FtMs



the DSM-IV and the ICD-10. It concludes “the designation of gender identity disorders as mental disorders is not a license for stigmatization, or for the deprivation of gender patients' civil rights”.

Submitters to the Inquiry raised significant concerns about gender identity being classified as a mental disorder. While amending this classification is outside the scope and powers of this health sector round table discussion, those concerns highlight the importance placed by trans people and health professionals alike on developing gender reassignment services that accord trans people dignity, equality and respect.

*Process for Round Table Discussion*

The agenda on the following page outlines the process for the 27 February round table meeting. The meeting will be chaired by Commissioner Joy Liddicoat and the facilitator is former Commissioner Warren Lindberg. Appendix 1 lists the names of all those attending.

The agenda has been developed to draw on the expertise of those present, in order to identify the necessary next steps for developing treatment pathways and standards of care for gender reassignment services. While it includes some short presentations, it focuses primarily on large and small group discussions, to enable as much dialogue between participants as possible.

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**Trans People's Access to Gender Reassignment Services  
Health Sector Round Table Discussion 27 February 2008**

St John's in the City Conference Centre  
Corner Willis and Dixon Streets, Wellington

**Agenda**

- Coffee and tea available from 8am onwards
- 9.00 Mihi / Introductions  
Housekeeping  
Ground rules / Meeting procedure
- 9.30 Objectives for the day (Warren Lindberg)
- 9.45 Inquiry overview and questions (Commissioner Joy Liddicoat)
- 10.10 *Morning tea*
- 10.30 Treatment pathways overview  
(Deborah Woodley, Ministry of Health)
- 10.50 Group brainstorm of key issues
- 11.15 Small group discussion to discuss process for developing  
treatment pathways
- 11.45 Report back from small groups and discussion
- 12.15 *Lunch*
- 1.00 Standards of care / best practice guidelines overview  
(Judi Strid, Office of the Health and Disability Commissioner)
- 1.15 Group brainstorm of key issues
- 1.45 Small group discussion of options
- 2.15 Report back from small groups and discussion
- 2.45 *Afternoon tea*
- 3.00 Next Steps
- 3.45 Reflecting on progress against the day's objectives
- 4.15 Decisions about material to be reported back
- 4.30 Closing

## Appendix 1: Health Sector Round Table Participants

The selection criteria for health professionals were that, between them, they:

- cover a range of medical disciplines
- have knowledge about the issues trans people face trying to access gender reassignment services
- have worked with a range of trans people (e.g: MtFs, FtMs, trans youth)
- come from a range of geographical regions

The selection criteria for trans individuals was people who:

- have been involved in the Inquiry
- have particular knowledge about the issues trans people face trying to access gender reassignment services
- reflect the diversity of trans communities accessing gender reassignment services including MtF, FtM, whakawāhine and fa'afafine
- come from a range of geographical regions and
- some of these participants also work in the health sector.

The following people participated in the round table discussion:

[ s 9(2)(a) ]

Apologies were received from additional health professionals who were unavailable on this specific day but are interested in this work. In addition, the following officials participated from the Ministry of Health, or the Office of the Health & Disability Commissioner

Judi Strid  
Director of Advocacy  
Office of the Health & Disability Commissioner

Alison Barber  
Sector Accountability & Funding Directorate  
Ministry of Health

Deborah Woodley (*morning only*)  
Sector Capability and Innovation Directorate  
Ministry of Health

The Human Rights Commission organised and funded the round table discussion, with participation from the following Commissioners and staff:

Commissioner Joy Liddicoat (Chair)  
Former Commissioner Warren Lindberg (Facilitator)  
Jack Byrne (Project Manager)