

Transgender Healthcare in Ireland - a Medical Education Perspective

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Statement & Goals

There is no doubt that Transgender Healthcare has been a prominent talking point within media, both Irish and international, recently. The topic has featured heavily within medical research circles as of late, and regrettably much of such has served to highlight obvious disparities surrounding the propensity of individuals within the transgender community to access healthcare. Many would assume that this would be limited to the pursuit of gender affirming care, however this has not been the case. There has been a concerning trend demonstrated by the above regarding not only these individuals' ability to access such services, but also their ability to navigate healthcare systems as a whole. This review aims to bring attention to and contextualise the issue with particular attention paid to the role of medical education in combating the obvious prejudices and barriers which still exist surrounding this topic in an Irish context, and hopefully to propose possible means in which we as a community can better combat such.

Relevance & Background

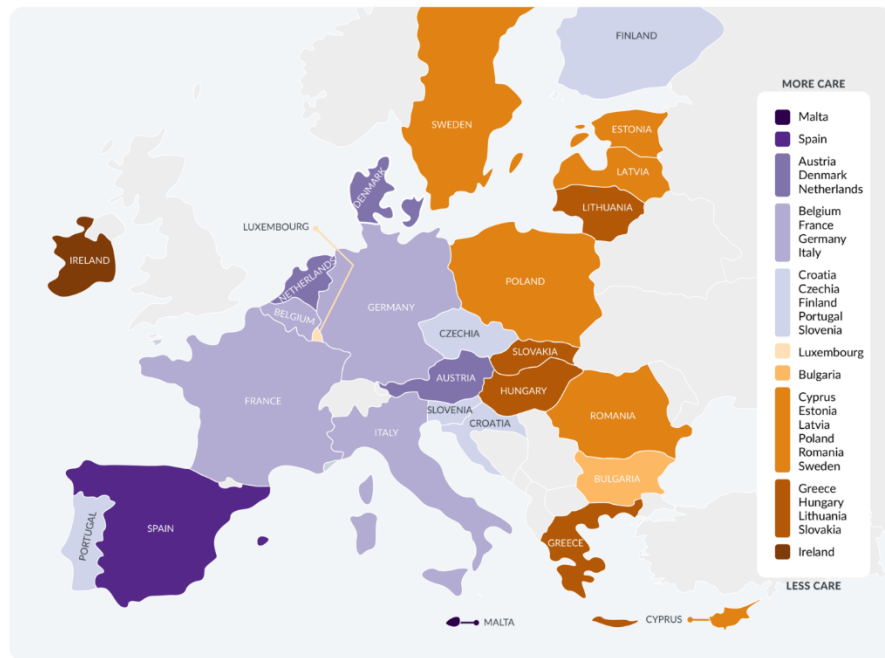
Globally, transgender healthcare has had an interesting history, with many considering Magnus Hirschfeld to be the father of this topic following the publishing of his adaptation theory in 1913 which greatly contrasted the zeitgeist of over-pathologisation of transgender identities at the time. Other such progress is notable within actions such as the formation of the World Professional Association for Transgender Health's (WPATH) standards of care and, perhaps more significantly, the addition of gender dysphoria to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (APA's DSM). In Ireland, recent landmarks in advocacy, such as the signing into law of the Gender Recognition Act in 2015 or the Lydia Foy trial, have ushered in a new wave of transgender activism in the country. With the advent of the awareness raised thereby we have seen an exponential increase in media coverage surrounding the topic. As such, it is important that research and education regarding such match the increased public interest in the issues and challenges encompassed within this ever-expanding umbrella (Khan, 2016). Despite the above, a large degree of stigma and disparity persists surrounding transgender individuals in all aspects of life, however including their interfaces with the medical community.

Availability and accessibility of trans-specific healthcare

TGEU Trans Health Map shows the overall status of trans-specific healthcare in each EU member state based on information collected on 6 factors:

- type of trans healthcare and coverage available in the country;
- requirement for a psychiatric diagnosis before hormonal treatment or surgery;
- waiting time for first appointment with a trans healthcare professional;
- groups excluded or made to wait longer to access trans-specific healthcare;
- youngest age for puberty blockers;
- youngest age for hormones.

The map was created using a survey of country experts and an in-depth analysis of publicly-available documentation. One to three expert responses were received for each country. Experts were primarily activists and a small number were, instead or additionally, medical professionals.



PDF: <https://tgeu.org/wp-content/uploads/2022/10/tgeu-trans-health-map-2022-en.pdf>

Source: <https://tgeu.org/trans-health-map-2022/>

Current Literature

Systemic Stigma in Medicine

There is no doubt that medical professionals have a duty of care to the transgender community. Not only do these individuals often require lifesaving gender affirming healthcare, but also notably have a higher risk of countless healthcare inequalities outside of such. An interdisciplinary survey conducted by Vasudevan et al. (2022), found the demographic to face numerous barriers to health equity including but not limited to higher rates of HIV infection, lower socioeconomic status due to discrimination in the workplace, increased suicidality, higher incidences of depression and anxiety and barriers to accessing medical care. The survey concluded that the recent recognition of such differentials, has led to a collective call from the medical community for increased education surrounding cultural competency and standards of medical care for transgender individuals. Research has consistently revealed that transgender individuals are persistently being denied equal treatment in healthcare settings. A study conducted by Jaffee et al., (2016) examined the relationship between perceived provider knowledge and delayed care using Anderson's behavioural model of healthcare services utilisation. This revealed that over half of transgender individuals questioned needed to educate their providers about gender dysphoria to receive appropriate healthcare.

Moreover, this, data showed that transgender patients who must engage in such are more likely to postpone seeking needed care. This delay in presentation can lead not only to increased healthcare costs and primary care presentations but also long-term negative health implications (including increased morbidity and mortality) down the line. Healthcare providers who lack education surrounding the topic are more likely to be uncertain about their ability to provide care to transgender patients, unwittingly fostering an aura of uncertainty and solidifying the aforementioned stigma and discrimination. Overall, the consensus from the medical community time and time again has been that data are sorely needed at multiple levels to bridge the gap in medical knowledge and combat the disparity towards care in this area.

Other disciplines

The themes discussed above are however not limited only to the physician community, with research conducted across a myriad of disciplines as of recent mirroring the call for increased data in this area.

In a 2017 review examining pharmacists' role in the provision of transgender healthcare, it was proposed that additional research around care of the transgender patient by pharmacy professionals would benefit standards of care. Pharmacists have an integral role in the care of patients in an inpatient and outpatient setting and can be considered invaluable in MDT discussions regarding the construction and review of appropriate treatment regimens for those requiring ongoing care, such as those experiencing gender dysphoria. Many pharmacists in primary care settings have roles in counselling, screening for HIV and overall creating an environment conducive to alleviating any concerns patients may have about their ongoing pharmacological care and liaising with medical services where necessary. (Radix, 2017)

State of Transgender Healthcare in Ireland 2023

Current coverage both in mainstream media and scientific literature regarding transgender healthcare in Ireland highlights some concerning trends. In a ranking of transgender healthcare conducted by Transgender Europe (TGEU, 2022), Ireland was found to rank lowest of all EU members in transgender healthcare. The organisation constructed a map schematic ranking the state of member countries' care based on 6 collective factors including coverage, barriers in place prior to treatment, waiting time, exclusion of certain groups and age for blockers/hormones. This finding was reported in mainstream media by social affairs correspondent Kitty Holland of the Irish Times who in 2022 wrote that "out of a potential 12 points, Ireland received just 1" and that "Though...important strides forward (have been made) there is much more to be done in EU member states" reiterating that EU member states must urgently reflect the guidance of current healthcare research.

Similarly, a 2016 analysis published in the Journal of Human Rights Practice, mirrored the above concerns. In its analysis of existing barriers encountered by Irish trans individuals in their accessing of healthcare, the author highlighted the tendency of the Irish Medical Community to view gender affirming care as an elective choice in contrast with recent best practice guidelines. The article, however, also alludes to the headway made in Ireland regarding the transgender rights movement, contrasting the direct and indirect barriers which still exist against advances such as the passing of the Gender Recognition Act in 2015. Nevertheless, the author concluded that stigma, systemic barriers, prohibitive cost, and general gaps in healthcare education were disproportionately present in

Ireland when compared to other countries. It was thus recommended that early education of students in healthcare environments would be paramount to combating the challenges outlined above. (FLAC, 2015)

Broader EU context

Ireland presently falls short when compared to the standard of care offered in its fellow EU member states. Malta has been a frontier of transgender healthcare in current years, with a 2018 consultation document launched aiming to provide specialised healthcare for those within the community. A report in the *Maltese Independent* by Helena Grech (2018) highlighted the various aims of the document as laid out by the country's then public healthcare consultant, Natasha Azzopardi Muscat. A commitment was made to ensure inclusivity to transgender individuals not only within gender affirming care, but also within a broader medical context. The consultant stressed the importance of recognising the barriers which may exist within all areas of healthcare and committing to combat such whilst simultaneously furthering gender affirming care and access thereto.

Spain has mirrored this trend by amplifying the fundamental importance of ensuring access to non-specialised and specialised healthcare amongst the community. Moreover, they have made strong progress with regard to the pathologisation of transgender identities and de-stigmatisation of transgender issues overall. This has seen a move towards deconstructing what the authors describe as a “discriminatory, authoritarian and paternalist” trend in behaviour which lingers surrounding the marginalised community and serves only to hinder therapeutic care overall. From a legislative and policy point of view the country has favoured a move towards an increasingly humanistic model of care to better allow providers to address the concerns of the community (and hence for regulatory bodies to guide providers, 73% of whom believed they had not received sufficient education in sexual health). This reflects a dramatic leap forward since the dawn of the initial “transvesti” period in the Spanish transgender community's move towards socio-economic equity (Mas Grau, J. 2021)

Recent Advances & Policy in University College Dublin

Despite the multitude of concerns raised by the broader Irish community, it appears as though third level institutions and healthcare in Ireland are in the process of adopting a proactive attitude towards rectifying current issues. UCD, in particular, has made significant headway in recent years, with multiple extra-curricular activities organised and policies implemented to ensure equality, diversity and inclusion amongst a host of diverse communities – including but not limited to transgender individuals.

An Endocrinology module in Medicine implemented a guest lecture from the chair of the National Gender Service, Karl Neff, for the first time in 2020 during which a discussion regarding the history and current state of transgender healthcare in Ireland and a global context took place. This served as a useful primer for medical students in their preclinical years on the topic, and provided a strong backing for medical students who will encounter transgender individuals in their time as doctors.

From a surgical perspective, UCD alumnus Sadhbh Gallagher was invited to discuss her clinic in the United States which specialises in gender affirming surgery. The event was well attended by medical students and provided a surgical perspective on transgender healthcare, thus preparing students for their future encounters with patients who may have undergone such treatment.

In a wider university context, strong progress towards transgender inclusion has been made in recent years. UCD LGBTQ+ society has made headway to raise awareness of issues surrounding the transgender community, and directed students who may require support or further information regarding access to gender affirming healthcare to supports such as TENI, and the university's own EDI services. The university has also sought to accommodate transgender students in other regards, such as the recent redesignation of many restroom facilities as gender neutral, and the fostering of discussion of the topic with a goal to destigmatise and further familiarise the community to its students. This in its essence will serve as a promising start towards reaching the EU criteria by better equipping Ireland's next generation of third level graduates to tackle such issues on all levels.

Discussion and Potential Growth Areas

The consensus in current literature indicates a collective call from the greater medical community for progression of understanding of this issue. There is an agreement amongst the medical community that early education as well as CPD is vital for increasing provider knowledge surrounding the topic to combat stigma and equipping professionals to better care for patients in the transgender community. Proposed actions to better serve healthcare staff in this regard could include further integration and discussion of transgender healthcare as a topic within the core medical syllabus. Moreover, we as a university community have a duty to foster an ethos of advocacy and understanding for these marginalised individuals. This may be achieved by further examination of policies in place to support the transgender community as well as engagement with alumni and staff to help raise awareness around this topic in a contemporary sense. If third level institutions, as well as the medical community, rally to achieve these sustainable goals, there is no doubt that Ireland can reach the standard of equity and decency mandated for such individuals as has been done in its fellow EU member states and solidify itself as a bastion of equality and compassion for individuals within this demographic.

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