



Petition 2011/107 of Thomas Hamilton and 435 others

Report of the Health Committee

Contents

Recommendation	2
Introduction	2
Submission from petitioner	2
Response to petitioner	3
Green Party of Aotearoa New Zealand and New Zealand Labour Party minority view	4
Appendix	6

Petition 2011/107 of Thomas Hamilton and 435 others

Recommendation

The Health Committee has considered Petition 2011/107 of Thomas Hamilton and 435 others and recommends that the House take note of its report.

Introduction

We have considered Petition 2011/107 of Thomas Hamilton and 435 others requesting

That the House urge the Government to take action to address the inadequate supply of publically funded gender reassignment health services, including counselling, endocrinology and surgical services in New Zealand.

Submission from petitioner

The petitioner is concerned that the New Zealand public health system does not completely and satisfactorily meet the health needs of gender diverse people, including transgender and intersex people.¹ The petitioner considers that several factors contribute towards this, including

- inadequate or limited treatment pathways
- varying levels of treatment available from district health boards (DHBs)
- lack of public funding
- discrimination against these individuals
- scarcity of specific medical expertise in New Zealand
- a lack of knowledge and education in the wider community about gender diversity issues.

In 2006, the Human Rights Commission began an Inquiry into Discrimination Experienced by Transgender People, producing the 2008 report “To Be Who I Am/Kia noho au ki toku ano ao”. This report described how a lack of public funding often means transgender people bear high private costs for assessment and treatment.

The petitioner maintains that, to fully meet their own health needs, some of these people seek risky and expensive treatment overseas or simply wait long periods of time to receive care. Others, experiencing stigma, may neglect their health needs entirely or develop mental health problems.

¹ The petitioner notes that, for this petition, the term trans includes all gender identities but acknowledges that this community has a diverse range of identities.

The petitioner submits that a holistic approach to transgender and intersex healthcare, including mental health provisions, individually tailored approaches, and information provided to the general public, is necessary. The petitioner also recommends an audit into existing healthcare services, including mental health and suicide services, to inform professionals and consumers about the services that are available.

Response to petitioner

Current situation and provisions

The Adolescent Health Research Group at the University of Auckland told us that, in its 2012 “Youth 12” study of 8,500 New Zealand students, 4 out of every 100 young people reported that they were either transgender or unsure of their gender. Recent research in the United Kingdom has also shown that people with diverse gender identities make up 20 out of every 100,000 people, with a 4:1 ratio of male-to-female over female-to-male.²

The Ministry of Health told us that, as of October 2015, 65 people were waiting for male-to-female surgery and 13 people were waiting for female-to-male surgery. One of the people waiting for female-to-male surgery was likely to have been referred to an overseas provider last year.

The ministry told us that diagnostic assessment services for gender dysphoria vary throughout the country but that most cases are diagnosed through specialist health services. The ministry told us that it has sent only people seeking female-to-male surgery overseas. This is because the low demand for this surgery means that no expertise has been developed in New Zealand. The ministry acknowledged that it is time to review the cap on publicly funded surgeries and how these can be managed in a timely manner, and it will work with DHBs to assess current provisions.

We also requested a stocktake of gender reassignment services, broken down by DHB, from the ministry. This stocktake indicated that 11 of the 20 DHBs provide gender reassignment services to some degree. We also received information about the approximate number of Māori and Pasifika transgender people receiving these services. We were told that these groups use endocrinology, mental health, and sexual health services in a range of DHBs. The ministry said that this information is only a snapshot and that it is likely that the transgender community is larger than the stocktake indicates.

Public funding from the ministry’s Special High Cost Treatment Pool is available for up to three male-to-female and one female-to-male procedure every two years. The ministry said that other services mentioned in the petition, such as counselling, endocrinology, and surgical services, are available in the public health system. However, we acknowledge that many pursuing treatment through the Special High Cost Treatment Pool may face long waiting times, their needs may remain unmet for years, and some may seek services overseas instead.

The Special High Cost Treatment Pool also provides funding for people needing to be treated for complications after surgery overseas. The ministry told us that, of the six people sent overseas for gender reassignment surgery since public funding began in 2002, only two

² Counties Manukau District Health Board (2011), *Gender Reassignment Health Services for Trans People within New Zealand*, Wellington: Ministry of Health, p 5.

have required follow-up care in New Zealand and have received good support from the overseas provider.

Future steps

The ministry told us that general health services for transgender people are being improved on a regional basis. One example is the work being done by the DHBs of the Northern Region,³ which are pursuing an integrated clinical pathway model. The aim is to develop regionally consistent, multidisciplinary gender health services with a range of healthcare provisions from many different healthcare professionals.

A proposal for this model was presented in December 2015, and an 18-month work plan was endorsed to close existing services gaps in the pathway. The Northern Region DHBs also intended to recruit a regional clinical leader and several project manager roles in April and June 2016.

We agree with the ministry and the Adolescent Health Research Group at the University of Auckland that a reassessment of public funding for gender reassignment surgery is needed. We support the work being done by the ministry and by the DHBs in the Northern Region, and agree with the ministry that other regions could use this example to strengthen their regional approach to transgender health services. Such an approach would curb a “health by postcode” phenomenon and also provide options to those who would otherwise look overseas. We suggest that the ministry look at the Northern Region’s model and consider rolling it out as a national service.

We heard from the petitioner that transgender people need information about the care available and clear pathways for treatment. We acknowledge the challenges present in such a broad issue and note that an audit of existing health services (surgical and non-surgical) would help identify gaps in service and information. We suggest that the results of this audit be disseminated to DHBs so they can each develop clear treatment pathways for transgender people.

Green Party of Aotearoa New Zealand and New Zealand Labour Party minority view

The Green Party agrees with much of the majority committee view but considers that the majority view does not adequately address the petitioner’s concerns.

As the majority view states, at October 2015 65 people were waiting for male-to-female surgery, while 13 people were waiting for female-to-male surgery, but since 2003 the ministry’s Special High Cost Treatment Pool has funded only up to three male-to-female procedures and one female-to-male procedure **every two years**. In the Green Party’s view this gulf between supply and need is an appalling failure of the New Zealand health services, highly suggestive of an attitude that is prejudiced and trivialising. It seems that as a result of this petition, the ministry now agrees that access to funding for gender reassignment surgery should be reviewed. In the Green Party’s view this falls well short of what is required.

³ The Northern Region DHBs are the Auckland DHB, the Counties Manukau DHB, the Waitemata DHB, and the Northland DHB.

The Green Party also notes that the petitioner, in his evidence, placed great emphasis on non-surgical services, such as counselling and endocrinology, and on the need for all health services to be provided in a high-quality way (specifically in a non-judgmental and acceptable way for trans and intersex New Zealanders). The evidence we heard was that this is not the case, with service availability and quality being highly variable across the country. This great variability was highlighted by the ministry evidence about which services were offered by each of the DHBs. Most alarming was the fact that nine DHBs said that they provided no services to trans people. It is hard to imagine any other area of health service where this high degree of service variability would be considered acceptable by the ministry or by the Government.

The ministry states that little consideration has been given to a national service, and states that it favours a regional approach, but offers no basis for this view, and does not appear to be doing anything to require such an approach to develop.

The Green Party's view is that the Government should develop a national surgical service for Gender Reassignment Surgery (as it typically would for any other specialist service with similarly low and dispersed need) and should establish minimum requirements for DHBs in connection with endocrinology and mental health services for trans and intersex New Zealanders, noting that these are likely to include primary, secondary and tertiary level services. The Government should also clarify for all DHBs that acceptability of the way all services are provided to trans and intersex New Zealanders is a minimum quality requirement and should provide training services if these are required to meet this standard.

Appendix

Committee procedure

Petition 2011/107 of Thomas Hamilton and 435 others was referred to us on 10 April 2014. We received written evidence from the petitioner, the Ministry of Health, Auckland District Health Board, and the University of Auckland's Adolescent Health Research Group. We heard oral evidence from the petitioner and the Ministry of Health.

Committee members

Simon O'Connor (Chairperson)
Jacqui Dean
Kevin Hague
Hon Annette King
Barbara Kuriger
Dr Shane Reti
Scott Simpson
Barbara Stewart
Poto Williams