



Guidelines to
Human Rights-based
Trans-specific Healthcare

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IMPRINT

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Date	September 2019
Copyleft	Transgender Europe

If you want to reference this work, please use the following citation:

TRANSGENDER EUROPE, GUIDELINES TO HUMAN RIGHTS-BASED TRANS-SPECIFIC HEALTHCARE, 2019

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TABLE OF CONTENTS

CHAPTER 1

Introduction	6
The traditional model	6

CHAPTER 2

Human Rights Principles in relation to Trans-Specific Healthcare	8
The principle of non-discrimination	8
The principles of bodily integrity, bodily autonomy and informed consent	10
The principle of freedom from torture and degrading and inhuman treatment	11
The principle of free self-determination of gender	13
The principles of quality, specialized and decentralized care	13
The principles of the right to decide on number and spacing of own children	15
The principle of the best interest of the child	15

CHAPTER 3

Recommendations	17
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INTRODUCTION

Guidelines to Human Rights-based Trans-specific Healthcare is the first guide which addresses how the specific services trans people access in the healthcare system relate to human rights principles. It aims to support the creation of healthcare legislation and protocols that are compliant with human rights.

Currently, the vast majority of countries follow practices that systematically violate human rights principles. The obstacles to access healthcare and the discrimination suffered in this area have dramatically impacted the lives of trans people for decades. Only two countries in Europe and Central Asia do not require a psychiatric diagnosis to access trans-specific healthcare¹. Issues like these have become one of the main concerns within the trans community.

This guide depicts what trans-specific healthcare should look like. Moreover, it identifies the connection of each principle with specific healthcare practices. It provides concrete examples of what trans people's rights look like and what should or shouldn't happen in trans-specific healthcare, as well as a set of recommendations.

¹ TGEU, Trans Rights Europe & Central Asia Index (2019) online at: https://tgeu.org/wp-content/uploads/2019/05/index_TGEU2019.pdf

The traditional model

The model followed in most European and Central Asian countries consists of:

Step 1: Evaluation and diagnosis

Step 2: Hormone therapy

Step 3: Surgeries

In this model, the role of professionals is to assess the trans individual and determine if they are 'really trans' based on certain criteria. These criteria are often related to the individual's (non)conformity to stereotypical gender roles; the feeling of discomfort and inadequacy towards their body; how long they have felt this way and the lack of (any other) psychological or psychiatric disorder.

In other words, trans people are obliged to undergo a detailed psychological assessment that includes interviews regarding their life story: e.g. in relation to the gender role they have performed (clothes, hobbies, gestures, toys, having male or female friends, etc.); how they have felt towards their bodies, who they have had, or are currently in, a relationship with, and even about their sexual behaviour. This phase includes personality tests, and evaluations of depression and anxiety.

Providers argue that this assessment is necessary to know whether the person is ‘really’ trans or whether they have any kind of mental health issue that is influencing them and making them think/believe that they are trans. Providers also claim that they want to make sure that the person is ready for hormonal treatment or surgeries. Providers have all the power to decide who is trans and when that person is ready to start treatment, if at all. If the subjective requirements are met, many professionals will issue a diagnosis (“Gender Dysphoria” in the DSM-V or “Transsexualism” in the ICD-10) and then allow access to hormones. This phase can often take months or even years. Providers are much more likely to deny access to non-binary, non-heterosexual, intersex and gender non-conforming people, anyone with a mental health condition, D/deaf and disabled people, black and people of colour, sex workers, migrants and children.

This model is rigid and the steps that people have to go through are based on a binary understanding of gender. It is assumed that all trans people will have the same needs and it has established timelines and interventions: e.g. having to be on hormone treatment for a set number of years before being able to apply for surgery, or being pushed to go for genital surgery after having undergone chest surgery, as if this was the mandatory next step.

This traditional model does not reflect the reality of trans people’s identities or needs. Every trans person is different and will carry out a particular transition process, which may or may not include physical changes. Then, if they decide to access healthcare, they will have different

experiences and needs regarding the type of interventions, the path to follow and the rhythm of treatment. The traditional model violates several human rights that will be explained in the following section.

The trans community has claimed that their identities are not an illness while still demanding access to trans-specific healthcare for those who need it and they have been working for depathologisation. This claim has received more and more support to the point that the World Health Organisation has removed trans identities from the mental health disorders chapter of the International Classification of Diseases and has added it to a new chapter called “Conditions related to sexual health”. This crucial step has officially de-psychopathologised trans identities and it lays the foundation for a deep change in perspective and models of care in trans-specific health services.

These issues have been addressed in recent years by different political and human rights institutions. In 2015 the Parliamentary Assembly of the Council of Europe called on states to “explore alternative trans health-care models, based on informed consent” and to “amend classifications of diseases used at national level and advocate the modification of international classifications, making sure that transgender people, including children, are not labelled as mentally ill, while ensuring stigma-free access to necessary medical treatment”².

2 PACE Resolution 2048 (2015) online at: <http://assembly.coe.int/nw/xml/XRef/Xref-DocDetails-EN.asp?FileID=21736&lang=EN>

HUMAN RIGHTS PRINCIPLES IN RELATION TO TRANS- SPECIFIC HEALTHCARE

As established by the Yogyakarta Principles (2007), “Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity. Sexual and reproductive health is a fundamental aspect of this right.”³

The Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine (1997) includes very relevant concepts which address the primacy of the human being over the interest of society and science, consent, equitable access to health care and professional standards.⁴

The Charter of Fundamental Rights of the European Union (2000) includes, among others, the right to the

integrity of the person, of free and informed consent, and the right of access to healthcare.⁵

It is these principles together with other international human rights sources which provide support for the development of human rights-based trans-specific healthcare legislation, protocols and practices.

The principle of non-discrimination

Principle 17 of the Yogyakarta Principles establishes that States shall “Ensure that all sexual and reproductive health, education, prevention, care and treatment programmes and services respect the diversity of sexual

3 Yogyakarta Principles (2007) online at: http://yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_en.pdf

4 The Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine (1997) online at: <https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168007cf98>

5 The Charter of Fundamental Rights of the European Union (2000) online at: https://www.europarl.europa.eu/charter/pdf/text_en.pdf

orientations and gender identities, and are equally available to all without discrimination” as well as “Facilitate access by those seeking body modifications related to gender reassignment to competent, non-discriminatory treatment, care and support.”

However, healthcare settings are hostile and unsafe for trans people, as trans people often face discrimination and prejudice within these settings. These issues add to the already existing power imbalance present in the patient-provider relationship, which places trans people in a very vulnerable and dependent position. Furthermore, providers particularly discriminate against and mistreat specific groups within the trans community, such as black and people of colour, D/deaf and disabled individuals, migrants and asylum seekers, sex workers, children and older people, individuals that belong to a low social class, and/or non-binary, non-heterosexual, intersex and gender non-conforming people. These identities/realities and the discrimination that trans people experience cannot be separated as they overlap, intersect and create unique experiences.

Trans people have the right to:

- The highest attainable standard of health;
- Respectful, equal and fair treatment by providers and staff;
 - ◆ To seek and receive information in an accessible format (including for D/deaf and disabled people, migrant individuals who may not be fluent in the language of the country, children or older persons, etc.); and

- ◆ Care that is physically and financially accessible for all;

- The free expression of their gender and any other personal identity or trait.

What shouldn't happen:

- Providers having a paternalistic attitude towards trans people, especially directed at sex workers, D/deaf and disabled people, underage or older people, migrants, people with diagnoses (e.g. HIV or mental health), non-binary individuals or other marginalised groups;
- Denial of care based on prejudice towards trans people in general and more significantly towards any of these groups (*e.g. by denying disabled people or people with a mental health diagnosis their right to self-determination and/or their capacity to make an informed decision, by overdiagnosing black and people of colour and referring them to psychiatric treatments or facilities, by perceiving non-binary, non-heterosexual, intersex or gender non-conforming people as not being really trans or as not being fit for certain treatments due to their identity, sexual orientation, sex characteristics or gender expression, and by not seeing children as reliable and taking away their right to self-determination and autonomy, etc.*);
- Trans people not being able to reach information or receive care due to inaccessibility (e.g. information not being disseminated about the available services or in a format that is not understandable for people who don't speak the language fluently, for some disabled and D/deaf people, children or older people, as well as people

living in poverty not being able to enter trans-specific healthcare, etc.);

- Disrespect towards the gender identity and any other trait or identity of the person (e.g. misgendering, making assumptions, stereotyping, verbal or physical abuse, etc.);
- Trans people, especially those belonging to any of the more marginalised communities, being vulnerable and dependent on the provider as a result of discrimination and therefore pressured to conform to the expectations and decisions of the professional (e.g. accepting long periods of waiting time before being able to access treatment or undergoing interventions that are established by the professional but that do not meet the needs of the person).

To ensure that these situations do not take place, the healthcare system must apply anti-discriminatory measures and have monitoring and complaint mechanisms set-up.

The principles of bodily integrity, bodily autonomy and informed consent

The Yogyakarta Principles establish that States shall “ensure that all persons are informed and empowered to make their own decisions regarding medical treatment and care, on the basis of genuinely informed consent, without discrimination on the basis of sexual orientation or gender identity”. Trans people should be active

participants in the healthcare processes that concern them. They must have full autonomy and responsibility over their own bodies, and therefore they must be able to decide on the treatments and interventions that affect them. In order to do so, they must be informed about all available options and their medical requirements and consequences.

Trans people have the right to:

- State their physical, medical or psychological needs;
- Receive information regarding all treatment options to be able to make an informed decision.

This includes:

- ◆ All treatment possibilities: Hormonal treatments (also including low-dose treatments, estrogen provision without testosterone blocking, hormone blockers and hormone replacement for children during puberty and adolescence, possibility of temporary duration of the hormone treatment, different application methods for each hormone...), surgeries, reproductive options (preservation of genetic material), and other treatments (e.g. voice therapy, hair removal laser...). As well as different options for the dosage, duration, order and pace of treatments.
- ◆ Consequences and effects of each one, clearly stating which of those count with scientific proof and which of them lack evidence or consensus.

- Make an informed decision;
- Have their decision respected;
- Access the respective treatments or procedures;
- Receive treatment that has an individual approach and considers the specific needs of the person regarding which medical interventions are needed (if any): dosage, duration, order and pace in which treatments take place;
- Refuse treatment;
- Retract from any treatment at any time if this doesn't compromise the person's health. If it does, there should be enough medical and scientific proof of the risks;
- Establish a different need during the process or change a previously stated need;
- Have mechanisms in place to hold providers accountable for not respecting the person's decisions or needs;
- Ask for a second opinion at any time.

What shouldn't happen:

- Receive information that is biased, partial or incorrect (binary options, one-size-fits-all treatments, stereotypical ideas around gender and bodies, fixed options, myths on the effects or consequences of treatments that have no scientific support, assumptions on the person's needs etc.);
- Be forced or pushed to undergo any kind of treatment (e.g. forced sterilisation, professional strongly suggesting the need for a certain surgery, manipulation or threatening a person to undergo surgery, punishment in terms of longer waiting periods or interruption/denial of treatment for not following the path established by the professional etc.).

- Receive treatments that are fixed, set in a particular order or decided by the healthcare professional and not by the person themselves (e.g. "standard" dosage, having to receive hormonal treatment before accessing surgeries, having to wait a certain period of time before being able to access surgeries etc.);
- Receive any kind of "conversion therapy".

This means that access to trans-specific healthcare must be based solely on the informed consent of the trans person. A trans person's human rights are being directly violated when providers attempt, in any way, to hold (decision-making) power about a person's needs or treatments – that are not medically or physically justified. There should be systems in place to prosecute any professionals who attempt to use their power in these ways.



The principle of freedom from torture and degrading and inhuman treatment

Trans people should always be respected in healthcare settings. That includes an acknowledgement of their experiences and needs and the complete absence of any kind of mistreatment, discrimination or violence.

Principle 18 of the Yogyakarta Principles (Protection from Medical Abuse), establishes that "No person may be forced to undergo any form of medical or psychological

treatment, procedure, testing, or be confined to a medical facility, based on sexual orientation or gender identity.”.

Trans people have the right to:

- Have their gender, name and experience acknowledged and respected;
- Respect and protection of their privacy at all levels;
- Refuse any treatment at any time;
- Be free from any kind of violence, ill-treatment, ridicule or abuse;
- Be free from experimentation and therefore have access to qualified and experienced professionals.

What shouldn't happen:

- Judgement, questioning, invalidation or disrespect of the experience, gender, name or needs of the trans person (e.g. using the wrong gender or name, interpreting or assuming certain experiences or needs, invalidating them, taking up a paternalistic role, abusing power etc.);
- Healthcare professionals and/or other healthcare staff members outing the person as trans or sharing their personal information when there is no medical reason for it (e.g. disclosing that the person is trans to other healthcare professionals when it's not necessary, calling someone by a name different than the person's chosen name in waiting rooms or when talking to another staff member, unjustified inclusion of personal information in a report or medical history etc.);
- Denial or withholding of healthcare;
- Imposition of discriminatory requirements to have access to a treatment (e.g. real-life experience, being

forced to socially transition or being forced to accept a stereotypical role etc.);

- Obligation to undergo a treatment or surgery;
- Physical or psychological abuse (e.g. medically unjustified physical exploration, unjustified questioning of the person's private life etc.).
- Receive care or treatment from a professional that is inexperienced or lacks knowledge, not to put the person's health and wellbeing at risk (e.g. undergo surgery with a non-specialised surgeon without having the reassurance of the quality and safety of the procedure).

This means that trans people should feel comfortable and be treated with respect in healthcare settings. Trans people's experiences regarding their bodies, gender identities, gender expression or their sexuality are not topics for healthcare professionals to question or decide upon. These experiences should not be brought up unless the person wants to. Given the vulnerability of the trans population and the abuse of power exercised by some healthcare professionals, abuse might be disguised as something else or presented as a “necessary” exploration or even as part of treatment (in both cases this could be physical or psychological). Therefore, there must be detailed protocols about the processes that take place before, during and/or after treatments.



The principle of free self-determination of gender

The Yogyakarta Principles establish that States shall “Guarantee and protect the rights of everyone, including all children, to bodily and mental integrity, autonomy and self-determination”. Trans people have the right to freely define their gender. No one else should be allowed to determine one’s gender. It cannot be measured, assessed or diagnosed. Every person is entitled to their own identity.

Trans people have the right to:

- Determine their own gender (i.e. if they are a woman, non-binary, a man, genderqueer, or any other gender) and to do so in their own terms.

What shouldn’t happen:

- Healthcare professionals assessing, labeling or diagnosing a person’s gender;
- This diagnosis or assessment being a requirement to access interventions (i.e. professionals acting as gatekeepers);
- The requirement of being a certain gender to access specific medical interventions (i.e. a person of any gender may have different needs in relation to interventions they want to access);
- Questioning or invalidation of the person’s gender;
- Misgendering of the person, verbally or in any other way that labels or places the person in a space that does

not correspond to their gender (e.g. using the wrong pronouns or name, placing the person in a segregated facility of a gender other than their own etc.).

Often professionals require an assessment of the person’s gender to allow access to treatments. This may include an interview of the person’s life history, psychological tests or questionnaires about masculinity-femininity, among others. A link between a person’s gender role, sexual orientation and gender identity is assumed, together with a certain experience of the body. However, this link does not exist and is only based in prejudice. Therefore, gender should not be a topic to discuss unless the person wants to, and it must only be stated by themselves. The relevance of revealing this personal information should be established by the trans individual, as it is not medically necessary.



The principles of quality, specialised and decentralised care

The Yogyakarta Principles establish that States shall “Adopt the policies, and programmes of education and training, necessary to enable persons working in the healthcare sector to deliver the highest attainable standard of healthcare to all persons, with full respect for each person’s sexual orientation and gender identity.” Trans people should have access to the highest standards of care. When there are limited resources, failing systems

and a lack of trained and available professionals discrimination will occur in the healthcare system.

Trans people have the right to:

- Available, accessible and human rights based trans-specific services;
- Be informed about those services;
- The adequate number of specialised providers in order to receive quality care;
- Receive care from providers and personnel that are properly trained on the trans specificities of the service they offer and are knowledgeable about gender and sexual diversity;
- Ask for a second opinion at any given time of their own personal process;
- Have accessible complaint mechanisms;
- Transparent and efficient processes (e.g. protocols, waiting lists.);
- Access to their medical history;
- Have inclusive physical or digital infrastructure in healthcare settings (e.g. software that allows to change the person's gender in the system or that referrals always include people of all genders, i.e. transfeminine individuals must be able to be referred to an urologist through the system etc.).
- Access trans-specific healthcare programs that are being regularly monitored and evaluated, as well as adjusted and updated as necessary;
- Receive information and care that is holistic and satisfies all trans people's health needs, including promotion of health and wellbeing, social care and peer support groups;

- Accessible care regardless of their origin, documentation or migration status;
- Confidential treatment;
- Receive care from specialists in proximity; endocrinologist, psychologist, urologist, gynecologist, etc.; as well as primary care that may provide information, manage hormone treatments, or monitor the process.
- Choose the specialist or provider they want to receive care from.

When accessing trans-specific healthcare, trans people often find that there is only one specific team or clinic that provides the care they need. These services are usually located in capital cities, which makes them inaccessible to many. The resources are scarce, and the waiting times may be months and even years' long. Nearly all these rights are included in patient's rights legislation. However, they are often not being respected when it comes to trans people.

In order for these situations to improve, it is necessary to have more investments and resources, in particular mandatory training included in medical curricula. There is an urgent need for an organised strategy to decentralise trans-specific healthcare while ensuring its quality. Only then, will trans people be able to access health services, freely choose their provider, and receive true quality care.



The principles of the right to decide on number and spacing of own children

The Yogyakarta Principles establish that States shall “Adopt the policies, and programmes of education and training, necessary to enable persons working in the healthcare sector to deliver the highest attainable standard of healthcare to all persons, with full respect for each person’s sexual orientation and gender identity.”

Trans people should have access to the highest standards of care. When there are limited resources, failing systems and a lack of trained and available professionals discrimination will occur in the healthcare system.

Trans people have the right to:

- Be informed about their reproductive abilities and the ways in which those may be affected by or interact with different medical interventions (e.g. hormone blockers treatment, hormone treatment, surgery etc.);
- Access affordable options to store reproductive material at any time during their transition process, if it is still possible, not only before starting hormone treatment;
- Make use of any available reproductive technique when needed and at any time during their transition process, if it is still possible;
- Be included in the systems which provide access to reproductive healthcare, also after changing their legal gender (e.g. a transmasculine person with a male gender

marker should be allowed by the system, including software, to access assisted reproduction techniques to become pregnant).

Often providers do not properly inform trans people about their reproductive abilities. For a variety of reasons, clinicians might reject the idea of trans people wanting to use their reproductive capacity and hinder that possibility or deny access to such processes. Reasons include, not being acknowledged as a person who might make use of such services, being seen as a person who might want to detransition, or not being seen as being ‘really’ trans.



The principle of the best interest of the child

Система здравоохранения должна всегда проявлять The healthcare system should always respect and provide care for all trans people, including underage individuals. The Convention on the Rights of the Child (1990) includes the best interest of the child, the right to be heard, and the principle of non-discrimination.⁶

Trans underage people have the right to:

- Have their identity, gender, name and needs listened to and respected by providers and staff in all contexts

⁶ Convention on the Rights of the Child (1990) online at: <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

without any type of questioning, judgement or invalidation;

- Be heard in all matters that concern them according to their maturity and development;
- Receive parental/legal guardians' consent for accessing trans-specific healthcare;
- Not be excluded from these services by providers or by their parents or legal guardians. In the case of parental refusal to access needed treatments, the underage person's case must be presented to a judge or corresponding official;
- Be free from discrimination. They must be allowed to access hormone blockers and hormone treatments in equal conditions as other people of their same age;
- Be respected and supported in all their diversity, which includes being free from gender stereotypes (i.e. regarding gender expression and roles) and adjusting treatments to their needs (i.e. every child may need to start, stop or change treatments at different times. Providers should respect those decisions unless there is medical proof of health risks);
- Receive a fair treatment that is based on current medical research evidence and guidelines.

Often providers prevent children from accessing trans-specific healthcare out of prejudice while claiming to do it as a protective measure. Prejudice and lack of information regarding trans children include thinking that they can't know who they are or what they need. All children -trans and cis- from the age of 2-3 years old may become aware of their gender identity and start verbalising it.

All the other principles included in this chapter should also be applied to underage trans people.



RECOMMENDATIONS



In order to ensure that these principles are respected, States must create laws and specific healthcare protocols.

Legislation should:

- Guarantee access to trans-specific healthcare for all trans people regardless of migration status, sex work status, health status (e.g. HIV positive or other medical or psychological diagnoses), age, disabilities, gender identity (e.g. non-binary or other), sexual orientation, sex characteristics, family status, social class, race and/or ethnicity;
- Ensure access to trans-specific healthcare while depathologising trans identities;
- Clearly state all medical, psychological and social care and specific interventions that is to be offered by the healthcare system. It should include a wide range of personalised treatments based on the needs of the person; different hormone treatment options, all reproduction-related services, all types of surgeries, prosthetics, and psychological, social and peer support;
- Explicitly include the provision of healthcare under the conditions established by these principles and thus set the standard for the respective protocols;
- Establish the strategy guidelines to follow which ensure decentralised, specialised and quality care;
- Ensure the mandatory training of providers during their university education and throughout their professional career;
- Prohibit conversion therapies;
- Establish penalties for those who commit bad practices that go against the law;
- Promote the creation of a monitoring body that includes medical, psychological and social experts as well as local trans organisations' representatives and experts;
- Set a timeline for the implementation of the different actions and measures included in the law;
- Include a budget line for true implementation and quality care.

Laws and protocols should be accessible to the population and disseminated for people to be able to know and exercise their rights.

Gender identity laws in pioneer countries such as Argentina, Malta, Denmark, and certain autonomous communities in Spain (e.g. Comunidad Valenciana, Madrid or Andalucía) may be used as good practice examples.

Since legal gender recognition procedures often discriminate against trans people's human rights (e.g.

requiring sterilisation, hormone treatment, a psychiatric diagnosis or excluding underage, migrant or non-binary people), the ways that other gender identity laws might interfere or conflict with these principles should be kept in consideration.

Trans-specific healthcare protocols should:

- Include a section that states the vision that trans-healthcare will be provided from a human rights perspective.

These concepts should be included:

- ◆ All trans people are welcome: as well as the parents or guardians of underage trans people and significant others.
- ◆ Self-determination: the trans person is the only one to define their gender.
- ◆ Diversity: Trans people, their identities, bodies and needs are understood from a diversity perspective. There are as many ways to be trans as there are trans people. Needs and rhythms regarding the transition process will be different for each person.
- ◆ Informed consent: The decision-making process needs to be clear; the professional offers the objective and necessary information about the different possibilities during the process so that

the trans person can make free and informed decisions.

- ◆ Training and knowledge: professionals should understand gender and sexual diversity and have the proper medical training for the services they deliver.
- ◆ Respect: Trans people will always be treated with respect regarding their name, pronouns, gender identity and expression.
- ◆ Holistic approach: the offered services will cover all needs of trans people; medical, psychological and social. They will also include health promotion activities.

As an example, in New York City, the “Callen-Lorde Community Health Center provides trans-affirmative health care by emphasising partnership, education, and self-determination. We view treatment as a cooperative effort between patient and provider. We strive to establish relationships with patients in which they are the primary decision makers about their care, and we serve as their partners in promoting health. This partnership supports the patient’s ongoing understanding of the risks and benefits of hormone therapy. By providing thorough education around hormones and general health, we also aim to enhance a patient’s ability to make informed decisions about all aspects of their health. We believe patients who are well informed have a right to make their own decisions”⁷.

7 Callen-Lorde TGNC Hormone Therapy Protocols online at: <https://callen-lorde.org/transhealth/callen-lorde-tgnc-hormone-therapy-protocols/>

- Establish the goals. They may include:
 - ◆ Provide quality care to trans people in their needs and decisions.
 - ◆ Support the trans person's environment (family, other professionals, educational system, place of employment, etc.).
 - ◆ Coordinate with other services (social, educational, etc.).
 - ◆ Raise awareness and train other health professionals and staff.
 - ◆ Promote the decentralization of these services.

- Include a description of the pathway to follow. In the case of a trans-specific clinic it may consist of a first appointment with any type of provider to communicate the demand and then be referred to the specialised professional. In a decentralised framework, the primary care provider should directly refer the person to the specialist. E.g. a trans person goes to their family doctor because they want to start hormone treatment. The doctor refers them to the endocrinologist. The latter informs the trans person about options, who then makes a decision based on the information received.
- Provide a strategy to develop and support the decentralisation of care in the case of the existence of trans-specific clinics or teams. These may serve as reference centres for the promotion of trans-specific healthcare knowledge and training. E.g. the specialised clinic will dedicate a certain number of hours to train other professionals.

- Establish very concrete guidelines on how to respectfully treat trans people, especially in the first appointment. It should also include how providers should inform trans people about the services that are available.
 - Consider the importance of employing trans people in the service as well as using a community-based approach (e.g. non-medical care, peer support, engagement with the person's community, etc.).
 - Describe the medical protocol that includes all services that will be offered, and how and when they will be applied. Special attention should be paid to the inclusion of reproductive-related services, which are often not considered, particularly when informing trans people. The protocol should include all possibilities regarding hormone treatments and surgeries, and not only the two standard options (e.g. different hormone treatment dosages and application methods, the two main types of genital surgery for transmasculine people, voice and communication therapy), as well as the risks and effects for each one, the way to assess the treatments and the follow-up. It should include specific guidelines for underage trans people.
 - Include the psychological support protocol, that should consist of individual and group care.
 - Describe the social work protocol, which may also be based on individual or group intervention.

Examples of good practice can be found at CliniQ (London)⁸ and Trans led health clinic Amsterdam⁹. Both are community-led human rights-based services. Trànsit (Barcelona)¹⁰ and clinics in the United States such as Fenway Health (Boston)¹¹, Howard Brown Health Center (Chicago)¹² and the Center of Excellence for Transgender Health at the University of California (San Francisco)¹³, also follow practices that are compliant with human rights.



8 <https://cliniq.org.uk/>

9 <https://www.facebook.com/TransUnitedEurope/>

10 [https://catsalut.gencat.cat/ca/serveis-sanitaris/altres-serveis/model-datencio-a-la-salut-de-les-persones-trans/index.html#googtrans\(ca|en\)](https://catsalut.gencat.cat/ca/serveis-sanitaris/altres-serveis/model-datencio-a-la-salut-de-les-persones-trans/index.html#googtrans(ca|en))

11 <https://fenwayhealth.org/>

12 <https://howardbrown.org/>

13 <https://prevention.ucsf.edu/transhealth>



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