


Developing a
Transgender Patient
Care Policy: Trans 101

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First

“Holding the value of dignity means we show respect for persons, not for anything they do or any rank they hold, but because they reflect the face of God.”

Dignity Health Statement of Common Values


“Spiritual Care Professionals respect the cultural, ethnic, gender, racial, sexual-orientation, and religious diversity of...those served and strive to eliminate discrimination.”

Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Educators and Students



Background Assumptions

- Sex has three meanings
 - Genetic (XY, XX, XXY, etc.)
 - Phenotypic (what you look like physically as an expression of genes)
 - Social (how you are raised, how you present)
- Gender can be shorthand for three things:
 - Gender identity (who you are to yourself)
 - Gender expression (clothes and other decoration)
 - Gender role (what society tells you your gender does)
- **There is no 1:1 relationship between sex and gender**



Background Assumptions

- Sexual dimorphism is part of the mental landscape in our culture.
 - First question when baby is born
 - treatment of intersex babies
- As species go, we are not too dimorphic; variations within the sexes are greater than the variations between them.
- We now understand sexual attraction as a spectrum
- We are starting to understand gender the same way—as a spectrum, or at least as non-binary.



4

Background Assumptions

- There is a lot we don't know about sexual and gender development
 - How genotype is translated into phenotype
 - What hormone surges (in utero and at puberty) do; what can go wrong
 - How people "feel" like women or men apart from social conditioning
- We sometimes use the word "gender" when we want to soften the sound of the word "sex."



5

Distinctions

- Heterosexual
- Homosexual
- Bisexual
- Cross Dresser (Transvestite)
- Transgender
- Transsexual
- (genderqueer)



6

Distinctions

- *Heterosexual, homosexual, and bisexual* describe sexual attraction, grounded in biology but affected by culture.
 - Medically speaking, these are not disorders.
 - Attraction can be fluid and changing; most people think attraction is established before a person makes a conscious choice
 - DSM-III (1974)
- *Cross Dresser* describes people who wear clothes of the other gender. Motives and signals differ.

Transgender/Transsexual

- Transgender is an umbrella term for people who do not identify with the gender they were assigned at birth.
- Some transgender persons live or wish to live as members of the gender opposite to the one they were assigned at birth
- Transgender persons can self-identify as gay or straight (or bi, or none of these).
- Gender dysphoria (DSM-IV) is not a personality disorder.

Gender Dysphoria: one view

- Objectively disordered
- Psychiatric in nature; you can't change chromosomes
- You (usually) don't do surgery for psychiatric symptoms
- Reassignment surgery ("bottom surgery"*) mutilates and results in sterilization, therefore it is wrong.

*also called gender reassignment, gender confirmation, or gender affirmation surgery

Gender Dysphoria: another view

- Biological in nature; hormone surge in utero contributes to sexualization of fetus. Disruption can "cause" GD.
- Male and female brains differ; in sex dimorphic structures, MtF brains and FtM brains look more like hybrids than natal males or females
- Most professionals believe it's an interplay of multiple factors, with a biological substrate.

American snapshot

- The American Medical Association's Resolution 122 states, "An established body of medical research demonstrates the effectiveness and medical necessity of mental health care, hormone therapy and sex reassignment surgery as forms of therapeutic treatment for many people diagnosed with GID."
- CMS excluded it, but on appeal, stopped. On May 30, 2014, HHS announced that the categorical exclusion was found by the Departmental Appeals Board to not be valid "under the 'reasonableness standard,'" allowing for Medicare coverage of sex reassignment surgery to be decided on a case-by-case basis.

WPATH

- Purpose and Use of the Standards of Care.....
- Global Applicability of the Standards of Care.....
- The Difference Between Gender Nonconformity and Gender Dysphoria.....
- Epidemiologic Considerations.....
- Overview of Therapeutic Approaches for Gender Dysphoria.....
- Assessment and Treatment of Children and Adolescents with Gender Dysphoria.....
- Mental Health.....
- Hormone Therapy.....
- Reproductive Health.....
- Voice and Communication Therapy.....
- Surgery.....
- Postoperative Care and Follow-Up.....
- Lifelong Preventive and Primary Care.....
- Applicability of the Standards of Care to People Living in Institutional Environments...
- Applicability of the Standards of Care to People with Disorders of Sex Development...

WPATH Standards

- Psychological counseling
- Living as “the other”
- Hormone treatments to affect secondary sex characteristics (hair growth, breast size, voice)
- Plastic surgery to fashion new genital and urethral equipment; hysterectomy, mastectomy and chest shaping for FtM; sometimes breast augmentation for MtF.
- Ongoing care requires respect for biology: MtF need prostate CA screen; FtM need ovarian CA screen, etc.

Paragraph 1157 of the ACA

- If a hospital does a particular surgery for anyone else, NOT doing it for transgender individuals is unlawful discrimination.
 - breast augmentation for women.
 - breast reduction, for men and for women.
 - sculpting and shaping plastic surgery for many people who are not satisfied with their bodies or faces.
- Hysterectomy?

How do we respect the dignity of trans patients?

- Call them by their name
- Respect their privacy
- Accept them for who they are (and are becoming)
- Listen and learn
- Apologize if you make a mistake

Stoke your imagination

- Stories of Native Americans
- Jeffrey Eugenides, *Middlesex*, 2002
- Oscar-nominated films *Transamerica* and *The Danish Girl*; TV series "Transparent"
- Carl Elliot, "A New Way to Be Mad." *Atlantic Monthly*, Dec 2000.
- Jennifer Finney Boylan, *She's Not There: A Life in Two Genders*, 2003



14

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