Writings of a Trans Activist

Scotland hands unprecedented power to trans patients

The big news from Scotland today is all about gay marriage (http://www.bbc.co.uk/news/uk-scotland-18859433). But last week, the Scottish government quietly unveiled an equally important move.

The new NHS Scotland Gender Reassignment Protocol (http://www.sehd.scot.nhs.uk/mels/CEL2012_26.pdf) will have a massive impact upon those who seek a medical transition. It dramatically cuts the time required for "real life experience" prior to surgery, confirms the necessity of contested interventions such as hair removal for trans women and chest surgery for trans men, enables teenagers to begin transition from 16, and – crucially – reinforces the right of trans people to *refer themselves* to Gender Clinics.

Some background
Last year saw the publication of the latest edition of the World Professional Association for Transgender Health (WPATH) *Standards of Care* (http://www.wpath.org/publications_standards.cfm) (SOC). This seventh edition of the SOC saw a number of important changes that acknowledged critiques from trans communities as well as clinicians, leading to a focus upon gender variant identities and experiences in terms of *diversity*, rather than *pathology*.

> Treatment is individualized. What helps one person alleviate gender dysphoria might be very different from what helps another person. This process may or may not involve a change in gender expression or body modifications. Medical treatment options include, for example, feminization or masculinization of the body through hormone therapy and/or surgery, which are effective in alleviating gender dysphoria and are medically necessary for many people. Gender identities and expressions are diverse, and hormones and surgery are just two of many options available to assist people with achieving comfort with self and identity. (p.5)
>
> Thus, transsexual, transgender and gender non-conforming individuals are not inherently disordered. Rather, the distress of gender dysphoria, when present, is the concern that might be diagnosable and for which various treatments are available. (p.6)

This emphasis upon individual difference and patient agency differentiates this seventh edition of the SOC from previous editions published by both WPATH and its predecessor, the Harry Benjamin International Gender Dysphoria Association. The change follows decades of lobbying from trans activists, academics and progressive professionals. We've gone from a world where post-doctoral researchers who happened to be trans – such as Virginia Prince – could publish research only with the approval of cis clinicians, to a world in which trans professionals like Stephen Whittle are setting the agenda.

WPATH are still far from perfect: see, for instance, the fact that they seem to think they are qualified to speak for intersex people (http://oiiaustralia.com/8686/wpath-disorders-intersex-depathologizing-transgender/). But, broadly speaking, the latest SOC is a definite step in the right direction.

Competing guidance

When WPATH speaks, medical providers don't necessarily listen. Trans people are often diagnosed according to criteria set out guidance such as the American Psychological Association's *Diagnostical Statistical Manual of Mental Disorders* (DSM), which treats us as mentally ill. Gender clinics in the UK often follow previous editions of the SOC, which encourage a patronising, controlling approach in practitioners.

For instance, a recent Freedom of Information request (http://www.complicity.co.uk/blog/2012/03/leeds-get-defensive-in-gender-identity-foi-response/) revealed that Leeds GIC "*…follows the stages laid down within The Harry Benjamin International Standards of Care (this differs from the WPATH guidance), as we believe that hormone treatment is best undertaken after real life experience has begun…*": i.e. the clinic is relying upon outdated guidance, under which patients are forced to go "full-time" for some time before they are prescribed hormones. This will clearly cause difficulties for individuals who have trouble passing as cis without hormone therapy, and may leave them open to harassment or violence.

Even less regressive GICs in the UK currently do not comply with with the most recent edition of the SOC. This can be seen in the imposition of binary ideals of gender, the absence of treatment protocols for most trans adolescents, and a "real life test" of at least two years before requests for

surgery are considered (as opposed to the 12 months recommended in the new SOC).

Of course, any revision of national medical practice takes time, particularly within a public body such as the NHS. Changes to the NHS care pathway in England and Wales are currently under discussion. Moreover, hormone regimes for teenagers are currently being trialled in London. I don't know enough about the situation in Northern Ireland to write about what's happening there.

It is against this backdrop that the new Scottish protocol has been introduced.

NHS Scotland Gender Reassignment Protocol: the headlines
The new Scottish guidance has been shaped by trans activists working with key figures within Scottish equality bodies and NHS Scotland. It won't have an immediate impact upon the availability of services, with implementation being a long, complicated process. However, it is historic in that the published care pathway clearly empowers trans patients in a number of ways.

The Scottish Transgender Network highlight (http://us2.campaign-archive2.com/?u=81c833359870199fe4b06c96a&id=cb96e83e9c) a number of important points from the protocol (emphasis mine):

- **people can self-refer to NHS Gender Identity Clinics** (GICs) in Scotland.
- that **psychotherapy/counselling, support and information should be made available** to people seeking gender reassignment and their families where needed.
- that **two gender specialist assessments and 12-months experience** living in accordance with desired gender role **are needed for referral for NHS funded genital surgeries** and that arrangements for delivering agreed procedures are under review with the objective of ensuring that an effective, equitable and sustainable service is implemented.
- **only one gender specialist assessment is needed for referral for hair removal, speech therapy, hormone treatment and FtM chest reconstruction surgery** and that these can take place in an individualised patient-centred order either prior to starting the 12-month experience or concurrently to the 12-month experience.
- that, in addition to access to genital surgeries, **access to hair removal is regarded as essential to provide for trans women and access to FtM chest reconstruction is regarded as essential to provide for trans men**.
- that surgeries which are not exclusive to gender reassignment, such as breast augmentation and facial surgeries, continue to need to be accessed via the Adult Exceptional Aesthetic Referral Protocol but there will be a more transparent and equitable panel process for making funding decisions in such cases.
- that **young people aged 16 are entitled to be assessed and treated in the same manner as adults** in terms of access to hormones and surgeries.
- that children and young people under age 16 are entitled to child and adolescent specialist assessment and treatment as per the relevant section of the WPATH Standards of Care. NOTE: at the time the protocol was created the staffing of a specialist Under 16s service at the Sandyford GIC in Glasgow was uncertain but it now looks likely that there will be a sustainable

> Under 16s service provided at the Sandyford GIC in Glasgow and this part of the protocol will soon be updated.

As the Scottish Transgender Network note (http://us2.campaign-archive2.com/?u=81c833359870199fe4b06c96a&id=cb96e83e9c), this protocol isn't perfect, but it *does* represent an important step forward. If the protocol is properly implemented, trans people will no longer be forced to spend months (or even years) fighting for a referral, before waiting even longer for treatment as a GIC patient. Trans people will be able to access vital interventions such as hair removal on the NHS, and should be able to access proper counselling and therapy services.

A personal perspective
If a protocol such as this had been in place in England when I came out as a teenager, I could have gained a referral (or even referred myself!) to a GIC at the age of 16. Even with the massive waiting list for the GIC, I might have been on hormones at 17, and had surgery at 18. I wouldn't have had to undergo anything like so many painful laser hair removal sessions, and those that I did undergo would have been paid for by the NHS.

Instead, my first GIC appointment was at the age of 19. I didn't go on hormones until I was 20 (causing all kinds of havoc with my university grades during my final year as I underwent a second puberty) and had surgery shortly before my 22nd birthday. I paid for several laser hair removal sessions privately. One day I hope to afford a few more, as I never finished that particular treatment.

And I'm one of the lucky ones.

The future
I can't really understand why this isn't already all over the LGBT press, let alone the trans blogosphere. It's a deeply important development.

The progressive nature of the new Scottish protocol provides a positive precedent for the rest of the UK. We can only hope that NHS protocols for England and Wales and for Northern Ireland follow suit. In the meanwhile, trans activists throughout the UK could do well to pay close attention to the situation in Scotland. The success of organisations such as the Scottish Transgender Network provide important lessons for the rest of us.

Tags: hair removal (http://transactivist.wordpress.com/tag/hair-removal/), hormones (http://transactivist.wordpress.com/tag/hormones/), NHS (http://transactivist.wordpress.com/tag/nhs/), NHS Scotland (http://transactivist.wordpress.com/tag/nhs-scotland/), passing as cis (http://transactivist.wordpress.com/tag/passing-as-cis/), real life experience (http://transactivist.wordpress.com/tag/real-life-experience/), Scottish Transgender Network (http://transactivist.wordpress.com/tag/scottish-transgender-network/), standards of care (http://transactivist.wordpress.com/tag/standards-of-care/), surgery (http://transactivist.wordpress.com/tag/surgery/), trans men actually exist

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2 Responses to "Scotland hands unprecedented power to trans patients"

1. *Scottish Transgender Alliance Coordinator at the Equality Network* Says:
   17/07/2012 at 10:34 am | Reply
   Thank you so much for doing this positive blog article. Just wanted to clarify that the ability to self-refer to Scottish GICs is not a new development, it has been the case for many years. Not having to go through a local (potentially trans-ignorant) psychiatrist for referral to a GIC is something that Scotland has long been proud of and we are pleased that the protocol has confirmed this will remain the case. Hope the Scottish protocol proves of use to trans-activists working on the English protocol development.

   - *Ruth* Says:
     17/07/2012 at 11:07 am | Reply
     Thanks for your comment! I've made a couple of minor edits to reflect the clarification.
