



Kathy Anne Noble

PO BOX 897

Cleveland

Qld, 4163, Australia

Phone: 61 7 3286 9155

Email: knoble@iinet.net.au

Website: www.changelingaspects.com

06-06-2010

TRANSSEXULISM and HEALTH

Transsexulism if left untreated can pose as big a danger to health as cancer. We suffer from self harm in various forms, from drugs and alcohol abuse, to self mutilation.

“It is imperative to emphasise that attention to the needs of trans people should be extended on the basis of human rights, justice and equality. Medical and scientific findings are often amended and clarified, but the right of individuals to appropriate care and respect remains”.

GIRES et al. (2006) Atypical Gender Development – A review, International Journal of Transgenderism, 9(1) 29-44

“Delays in the ‘system’, whether clinical or financial, cause a great deal of stress, While the inability to access timely treatment may also be a cause of suicidal feelings. As well as suicide, a number of other risks are identified:

Stress leads to a number of trans people to self-harm and even to attempt suicide.... These feelings may occur at any time, but they are often associated with the realisation that it is impossible to continue life in the pre-transition role. For some, the choice is stark: either the gender issue is addressed, or there is no future... Through frustration or anxiety, or both, some trans people self-harm by cutting their arms and legs and, occasionally, their offending sex characteristics, such as breasts (trans men) or the penis and scrotum (trans women). Alcohol and other substance misuse may also be a factor, especially where there is family breakdown and social isolation”

GIRES et al. (2008) Guidance for GPs, other clinicians and health professionals on the care of gender variant people; document issued by the Department of Health (UK)

Our suicide rate is extremely high, largely because of lack of help and understanding of our problems. The pressures involved are immense, not just from the medical area, but from the legal aspects and the vast number of documents that we are required to change, in order to be fully recognised in our new Sex/Gender. These pressure can and do lead to suicide, due to the lack of empathy at all levels that we have to deal with.

“The personal accounts of transsexual people and their clinicians further demonstrate that surgical considerations often represent, quite literally, a matter of life or death”

Kotula D. (2002) In *The Phallus Palace*, W.E. Parker (consulting editor) Alyson Publications, Los Angeles

COST

Quotes from abroad

Because of the depression and frustration we are faced with due to what we are expected to do, many will finish up being a cost to the health departments, when if cared for and allowed to become our true selves, we would become very useful and responsible members of society.

WPATH (World Professional Association for Transgender Health) Standards of Care say this.

“Sex Reassignment is effective and medically indicated in severe Gender Identity Disorder (GID). In persons diagnosed with transsexulism or profound GID, sex reassignment surgery (SRS), along with hormone therapy and real life experience, is a treatment that has proven to be affective. Such a therapeutic regimen, when prescribed or recommended by qualified practitioners, is medically indicated and medically necessary. Sex reassignment is not “experimental”, “investigative”, “elective”, “cosmetic”, or optional in any meaningful sense. It constitutes very appropriate treatment for transsexualism or profound GID.”

Indeed WPATH has recently issued a separate document clarifying its professional consensus on this matter.

“The current Board of Directors of WPATH herewith expresses its conviction that sex reassignment, properly indicated and performed as provided by the Standards of Care, has proven to be beneficial and effective in the treatment of individuals with transsexualism, gender identity disorder, and/or gender dysphoria. Sex reassignment plays an undisputed role in contributing toward favourable outcomes, and comprises Real Life Experience, legal name and sex change on identity documents, as well as medically necessary hormone treatment, counselling, psychotherapy and other medical procedures... Medically necessary sex reassignment procedures also include complete hysterectomy, bilateral mastectomy, chest reconstruction or augmentation as appropriate to each patient (including breast prostheses if necessary), genital reconstruction (by various techniques which must be appropriate to each patient, including, for example. Skin flap hair removal, penile and testicular prostheses, as necessary), facial hair removal, and certain facial plastic reconstruction as appropriate to the patient...These procedures and treatment protocols are not experimental: decades of both clinical experience and medical research show they are essential to achieving well-being for the transsexual patient”

Whittle et al; WPATH Clarification on Medical Necessity of Treatment, sex reassignment, and Insurance Coverage in the USA (2008); issued by WPATH Inc and available online at www.wpath.org

“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... Health experts in GID, including WPATH, have rejected the myth that such treatments are “cosmetic” or “experimental” and have recognised that these treatments can provide safe and effective treatment for a serious health condition”

American Medical Association House of Delegates Resolution 122 (2008)

“The hormonal, surgical and psychological procedures of transition reduce the dissonance between the psychological identification as male and female, on the one hand, and the phenotype and associated gender role on the other. Such treatments are regarded as highly successful”

GIRES et al. *Atypical Gender Development – A Review*, International Journal of Transgenderism, 9(1) 29-44

“Transsexualism is now understood to be innate and somatic rather than a lifestyle choice. Deprived of appropriate treatment, trans people are likely to function less well and suffer ongoing health problems resulting in a greater strain on the National health System”

Parliamentary Forum on Transsexualism (2005); Guidelines for Health Organisations Commissioning Treatment Services for Individuals Experiencing Gender Dysphoria and Transsexualism; London, Parliamentary Forum on Transsexualism

“GID if left untreated, can result in clinically significant psychological distress, dysfunction, debilitating depression and, for some people without access to appropriate medical care and treatment, suicidality and death...delaying treatment for GID can cause and/or aggravate additional serious and expensive health problems, such as stress-related physical illnesses, depression, and substance abuse problems, which further endanger patients' health and strain the health care system”

American Medical Association House of Delegates Resolution 122 (2008)

“Delay in accessing treatment may also drive some trans people into sex work in order to pay for private services. They may be living very risky lives both in terms of sexually transmitted diseases and potential violence. Worldwide, the number of transgender people who are HIV positive is high. Figures for the UK are not known, but they might be anticipated to be lower since treatment for gender variance is available on the NHS”.

Clemenze-Nolle, Marx and Katz (2001); HIV prevalence, risk behaviours, health care use, and mental status of transgender persons: implications for public health intervention; American Journal of Public Health 91 (6): 915-921

*“The cost of not treating patients could potentially be high, if costs of dealing with complications following private treatment are taken into account [Dr Chris Bass]
Noted that this is a group of patients which can use a lot of NHS resources in terms of psychiatric care and crisis team services”*

Stirzaker et al (2006) Oxfordshire Priorities Forum-Minutes of Meeting 27/09/2006

“In conclusion, severe gender dysphoria can incur both a high risk for sufferers and a drain on the funds allocated for healthcare. Press for Change, a leading political lobbying and educational organisation within the UK, which readily describes severe untreated Gender Dysphoria as a fatal disorder, emphasises that “Gender reassignment surgery is a one off expense, enormously cheaper than the alternative... The alternative for transsexual people who are not treated is likely to be that (if they do not kill themselves) they become a lifelong burden on the psychiatric and/or social services, unable to lead a normal life, unable to work (and pay taxes) or to make a contribution to society”

Press for Change (1988) *Health and Social Care*; available online at www.pfc.org.uk

Currently there is no data concerning the long term usage of hormones. Hormone Replacement Therapy (HRT) was never intended to be used for 50, 60 or 70 years. This is what can happen to our young Trans people, who are expected to be on hormones for life. When oestrogen was first produced outside of the body, in the late 1890s, it was to be used for hot flashes and night sweats, for a maximum of 3 to 5 years. It was never intended for the length that we are expected to use it. Even then, it was known to be a “carcinogenic”

Why, if we are expected to take HRT for such long periods, is there no research done into the long term affects on Trans people?

Yours Sincerely, Kathy Anne Noble.
President, Changeling Aspects
© Changeling Aspects