Gender Incongruence, Depathologisation, and Informed Consent.

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End of the mental disorder model and exchange in clinical responsibility.

- April 2019 World Health Assembly approves the 11th revision to the International classification of diseases.
- Trans related diagnoses were removed from mental disorders.
- New definition of “Gender Incongruence” added for trans and gender non-conforming people, under “conditions related to sexual health”.
ICD 11: Gender Incongruence

Gender Incongruence is characterized by a marked and persistent incongruence between an individual’s experienced gender and the assigned sex, which often leads to a desire to ‘transition’, in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual’s body align, as much as desired and to the extent possible, with the experienced gender.
Context for Urgent Reform

• Trans people suffer unfair health burdens from unmet needs for hormone therapy, including suicidality. (Strauss p et al, Trans Pathways 2017)

• Trans and gender non-conforming people report avoiding health services due to complex barriers, and unmet need for hormone therapy inhibits all of body health.

• Trans patients report experiencing insurmountable barriers to care.

• Education for Australian clinicians around trans healthcare is not readily available.
Integration and Informed Consent

Implications for healthcare providers

• Exchange in clinical responsibility
• Service integration provides better health outcomes
• Improved clinical and therapeutic relationships

Implications for trans and gender non-conforming people

• Improved access to life saving treatments
• De-stigmatisation
• Informed Consent and Self Determination

Therapeutic psychiatric care can now proscribed in addition to hormone therapy - rather than in competition with it.
Defects within the traditional psychiatric assessment model

• Psychological distress is not a universal feature of gender incongruence, and is rather a result of societal non-acceptance and discrimination.

• Creates conflict in the goals of mental health treatment between the therapist and the client, corrupting the therapeutic relationship. (Davy Et Al 2017)

• Creates unnecessary barriers on lifesaving treatment.

• Denies opportunities for self determination.
Depathologisation Looks Like:

• Flexible, patient centred care.
• May not involve medical transition for every person.
• Validating, affirming practise, without problematising bodies.
• Patients empowered to make informed choice rather than self educated.
• Centring each individual’s agency.
• Cultural identities are valued as distinct and individualised experiences.
Informed Consent and Depathologisation

• Uses patients preferred name and pronouns
• Establish individual goals, and applies multi-disciplinary care where possible.
• Full health history taken, including mental health, and risk factors for HRT.
• Impacts of hormone therapy are properly explained.
• Patient is lawfully capable of informed consent, and consent is documented.

Hormone therapy intends to reduce gender incongruence and distress by aligning physical appearance with gender identity.
Documenting Informed Consent for Treatment or Referral

• Patient is lawfully capable of providing informed consent; including no serious cognitive impairment or acute mental health.

• Therapeutic mental health referral remains advisable in addition to hormone therapy.

• Self-determined or self-identified as transgender, non-binary, or gender non-conforming. Consider recording cultural identities.

• Any history of gender identity.

• No history of liver or heart failure, blood disease, cancer, endocrine disorders.

• Consider written consent form.
Resources for Trans Health:

• Equinox
  • [https://equinox.org.au/resources/](https://equinox.org.au/resources/)
    • Equinox Informed Consent Guidelines
    • HRT prescribing guide for GPs (June 2019)

• Callen Lorde
  • [https://callen-lorde.org/transhealth/](https://callen-lorde.org/transhealth/)
    • Protocols for the provision of hormone therapy

• Position Statement on the hormonal management of adult transgender and gender diverse individuals


• Russel S, Pollit A, Li G, Grossman A. 2018. Chosen name use is linked to reduced depressive symptoms, suicidal ideation and suicidal behaviour among transgender youth.


• World Health Organization. ICD-11: Classifying disease to map the way we live and die. WHO: Geneva, 2018