DEN FRAMTIDA TS-VÅRDEN

Arrangör: **Transföreningen FPES (/2012/Program/Transforeningen-FPES/)**

Socialstyrelsen kommer att göra en nogrann översyn av den svenska T-vården. Nationella riktlinjer ska utformas och frågan om rikssjukvård ska prövas. Efter en kort bakgrundsbeskrivning får du möjlighet att framföra dina egna erfarenheter och önskemål.

Tider
fr 3 aug 12:15–13:00

Plats
Pride House (/2012/Karta/Pride-House/) (Bibliotek Plattan, vån Plattan), Kulturhuset & Stockholms stadsteater, Sergels torg 3, T-Centralen

Pris
Entré till Pride House 100 kr/dag. Säljes vid entrén i mån av plats. Stockholm Prides dag- och veckobiljetter gäller också som entré.

Åldersgräns
Ingen.

Tillgänglighet
Toaletter

Våning Plattan: Tillgängliga toaletter med bland annat bred dörr, armstöd, handfat och nödsignal. Betaltoaletter 5:- med sms

Våning 1: Tillgängliga toaletter med bland annat bred dörr, armstöd, handfat och nödsignal.

Våning 2: Tillgängliga toaletter med bland annat bred dörr, armstöd, handfat och nödsignal. Betaltoaletter 5:- med sms

Våning 3: Tillgängliga toaletter med bland annat bred dörr, armstöd, handfat och nödsignal.

Våning 5: Tillgängliga toaletter med bland annat bred dörr, armstöd, handfat och nödsignal.

Parkering – Tre parkeringsplatser för bilar med s.k. handikappstillstånd finns på Beridarbansgatan 4, mot Riksbankens fasad (infart Brunkebergstorg). Längre från teatern finns parkeringsplatser för funktionshindrade på Malmtorgsgatan 3, Klara västra kyrkogata 16 och Klara östra kyrkogata 8.

Färdtjänstadress – Sergels torg 3 för att komma till Kulturhuset. Sergels torg 7 för att komma till Stockholms stadsteater.

Teckentolkning – För uppdaterad information om vilka programpunkter som är teckentolkade. Gå in på vår hemsida: **www.stockholmpride.org (/Templates/Public/)**

Ledsagning – Ledsagning mellan och i lokalerna i Kulturhuset och Stockholms stadsteater finns att tillgå. Kontakta en publikvärd eller volontär.

Hörlurar till IR-slinga finns att låna. Kontakta en publikvärd eller volontär.

Kafé Klara (Stockholms Stadsteater) – 120 publikplatser. Plats för rullstolar finns närmast scen. Fast möblering i nivåer, delvis sluttande golv. Direktingång våning Plattan. Liten smal scen som inte är upphöjd, ljud- och ljusanläggning finns. Bärbar hörselslinga kommer att finnas på plats, kontakta publikvärd eller volontär.

Bandlerrummet (Stockholms Stadsteater) – 40 deltagare. Ingång via foajén vid Stora scenen. För transport via hiss åk till våning 2, via Teaterbaren och uppför ett parti med sluttande golv. Dörrmått 80 cm, tröskel. Lokalen är utrustad med ett IR-system, hörlurar finns att låna. Lysrörsbelysning. Mindre ljudanläggning finns.

Hörsalen (Kulturhuset, våning 3) – 400 platser, varav 267 i fast möblering i nivåer. Ingång våning 3, hiss. Sluttande plan ner i lokalen. Plats för rullstolar längst fram. Stor scen i nivå med salong. Lokalen är utrustad med ett IR-system, hörlurar finns att låna.

Ekoteket (Kulturhuset, våning 2) – 50 sittplatser. Ingång våning 2, hiss. Ekoteket är en öppen cafémiljö med en mindre scen som är upphöjd. Ljud- och ljusanläggning. Lokalen är möblerad med lösa stolar och är utrustad med ett IR-system, hörlurar finns att låna.

Studion (Kulturhuset, gatuplan) – Lokalen nås direkt från gatuplanet i Kulturhusets nordöstra gavel. I Lokalen finns det en hiss upp till andra våningen. Plats för rullstolar finns. Lokalen är utrustad med ett IR-system, hörlurar finns att låna. Lokalen är möblerad med lösa stolar.

Studio 3 (Kulturhuset, våning 3) – 100 sittplatser. Ingång våning 3, hiss. Lokalen är möblerad med lösa stolar. Något upphöjd scen med ramp. Lokalen är utrustad med ett IR-system, hörlurar finns att låna. Ljud- och ljusanläggning .

Klarabiografen (Kulturhuset, våning 2) – 77 sittplatser, fast möblering i nivåer. Ingång våning 2, hiss. Lokalen är utrustad med hörselslinga . Ljud- och ljusanläggning . Plats för rullstolar längst fram.

Unga Klara foajen (Kulturhuset, våning Plattan/Sergels torg) **–** Lokalen nås från entrén från Sergels torg. Lokalen används för utställning av konst, där kommer att vara ganska mörkt och lite trångt.

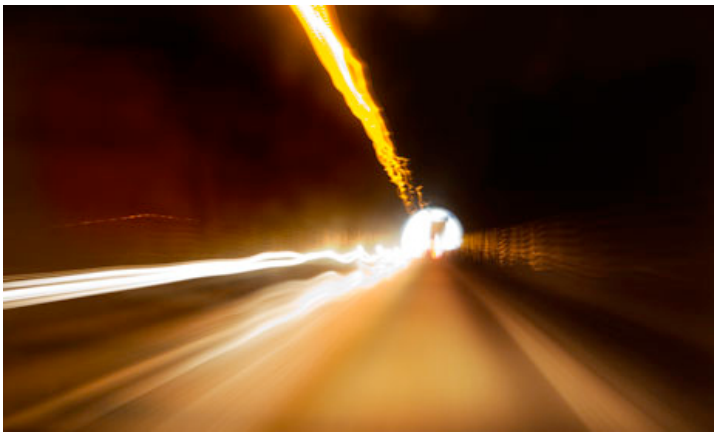
Plattanbibblan/ Bibliotek Plattan, (Kulturhuset, våning Plattan/Sergels torg) – 30 sittplatser, liten scen, något upphöjd , fast möblering i nivå med salong. Plats för rullstolar bakom. Ljud- och ljusanläggning . Lokalen är utrustad med hörselslinga .

Lava (Kulturhuset, gatuplanet) **–** Lokalen nås direkt från gatuplanet i Kulturhusets nordöstra gavel. Ingen hiss finns upp till andra våningen . Lokalen är utrustad med ett IR-system, hörlurar finns att låna. Plats för rullstolar finns.

A transgender journey: Clinical details

The hormone dose has been doubled, the verbal abuse has dwindled and surgery has been discussed - is the end finally in sight for Juliet Jacques?

Juliet Jacques
guardian.co.uk, Wednesday 18 May 2011 09.00 BST



Is there light at the end of the tunnel? Photograph: Murdo Macleod for the Guardian

I knew after my second visit to the Gender Identity Clinic that my appointments with West London Mental Health Trust (or 'Charing Cross', as it's still colloquially known) would feel different now that I had addressed most of the social challenges of the 'Real Life Experience' (RLE) – and been prescribed female hormones.

Even before arriving in Hammersmith, I noticed that the time between consultations felt far shorter. I'd become used to the long waits, and more prepared to be patient, having finally begun medical treatment. It helped that the duration became easier to guess: I had been told to anticipate a four- to five-month period between half-hour slots, which were now all I needed. I expected my further consultations to be a matter of routine, unless some unforeseen life crisis complicated matters: if I was going to have serious second thoughts about transition, I would have done so by this point. Even a traumatic event, whatever that may be, would only delay proceedings.

My third and fourth appointments were with my main clinician, Dr Davies. With no questions remaining about my past, the focus shifted entirely to the present, discussing how I felt about the slow physical changes induced by the oestrogen, and whether or not any new social challenges had arisen as a direct consequence of my living as female.

I tell him not, as we quickly assess the main spheres of my life – family, friends, physical and mental health, housing and employment. Over varying periods of time, all have settled back into normality, without coming out causing me to lose or leave my

job, become more uncomfortable in my living space or be estranged from close friends or family members. I appreciate that this is not necessarily usual for transsexual people – these are the kind of things that problematise transition for some people, resulting in them staying on the pathway for months or years longer than they perhaps imagined, and my clinician agrees that I've been very fortunate.

Then we cover the specific challenges of transsexual living, and what feels like a second puberty brought on by hormone replacement therapy. I tell the doctor that I feel able to 'pass' most of the time, and that it's gradually becoming less effort as the oestrogen subtly softens my complexion and shifts my facial structure. Others seem to notice this more than I do, occasionally pointing out little details. It follows that strangers would have to scrutinise me more closely to see that I was not born female before hurling abuse, and most people just aren't that bothered. (If you need more details of the physical effects of HRT, this TS Road Map page has some useful information.)

After the third appointment, the clinician doubles my dose from 2mg to 4mg, satisfied that I'm happy with the physical changes and managing the chemically induced changes of mood. The latter get noticeably worse with the increased prescription – I feel a tiredness that no amount of sleep ever completely dispels, and consequently I'm much tetchier, especially at work, but once I'm given an anti-androgen injection to suppress my natural testosterone and thus stop my body fighting itself, this dissipates.

Dr Davies and I agree that everything is going as well as could be hoped, and at the fourth appointment we discuss surgery for the first time. Although I've only spent three hours with my clinicians, I've had nearly two years to think about this, and for all the RLE's challenges, I've never seriously considered opting out. Some people do remain content with hormone-assisted living in their chosen gender: this has been especially true for female-to-male people, as surgery is often more expensive, when privately funded, with less satisfactory outcomes.

Although the doctor told me during my third appointment that we might have discussed surgery then if my oestrogen levels had been sufficiently high, he proceeds with caution. Dr Davies ensures that I understand the process to be irrevocable – both for my own peace of mind and, perhaps, to cover the service against any potential litigation should I later regret it and try to argue (however implausibly) that I didn't realise this, and that the clinic should not have let me proceed.

This will not happen soon, he tells me – I will need a second opinion from the supporting clinician, Dr Lenihan, which will be provided in my next appointment. If all goes smoothly then, given the waiting lists, I will probably complete the pathway next spring – a total transition time of three years, as I was led to expect when I started by my local PCT's gender reassignment policy. The end is still some distance away, but at least it is finally in sight.

• *Juliet's column was longlisted for this year's Orwell Prize in the Blog category*

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 (http://transactivist.wordpress.com/tag/trans-men-actually-exist/), treatment pathway (http://transactivist.wordpress.com/tag/treatment-pathway/), WPATH (http://transactivist.wordpress.com/tag/wpath/)

This entry was posted on 17/07/2012 at 9:31 am and is filed under NHS. You can follow any responses to this entry through the RSS 2.0 feed. You can leave a response, or trackback from your own site.

9 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.

2. *bigdaddykeltik* Says:
   17/07/2012 at 1:25 pm | Reply
   Self referral to (at least) Glasgow has been in place for quite a while. I chose to go through my GP for referral because I wanted her on board from the start. She called me about an hour after my appointment to say the referral was done. The waiting time for a first consult was about 8 months. They told me the RLE had been reduced from 12 to 6 months, and I needed to speak to 2 specialists to get the ok for HRC, top surgery should be about 6 months after starting T and lower surgery about 2 years, to allow for growth, if I wanted it. At the end of my second consult, the doctor told me there and then he would be happy for me to start T & at a previous appointment, I'd already arrange a date for blood tests. Glasgow have been very good at cutting through the bullshit and just getting on with things. Long may it continue!

3. *Scotland hands unprecedented power to trans patients « Writings of a Trans Activist | Transgender Education and Help* Says:
   17/07/2012 at 6:36 pm | Reply
   [...] Scotland hands unprecedented power to trans patients « Writings of a Trans Activist. [...]

4. *HenryHall* Says:
   18/07/2012 at 2:14 pm | Reply
   @ " … 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. … "

   Perhaps because mental health gatekeepers are still firmly in charge. Thus people who are disfigured by the wrong sex of their bodies; but not distressed about their social gender (irrespective of whether previously transitioned or not yet transitioned) do not qualify for treatment.

   Remove mental health from the process and everyone will be happy (except the psychiatrists).

5. *Joan Heath* Says:
   18/07/2012 at 8:43 pm | Reply
   Please don't use the term 'Gay Marriage' – it excludes a whole raft of folk on the

transgender spectrum (need I explain?), whereas the Westminster (and I'm sure also the Scottish) govt's proposal is for 'Marriage Regardless of Gender' – ie fully INclusive. 'Equal Marriage' is an ok short form.

6. *Have your say on England "gender dysphoria services" « Writings of a Trans Activist* Says:
   26/07/2012 at 10:41 am | Reply
   [...] hot on the heels of the new Scottish protocol for transition-related services, the Department of Health has published a draft protocol for [...]

7. *JK* Says:
   28/08/2012 at 10:00 pm | Reply
   I think this new NHS Gender Reassignment law in Scotland is a good choice to have made. People say we need to experience first, we aren't old enough to get a sex change, but it's perfectly alright for 16 year olds to get MARRIED, have sex and whatnot. I am very pleased that I can now be referred for surgery now that I am the legal age, the new legal age. I am not far away from turning 17 but nevertheless. If 16 year olds can get married and have sex then we should also be allowed to change our sex via surgery and hormones. Society has no idea how we feel, and with this new law we can show them for ourselves.

   - *Ruth* Says:
     29/08/2012 at 5:55 am | Reply
     I remember how it felt…waiting sucked, and was completely pointless. All power and good luck to you JK!

ÅRETS DAGSTIDNING DIGITALA MEDIER Lördag den 28 juli Stockholm 22° | Klart.se

SvD

Nytt hopp för transpersoner

Nästa sommar väntas tvånget om sterilisering vid könsbyte vara avskaffat. Men redan i höst avgörs ett prejudicerande fall i kammarrätten i Stockholm – med en man som hoppas bli den första att byta juridiskt kön utan att tvingas till ingreppet.

Love Elfvelin, 21, har velat byta juridiskt kön i tre år. Att vara kvinna på pappret gör livet besvärligt, ändå har han valt att ha det så – drömmen om biologiska barn väger tyngre. FOTO: DAN HANSSON

28 juli 2012 kl 07:34, uppdaterad: 28 juli 2012 kl 09:17

För att få byta kön i Sverige måste du först sterilisera dig. Åt fanders fel, tyckte den man i 30-årsåldern som våren 2010 bestämde sig för att göra något åt det; varför ska staten bestämma vad som sker med hans kropp?

– Han menar att det är hans beslut. Det är oerhört integritetskränkande att någon annan styr över in- och utsida bara för att legitimationen inte stämmer överens med könet, säger Kerstin Burman, jurist vid Diskrimineringsbyrån Uppsala (DU) som företräder mannen.

I höst prövas hans fall i kammarrätten i Stockholm. Mannens mål: att byta juridiskt kön utan att tvingas till sterilisering.

Ärendet är viktigt privat, men också politiskt. Kerstin Burman och många andra har jämfört tvångssteriliseringarna av transpersoner med de som tidigare skett inom psykiatrin.

– Staten ska inte villkora en ändring av personnumret på det här sättet. De här personerna berövas möjligheten att få barn senare i livet, säger hon.

VAD GÄLLER SAKEN?

Kravet på sterilisering för att få ändra juridiskt kön har funnits sedan 1972 i den så kallade könstillhörighetslagen. I våras ändrade KD uppfattning i frågan, varför en lagförändring nu blir möjlig.

Målet är ett avskaffande till 1 juli 2013, men nu kan alltså en prejudicerande dom hinna före. Om kammarrätten går på förvaltningsrättens linje och domen vinner laga kraft blir det möjligt att byta juridiskt kön utan krav på sterilisering.

Sverige var det första landet i världen som lagstiftade kring frågor rörande fastställande av könstillhörighet.
Socialstyrelsen får årligen in mellan 30 och 80 ansökningar om att byta kön. Merparten beviljas tillstånd.
30 kvinnor ansökte i fjol om att få byta könstillhörighet till det manliga. Samma siffra för män som ville bli kvinnor var 21. Samtliga 51 fick ja på sin ansökan.
Källa: Socialstyrelsen