

Sundhedsstyrelsen  
Danmark  
Attn.: Christina Debes Helm

By email: [Enhedeub@sst.dk](mailto:Enhedeub@sst.dk)

Berlin, August 01 2017

**Subject: Submission to Public Consultation on a Trans-specific  
Healthcare protocol in Denmark (Høring af vejledning om  
sundhedsfaglig hjælp ved kønsidentitetsforhold og kønsmodificerende  
behandling)**

Dear Christina Debes Helm,

Hereby we wish to submit our observations and suggestions on behalf of Transgender Europe – TGEU on the consultation on the proposed healthcare protocol concerning trans-related care, as published on 02 June 2017.

TGEU is the leading European human rights umbrella organisation with more than 100 member organisations in 42 states in Europe working for the equality and human rights of all transgender people in Europe. TGEU has been spearheading the paradigm shift of how legal gender recognition is understood and implemented in Europe. Denmark has been pioneering in this field in 2014 with the first fully demedicalised legal gender recognition law in Europe. Denmark took an even braver step in being the first country in Europe to depathologize transgender identities while continuing to provide trans-specific healthcare without classifying it as a disease. This change in the books needs to be followed by changes in practice. Provision of trans-specific healthcare must have an empowerment and decentralised approach at its heart.

However, we have learnt from our members and partners in the country that the already then worrying situation of trans-specific healthcare provision has further deteriorated since 2014. We were thus delighted to learn that a public consultation process including a conference earlier this year looking into international good practice was organised, facilitating a long-over due dialogue between service providers, health authorities and the trans community. TGEU had been very pleased to be invited to the conference to share insights and recommendations on how to reform trans-specific

healthcare to match international human rights standards. On our own costs, TGEU made available additional expertise from Clinic Q (London, UK), a leader in meeting healthcare needs of trans people taking a holistic view.

It is with great regret that the proposed healthcare protocol falls short of providing a care model that is accessible, adequate, based on informed consent and meeting international quality standards. In fact the proposed changes are of cosmetic nature and would not substantially reform the existent system and thus perpetuate monopolism in care provision.

We call upon the Health Authorities to engage in a meaningful dialogue with the people who will be affected by the protocol, namely trans people and organisations representing their interests, in a genuine quest for better healthcare provision for trans people in Denmark. Amnesty International Denmark, Transpolitisk Forum and LGBT Denmark made constructive proposals to this end at the conference. Therefore, we deliver our observations as additions to these and strongly encourage you to continue the development process in close consultation together with trans people in Denmark.

### **TGEU observations:**

In general, a system of trans-specific healthcare should have the following characteristics:

- It is based on informed consent and care provision is based on the individual's needs.
- It is accessible without discrimination in regard to health status, sexual orientation, age or other personal characteristic of the individual.
- It is available in close proximity of the individual seeking treatment.
- Its implementation is regularly monitored by external experts and in close consultation with trans organisations.

1. Involvement of psychiatrists should be excluded from the evaluation and treatment of trans individuals. Mandatory multidisciplinary teams should be dropped in favour of a more flexible and needs-based approach. Trans individuals should not be forced to go through a psychiatric evaluation (screening for personality disorders or psychiatric disorders) in order to access treatment. The main specialist in charge of giving access to treatment should no longer be a psychiatrist. Instead a practitioner who is a specialist in physical health and knows about treatment options should be the leading expert.
2. Training about transgender matters should be introduced to all GPs and in fact ideally, to all health care professionals in the Danish Health care system. GPs should be trained, informed and reminded of their duty to provide services such as hormone replacement treatment as well as related blood works, and aftercare of surgical interventions also to their transgender patients.
3. Practicing gynaecologists should be able to make decisions regarding access to hormone treatment for trans individuals based on their

individual expertise without having to meet unrealistic criteria (e.g. annual case numbers).

4. It should be possible for trans individuals to be referred to a mental health specialist as many trans individuals suffer from anxiety, depression or distress as it can be overwhelming to live in a transphobic society and emotionally difficult to go through a transition. Mental health provision should however be optional and should be provided by psychologists who are not involved in decisions regarding access to treatment.
5. Trans-specific healthcare should be made available also to underage individuals without subjecting them to a mandatory psychiatric screening, let alone having to go through a second psychiatric assessment.
6. Transgender people should have the same guaranties as other groups in the healthcare system, regarding maximum waiting times, quality control, and possibility to choose form of treatment and place of treatment etc.

We look forward to discuss with you how this reform can help trans people to obtain the best care possible and for Denmark to become again a European champion in the provision of trans-specific healthcare.

Sincerely Yours,



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Transgender Europe  
Deputy Executive Director

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