

The Evolving Standards of Care /  
Public Perceptions of Transgendered Diversity

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Marci L. Bowers, M.D.  
marci@marcibowers.com

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18 th INTERNATIONAL SYMPOSIUM OF  
THE HARRY BENJAMIN INTERNATIONAL  
GENDER DYSPHORIA ASSOCIATION

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## Societal Trends vs. The SOC: Expired Principles of Treatment

- ❖ **Heterosexual assumption and bias in the SOC**
  - Ignores sexual and cultural diversity
  - Pregnant Men With Beards, Trans-trans couples, Gay tranny boys
- ❖ **Genital corrective surgery to a binary gender is assumed to be the only desired goal**
  - Ignores "between gender" realities
  - She-males, androgyny, ying-yang
- ❖ **Assumed Gender Role**
  - Surgery without Role Transition
  - Role Transition without Surgery

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## Societal Trends versus the SOC / Expired Principles of Treatment

Rather than guiding gender expression and trans acceptance, the SOC have all too often held principles that we now find absurd. Countless examples exist but include...

• Males invariably change sex so that they can have heterosexual intercourse with men--- (and vice versa)....gay tranny boys, trans-trans couples ,dyke trans girls, Lipstick lesbian Trans-girls ,etc, etc.

• "Persistent desire to be rid of one's own genitals"...Pregnant Men with Beards... She-males, ... Men with breasts...riding the gender fence... androgyny... ying-yang...etc. etc.

• "Real life experience"...Returning to work post surgery in the former gender mode out of economic necessity... Pregnant Men with beards...

## Interpretation and Enforcement / Gatekeeper Principle

- ❖ HMO Gatekeeping Has Proven Problematic
- ❖ Transgender Gatekeeping Is Similarly Flawed
  - Endless Transition
    - “My therapist said I wasn’t ready”
  - Easy Access to Self-administered Hormones
    - Physician Samples / Internet / Black Market
  - Expedited transitions to those who can afford them
  - Opportunism and Hucksterism
    - \$2000 to acquire surgery letter of recommendation for woman living in desired gender role for 16 years

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## Interpretation and Enforcement / Gatekeeper Principle

Gate keeping hasn't worked well for the HMO's... why should it work well for those with a transgendered identity?

- Stories of Endless Transitions...years of therapy before hormones or surgery...“my therapist said I wasn't ready”
- Hormone self-administration simply because of easy access...physician samples
- Surgery fast tracks as a result of favorable professional or financial standing...endless examples
- Gatekeeper Principle invites opportunism and hucksterism...\$2000 plus spent to acquire single letter of recommendation for surgery for woman living in desired gender role for 16 years

## Perpetuating Pathology

### ❖ The SOC Perpetuate Societal Perception of Pathology

#### ➤ Adherence to DSM-IV based diagnostic criteria

#### ➤ Limiting social and economic opportunity

- Implied imbalance, struggle, conflict and personal turmoil
- Messages delivered to employers, families, and friends
- Employment discrimination, spousal and court-sponsored limitation of custody or visitation

#### ➤ Personal History

- Squeezed out of a large clinic in Seattle, WA
- Employment Non-discrimination Protection not effective protection

## Perpetuating Pathology

The SOC perpetuate societal *perception of pathology* by its adherence to DSM-IV based diagnostic criteria....greatly limiting social and economic opportunity for so very, very many of us with its implications of imbalance, struggle, conflict and personal turmoil... with the messages that those perceptions deliver to our employers, our spouses and our children and friends....personal history of having been squeezed out of a large clinic in Seattle, a city with so-called 'employment non-discrimination protection' , endless stories of non-hiring, spousal and court-sponsored 'concern about the children limiting visitation or custody'...

## SOC Recommendations

### ❖ Simplify the Process

- The SOC should be getting shorter and not longer
- The SOC must be more inclusive and less restrictive

### ❖ Current SOC Must Be Retained for Children and Adolescents

- Too many external influences
- Too much malleability in gender orientation
- Peer and family pressures

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So I suppose this brings me to my conclusions, my State of the State regarding the SOC, where I think we are and where I think we should be headed...considered from a surgeon's perspective...but, most importantly, from a trans woman's perspective...I recognize that these are my personal opinions gleaned from personal and professional experience but...

First of all....

- The SOC should be getting shorter and not longer...this process must be simpler. It must be more inclusive and less restrictive
- The requirement for children and adolescents following current SOC is unequivocal and non-negotiable. There are simply too many external influences, too much malleability in gender orientation and peer and family pressures towards conformity in adolescence to allow us to let this go

## SOC Recommendations

- ❖ **Diversity in Gender and Sexual Expression Will Continue to Challenge SOC**
  - **Confounding Attempts to Categorize or Classify**
  - **'Where men are men and women are women' is unlikely to exist...outside of Texas**
- ❖ **Approval Letters for Hormone Therapy**
  - **Useful in moving a primary care provider towards an appropriate informed consent process**
  - **Generally irrelevant in making this very personal decision**

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• Social and sexual expression within gender diversity will continue to confound conformity or categorization... 'where men are men and women are women' is unlikely to exist...outside of Texas

• Letters authorizing hormone therapy for the purposes of gender transformation can be useful in moving a primary care provider towards an appropriate informed consent process but are otherwise ridiculous in making this very personal decision

## SOC Recommendations

### ❖ Informed Consent Standards Within the SOC Must Be Improved Upon

- Realistic and evidence-based risk assessment
  - Much of the medical follow-up is overly extensive, costly and generally unnecessary
- A Reasonable discussion of reversibility
  - MTF Fertility
  - FTM Secondary Sex Characteristics
- A discussion of reproductive options
  - Sperm banking

***Informed consent standards*** within the SOC must be improved upon:

- With realistic and evidence-based risk assessment (most of the medical follow-up I've ever seen is overly extensive, incredibly expensive and generally unnecessary and unproven)
- A true and full discussion of reversibility (all three of my children were born after repeated episodes of hormone use...but .beard growth and big feet in the FTM is an entirely different matter)
- An inclusive discussion of reproductive options (sperm banking, etc.)

## SOC Recommendations

### ❖ Informed Consent Standards Need Far More Extensive Dissemination

- Primary care providers
- Medical schools and Residency programs

### ❖ Depathologize Gender Variance

- Much of the psychopathology found among transgendered individuals a result of Society's Dysphoria, not Gender Euphoria
- Most transgendered individuals have solid psychological constitutions
- Let's get the disorder out of Gender Identity and the Dysphoria out of the Harry Benjamin Association!!

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***Informed Consent Standards*** need far more extensive dissemination....Primary care providers, medical schools, residency programs... Still today, primary care providers possess miniscule information regarding standards of care ....the information that they do see is largely anecdotal and lacking in scientific basis

•The SOC must move towards de-pathologizing Gender Variance, recognizing more fully that it is society's dysphoria that leads to so much of the psychopathology found amongst gender challenged individuals and that most of us have solid psychological constitutions...Let's get the disorder out of Gender Identity!

## SOC Recommendations

- ❖ **Gender Variance As a Medical Condition, Not a Psychological Condition**
  - This is not tragic pathology, hedonistic sleigh ride or psychosexual journey
  - Instead, 'Benign Pathology'
  - This is worthy of medical coverage, as is any other medical condition
- ❖ **Scope of SOC**
  - Some procedures are irrelevant to the SOC
    - Hysterectomy
    - Orchiectomy
    - Salpingo-ophorectomy

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The SOC must maintain and expand upon its diagnostic criteria in certifying Gender variance as a Medical Condition, not a Psychological condition...and that this is not a choice... not a psychosexual journey nor a hedonistic sleigh ride...that this is not tragic pathology... but rather, a benevolent diagnosis capable of inducing fulfillment, societal revelation, clairvoyance, spiritual enhancement.....and so much, much more and... is worthy of medical coverage like any other medical condition...

•Hysterectomy, orchiectomy, and salpingo-ophorectomy play absolutely no role in the SOC...this is absurd...for more reasons than can be discussed

## SOC Recommendations

### ❖ Real Life Experience (RLE)

- Remains an important component of the SOC
- It appropriately “tests an individual’s resolve, the capacity to function in the preferred gender, and the adequacy of social, economic, and psychological supports”

The Real Life Experience (RLE) remains and will always be an important component of the SOC as it appropriately “tests an individual’s resolve, the capacity to function in the preferred gender, and the adequacy of social, economic, and psychological supports”

## SOC Recommendations

### ❖ Psychotherapy

- An important though less vital component of the SOC
- It “can be very helpful in bringing about the discovery and maturational processes that enable self-comfort”
- It “can provide education about a range of options not previously considered by the patient”
- Can be of long term help in adjusting to a very dysphoric world

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Psychotherapy will remain an important though considerably less vital component of the SOC as it:

- “Can be very helpful in bringing about the discovery and maturational processes that enable self-comfort”
- “Can provide education about a range of options not previously considered by the patient” ....surgical limitations, libido changes, gender role conflicts, discrimination, familial discord, etc.
- Can be of long term help in adjusting to a very, very dysphoric world