Summary of a recommendation by COHERE Finland 16.6.2020

Medical treatments for gender dysphoria that reduces functional capacity in transgender people – recommendation

In its meeting on 11 June 2020, the Council for Choices in Health Care in Finland (COHERE Finland) adopted a recommendation on medical treatment methods for gender dysphoria, i.e. anxiety, caused by a transgender identity.

The recommendation clarifies the roles of different healthcare operators in a situation where an adult is uncertain about their gender identity and presents the medical treatment methods included in the range of public healthcare services for the treatment of gender dysphoria caused by a transgender identity.

Gender dysphoria has increased in prevalence both in Finland and in other Western countries. Some people suffering from gender dysphoria seek diagnostic examinations, a portion of them are diagnosed as transgender, and still fewer wish to undergo treatments that would permanently modify their bodies. In Finland, the diagnostics of gender dysphoria, the assessment of the need for medical treatments and the planning of their implementation are centralised by law in the multi-professional research clinics of Helsinki University Central Hospital (HUS) and Tampere University Hospital (TAYS).

In COHERE's view, people experiencing a lack of clarity related to their gender identity should be provided with psychosocial support in line with the severity of their symptoms and the need for care as part of the primary or specialised healthcare provided by their municipality. Any assessment of the need for psychiatric and psychosocial care, and any treatment deemed necessary, should be arranged before the person is referred to the centralised research clinic so that the evaluation period can be initiated. These measures would improve the appropriate allocation of healthcare resources and ensure the timeliness of the diagnostic process and any treatment process.

It is medically justified to send people to the multi-professional research clinics at HUS and TAYS if they meet the following criteria. The person has a significant and prolonged gender conflict that causes reliably identifiable and harmful suffering in everyday situations, the person has undergone diagnostics and treatment of possible concomitant psychiatric symptoms and their continuation during and after treatment, if necessary, has been ensured, and the person has been confirmed to have the psychological conditions and sufficient functional capacity for a demanding evaluation.

Medical care in research clinics is always planned on an individual basis, and the treatments to be carried out must be medically justified in relation to the desired outcome. When deciding on treatment measures, it must be ensured that the dysphoria associated with gender identity is persistent (> 2 years), that the person can consistently describe how the dysphoria is harmful to them in everyday situations and that it can be reliably established that the dysphoria is detrimental to their social life or professional career or causes significant suffering. In addition, the personal and identity development of the person must be sufficiently structured, and appropriate arrangements must be made for the diagnostics and treatment of any simultaneous psychiatric symptoms. Treatment measures that modify the body to be more congruent with the person's gender identity can be carried out if the person can reasonably justify the need for them and is aware of the risks associated with them.

PO BOX 33 (Meritullinkatu 8, Helsinki)
00023 Government, Finland
www.palveluvalikoima.fi
Tel 0295 16001
e-mail:
palveluvalikoima@stm.fi

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At each stage of the treatment process, the prerequisites for continuing treatment are assessed together with the transgender person. When implementing hormone therapy, consideration should be given to the principles of good clinical practice, individual objectives and any adverse effects that may also lead to discontinuation of treatment. Changes caused by hormone therapy are at least partially reversible if treatment is discontinued. Surgical procedures permanently modify the body and pose a risk of scarring, loss of sensation and functional harm. Surgical procedures should be carried out only once it has been confirmed that the psychological state of the person is such that they understand the aftercare required for surgical procedures and the risk of permanent harm associated with the treatment. Surgical procedures include feminisation or masculinisation of the breasts/chest, hysterectomy and salpingo-oophorectomy and surgery modifying the external genitalia to match that of the other sex. Surgical procedures are carried out in line with the principles of promoting a good outcome and reducing adverse events as detailed in the Current Care Guidelines.

Speech therapy, facial hair removal and laryngeal surgery are included in the service range only when they are required for sufficient social capacity in the person's new gender role. The multi-professional working groups with expertise in the study and treatment of variations in gender identity at HUS and TAYS should jointly agree on uniform indications and implementation of these individual treatment procedures.

When the criteria for the provision of medical rehabilitation aids are met, it is possible for a transwoman to be provided with a wig and for a transman to be provided with a penile or erectile prosthesis based on an individual assessment by the attending physician. Based on an individual medical assessment, breast prosthesis in transwomen and binders in transmen may be suitable alternatives to breast/chest surgery.

The service range does not include corrective or other procedures desired by the patient following an outcome that is functionally acceptable based on a medical assessment or that are comparable to aesthetic surgery or that are based on other dissatisfaction associated with the body or its appearance.

Only limited research has been conducted on transgender identity and other gender identity conflicts, and comparative studies are very rare. COHERE considers that, moving forward, the multi-professional clinics specialising in the diagnostics and treatment of gender identity conflicts at HUS and TAYS should collect extensive information on the diagnostic process and the effects of different treatment methods on mental wellbeing, social and professional capacity, and quality of life. There is also a need for more information on the disadvantages of procedures and on people who regret them.

Link to the COHERE website: *www.palveluvalikoima.fi/en*

The Council for Choices in Health Care in Finland (COHERE Finland) works in conjunction with the Ministry of Social Affairs and Health, and its task is to issue recommendations on services that should be included in the range of public health services. Further information about service choices in health care is available on the COHERE Finland website at *www.palveluvalikoima.fi/en*

PO BOX 33 (Meritullinkatu 8, Helsinki)
00023 Government, Finland
www.palveluvalikoima.fi
Tel 0295 16001
e-mail:
palveluvalikoima@stm.fi