MODELS OF PUBLICLY FUNDED GENDER AFFIRMING SURGERY

FORUM

Meanjin/Brisbane 9th of March 2024

The Forum was devised and conducted by the Gender Affirming Surgery Forum Steering Committee (GASFSC), including representatives from University of Southern Queensland, Sexual Health Society Queensland, Australian Transgender Support Association Queensland, Gender Affirming Health Network Queensland, Queensland Transgender Network, and Queensland Council for LGBTI Health.

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Suggested citation

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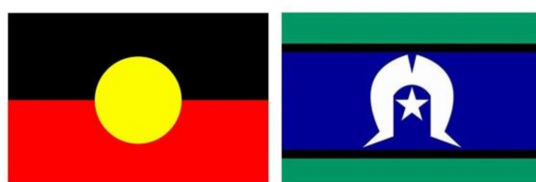
The Gender Affirming Surgery Forum was held at Meanjin (Brisbane), on land traditionally owned by the Turrbal and Yuggera peoples. We acknowledge them as the traditional custodians including trans, Sistergirl and Brotherboy peoples across these lands, oceans, waterways and sky where the Forum was held in Queensland, Australia. We pay our respect to elders past and present, and all generations of Aboriginal and Torres Strait Islander peoples, and acknowledge that your sovereignty of these lands was never ceded.



INTRODUCTION

Thirty years ago (1994), a small group of trans[1] people, general practitioners, and Queensland Health Officers met at the Brisbane Sexual Health Clinic in Adelaide Street Brisbane Queensland, to discuss the establishment of the first Gender Health Service, to operate as a private Medicare bulk billing practice on the premises of the Brisbane Sexual Health Clinic. By 2019, the Health Minister of that time, Stephen Miles MP, "welcomed the proposed approach of convening a working party to examine and address barriers to [gender affirming] surgery access experienced by trans and gender diverse people." A Working Party, the trans rights and health research team at the University of Southern Queensland (UniSQ), led by Associate Professor Annette Brömdal and Professor Amy Mullens took on this task. Over the last three years, this team has undertaken several qualitative studies and reviews, scoping the views of adults with lived experience, clinicians, and community stakeholder organisations, culminating in a community forum exploring publicly funded models of gender affirming surgery.

A Steering Committee of eight people was established, chaired by Associate Professor Annette Brömdal (Netta/they/she) at UniSQ, including representatives from UniSQ, the Sexual Health Society of Queensland (SHSQ), Australian Transgender Support Association Queensland (ATSAQ), Gender Affirming Health Network Queensland (GANQ), Queensland Transgender Network (QTN), and Queensland Council for LGBTI Health (QC). The committee spans various disciplines and roles from sexual health clinicians, GPs, psychologists and social workers to academics in transgender rights and health promotion, sociology, psychology and wellbeing. Importantly, three committee members identify as trans/non-binary.

ACKNOWLEDGEMENTS

The event was possible through the generous funding and sponsorship from UniSQ and the SHSQ, including use of the plenary room donated by the Queensland Art Gallery I Gallery of Modern Art. The Report (including the Interim Report) were also possible due to generous funding from the SHSQ, and Dr Mulcahy's significant contributions, and the contributions from the rest of the Steering Committee and partner organisations, including Nia Franks.

Participants who attended the Gender Affirming Surgery Forum consented for their data (e.g., shared contributions during presentations, questions and discussions) during the Forum (including virtually) to be utilised for future research and/or academic purposes, with an appropriate Human Research Ethics clearance, and with an understanding that any personal or identifying information would be removed or deidentified before data were aggregated and subsequent publication for dissemination to the greater public. Ethics approval was granted by the UniSQ Human Research Ethics Committee: ETH2024-0617.

1. In this report, the term "trans" is intended to include transgender, gender diverse, non-binary, gender queer, gender fluid, Sistergirl and Brotherboy communities.

AIM OF THE FORUM

The aim of the Forum was to explore and assess opportunities for developing a sustainable health response for trans Queenslanders that reflects the State's commitment to human rights and international best practice. Integral to this health response is creating publicly available and accessible gender affirming surgery, encompassing any surgical procedures intended to align the person's body with their gender, including but not limited to singular and plural numbers of chest surgery, genital reconfiguration surgery, facial procedures, and voice surgery, among others.

Desired outcomes of the forum included: the production of a formal report, community engagement, professional networking, advocacy, key recommendations moving forward, and an opportunity for additional input from community and industry stakeholders.

As the trans communities are heterogeneous, medical affirmation including hormone therapy and/or gender affirming surgery is not always desired, nor a medical necessity towards happier and healthier lives (Coleman et al., 2022). For those for whom medical gender affirmation is a necessity, gender affirming medical interventions have been associated with reduced rates of psychological distress, self-harm, suicidal ideation, and suicide attempts (Almazan & Keuroghlian, 2021; Coleman et al., 2022; Piñón-O'Connor et al., 2023; Swan et al., 2023; Windt et al., 2024). The 2021 *Health and Well-Being of Transgender Australians* report has provided estimates for a range of gender affirming surgery procedures amongst trans Australians. The high proportion of respondents who desired surgery in the future stressed the presence of structural barries to obtaining gender affirming surgery.

REPORT SNAPSHOT

MODELS OF PUBLICLY FUNDED GENDER AFFIRMING SURGERY.

There is an ethical and human rights imperative for Queensland health to develop a statewide framework of care for transgender persons.

A conservative estimate of the population prevalence of transgender persons is 1.5%.

81,000 transgender Queenslanders.

The percentage of transgender persons who desire surgery to affirm their surgery varies by procedure and is around 60%.

48,600 Queenslanders with a need for gender affirmation surgery.

Transgender populations have significantly higher mental health morbidity and suicide/attempted suicide rates. Having access to gender affirming surgery has a profound effect on psychologic distress.

Gender affirming surgery is critical potentially lifesaving care. It is NOT a matter of cosmetic convenience.

There are no pathways of care for transgender persons within the public system. There are likely health economic advantages in providing gender affirmation surgery.

Surgery in the private system is currently prohibitively expensive.

Gender affirmation surgery is only available to a privileged few and only provided in the private health system.

Provision of service includes adequate training of health care providers. This includes culturally sensitive retraining of medical workforce recruited from overseas. All actions taken by the public system must as far as possible involve persons with lived experience of being transgender.

Equity requires that changemakers also act to assist those less advantaged to access new services.

EXECUTIVE SUMMARY

The aim of the Gender Affirming Surgery Forum (hereafter Forum) was to explore and assess opportunities for developing a sustainable health response for trans Queenslanders that reflects the State's commitment to human rights and international best practice. Integral to this health response is creating publicly available and accessible gender affirming surgery, referring to several procedures intended to align the person's body with their gender, including but not limited to singular and plural numbers of chest surgery, genital reconfiguration surgery, facial procedures, and voice surgery, among others.

The Forum agenda consisted of four panels representing four overlapping stakeholder groups: 1) lived experience; 2) clinicians and health practitioners; 3) community stakeholder organisations; and 4) those representing human rights, law, policy and politics--each with specific and relevant skills, expertise, and experiences concerning gender affirming surgery. The Forum, and this resulting report, has made several recommendations, based on the discussions across the four panels. It recommends that:

- The final report of the Forum be widely distributed; and
- The contributors to this Forum formulate a process to establish an advocacy action group (AAG) with the intention that the AAG develop an action plan inclusive of:

  - Seeking out or commissioning health economic modelling to inform the contention that provision of gender affirming surgery by Queensland Health is economically viable;
  - Researching the availability of gender affirming surgery and the models of care delivery utilised within other inter/national jurisdictions. Make representations to Queensland Health for the development of a state-wide framework for the care of trans, gender diverse and non-binary persons, inclusive of publicly accessible gender affirming surgery;
  - Examining the possibility of applying discrimination and Human Rights law to leverage change in Queensland Health;
  - Assessing the legal obligations set out by the Queensland Human Rights Act (2019), and anti-discrimination legislation to ensure the right to equitable access to gender affirming health services, specifically to provide for publicly accessible gender affirmation surgery;
  - Informing the existing Queensland LGBTIQ+ Roundtable and community-led LGBTIQ+ Alliance of the essential nature of publicly available gender affirming surgery as part of the implementation of any whole of government strategy to include LGBTIQ+ persons;
  - Given the evolving cultural landscape and the changing makeup of the health work force, advocating to all training and accreditation bodies within the healthcare sector of the need for continuous vigilance to the risks of increasingly discriminatory views and behaviours towards LGBTIQ+ persons;
  - Advocating the need for trans, gender diverse and non-binary-affirming, sensitive and focused training/professional development for the developing health workforce for culturally responsive care and reducing stigma from health professionals;
  - Exploring the possibility of zero-interest 'health loans' as a means of facilitating access to the private health sector for gender affirming surgery; and
  - Assessing the impact of medio-legal concerns held by individual medical practitioners as an impediment to offering gender affirming surgery.

These recommendations are made with the following important caveats:

- All actions must, as far as possible, meaningfully involve persons with lived experience of being trans, gender diverse or non-binary (inspired by 'nothing about us without us'); and
- Support the notion that change favours those best positioned to take advantage of it. Thus, equity requires that support changemakers also act to assist those less advantaged to access new services.

THE FORUM PROGRAM

After an opening by Associate Professor Annette Brömdal and an Acknowledgement of Country by a staff member from 2Spirits, the Queensland Minister for Health, Mental Health and Ambulance Services, the Honourable Shannon Fentiman MP, addressed the Forum with a short, pre-recorded video address.

A keynote address was then delivered by Associate Professor Sam Winter. The Forum agenda consisted of four panels representing four overlapping stakeholder groups, each with specific and relevant skills, expertise, and experiences concerning gender affirming surgery. To set the scene, each panel was preceded by the presentation of a relevant piece of research conducted by the trans rights and health research team at UniSQ. The program was conducted over a full day and each panel was allocated 50 to 60 mins.

Panel 1: The journey through gender affirming surgery-Lived experiences

Panel 2: Perspectives amongst clinicians and health practitioners

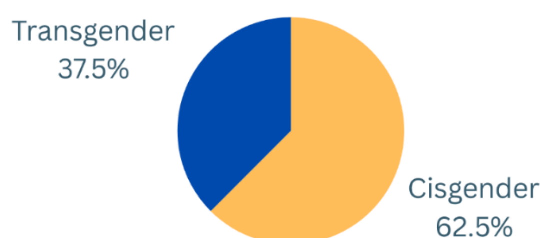
Panel 3: Perspectives amongst community stakeholder organisations

Panel 4: Gender affirming surgery, human rights, law, policy and politics

The Forum Agenda is attached as Appendix 1. Panel member names have not been included to preserve anonymity due to high levels of cultural toxicity (e.g., stigma, discrimination) that can surround gender diverse communities and topics.

FORUM PARTICIPATION

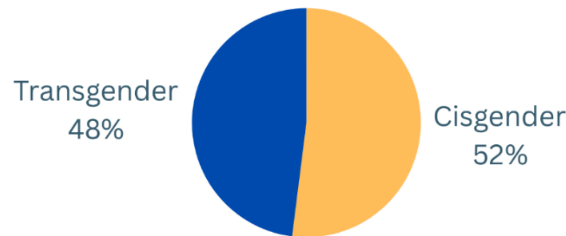
An important component of the Forum was to gain meaningful insights from diverse and interested stakeholders, including directly from trans people. To meet this aim, three of the eight members (37.5%) of the Steering Committee who organised and delivered the Forum are trans-identifying.



Steering Committee

Figure 1. Steering committee's reported gender identity

With regard to the four Forum panels, 12 of the 25 panel speakers (48%) were trans-identifying.

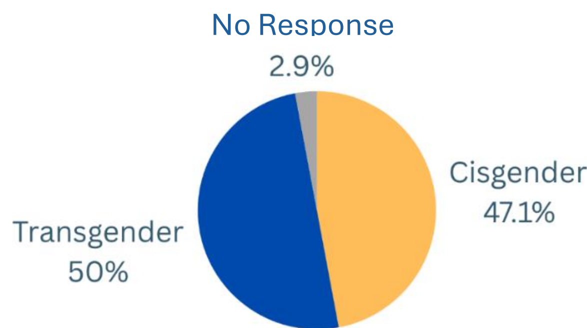


Panellists

Figure 2. Panellist's reported gender identity

All contributors to, and attendees of, the Forum where required to register and were invited to contribute demographic and attitudinal information.

A total of 136 individuals registered to participate in the Forum, and of this 98 persons registered to attend in person, and 38 online. Registrant's reported gender included: cisgender (n=64), trans (n=68), and no response (n=4).



Registrants

Figure 3. Registrant's reported gender identity

Registrants were asked about their affiliation with the trans communities. They were able to select one or more options, hence the total number of relationship statements exceed participant numbers. See Table 1 below.

Relationship statement	
I am a trans/gender diverse/non-binary community member.	68
I am a health care professional who is interested in the welfare of the trans and gender diverse community.	47
I provide trans and gender diverse community members support through a support agency/organisation.	33
I am an academic/researcher.	31
I have a role in human rights/ health policy/ legal services/politics.	22
I am in a leadership role with a support agency.	15
I am an ally.	13

Table 1. Registrant's affiliation with the trans community

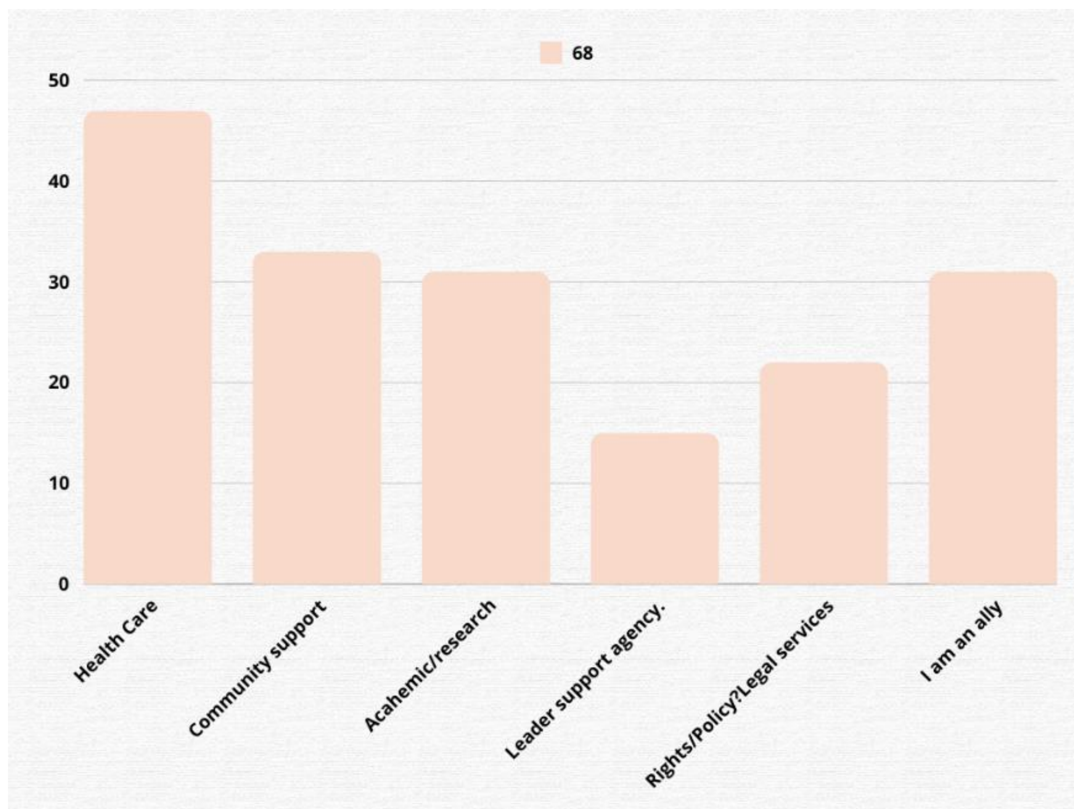


Figure 4. Registrant's affiliation with the trans community

As part of the registration process, registrants were asked: “Why does publicly available gender affirming surgery matter to you?”

The 118 responses were assessed based on frequency counts of relevant key terms.

Why does publicly available gender affirming surgery matter to you?	Number of registrants
Costs/not affordable	36
I need it	31
Equity/access	19
A human right	15
My patients need it	6

Table 2. Why gender affirming surgery mattered to the registrants

Figure 5. Why gender affirming surgery mattered to the registrants

PROCEEDINGS ON THE DAY

After the Forum was opened by Associate Professor Annette Brömdal and an Acknowledgement of Country was delivered by a staff member from 2Spirits, a pre-recorded video message from Minister for Health, Mental Health and Ambulance Services, The Honourable Shannon Fentiman, MP was viewed including the message below:

> "At the start of this week, I announced the ground-breaking Queensland women and girl's health strategy. And I'm so pleased to say that as part of that strategy, we are investing almost $7 million to provide gender affirming care tailored specifically for members of our LGBTQ+ communities, including Sistergirls and Brotherboys. But we know that more needs to be done particularly to make gender affirming surgery more accessible for those who want and need it. I know that we are all committed to improving health outcomes for trans and gender diverse people, making a difference in their lives."*

*Included with permission from the Minister's office.

KEYNOTE ADDRESS

The keynote address was delivered by Associate Professor Sam Winter (he/him). Associate Professor Winter is a mental health professional, with training and professional experience working with children, adolescents, and adults. For the last 21 years he has worked as a clinician, researcher, and teacher in the fields of trans health, wellbeing and rights, first at the University of Hong Kong, and more recently at Curtin University, in Perth, Australia. He is an Associate Professor in a team working in sexuality at Curtin's School of Population Health. He is a renowned international expert in the trans health promotion and rights field. During the revision process for the International Classification of Diseases (ICD) he was an invited member of World Health Organization's (WHO) Working Group on Sexual Health, the group that formally recommended to the WHO to remove all trans diagnoses from the ICD mental disorders chapter. These changes were incorporated into ICD-11 in 2019. Additionally, he was a chapter team lead for the development of the World Professional Association for Transgender Health's Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (2022).

The ICD-11

17 Conditions related to sexual health

Gender incongruence

HA60 Gender incongruence of adolescence or adulthood

Gender Incongruence of adolescence and adulthood is characterised 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. The diagnosis cannot be assigned prior the onset of puberty. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

In his address, Associate Professor Winter touched on the international standards of healthcare concerning trans persons. He quoted from 2022 US Trans Survey Study, the largest study of trans people in the world with a community sample of over 92,000 US participants. Of those participants who had undergone one form of gender affirming surgery "97% reported being more satisfied with their lives, in the vast majority of cases, 'a lot more satisfied' with their lives." Associate Professor Winter advocated that Australia's commitment to a variety of international standards, including the UN's Sustainable Development Goals (SDGs) requiring the Government to:

Ensuring healthy lives and promoting well-being for all at all ages. Achieve universal health coverage, including financial risk protection [and] access to quality essential health-care services… SDG3.

Associate Professor Winter asked the attendees to consider that Australia's near neighbours New Zealand and Hong Kong, both with less affluent GDP per capita, have elected to fund public provision of gender affirming to society members in these jurisdictions.

Associate Professor Winter ended this keynote with the following sentiment:

> "So, it seems to me it comes down to priorities – Government spending priorities, and spending priorities within healthcare. But it is worth recalling what we mean by Universal Healthcare. 'All people have access to the health services they need, when and where they need them without financial hardship, (WHO)…' It's not just about protecting patients against financial hardship. It is about providing the services where they need them."

The full text of Associate Professor Winter's keynote is attached as Appendix 2.

THE PANELS

Each of the four panels commenced with the presentation of a piece of research undertaken by the trans rights and health research team at UniSQ. Over the last three years this team, led by Associate Professor Brömdal and Professor Mullens, has undertaken several qualitative studies and reviews, scoping the views of adults with lived experience, clinicians, and community stakeholder organisations in relation to gender affirming care, including gender affirming surgery.

Panel 1: The journey through gender affirming surgery - Lived experiences

This panel session drew on the lived and intersectional experiences of trans adults navigating gender affirming surgery. The session sought to appreciate what is done well, and what is not done well, in Queensland regarding gender affirming surgery.

Research Piece Setting the Scene

Fostering Gender-IQ: Barriers and Enablers to Gender-affirming Behaviour Amongst an Australian General Practitioner Cohort (Franks, Mullens, Aitken & Brömdal, 2023)

Presented by the lead author and Panel Chair, Captain Nia Franks, a professional aviatrix, provisional psychologist, and out and proud trans woman.

ABSTRACT

While the visible population of trans and gender diverse Australians has grown significantly in recent years, primary health-care access remains hindered by a lack of practitioner competency and stigmatization. This article draws on qualitative research of purposively selected gender-affirming general practitioners (GPs) in Australia to explore barriers, and enablers when treating trans and gender diverse patients. Perspectives and behaviors during the gender-affirming clinical encounter were theoretically informed through minority stress theory, and master narrative frameworks. Reflexive thematic analysis facilitated a rich description of exemplary gender-affirming primary care. A considerable gap exists between structural, clinical, and cultural behaviors among competent gender-affirming GPs in Australia, and the majority of practitioners evidenced in the literature. This critical analysis contributes to better understanding how gender-affirming Australian GPs diffuse minority stress, negotiate cis-normative biases, and foster a person-centered longitudinal therapeutic relationship with their trans and gender diverse patients. An encounter the article argues may also provide an essential buffer for GPs in Australia against the risk of professional burnout. Gender- affirming practice should be taught as a core competency and be required as professional development for GPs in Australia, to ensure a beneficial clinical encounter for the growing trans and gender diverse population.

THE PANEL

This panel consisted of five trans people ranging in age from late twenties to mid-sixties. All panel members lived in their identified gender, including trans masculine, trans feminine, and non-binary gender identities. The panel members' lived experiences included intersectional challenges such as disability, being culturally and linguistically diverse, being a First Nations person, and an older adult.

The panel discussion centred around the following two questions from the Chair:

- Based on your experience, what aspects of trans medical care are done well, and not done well?
- What are the challenges you experienced seeking gender affirming surgery?

Multiple lived experience perspective themes exploring gender affirming surgery were identified during panel 1, including costs; peer and community support; accessibility; structural stigma; and critical care.

Costs

The excessive and largely unaffordable costs surrounding gender affirming surgery procedures was raised multiple times. Panellists described having to delay procedures for financial reasons, rely on support from parents (even in mature adulthood), and deplete superannuation funds jeopardising their retirement. Panellists referred to the desperation of community members who have experienced significant mental health impacts from a personal situation in which there was no prospect of ever affording gender affirming surgery.

> "…over 10 years ago, my out-of-pocket expenses were over $100,000…"
>
> "…it's just not affordable. I've wiped out my super more times than I can count…"
>
> "…things like facial feminization surgery, I was quoted $65,000 which I can't do…"

Peer and community support

Panellists were unequivocal in voicing their gratitude for support provided through the gender diverse community and peers when navigating the challenges of gender affirming surgery in Queensland. This support was described as vital in providing a safeguard against the significant levels of structural and systemic stigma and prejudice encountered during their respective journeys.

> "I'm lucky to work in a workplace that is supportive, I don't need to lie about surgeries that I'm having. You know, so I think that's another thing as well, when we talk about cost, but what about those who aren't in workplaces where they can actually affirm gender?"

Accessibility

The panel acknowledged that a considerable level of gender affirming surgical expertise is situated in Southeast Queensland. Nonetheless, capable, gender affirming surgery practitioners are in exceedingly short supply leading to long wait times for the privileged small minority who can afford procedures. This is despite some gender affirming surgery procedures being considered as clinically normative (e.g., top surgery). The panel posited that concern by clinicians about possible medico-legal liability may play a part. This lack of accessibility is exacerbated for any trans person living outside the Brisbane metro area with long and expensive travel times required for consults.

> "I'm actually on a waiting list [with] Dr. X in X where they provide facial feminization surgery, under Medicare. I've been waiting for more than almost like three years now…. they told me that they had to stop this surgery because somebody has reported them saying that they have been doing beauty surgery."

Structural stigma

Panellists described encountering stigma at multiple points of their respective gender affirming surgery journeys, from prejudicial GP consults, and hospital waiting list deletions, through to depictions of gender affirming surgery as both elective and purely cosmetic in nature.

> "...referrals to the Toowoomba base hospital that I thought were just me in a waiting period. And then we discovered a year later that they deleted them off the system and hadn't responded to me at all..."
>
> "...and said [to my GP of ten years], 'I've just worked out that I'm transgender. And I was just telling you'. And he said, 'I can't help you'."

Critical care

For the panel members, accessing gender affirming surgery was neither cosmetic nor elective, but vital to their social, emotional, and physical wellbeing. Panellists articulated varied levels of salient mental distress associated with their gender dysphoria, including suicidal ideation.

> "...meeting him again today [panellist's treating surgeon]. I broke into tears because he saved my life…"
>
> "...gender affirmation surgery is a really critical part of gender affirmation… I'm wearing a binder which is causing medical physical issues…. I have double D tits on me. And I have low oxygen saturation in my blood. I don't feel comfortable with, say, walking into a men's bathroom with tits in case that outs me in Queensland, where you can get bashed still for being trans."

Panel 2: Perspectives amongst clinicians and health practitioners

This panel session drew on the professional experience and expertise of clinicians and health practitioners across disciplines working in the space of gender affirming healthcare and surgery in Queensland.

Research Piece Setting the Scene

Barriers and Facilitators to Publicly-Funded Gender-Affirming Surgery: The Perspectives Amongst a Cohort of Australian Clinicians (Piñôn-O'Connor, Mullens, Debattista, Sanders & Brömdal, 2023)

Presented by the lead author Katie E. Piñón-O'Connor a provisional psychologist.

ABSTRACT

Introduction: Barriers to publicly-funded gender-affirming surgery (GAS) in Australia have been identified as costly with limited availability of qualified providers and lack of public hospital systems performing/offering these services. Our study explores barriers, facilitators, and potential implications for expanding, and improving publicly-funded GAS in Australia from the perspectives of an Australian cohort of gender-affirming clinicians.

Methods: We conducted semi-structured interviews with eight clinicians in 2021 who currently work within gender affirming health services in Australia. Through ecological systems theory, gender minority stress framework, and reflexive thematic analysis, themes and subthemes were developed.

Results: Our study identified three themes and five sub-themes exploring the barriers and facilitators to publicly-funded GAS in Australia. Gender-affirming clinicians indicated establishing a surgical centre for excellence in trans and non-binary healthcare is an essential facilitator needed to implement publicly-funded GAS. This would allow for a best-practice decentralized model of gender-affirming care to be realized in future to optimize health and wellbeing among trans and non-binary persons.

Conclusions: There remain substantial barriers, specifically at ecosystem and macrosystem levels, within the public health service needing urgent attention. Implications of findings are relevant to funding, clinical practice, research, and policy within and beyond Australia.

Policy Implications: The substantial barriers within the public health service sector could be improved through a growing support, and a changing socio-political-cultural milieu; ultimately informing publicly-funded GAS as the most sustainable course of action and policy reform.

THE PANEL

The panel was chaired by Associate Professor Graham Neilsen a Sexual Health Physician with an interest in cross-cultural expressions of gender diversity. Associate Professor Neilsen is also an academic at the School of Public Health, Faculty of Medicine, University of Queensland and at Griffith University. This panel consisted of five clinicians whose disciplines included sexual health, general practise, urology/andrology, and psychology. The panellists had extensive experience providing healthcare, including surgery, to trans people. Some of the sentiments related to their role in the trans affirming healthcare space included:

> "I'm here to be your advocate."
>
> "…we work in the disability space as well…"
>
> "I've been providing care to trans people for at least 20 years… [I'm] passionate about this subject."
>
> "I'm really keen to see very well-designed training in medical education, nursing education, and [general] education."

The panel discussion centred around the following question from the Chair:

- How do we make appropriate access to gender affirming surgery happen?

Multiple themes exploring gender affirming surgery were identified during panel 2, including costs; positive outcomes; frustrations; legal possibilities; research; changes in ICD-11; logistics; medical education; policy considerations; and Federal healthcare considerations.

Costs

There is a significant emotional, financial and health cost incurred by this vulnerable group from being denied access to gender affirming surgery

> "…we all know we need to provide care to reduce pain and suicidality to save lives, literally, I go to work, knowing I will save lives today…"

Positive outcomes

Panellists discussed how trans people do much better and cost the health system less if they have access to gender affirming surgery, as per the quote below:

> "...this is the reality; people do much better and cost the health system less if they have access to this kit..."

Frustrations

The relationship between private practitioners and the public health system is complex and problematic. Clinicians expressed frustration that gender affirming surgery was not provided by the Queensland public health system. One of the consequences of this service gap is that clinicians have disengaged from the public system. One panellist asked what would happen if clinicians referred every patient they saw to the public hospital system. They wondered if this move would at least educate Queensland Health about the scale of the current unanswered need. The same panellist asked if this would encourage and facilitate the gathering of statistics that may be useful in eliciting change from Queensland Health. Other panellists felt it was unlikely that Queensland Health would learn from or change practices as a result of a barrage of referrals as they may simply not get past clerical processes. It was also considered that referring trans patients for care that is not currently provided is likely traumatic to trans people as per the quotes below,

> "How many referrals were sent in? How many were rejected? What were the consequences of those rejections?"
>
> "If we refer everyone in need there is a potential negative effect, the big red denied stamp will be just another traumatic thing."

Legal possibilities

Strategies were discussed that might help to ensure greater equitable healthcare access including legal options such applying the Queensland Human Rights or anti-discrimination legislation.

> "So, get the lawyers involved…"
>
> "I wonder if there might be some alternative pathway through human rights…?"
>
> "It's not really until you cost them a lot of money in the public system, before we get the attention…"

Research

The panel discussed that continued research exploring a gender affirming and sustainable health response for trans people is vital in seeking to inform change.

> "Continue academic data collection, as a community, of clinicians, politicians, and patients we need to have information, we want somebody gathering the academic data, and gathering, some big picture of public health information."

Changes in ICD-11

The panel members discussed how the de-pathologizing of gender dysphoria in some respects has complicated how private surgeons provide care for trans patients. As gender dysphoria is no longer categorised as a psychiatric illness but as "a condition related to sexual health", surgeons can no longer justify surgery on the basis that it will relieve a psychiatric condition (i.e., gender dysphoria). Instead, the surgeon must now assert, or agree with psychiatric advice, that the patient has a major psychiatric diagnosis arising from gender dysphoria to justify surgery, which can be prejudicial for patients.

> "I wish to a degree that gender dysphoria hadn't yet been taken out of the Mental Health list. It doesn't allow me to tick the box mental health if you want to access your super there is no tick box anymore. Transgender patients are still having mental health [issues] because this will be a mental health issue – that I do the surgery or not…"

Logistics

Panellists raised the importance of how hospital item coding and Medicare item numbers should accurately reflect gender affirming surgery. More specifically, hospitals code demographic and medical condition information for all admissions, and while the stated intention of Queensland Health is that the process reflects the current version of the International Statistical Classification of Diseases and Related Health Problems, there was implied concerns that the coding process may not address gender affirming surgery processes and procedures.

Medical education

The panel members also elaborated on recommendations for how to improve trans healthcare in the future, whereby medical students need to be educated about gender affirming medical healthcare, based in this being a core skill. Panellists also raised that there is an additional need for positions and structures for gender affirming surgery training programs in Queensland Health hospitals.

Policy considerations

The panel stressed how a uniform implementation strategy must be considered, requiring that Queensland Health provides policy and business case development for funding selected Queensland Hospital and Health Services (HHS). Further, funding needs to be de-coupled from Medicare items. Implementation might be viable by using one HHS as a centre of excellence or may involve a few HHSs which would provide more accessible care in regional settings.

Federal healthcare considerations

The panel highlighted that while the proposed changes to Medicare item numbers will more accurately describe gender affirming surgery, concerns were expressed that there will be a decrease in total rebates accessible to patients and an increase in out-of-pocket expenses. Similarly, leadership at the Federal level saw massive funding for curative antivirals to manage Hepatitis C. Currently Queensland Health provides no funding for gender affirming surgery and it is suggested that Queensland Health can, and should, show leadership in this healthcare space too.

Panel 3: Perspectives amongst community stakeholder organisations

This panel session drew on the perspectives and experiences of a diverse cohort of Queensland community organisation representatives who are providing support to trans adults navigating gender affirming surgery in Queensland, and elsewhere, including those with lived experience of navigating gender affirming surgery.

Research Piece Setting the Scene

Developing a Gender Affirming Health Response for Trans and Gender Diverse Australians: A Qualitative Study (Windt, Mullens, Debattista, Stanners & Brömdal, 2024)

Presented by Panel Chair on behalf of the lead author Isabella Windt.

ABSTRACT

Introduction: As trans and gender diverse populations experience disproportionately higher rates of discrimination, violence, mental health challenges, unemployment, and financial hardship, it is important to develop an evidence-based public health response for trans and gender diverse people seeking gender affirming surgery (GAS). Resourcing and pathways for access vary across Australian states, with little research exploring the experiences of trans and gender diverse people seeking GAS in Australia.
Methods: In-depth semi-structured interviews (N=9) were conducted with three trans and gender diverse individuals, and six key representatives from community organizations (of which five identified as trans or gender diverse) in Queensland Australia. Braun and Clarke's reflexive thematic analysis was employed to analyze interview data.
Results: Interviews explored experiences with and attitudes towards existing models of gender affirming care, barriers to the provision of GAS, and opportunities for developing and implementing a publicly-funded gender affirming model in Australia. Findings indicate individual, societal, and structural barriers prohibit access to GAS, with opportunities identified to improve health and wellbeing outcomes for trans and gender diverse people in Australia.
Conclusions: Findings are relevant to both future research and informing clinical policy, to establish appropriate and accessible pathways to GAS in Australia. Further research is required to inform the development of a publicly-funded model within the Australian context. Exploration of health economics and health service optimization would facilitate better understanding of individual trajectories and health outcomes within Australia, and ensure that any reform applies a person-centered approach to care.

THE PANEL

The panel was chaired by Dr Frances Mulcahy, a retired GP, gender diverse person, artist, poet, and performer.

This panel consisted of six persons all of whom were gender diverse. The panellists were involved at the 'coal face' supporting trans people. The community groups they represented provide support to the whole of the gender diverse communities, including targeted support for community members with intersectional challenges.

The panel discussion centred around the following two questions from the Chair:

- For those people unable to access gender affirming care, what are the long-term implications in terms of overall health and wellbeing?

- What should our role as community organisations be in educating the healthcare system about the importance of providing gender affirming surgery?

Multiple themes were developed from panel 3, including topics centring around; human rights; intersectionality; support and advocacy; and unintended consequences.

Human rights

The panellists endorsed the view that access to publicly funded gender affirming surgery would have significant positive effects for the wider trans communities. When considering the rights of trans person to access gender affirming surgery one must not lose sight of the challenges for many trans persons who are denied basic human rights, including the right to be addressed by the name and pronouns of their choice.

Intersectionality

The first question provoked passionate reflections about the diverse needs of trans community members, in particular the needs of those who are multiply marginalised and traumatised. The panel, with intersecting identities, spoke in detail about incarcerated persons, person experiencing domestic and family violence, and sexual violence, including persons requiring additional supports related to the challenges of physical and/or intellectual disability, and trans people experiencing discrimination and other difficulties requiring responses from the legal system.

"So, I'm specifically talking about people with intellectual disability, people with psychosocial, disability neurodivergent folks, people with acquired brain injury, people who generally for you know, as a mainstream cohort, are often considered to not be able to make decisions and have those decisions be informed and have those decisions respected."

"There is very little institutional trust and very little executional experience of people's general decisions being respected, of general decisions being considered as important or their perspectives, their lived experience, being respected."

"…all of a sudden, the experts are all professionals, doctors, people who do not have that lived experience because that lived experience is suspect."

"Yeah, so we see just a lot of legal issues from the transgender community, we see a lot of discrimination. We see a lot of hate speech...and, vilification despite the fact that we have quite strong protections in Queensland for hate speech and for discrimination

Support and advocacy

The panel members asserted that any model of care needs to ensure that those with lived experience of disability are heard as autonomous heath care consumers. Models of care must also embed community support and consumer advocacy to ensure nobody is left behind.

Unintended consequences

The panel members were highly concerned that advocacy for publicly funded gender affirming surgery needs to be sensitive to possible negative reactive attention and scare tactics directed against those who are intersectionally disadvantaged and oppressed, and that advocacy for publicly funded gender affirming surgery needs to be sensitive to the risk that service improvement for the wider community can leave the disadvantaged further behind.

When exploring the topic concerning what should be the role of community organisations in educating the healthcare system about the importance of providing gender affirming surgery, the responses from the panel members was threefold: 1) As community they need to show up and keep pushing, because they are a community of the disadvantaged; 2) they need to link into the broader social justice movement; and 3) they need to educate themselves so they can advocate more effectively.

> "So, I think our role as community and as organizations is to provide hope, and also to be the face, that we are fighting, and that we are fighting unconditionally, and unapologetically for not only ourselves, but different for future generations."
>
> "And I think that's our role as community members, as organizations is to, is to show up, step up and just keep pushing."
>
> "The one lesson we have learned globally, in terms of pushing for LGBT rights is the true name of intersectionality. It costs votes to change laws. We don't have the votes. So, what do we do? We take that one thread of rope that we have, and we weave it to social justice movements."

Panel 4: Gender affirming surgery, human rights, law, policy, and politics

This panel session drew on the perspectives of a cohort of human rights lawyers, leaders of Queensland-based LGBTI health support, advocacy, and roundtable organisations, coordinators of Queensland gender services, and policy and governance informers, with many having a clinical/health practitioner roles.

Research Piece Setting the Scene

Mental health and quality of life outcomes of gender-affirming surgery: A Systematic Literature Review (Swan, Phillips, Sanders, Mullens, Debattista & Brömdal, 2023)

Presented by the Panel Chair on behalf of the lead author Jaime Swan, psychologist.

ABSTACT

Introduction: Transgender individuals experience disproportionately higher rates of mental health concerns and lower quality of life (QoL) than the general population. Gender-affirming healthcare can reduce negative mental health outcomes and improve QoL. This review explores the mental health and QoL outcomes to accessing gender-affirming surgery for transgender individuals.
Method: Following the PRISMA guidelines, searches were conducted using five databases for peer-reviewed articles, in English, with full-text available online published between January 2000 and August 2021.
Result: Fifty-three studies were included. Findings indicate reduced rates of suicide attempts, anxiety, depression, and symptoms of gender dysphoria along with higher levels of life satisfaction, happiness and QoL after gender-affirming surgery. Some studies reported that initial QoL improvements post gender-affirming surgery were not always enduring.
Conclusion: This review supports the need for more sustainable and accessible gender-affirming surgery as a means for improving the mental health and overall QoL among transgender individuals and indicates the need for further research with greater methodological rigor focusing on correlates of positive gender-affirming surgical outcomes. Without social, legal, and public policy responses to transgender discrimination, marginalization and exclusion, the beneficial outcomes of improved gender-affirming surgery will remain unclear.

THE PANEL

The panel was chaired by Dr Joseph Debattista, treasurer of the Sexual Health Society Queensland. He has over three decades of experience in sexual health.

The fields of expertise held by the members of panel 4 included, healthcare, law, human rights law and advocacy, policy development and implementation.

The panel discussion centred around the following question from the Chair:

- Given that the Queensland Human Rights Act of 2019, specifically refers to the right to equitable access to health services, does this place an obligation on Queensland, to provide for publicly accessible gender affirming surgery?

Multiple themes were identified from panel 4, including the possible use of the Queensland Human Rights Act of 2019; a wider consideration of discrimination; health economics; and policy and political challenges.

Possible use of the Queensland Human Rights Act

A difficult ask

The panel members deliberated on the wording of section 37 of the Queensland Human Rights Act of 2019, where everyone has the right to access health services without discrimination. However, in the current state of the health system, it would be very difficult to prove that access to gender affirming surgery is being restricted on the grounds of discriminatory practice rather than on the basis of limited resource allocation, as suggested through the below quote:

> "…everyone has the right to access health services without discrimination…. from claims on how it is denied it's very difficult to prove…. (defence of a discrimination claim would) probably blame the funds. It's got nothing to do with the fact that this is for gender affirming surgery, but it's an issue of resources."

A system-wide view

The panel also highlighted that those working in health and human rights-related professions would argue the inadequacy of the argument. It is important to consider the systemic level and interrogate how the processes of health delivery, planning and funding are infused with systemic bias and discrimination.

Revision of the legislation

Parallel to this, a member of the panel raised a limitation of the current legislation in that it does not address the systemic level but rather addresses and protects the individual and advocates for the rights of individuals within an existing systems framework. There is hope that the new anti-discrimination act, coming into place, may address through law, systemic challenges in Queensland.

> "…and that's the problem with this piece of legislation. It protects individuals, it promotes and advocates for the rights of individuals, this is a systems level issue. And what I'm really hoping for is for this to be addressed with the new anti-discrimination act."

A wider consideration of discrimination

Language as euphemism

The panel members stressed that we need to be aware that the word "discrimination" is synonymous to violence and stigma, as suggested by a panel member below:

> "…discrimination is just a polite word for violence, stigma and discrimination are embedded in so many of our funding agreements. And they are polite words that say, your communities need to put on your armour before you leave the house every day."

The absence of policy

Similarly, when one considers inclusion and diversity policies of health and hospital services in Queensland, panel members suggested there appears to be a paucity of reference to the LGBTIQ community on the websites of these services.

> "...of health hospital services in Queensland, you look on the websites, you'll find that that they're either completely absent, or that there's a little bit of a pattern as to which health services are more or less likely to have an intervention policy."

Absence of identity

It was stressed that the National Health and Medical Research Council which is responsible for distributing millions of dollars as grants every year publishes and is the author of the "*National Statement on Ethical Conduct in Human Research (2023")*, Chapter Four of that statement identifies populations with specific ethical considerations, yet do not identify LGBTI people.

> "Australian Medical Council, under this legislation, control medical curricula for all 24 medical schools across Australia and New Zealand and they have no specific standards for competence with LGBTI health in domestic graduates."

Changing medical workforce

The Australian Medical Council, under legislation, control medical curricula for all 24 medical schools across Australia and New Zealand yet there are no specific competency standards for LGBTIQ health. One panel member argued that when one considers the Australian general practice workforce, 24% of currently practicing general practitioners in Australia have obtained their degree in a country that criminalizes queer people. Therefore, their medical degree carries an extremely elevated risk of harmful, unscientific convictions. This, according to panel members, is a risk that has not been previously managed as elaborated in the quote below:

> "…when we look at the Australian general practice workforce of all currently practicing general practitioners in Australia, 24% obtain their degree in a country that criminalizes queer people. So, their medical degree is extremely elevated [regarding] risk of harmful, unscientific convictions. And this is a risk that has never been managed before."

Inconsistent service

Panel members alerted the audience that there are some hospitals in Queensland that will perform gender affirming hysterectomy and there are hospitals that do not. This variation in practice cannot be explained yet requires coherent clarification and objective justification.

> "…there are some hospitals where you can get a hysterectomy for gender affirming reasons. And there are hospitals that you cannot."

Access and equity in other places

The panel members pointed out the importance of studying international jurisdictions which have established a right to access health services without discrimination, including assessing the affordability and accessibility with respect to gender affirming services. An international precedent could be used to lodge arguments to Queensland Health, under the Human Rights Act or to Human Rights Commission. On this topic, one panel member asked:

> "What is going on in other parts of the world that have a right to access that could help justify a Queensland approach? How is the issue of resource-allocation being addressed in other countries?"
>
> "...a jurisdiction like Victoria, where they have a positive duty to take reasonable measures to prevent discrimination."

Health economics

Understanding the costs

Panel members discussed the need of locally applicable health economic facts before we can effectively argue discrimination. Being mindful that the research implies there is a substantial cost burden when gender affirming surgery is not accessible. There is no doubt that there is a significant cost to the health system created by the lack of accessible gender affirming surgery.

> "So, it would be very interesting to know, what is the burden on our health system in Queensland and throughout the country of distress, suicide and [cost to] ethical lives... These are big, are they not? The cost of ensuring that there's additional funding and support for gender services."

The adjusted quality of life cost measure

Quality Adjusted Life (QAL) is an assessment of how many extra years of life that a person will receive because of an intervention. QAL is used extensively in assessing the health economics of an intervention. Accurate suicide data is essential to inform a QAL assessment. At present the panel stressed there are no data available on levels of suicide within the queer, nor specific to the trans community.

> "...a really important concept in health economics is this idea of a quality adjusted life, which is basically making an assessment of how many extra years of life that a person is receiving because of an intervention. Now, when we look at suicide within the queer community, globally, internationally, we do not have suicide statistics or data."

Proposed voluntary suicide register.

A policy of Australian Medical Association (AMA) Queensland is funding such a voluntary suicide register to allow for collection of suicide data.

> "...one of the policies from AMA Queensland, is that Queensland looks at funding the voluntary suicide register, so that we can start to collect that data. And that is absolutely vital to creating an argument around health economics."

Policy and political challenges

Invisibility

The panel further argued that there is currently no gender affirming surgery policy in Queensland and that reflects trans persons' invisibility in both the data (e.g. ABS and/or census data) and the policy development space.

"There is no policy that describes things and health approach to gender affirming surgery access for transgender people is not there. So, establishing policy would be a very good start."

"But one of the biggest things that keeps, or has come up a number of times today is around visibility by way of a number of different terms and things like that. So, invisibility in data, invisibility in spaces, and not being able to count ourselves in, except if you're a frontline physician or surgeon or someone who's actually feeling overwhelmed with the numbers of folk, we're asking for that support. And I think the general lack of investment in our communities, and in our lives, in a bricks and mortar kind of way is really significant in Queensland."

A complex system which minimises transparency

The complexity of the health system was raised during the panel, and that even at the individual hospital level there is the capacity for an idiosyncratic view of policy obscuring the view of trans healthcare at a State level.

"…the one thing that has become clear to me in my deep dive into procedures or policy agreements is that it's not clear at all. It's almost impossible to find a candidate because there are so many different levels in the system. Not only has it been mentioned today, many times that it's not really the federal and state system. You've got individual hospitals, which all have different processes."

Queensland's first LGBTI strategy

Panel members highlighted that while the Queensland Government has recently developed a whole of government LGBTI strategy, its implementation process has not been developed and the impact if any on transgender healthcare is unknown. As of the time of composing this report there is no known policy, in place hence, Government and/or Queensland Health is recommended to develop and implement one as per the quote below:

> "It's a Government strategy, it's owned by Government, and it's guided by community. The Minister has also made a commitment to invest in our communities and wrap-around services. And all of the things that are coming out of the Forum today should be embedded in how that service is developed, and what that looks like moving forward."

Indemnification of doctors

Panel members reported that health practitioners are indemnified within the public system but need to adhere to policy and protocols. The lack of consistent policy throughout the State is an impediment of doctors being confident to offer surgery. At an individual medical practitioner level, the fear, both real and imagined, of medico-legal repercussions is an impediment to offering gender affirming surgery.

> "…doctors and nurses and everyone else are indemnified because you work for the public system. But you have to adhere to the rules. And it depends on who's in charge."

A useful example

The Queensland Health has put into place a First Nations Health Equity Strategy, this required a change in the legislation, creating an amendment to the HHSs of Queensland as elaborated on below:

> "…and I think it's potentially a way and another tool that could be used by wonderful people in this room to, to push for LGBTQI+ rights in the health space seriously… because they've taken that HHS mandate…"

Queensland Services Act that compels each HHS to take practical action would be a possible way forward. A similar approach would go a long way in advancing trans health care and publicly available gender affirming surgery.

CLOSING REMARKS ON THE DAY

UniSQ Professor Amy Mullens (Clinical/Health Psychologist; working in gender/sexuality since 2002 and 'Health Equity' research theme leader for UniSQ Centre for Health Research) was tasked with providing concluding remarks on the day. She summarised the clear need for publicly funded models of gender affirming surgery given the strong scientific evidence supporting the positive impact on mental and physical health for those who desire surgery. Professor Mullens reflected on the history of both the progress and continued challenges since the formation of a Brisbane-based Gender Health Service in 1994. Specifically, she highlighted some of the financial and practical issues accessing gender affirming surgery, as well as the ongoing issues of stigma, insufficiently trained clinicians, and considerations of other marginalised/priority groups within the trans community. Drawing on the sentiments from the day, Professor Mullens concluded her comments by recommending a multi-pronged approach to progressing publicly funded models of gender affirming surgery involving community mobilisation, clinician action, and political advocacy. She further recommended bridging clinical practice, research, and government policy, extending the conversations to legal, economic, and other interdisciplinary fields.

Additional contributions from participants

Two online information collection forms were developed and used as a part of the forum: the "Related Commentary and Future Directions Form, and the "Business Card Form."

The "Business Card" form was intended to give participants a networking opportunity post-forum. Twenty participants completed the form (with name, contact details, affiliation), and the collected details were distributed to all registrants after the Forum and read as follows:

This form will remain available until 23rd of March. The contact details and professional interests' information collected here will be emailed to all individuals registered for the Gender Affirming Surgery Forum. The only data that will be retained after 24th of March will be from those who request to be added to the GANQ email list. Management of the list is in the hands of Frances Mulcahy Hon Sec GANQ and Gender Affirming Surgery Forum Steering Committee member.

The blank form is attached as Appendix 3.

The online "Related Commentary and Future Directions" form was available to participants during the Forum and for two weeks thereafter. It was intended to provide an alternative site to offer personal questions/contributions from the audience.

The "Related Commentary" section was a single open-ended statement reading, "Your opportunity to share any comments that relate in a general way to gender affirming healthcare or the welfare of the gender diverse communities."

- Gender affirming healthcare - please make it accessible, less expensive, easier to find; and
- This is a fundamental human right.

The "Future Directions" section was a structured instrument. There were 12 contributors to the form suggesting the below:

- Cost effective, affirming, culturally responsive, and developed with co-design and lived experience input, reflect basic healthcare and human rights needs, be physically accessible, welcoming and inclusive;
- Embracing telehealth will improve rural and regional access to affirming care.
- The cost is prohibitive at present a funded public option is essential;
- Zero-interest health loans might facilitate access to private care;
- Expensive and essential pre-operative preparation such as electrolysis must be included in a fully public funded model; and
- More education is needed for nursing staff.

OUTCOMES

The aim of the Forum was to explore and assess opportunities for developing a sustainable health response for trans Queenslanders, specifically for publicly accessible gender affirming surgery, that reflect the state's commitment to human rights and international best practice. The desired outcomes of the Forum included, the production of a formal report, community engagement, professional networking, advocacy, and an opportunity for additional input from community, clinical, legal and academic stakeholders, including the development of key recommendations moving forward. This Forum was effective in gathering the vast and valuable experiences and ideas from a large and diverse group of individuals all of whom care about the health and welfare of trans people. The panel approach to including four major topics supported by local, current, academic research yielded a comprehensive range of ideas and views. The use of the online registration process and online forms complemented the gathering of information from the face-to-face activities on the day. While a spirit of collegiate support, inclusivity, and immense goodwill is not readily quantifiable, it was highly evident on the day. This process of engaging with stakeholders has facilitated ongoing networking, community engagement/ mobilisation, a list of arising recommendations as noted in this report.

ADDITIONAL INFORMATION

<u>Medicare, Medical Services Advisory Committee, and other jurisdictions providing publicly funded gender affirming surgery</u>

Publicly funded provision of gender affirming surgery has been implemented in several countries to date. Sweden was the first country in the world to authorize legal gender affirming surgery in 1972 and has since covered all gender affirming surgery procedures through its high-cost protection (part of its universal healthcare system), including doctor's visits and medication (RFSL, 2022, 2023). Similarly, New Zealand has provided gender affirming surgery through the public system since 2020, with high levels of demand reported across all forms gender affirming surgery (Health New Zealand, 2023). Hong Kong provides heavily subsidised gender affirming surgery through the public system, albeit with longer wait times compared with the more expensive private health system (Transgender Resource Center, 2022). Most Canadian provinces provide some forms of GAS through the public system, although some provinces do not cover surgery considered to be 'cosmetic' (such as facial feminization and breast augmentation) (GrS Montréal, 2024)). While these examples demonstrate that publicly funded access to gender affirming surgery can be implemented within similar healthcare systems, further research is required to inform the development of a publicly funded model within the Australian context. Exploration of health economics and health service optimization would facilitate better understanding of individual trajectories and health outcomes within Australia and ensure that any reform applies a person-centred approach to care (Windt et al., 2024).

Discussion of publicly funded models of gender affirming surgery provision in Australia is timely, however, with the recent submission by the Australian Society of Plastic Surgeons of Medical Services Advisory Committee Application 1754. The application proposes a number of amendments to existing Medicare patient consultation items and proposes the creation of twenty-eight new major and minor surgical procedures for gender affirmation into the Medicare Benefits Scheme under a multidisciplinary model of care framework (Medicare Services Advisory Committee, 2024).

While the success of this application would make various gender affirming surgery procedures accessible through the public health system, the structural barriers related to limited availability of existing clinicians as reflected in Windt et al. (2024) would continue to delay access for those who seek them. Similarly these structural barriers could be addressed through the provision of clinician training designed to attract additional gender affirming healthcare providers offering a greater breadth of services, which aligns with previous research (Franks et al., 2023; Piñón-O'Connor et al., 2023; Windt et al., 2024). Further research is critically needed to inform development of an optimal clinician training model.

KEY RECOMMENDATIONS

As a result of the Forum, it is recommended that:

- The final report of the Forum be widely distributed; and
- The contributors to this Forum formulate a process to establish an advocacy action group (AAG) with the intention that the AAG develop an action plan inclusive of:

  - Seeking out or commissioning health economic modelling to inform the contention that provision of gender affirming surgery by Queensland Health is economically viable;
  - Researching the availability of gender affirming surgery and the models of care delivery utilised within other inter/national jurisdictions. Make representations to Queensland Health for the development of a state-wide framework for the care of trans, gender diverse and non-binary persons, inclusive of publicly accessible gender affirming surgery;
  - Examining the possibility of applying discrimination and Human Rights law to leverage change in Queensland Health;
  - Assessing the legal obligations set out by the Queensland Human Rights Act (2019), and anti-discrimination legislation to ensure the right to equitable access to gender affirming health services, specifically to provide for publicly accessible gender affirmation surgery;
  - Informing the existing Queensland LGBTIQ+ Roundtable and community-led LGBTIQ+ Alliance of the essential nature of publicly available gender affirming surgery as part of the implementation of any whole of government strategy to include LGBTIQ+ persons;
  - Given the evolving cultural landscape and the changing makeup of the health work force, advocating to all training and accreditation bodies within the healthcare sector of the need for continuous vigilance to the risks of increasingly discriminatory views and behaviours towards LGBTIQ+ persons;
  - Advocating the need for trans, gender diverse and non-binary-affirming, sensitive and focused training/professional development for the developing health workforce for culturally responsive care and reducing stigma from health professionals;
  - Exploring the possibility of zero-interest ‘health loans’ as a means of facilitating access to the private health sector for gender affirming surgery; and
  - Assessing the impact of medio-legal concerns held by individual medical practitioners as an impediment to offering gender affirming surgery.

These recommendations are made with the following important caveats:

- All actions must, as far as possible, meaningfully involve persons with lived experience of being trans, gender diverse or non-binary (inspired by ‘nothing about us without us’); and
- Support the notion that change favours those best positioned to take advantage of it. Thus, equity requires that support changemakers also act to assist those less advantaged to access new services.

MODELS OF PUBLICLY FUNDED GENDER AFFIRMING SURGERY FORUM 2024

AIM OF FORUM: To explore and assess opportunities for developing a sustainable health response for trans and gender diverse Queenslanders that reflects Queensland's commitment to human rights and international best practice. Integral to this health response is creating publicly available and accessible Gender Affirming Surgery.

AGENDA

Opening and Acknowledgement of Country
Message from the Minister for Health, Mental Health and Ambulance Services

Keynote Address

Associate Professor Sam Winter (he/him)

Panel 1: The journey through gender affirming surgery - Lived experiences

Chair: Nia Franks (she/her)

Panel 2: Perspectives amongst clinicians and health practitioners

Chair: Dr Graham Neilsen (he/him)

Panel 3: Perspectives amongst community stakeholder organisations

Chair: Dr Frances Mulcahy (she/her)

Panel 4: Gender affirming surgery, human rights, law, policy and politics

Chair: Dr Joseph Debattista (he/him)

Associate Professor Sam Winter (he/him)*

Gender affirming surgery, Universal Healthcare, and Australia

Good morning, everyone. Sam Winter here. Greetings to you today from Perth. Thanks for coming along to this Forum on Gender Affirming Surgery.

My talk is on 'Gender Affirming Surgery, Universal Healthcare, and Australia'.

First of all, a few words about me. I am an Associate Professor at the Curtin University's School of Population Health. My professional training was in psychology. I worked in the UK and Hong Kong, before coming to Australia in 2015.

My area of interest (clinical, teaching, research and publication) is the health and wellbeing of trans people; people identifying in a gender other than the one presumed for them at birth on the basis of their assigned sex.

I consulted for various UN agencies, most notably I guess the WHO. I was one of those on a WHO Working Group arguing that the Organization should remove the diagnoses used in trans healthcare from the Mental and Behavioral Disorders chapter, where they had resided for decades, into a new chapter called 'Conditions Related to Sexual Health'. Those changes have now been incorporated into ICD-11 (the updated revision of the International Classification of Diseases).

I served for nine years on the Board of WPATH (the World Professional Association for Transgender Health) and was one of a mass of authors on both the previous and current version of their Standards of Care – the clinical guidelines that have gained, over successive revisions, a fair bit of influence over the way healthcare for trans people is provided worldwide nowadays.

I also led, some years ago now, the first series on trans health in The Lancet journal.

In this short presentation I want to touch briefly on why gender affirming healthcare (including gender affirming surgery (including genital surgery)) is important; and then go on to share why, in my view, gender affirming healthcare (including surgery) should be available within Australia's publicly funded healthcare system – Medicare.

First then, even though I may be speaking to the converted, a few words about the importance of gender affirming healthcare. The evidence shows that many trans people experience poor mental health and quality of life. Many experience discomfort or distress about their bodies. Many experience discomfort or distress because of the ways they are treated; in their families, places of education or work, and in society more generally (including when they access healthcare). Many live with stress, anxiety, depression, and, too often, engage in various types of self-harm, and even suicide.

Appendix 2

Gender affirming healthcare isn't a medical necessity for all trans people. But the bulk of evidence shows that gender affirming healthcare can help **many** trans people towards happier and healthier lives. Some trans people describe this healthcare as life changing; others as lifesaving. And for those for whom it is a medical need, difficulties accessing this healthcare can be damaging to health. There is a lot of research out there. Much of it is summarized in the current WPATH Standards of Care; Standards of Care 8 runs to 250 pages and cites around 1500 references in the field.

True, the gender affirming approach remains controversial in some quarters. And it has certainly generated a lot of newspaper copy in Australia over the last few years. But the research out there is already persuasive about its value in the lives of many trans people. And alternative approaches are poorly researched and experimental – one example, is the *gender exploratory therapy,* a psychotherapeutic approach that is poorly researched, experimental, and can too easily slip into reparative (or conversion) therapy – widely viewed as unethical and harmful, and now in some places illegal. For good reason across the world a large number of well-respected and influential professional and scientific organisations worldwide (not just WPATH, not just its local equivalent AusPATH) affirm the gender affirming approach.

What I've said about gender affirming healthcare in general is true for gender affirming surgery more specifically. in particular. Again, you can find much of the research on surgery cited in WPATH Standards of Care 8.

And the research keeps coming in. We now have the first publication from the 2022 US Trans Survey Study, the largest ever study of trans people anywhere in the world, with a community sample of over 92,000 participants. Of those participants who had undergone one form of gender affirming surgery 97% reported being more satisfied with their lives; in the vast majority of cases 'a lot more satisfied' with their lives.

Sadly, as many here will know, access to gender affirming healthcare is patchy across Australia. Access to genital surgery is perhaps most challenging of all. For a number of reasons, among them the availability of trained providers, the distances to be travelled, the hurdles to be jumped, the wait lists to be endured, and most notably perhaps, the massive costs involved.

So, what place should gender affirming surgery (in all its forms, including genital surgery) have in Australia's system of Universal Healthcare. Should surgery for trans people in Australia be publicly funded?

I'd like to argue here that it should. Here are my thoughts on why.

First, I recall that Australia signed the ICESCR (International Covenant on Educational, Scientific and Cultural Rights) way back in 1972 (a few weeks after Gough Whitlam came to power) and ratified it in 1975 (just after he was ejected). In ratifying ICESCR Australia undertook to "recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" (Article 12.1).

…Not just the affluent among us. Not just cisgender people.

Appendix 2

In a world in which healthcare can be costly, and beyond the means of many accessing it (especially trans people, who often fall into the low-income bracket), that means some system of Universal Healthcare; a system ensuring "that all people have access to the health services they need, when and where they need them, without financial hardship" (WHO, undated).

Note that last bit about financial hardship. A Universal Healthcare system protects the user against financial risk arising out their needing healthcare. Nobody in a system of Universal Healthcare should go bankrupt because they need to see a doctor or need some healthcare procedure.

From 1984 of course, Medicare has formed the foundation of Universal Healthcare here in Australia. And the Commonwealth's Department of Health and Aged Care is proud of that fact; you can see from its website, which explicitly refers to Medicare as 'Australia's Universal Healthcare scheme.'

So, Australia's commitment to Universal Healthcare should not be in any doubt whatsoever. Indeed, around ten years ago we signed up to the UN's Sustainable Development Goals (SDGs). SDG3 imposes on all nations, including ours, the task of "Ensuring healthy lives and promoting well-being for all at all ages." SDG3.8 states that countries should work to (among other things) "Achieve universal health coverage, including financial risk protection [and] access to quality essential health-care services…"

Now if you accept that gender affirming surgery is not cosmetic surgery, and that, for some people, it is essential to their health and wellbeing, - that they have a medical need for that surgery, that for them the case for surgery is one of medical necessity - - then I think you have to accept there is a case for that surgery (along with other components of gender affirming healthcare) to be provided within Australia's universal healthcare system.

The documents I've been referring to don't explicitly reference trans people, nor gender affirming healthcare (let alone surgery). But they are clearly relevant here.

And elsewhere, as you might expect, we do get explicit advocacy for Gender Affirming Healthcare (including surgery) within Universal Healthcare. From community organisations, as well as from researchers and clinicians, and from professional and scientific associations. I'll just provide one quote here. From the WPATH's Standards of Care 8 (2022) "...governments should ensure healthcare services for TGD people are established, extended or enhanced (as appropriate) as elements in any Universal Healthcare, public health, government subsidized systems, or government-regulated private systems that may exist…" (pS18).

Could Australia's Medicare scheme really afford the full range of gender affirming healthcare, even these most expensive surgical procedures? How do we compare with

other places worldwide. Allow me to mention two places; New Zealand, one of your closest international neighbours, and Hong Kong, my previous home.

Appendix 2

Both New Zealand and Hong Kong have taken steps to incorporate gender affirming healthcare into their publicly funded health systems; facilitating access to a pretty wide range of healthcare support; including genital surgery. Now I want to emphasise here, I'm presenting neither place as an ideal model of how things can be done. There are plenty of criticisms one can level at the healthcare that is provided for trans people there. Notably, in regard to surgery, there are long wait lists in each place, especially it seems in New Zealand. But in each place, there has been some sort of acceptance (in Hong Kong since 1981!) that gender affirming surgery could be publicly funded.

Australia, New Zealand and Hong Kong are all pretty affluent places. GDP per capita in New Zealand is just over USD48,000. In Hong Kong it is USD49,000. In Australia's it's around USD65,000. So, we beat New Zealand and Hong Kong by quite a margin there.

New Zealand and Hong Kong have pretty small populations of course. New Zealand has 5.3 million people; smaller than Queensland's 5.5 million people. As for Hong Kong, well nowadays the population stands at 7.5m; it's a big place nowadays. Fair enough. But I want to remind you that publicly funded genital surgery for trans people has a history going back to 1981. Back then Hong Kong was a much smaller and poorer place. The population was 5.2m (smaller than Queensland today). GDP per capita was just over USD5,900 (Australia's was more than double that at nearly 12,000).

So, it seems to me it comes down to priorities – government spending priorities, and spending priorities within healthcare. But it is worth recalling what we mean by Universal Healthcare.

"All people have access to the health services they need, when and where they need them without financial hardship…"

It's not just about protecting patients against financial hardship. It is about providing the services where they need them.

Thanks for listening. Thanks for your patience. Have a great Forum in Brisbane.

*Included with permission from Associate Professor Sam Winter.

Gender Affirming Surgery Forum "Business Cards"

An opportunity to share professional information

This form will remain available until 23rd of March. The contact details and professional interests information collected here will be emailed to all individuals attending the Gender Affirming Surgery Forum. The only data that will be retained after 24th of March will be from those who request to be added to the GANQ email list. Management of the list is in the hands of Frances Mulcahy Hon Sec GANQ and Gender Affirming Surgery Forum Steering Committee.

francesmulcahy1@gmail.com

Not shared

* Indicates required question

First Name*

Your answer

Second Name*

Your answer

Best business email *

Your answer

Please describe your professional expertise and areas of interest related to gender affirming healthcare.

Your answer

Do you wish to be added to the GANQ email contact list?*

Choose

I consent to my information on this form being shared to others who participated in the Gender Affirming Surgery Forum. I understand that this is a good faith document and the form holder/distributor does not endorse any of the information. I also understand that the Gender Affirming Surgery Forum Steering Committee reserves the right to remove data that is deemed inaccurate.*

YES

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