Facilitating access to gender-affirming care for nonbinary people in Alberta

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Highlights

- Nonbinary people have different healthcare-related needs than binary transgender people both during and outside of transition
- Transgender community members and medical professionals have long critiqued the DSM and the Standards of Care
- Our project will lead to a conversation tool that improves care for nonbinary patients seeking gender-affirming care

Background

Nonbinary individuals in Canada often have different healthcare-related needs than binary transgender people and face systemic barriers in accessing gender-affirming information and care. [1] The current WPATH *Standards of Care for the Health of Transsexual, Transgender, and Gender Non-conforming People* (SOC), while problematic, clearly indicate that nonbinary people should have access to care that affirms their gender. [2]

The aim of this project is to create a resource for nonbinary people to navigate access to gender-affirming care in Alberta. As Clark and colleagues [3] note, primary care providers such as family doctors and general practitioners are well-situated to deliver gender-affirming services. As such, our goal is to create a conversation tool for nonbinary individuals to bring to their primary care providers in order to advocate for the gender-affirming care they personally require.

Over the course of this summer, we conducted a preliminary review of the literature critiquing the primacy of both the SOC and the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) [4] in transgender healthcare, compiled potential questions from existing self-advocacy resources, and sought out community consultations to develop a first draft of a health resource that is relevant to the community's needs and interests.

Critiquing the DSM

- The objective of the DSM is to establish a "common language among clinicians, researchers, health insurance companies, and the pharmaceutical industry". [5] Notably, this list does not include those who are diagnosed using its criteria. It is an "observational tool of doctors and is therefore part of the medical gaze". [6]
- The DSM is a revenue-creating vehicle for the American Psychiatric Association, [5,7] inextricably linking it to the Medical Industrial Complex (MIC). The MIC is defined by activist Mia Mingus as "a system about profit, first and foremost, rather than 'health', wellbeing, and care". [8]
- The DSM has been highly critiqued for its unscientific basis, [9,10,11] with Ghaemi going so far as to call this system of diagnosis "the greatest obstacle to scientific progress" [9] in the mental health field.
- As Riggs et al. note, "non-normative gender and sexuality have been a focus across all editions in the nearly 70-year history of the DSM". [7]
- The diagnosis of Gender Dysphoria (previously Gender Identity Disorder and Transsexualism) is framed by the 'wrong body narrative' [7] and entrenched in transnormativity. [7,12,13] In many locations, this diagnosis is required in order for transgender patients to access surgical and hormonal care. [7,14]
- The DSM, as with much of the accepted literature on gender diversity, is predominantly written by white, cisgender, heterosexual men. Riggs et al. posit that the authors of the DSM, in pathologising transness, "displac[e] responsibility for responding to social injustice". [7]

Critiquing the *Standards of Care* (SOC)

- The SOC have also been critiqued for a lack of scientific rigour, with Deutsch, Radix, and Reisner noting that the seventh edition of the SOC "lacks any rating of the quality of the available evidence or strength of the recommendations". [15]
- Gruenewald has highlighted that the SOC "centraliz[e] harms associated with the existence of trans folks, rather than the harms that come to us during the transition process". [13] One of the most problematic pieces of the SOC for nonbinary individuals is its condescending interest in "preventing trans people from having the kinds of surgery that would result in, for instance, the presence of both a penis and breasts". [13]
- The SOC rely heavily on a gatekeeping process called 'triadic therapy,' where trans patients must seek out psychotherapy, hormone therapy, "and only then be able to engage in surgical options for transitioning". [13]
- Lipshie-Williams describes the SOC as an "ethically compromised model" [14] given its model of consent. In this model, 'informed consent' is discussed with a third party, usually a mental health professional, "who is not directly involved in providing the care to which the patient is consenting". [14] This curtails the autonomy of trans people seeking care.
- The SOC assumes that transition is a linear process [7] and requires transgender individuals to conform to binary conceptualizations of gender and sex. [7]
- Trans voices were excluded from SOC authorship until the most recent edition, [7] and SOC authors have caused significant harm to transgender communities. [7,12,15]

Existing self-advocacy resources

Inclusion Melbourne created a comprehensive toolkit for autistic LGBTQIA+ people and their support systems with significant input from autistic community members. [16]

The only Canadian resource we looked at, ACT's #EmpowerTransFolks project aims to increase service navigation skills in Toronto's transgender community. [17]

The Q Card Project's TGNC Card is specifically designed to increase the safety felt by transgender and gender-nonconforming people during medical visits. [18]

The Q Card Project's original card was developed in Seattle WA to improve relationships between healthcare providers and queer youth, and is rooted in a strengths-based approach. [18]

Looking forward

This project will have significant social impacts and contributions to the health and wellbeing of nonbinary people in Canada. The outcomes of this project will:

1) contribute to the self-determination of nonbinary people in healthcare contexts,

2) inform health and social care service delivery models, and

3) contribute to the creation of healthcare policies for nonbinary people in Alberta.

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