Gender Confirmation Surgery

Adopted by the Positive Living Society of British Columbia
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Gender confirmation surgery: Barriers in the context of HIV

Gender identity and gender expression affect health, [1] influencing our physical, mental, emotional and social wellbeing. Accordingly, a person’s ability or inability to fully and openly realize his or her gender – wherever it may fall on, or beyond, the spectrum between male and female – affects mental and physical health, as well as one’s ability to receive healthcare. [2] Because fully realizing one’s gender is integral to one’s mental and physical health, part of the effort to provide appropriate healthcare to transgender people living with HIV (PLHIV) must include providing improved access to gender confirmation procedures, including gender confirmation surgeries, organ transplants and hormone replacement therapy. These services must be available to all transgender people, including people who are incarcerated.

In a recent survey of Canadian transgender youth, those who said they lived in their “felt” gender all the time were almost 50 per cent more likely to report good or excellent mental health, when compared to transgender youth who said they only lived in their felt gender part-time. [3] However, the same study showed that the process of seeking out and receiving transgender-specific healthcare can be arduous. Only 15 per cent of the aforementioned individuals who had a family doctor reported feeling comfortable discussing their transgender-specific health care needs with that doctor and, by extension, receive necessary healthcare. [4] Furthermore, it is well-proven that experiencing discrimination or mistreatment at the medical clinic or doctor’s office, or a fear of such experiences, makes transgender people of all ages reluctant to access healthcare, however basic or complex their medical needs might be. [5]

Transgender people have diverse gender expression (how we show our gender) and gender identity (how we identify and understand our gender) and can include people whose “genitals, gender identity, and/or gender expression differ from the sex assigned to them at birth.” [6] Other people may choose to define “transgender” in different terms. While the transgender population is diverse, one thing many transgender people have in common is their difficulty accessing and receiving appropriate healthcare from informed practitioners.

Across the board, when interviewed about their experiences with the healthcare system, transgender people in Canada have reported “difficulties interacting with physicians, nurses, staff, and mental health providers; finding accurate information; and accessing primary, hospital, mental health, and transition-related care.” [7] Said one transgender patient when interviewed about the quality of healthcare received, “I’ve had more issues with lack of knowledge, having to [educate] my GP [general practitioner] and my gyno [gynecologist]. They would much rather pass you off and get you out of the office.” [8] In fact, according to the 2009 report Transgender Health and HIV, when it comes to healthcare, “the transgender population is severely underserved and carries a disproportionate burden of HIV nationally and internationally.” [9]

Along with a shortage of healthcare providers who can knowledgeably provide care, the scarce amount of transgender-specific medical research and literature compounds the difficulty
transgender people experience in receiving appropriate, proficient medical treatment. When caring for a transgender patient, healthcare providers seeking to provide treatment have scarce resources to reference, or to use to educate themselves. This state of affairs is compounded and perpetuated by the “general lack of inclusion of gender-variance variables in health surveys [that make] collecting true estimates of the transgender population and the transgender HIV positive population [as well as data related to their health] that much more difficult.” [10]

Thus, for transgender people in general, and transgender PLHIV in particular, maintaining health and receiving appropriate healthcare is onerous, due in no small part to this absence of healthcare providers who are knowledgeable about, practiced in, and comfortable providing care to transgender people. To this end, it is utterly imperative that healthcare for transgender PLHIV be improved in many ways. And because fully realizing one’s gender is integral to one’s mental and physical health, part of the effort to provide appropriate healthcare to transgender PLHIV must include providing improved access to gender confirmation surgeries, organ transplants and hormone replacement therapy.

**Gender confirmation surgery:** In Canada, both access to and the nature and extent of gender confirmation surgery is determined by province of residence. Currently, eight provinces fund some combination of gender confirmation surgeries. A variety of gender confirmation surgeries exist; those performed will differ depending on personal choice and whether a person is transitioning to male or female. According to unreleased data from the Canadian Professional Association for Transgender Health’s (CPATH) 2013 provincial survey, the seven gender confirmation surgery procedures covered by most provinces are “hysterectomy (uterus removal), oophorectomy (ovary removal), metaoidioplasty and phalloplasty (bottom surgery for female-to-male transgender people), penectomy (penis removal for male-to-female transgender people), orchiectomy (testes removal) and vaginoplasty (the creation of a vagina).” [11]

New Brunswick and PEI do not fund any gender confirmation surgeries, while Newfoundland and Saskatchewan require transgender people seeking surgery to travel out of province, to Toronto’s Centre for Addiction and Mental Health’s Gender Identity Clinic, for a referral. British Columbia, Alberta, Ontario, Quebec and Nova Scotia fund all seven surgeries. In all provinces where surgeries are performed, wait times are lengthy. For people living in provinces that do not fund gender confirmation surgery, the cost of these procedures is steep, and prohibitive for most.

Along with facing the barrier of whether or not gender confirmation surgeries are provincially funded and therefore accessible, transgender PLHIV wishing to receive gender confirmation surgery face additional obstacles. Because they are living with HIV, transgender PLHIV have encountered difficulty both in accessing hormone therapy and accessing organ transplants and/or gender confirmation surgeries. For transgender women, these barriers are particularly pertinent; HIV rates among transgender women are disproportionately high. [12]

**Hormone therapy:** People who are undergoing gender confirmation surgery may undergo hormone replacement therapy (HRT), in order to develop secondary characteristics of the sex
to which they are transitioning. For example, a woman transitioning to a man might take testosterone in order to achieve effects such as a deeper voice and increased facial hair. In Canada, HRT is prescribed by a doctor; World Professional Association for Transgender Health (WPATH) Standards of Care are most commonly used among health care providers when determining which hormones to prescribe for gender confirmation surgery. According to WPATH, transgender men (women transitioning to men) on HRT commonly take testosterone and transgender women (men transitioning to women) on HRT commonly take anti-androgens and estrogen. Progesterone may or may not be prescribed. [13]

WPATH standards of care emphasize that it is unethical to refuse HRT or gender confirmation surgery based on a person’s HIV status, and living with HIV itself does not make hormone therapy risky. [14] A person’s HIV-positive status is not a credible reason to deny him or her HRT, nor is a doctor’s decision not to provide HRT because he or she is inexperienced or uncomfortable providing care or treatment to transgender people (a situation transgender PLHIV requesting HRT report encountering often). According to the Transgender Health and HIV report, “Cross-gender hormone therapy is not contraindicated in HIV-positive people on antiretroviral therapy (ART) at any stage of HIV-disease progression.” [15]

However, when receiving HRT, people taking antiretroviral medications (ARVs) must be aware of possible drug interactions between HRT and ARVs. For example, some HIV medications affect hormone levels, and can increase or decrease levels of the hormone estrogen. Specifically, the protease inhibitor indinavir (Crixivan) and the non-nucleoside reverse transcriptase inhibitor efavirenz (Sustiva), may increase levels of ethinyl estradiol, a form of the hormone estrogen. In the US, transgender patients on hormone therapy are advised to avoid the protease inhibitors fosamprenavir (Lexiva) and amprenavir (Agenerase) because hormone therapy may decrease blood levels of these drugs by 20%, putting the patient at risk for drug-resistant HIV.” [16]

As previously stated, it is unethical to refuse HRT to transgender PLHIV based on their HIV status. Furthermore, if the medical community is reluctant to provide HRT to transgender PLHIV, whether due to lack of knowledge or training on how to best accommodate this request, this reluctance can put people’s health at risk. For example, a patient denied HRT by his or her doctor may decide to seek out and take “black market” hormones. Taking these powerful hormones without the guidance of a doctor poses a severe risk, as black market drugs come with “no quality assurance, recommended dosages, or medical monitoring.” [17] Additionally, hormone injections given outside a medical setting could be administered with needles that are not sterile, or in an unhygienic environment that could increase the risk of disease transmission.

Organ transplants: During gender confirmation surgery, some patients will require organ transplants. For example, someone transitioning from a male to a female might wish to receive transplanted ovaries or a transplanted uterus. However, the medical community has usually refused PLHIV organ transplants, except in the most dire of circumstances, “largely because of concern that HIV-positive patients wouldn’t live long, or that their disease or the drugs they need to take could damage an organ.” [18]
Ever so slowly, this situation is changing. 2005 marked the first year a Canadian person living with HIV received a kidney transplant. In the US, at least 198 HIV-positive people received organ transplants in 2011, an increase from around 58 in 2005. [19] However, the need for organ transplants among PLHIV is still great and there is still a significant shortage of physicians knowledgeable about, and experienced in, providing organ transplants to PLHIV. For example, as of 2012, the Canadian AIDS Treatment Information Exchange stated in regards to the need among PLHIV for liver transplants, “more surgeons need to gain experience with organ transplantation in HIV-positive people and transplant teams need more experience in selecting suitable [...] patients for possible transplants and minimizing their time on waiting lists so that their survival can be improved.” [20]

There is a significant need among PLHIV for organ transplants, among them transgender PLHIV seeking organ transplants as part of gender confirmation surgery. However, the chances of receiving such a surgery are significantly limited by a number of factors, the first being the low number of organs available. The chances of receiving an organ transplant are further reduced for transgender PLHIV by the scarce number of physicians knowledgeable on how to complete the surgery. Additionally, the number of PLHIV deemed eligible to receive such a procedure is also limited by criteria set by healthcare providers. For example, in regards to liver transplants, a 2015 article from the Canadian AIDS Treatment Information Exchange states: “HIV-positive people have to be successfully assessed and meet the following general criteria for transplantation:

- no active infections (such as those that can cause life-threatening infections)
- no cancer
- no active substance use
- HIV-positive people should be on ART and under the care of an HIV specialist
- HIV viral load should be under the level of detection (commonly called “undetectable”)
- HIV-positive people should have at least 150 CD4+ cells/mm.³” [21]

For transgender PLHIV, achieving health and wellbeing can be complicated and gravely difficult, due in part to the challenges listed above, which are characterized by a distressing scarcity—not enough doctors are trained to knowledgeably provide care, not enough medical research exists to allow both healthcare providers and patients to educate themselves or make thoroughly informed decisions on health-related matters, not enough funding is available to provide gender confirmation surgeries, nor are there enough clinics to perform such surgeries on a timely basis. A vital part of remedying this dire situation and a critical part of supporting transgender PLHIV to realize full health includes providing improved access to gender confirmation surgery, as well as increased access to organ transplants and hormone replacement therapy.
Recommendations

1. Hormone therapy for gender confirmation surgery must be made readily available to transgender PLHIV who wish to receive it.
2. Organ transplants related to gender confirmation surgery must be made available on an equal and unbiased basis to transgender PLHIV wishing to receive them.
3. Public and private insurance plans in all Canadian provinces and territories should be amended and standardized to provide funding for the gender confirmation surgeries necessary for people to transition from one gender to another.
4. More doctors need to be trained to care for transgender PLHIV. Such training includes education on medical technicalities as well as cultural sensitivity.
5. More physicians must be trained to perform organ transplants on PLHIV.
6. More publically-funded research must be completed on the factors affecting and promoting the health of transgender PLHIV.
7. Transgender people who are incarcerated must receive the same healthcare and health services they would receive outside of prison, including access to, or continuation of, gender confirmation surgery and/or hormone therapy.
8. Correctional Services of Canada should cover the cost of gender confirmation surgery for incarcerated transgender people who qualify for such procedures.
Footnotes

2. Ibid
4. Ibid
8. Ibid. Page 353
10. Ibid
18. Ibid
20. Canadian AIDS Treatment Information Exchange. HIV and liver transplants in British Columbia. 2015