

Presented by  
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# THE PARADOX OF TREATING THE TRANS- IDENTIFIED PATIENT

# SAMPLE: 21 WPATH Members

<b>TYPE OF PROFESSIONAL</b>	<b>NUMBER INTERVIEWED</b>
<b>LICENSED SOCIAL WORKERS</b>	<b>2</b>
<b>CLINICAL PSYCHOLOGISTS</b>	<b>5</b>
<b>SEX/GENDER THERAPISTS</b>	<b>1</b>
<b>PSYCHIATRISTS</b>	<b>2</b>
<b>PLASTIC SURGEONS</b>	<b>5</b>
<b>PRIMARY CARE PHYSICIANS</b>	<b>2</b>
<b>INFECTIOUS DISEASE</b>	<b>1</b>
<b>UROLOGISTS</b>	<b>1</b>
<b>PODIATRISTS</b>	<b>1</b>
<b>EMERGENCY ROOM DOCTORS</b>	<b>1</b>

# Challenges to Decision-Making

## Lack of Scientific 'Proof'

Dr. Friedland

**If this patient comes in with a story. This is not affectation. Who the hell would want to go through this misery?...It's a self-diagnosis. That is why physicians have such trouble with it because they cannot x-ray you, they cannot give you a questionnaire.**

# Challenges to Decision-Making

## Formal Knowledge Not Sufficient

Joseph Anderson

Well the DSM diagnoses are still pretty far behind. I think this view is understood by professionals in the field... I don't actually think that the general medical or mental health community understands these [related to trans-people] phenomena... So in general **the knowledge of this is way behind where the professional community [WPATH members] is.**

# Challenges to Decision-Making Being Ethical, Not a Gatekeeper

**Dr. Boyd**

- ⦿ Our goal is not to be gatekeepers but we do take the responsibility of irreversibly altering somebody and from our own ethical perspective we want to make sure that we are doing the appropriate thing so it is not done to make people jump through unnecessary hoops it is there to make sure as best as we can do to do the right thing for that individual.

# Challenges to Decision-Making Fear in Treating

Dr. Friedland

I said every time I do this [administer hormones] you know my license takes a little walk onto the precipice because it is not in the mainstream. If I just put you on hormones do you think any medical board looking at this...they would call me a nut.

# Challenges to Decision-Making Fear in Treating

- ◎ Diane Olsen

In plastic surgery you are bringing somebody in more into alignment with the cultural ideal and when you go through gender transition you are bringing them out of that. You are bringing them towards a position where they are going to be discriminated against minority where they could lose their friends and family, jobs and children. So you are actually doing something that could endanger their welfare...

Where you really get into super high risk and there have been doctors that have served time in prison for doing vaginoplasty and penectomy is because you are messing with people's reproductive rights.

# Challenges to Decision-Making Fear in Treating

## ◎ Dr. Bill Sanders

So if you get somebody who isn't a true Trans or that has some sort of underlying psychological issue, it's not the true Trans [I] am really[worried] about being sued by. That's why I sit on the psychological evaluation, I want to make sure this is a true Trans and not somebody who is confused or has some psychosis or something else going on.

# Challenges to Decision-Making

## Identifying Appropriate Candidates

Dr. Boyd

I remember that an individual had been seen by a therapist but one of the things we always have to watch for in plastic surgery is body dysmorphic disorder [BDD] so things just didn't quite add up right. We asked the individual to see the psychologist who was quite convinced that the person had body dysmorphic disorder as opposed to gender identity.

# Challenges to Decision-Making

## Identifying Appropriate Candidates

Diane Olsen

If you have an illness and not in good enough health, if you have no tolerance for pain or for disappointing surgical results, or scarring or if you were going to have genital surgery but you knew that if you weren't going to be orgasmic you would kill yourself, you shouldn't have that surgery because some people lose that ability to orgasm. You have to be really able to tolerate, you have to be really resilient. And I would say if you are on the verge of a nervous breakdown, if you are in some kind of an emotional fragility... I know people that were in really good shape and it broke them down.

# SOC/LETTER

## Protection

Dr. Ingersol

It is not mandatory to use the SOC but it protects me in a court of law and a few people have contacted me to reverse the surgery and they were not misdiagnosed but maybe they found a certain religion and to undo it is a mistake so I send them back to a therapist.

# Surgeon Dictates

Dr. Morgan

If it's a lukewarm...you know, if the therapist or something says "this person is psychologically stable and ready to move forward with surgery" or whatever. They need to give us a little more than that. We need to hear about their history, the details of their life, what's really going on...it almost sounds like the therapist is rubber-stamping it but yet they don't necessarily agree with the process. It's kind of like the unsaid stuff, it just doesn't read as authentic...I'm more likely to question it.

# Surgeon Dictates

Dr. Jolsen

I send them back to the therapist. And I would actually call the therapist and say, “Look, I know you wrote this letter. But I’m getting this vibe from this patient and I think the patient needs more work.” **But if I see a patient who does not impress me with their psychological stability, I’ll send them back to the therapist.** And I can do it easily by saying, “Look, I got this letter but it’s not exactly what we need. So I’m going to talk to your therapist. Go talk to Dr. Jones. And when she writes you...when she clears you the way I need you to be cleared, we’ll go forward.” And I can put it back in the psychiatrist’s lap or the psychologist’s lap

# Surgeon Dictates

Nicholas Thomas

Not much she [patient] was I mean she knew the surgeon to talk with she was involved with [a known doctor who treats trans-patients] so really it was really just about standing by and endorsing all the steps

# Surgeon Dictates

Brett Zelman

I tell my clients, “Check with the surgeon about what the surgeon wants [in the letter] and then tell me.” I just wrote a letter yesterday for a surgeon who is working with this particular client’s primary care doctor and basically, as far as I can tell, all the surgeon wants to know is if this person is in therapy, and for how long. I can attempt to give a diagnosis; and I did add a little bit about the process by which the person has come to the point with wanting therapy, I mean surgery, and why I consider this person appropriate and ready for surgery.

# Working around the SOC

Dr. Morgan

[Patients need] Two letters. Depending on...we have changed. We do break from the standards of care when they've had a prolonged real life experience...it has to be documented in the primary therapist's letter.

# Working around the SOC

Janice

- ◎ **So often time I will just go ahead, I will write a letter for them so they can go ahead and start hormones and then as we feel its appropriate and as we set up support systems, we set up some type of structure to come out and how to be safe and who to come out to in that whole process and then they can start doing it on their terms, again I don't think I should be the one to get in their face and say you have to start living full-time right now today for the next three months before we start giving you hormones.**

# Diminishes Therapists' Work

Kathy Grayson

In other words, at that time the surgeon wanted to have a mental health practitioner's opinion on whether it was a good idea to go ahead with this surgery. That is not a position that I like to be in. In other words I don't want to be the one making that judgment. **It seems like in some ways it is a sham; in other words the person sitting with me is there to basically convince me that this is a good idea and there are no problems and I only know what people tell me and so it is not particularly meaningful.**

# Diminishes Therapists' Work

Brett Zelman

My job position was changed from sort of a generalist practice to a gender specialist and I wasn't pleased with that...because I was only doing assessments for hormones. I wasn't doing psychotherapy which is what I do. Well I'm clearer more than ever that I don't want to be a gatekeeper. I'm much more interested in helping a person explore what their options are and what goes on with them and their intent on transitioning.

# Diminishes Therapists' Work

- ◎ Natalie Hatfield

Fairly soon we will have to start working on her surgery letter and she said “Sometimes I’m really paranoid that people are reading me. And I know that I just get it really freaks me out and then I get much more hurt when someone makes a comment and I think they read me and they slam me and it really pisses me off”... and then she just kind of stopped and said “Well you know it is not that bad, it doesn’t happen a whole lot”... ..[She was assuming that I thought] That she was walking around way too paranoid and had not gotten to a place inside where she was mentally healthy enough to go through SRS, that is my assumption.

## 2 Letters Redundant

Dr. Morgan

- ⦿ So making a person get a second letter when they'd lived for let's say 18 years as a woman and comes in and they're obviously a woman, why does that person need two letters? It just seems ridiculous. Are they authentic? They're authentic by the fact that they've lived this way continuously and it's like, you know, there's not a way in the world that they're ever going to go back. That person doesn't need...because I've seen that sometimes happen, too. Where the person ends up spending so much money, I've heard as much as \$2,000 spent, just getting a second letter.

# LETTER PARADOX

Letter provides legitimacy for surgeons to perform their work as it diminishes the work of therapists

- Inability to establish **genuine** relationship with client
- Inability to engage in **Time and Process**
- Meaningless, power is reduced, skills wasted, reduces job to case worker

Therapists are 'official' decider, although:

- Surgeon Dictates Letter Contents
- Often Defer to Surgeon Demands
- Professionals work around SOC/Letter requirements to meet patient needs and accomplish work

# CONCLUSION

- ◎ DOCUMENTS/PROCESS SHOULD:
  - Support Professional Decision-Making, Professionals Should Not Have To Work Around Them
  - Not Force Professionals To Go Against Their Training/Area of Expertise
  - Not Encourage Lying or Misrepresentation To Get Needs Met
  - Support All Patients Following Various Paths, Not Just Those Seeking Medical Paths
  - Not Discriminate Against Patients Who Cannot Afford Treatments