Good morning everyone

I am going to present to you some results from a recently held survey on experiences of users of gender transition supporting health care in the Netherlands. I will look at the model used by the Dutch gender teams – roughly the only providers of transition supporting health care – and how far this is rights enabling, how far this complies with human rights and patients rights.
Due to the limited time I will only present some highlights.

SLIDE 1
The research has been done by a group of scientists and NGO members, united in “Principle 17”. The group is led by trans* people and trans* people are in the majority. National trans* organization Transgender Network Netherlands participates in the collective.

The name Principle 17 is after Yogyakarta Principle number 17 that highlights the right to the highest attainable standard of health. The Principles are a set of 29 elaborations of existing human rights legislation, dating from 2006 when a group human rights lawyers together in Yogyakarta, Indonesia redacted this information, through an LGBTI lens. How is general human rights legislation applicable to LGBTI persons and what does that mean specifically.
Human rights legislation and human rights discourse on the applicability of human rights to LGBTI persons has grown considerably the last ten years and the Principles are not any more the only tool to use.
As a realization of this principle our group first focus on the right to tailored health care, care adapted to the needs of the individual.

SLIDE 2
When looking at the right to health and how that applies to trans people I want to give some important examples of restrictions and reforms that human rights place on health care. Human rights are to be respected, protected and fulfilled. These are obligations from acceding to a treaty. Research and life experiences of trans* people make clear that pathologisation can be detrimental to well-being, which is a violation of the right to health.

Also the World Medical Association issued a statement emphasizing that everyone has the right to determine one’s own gender and recognizes the diversity of possibilities in this respect. The WMA calls for physicians to uphold each individual’s right to self-identification with regards to gender.

Argentina in 2012 and Malta in 2015 decided that to get trans related health care, medical transtion support,  there was no reason for gender identity or expression to be a pathology. The fact that getting this health care enables one to live their life.

And the Commissioner of the Council of Europe observed that often the quality of transgender related treatment does not even come close to the ‘highest attainable standard of health’.

SLIDE 3:
Now how is the Dutch treatment model for adults? Adolescents is different and more complicated and falls outside the reach of this presentation. In the Netherlands transition enabling health care is governed by an oligopoly, an almost monopoly situation. Only few providers outside the two designated centers dare to provide trans* health care. Dare, because the monopolists actively advise against autonomous action.
(See slide for further content)
As a remark to the point of the psychologist, diagnostic phaser: if you are gender non conforming you often get punished with a longer diagnostic phase because the psychologist doesn't get it
On pre-diagnosis use of hormones*:* never ever accepting this (be it thorough self-medication or because of starting abroad) is an example of absolute cis splaining gender dysphoria and trans people's solutions.

SLIDE 4
Now what are some positive results from our survey?
- The fact that it is possible to get medical transition support is mentioned as positive. On which we of course agree, but that this is mentioned also indicates it is not self evident and trans people do not feel entitled to get this health care.
- Psychological support, when available. Which is by definition outside of the clinics that only offer visits for diagnostic purposes.
- Humane behaving surgeons. Mostly outside of the clinics. One surgeon in particular  has a high contentment, working form a different Amsterdam hospital. One person mentioned a very beautiful example of good treatment: a GP who congratulates the individual with their new found life.

SLIDE 5
However we observe more eye catching problems than positive responses:
On a scale of 0 to 100 the statement that providers are not familiar with gender diversity got a rating

of 88. Since we ask here for providers giving transition supporting health care, this is a worrying result.
Almost as high scores the lack of respectful treatment in which the refusal to address a health care user with their preferred personal pronouns and name. Policy is to do this only after affirming the existence of gender dysphoria. Doctor and shrink know best apparently.
The two next highest scores are for better treatment and decentralization of transition supporting health care. They have an appreciation of respectively 77 and 74.

SLIDE 6:
Free form answers also reveal some shared experiences.
The most frequent complaint is about long waiting lists, that are also kept artificially down to the non inquiring eye.
Health care users really appreciate the in further medicine normal individual approach to health care, not a one size fits all approach. Not that this happens always, but apparently quite frequently still.
Trans* care is not considered essential. Undocumented persons and asylum seekers, whose residence status has not been legalized yet, are excluded, which can lead to severe trauma.
People experience the strictness with which the treatment protocol is used as very disturbing. Examples are for example that a high BMI and smiling are an **absolute** no-go for surgery, where in other life threatening circumstances – even with heart diseases – a certain leniency is applied. And yes, gender confirming surgery can be life saving, refusing it because of 'co' morbidities can be dangerous.
Infrequently but several times gross medical errors and lack of decent handling are mentioned. One example is neglect of long term fever with anti androgens, induced by these anti androgens. Two persons mentioned careless reactions by surgeons over their errors.

SLIDE 7,8,9
I now want to show you some quotes before I end with recommendations

SLIDE 10
Finally some recommendations:
To be clear: demedicalisation of course does not mean less medical care. More stop focusing on medical care as the solution of a happy life as a trans person. Medical care is one of a couple of important issues. More attention should go to prevention of violence and discrimination, legal gender recognition and social acceptance.

Given the complaints and their severity I think we can safely conclude the Dutch model and its application do not safeguard  the right to health for trans* persons requesting this health care. There is a lot of room for improvement here.