Transgender Health Care in Germany: Overview and Challenges

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1st EPATH Conference
Friday March 13, 2015
I. The Past

II. The Present

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The Past
The Past

Psychology & Sexuality
Vol. 2, No. 3, September 2011, 224–243

Tertium non datur – either/or reactions to transsexualism amongst health care professionals: the situation past and present, and its relevance to the future

Timo O. Nieder and Hertha Richter-Appelt*
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Timo O. Nieder and Hertha Richter-Appelt*
Richard von Krafft-Ebing (1833 – 1890)

Albert Moll (1840 – 1902)

Carl Westphal (1862–1939)
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Albert Moll (1840 – 1902)
Carl Westphal (1862–1939)

Physicians/Psychiatrists: “Conträre Sexualempfindung”
Karl Heinrich Ulrichs
(1825 – 1895)

- German lawyer and a pioneer of the modern gay rights movement
- Homosexual men: female soul trapped in a men´s body
- Biologically determined sex of the soul is responsible for sexual orientation
- Paradigmatic metaphor of transsexualism
Magnus Hirschfeld  
(1868 – 1935) 

- German-Jewish physician  
- Head of *Institut für Sexualwissenschaft*  
- *Zwischenstufentheorie*  
- Homosexuality, transvestitism and transsexualism are natural sexual variations with a biological basis
Harry Benjamin
(1885 – 1986)

- German endocrinologist
- Met Hirschfeld in Berlin in 1907
- Met Freud later on in Vienna
- Questioned the effectiveness of psychoanalysis aiming at relieving one’s gender dysphoria
Arthur Kronfeld
(1886 – 1941)

- German-Jewish psychiatrist
- Co-founder of Institut für Sexualwissenschaft
- Believed in diversity of people who cross-dress
- Referred patients for surgery to Richard Mühsam (Herrn, 2008)
Max Marcuse  
(1877 – 1963) 

- German-Jewish sexologist 
- Published on *Geschlechts-umwandlungstrieb* (Marcuse, 1916) 
- Viewed medical feminisation as promising in order to match body and soul 
- Referred patients for surgery to Richard Mühsam
Richard Mühsam  
(1872 – 1938)

- German-Jewish surgeon
- Mastectomy, hysterectomy and ovariectomy
- Testectomy and ovary implantation
- Re-fashioned penis and scrotum as a “vagina-like structure” (Mühsam, 1926)
Richard Mühsam
(1872 – 1938)

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- Experimental both with regard to referral criteria and to surgery!
The Present
The Present
(1997 – )

German Standards for the Treatment and Diagnostic Assessment of Transsexuals


Behandlung und Begutachtung von Transsexuellen

Standards der Deutschen Gesellschaft für Sexualforschung, der Akademie für Sexualmedizin und der Gesellschaft für Sexualwissenschaft
### German Standards for the Treatment and Diagnostic Assessment of Transsexuals (1997)

<table>
<thead>
<tr>
<th>Step</th>
<th>Phase</th>
<th>Months</th>
<th>Formal requirements</th>
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<tbody>
<tr>
<td>1</td>
<td>Diagnostic and clinical assessment</td>
<td>1-3/6</td>
<td></td>
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<tr>
<td>2</td>
<td>Counselling / psychotherapy</td>
<td>3/6</td>
<td></td>
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<tr>
<td></td>
<td>„Real-life-test“ (RLT)</td>
<td>3/6-12</td>
<td></td>
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<tr>
<td>3</td>
<td>Cross-sex hormone treatment</td>
<td>&gt;12</td>
<td>F64.0 / 12 mo. RLT / “psychosocial stability”</td>
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<tr>
<td>4</td>
<td>Breast/genital surgery</td>
<td>&gt;18</td>
<td>≥ 6 mo. hormone treatment</td>
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<td></td>
<td>Hair removal</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Further counselling</td>
<td>&gt;24</td>
<td></td>
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<tr>
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<td>Post-surgical psychotherapy</td>
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Guideline by the Medical Review Board of the Statutory Health Insurance Funds (MDS, 2009)

- Restrictive application of „German Standards“
- Hardly exceptions of linear treatment processes
- No reimbursement for hair removal < 18 months
- No reimbursement for non-binary, genderqueer individuals

Development of a Guideline for Diagnostic, Counselling and Care of Gender Dysphoria

- Initiated by German Society for Sex Research 2012
- Chair: Timo O. Nieder, Bernhard Strauß
- Representative commission of mental health specialists
- Consultation of other disciplines
- Trans*persons on board
- Systematic review: Interventions (Medline, PsychINFO, Web of Science) N = 4341 → 768 → 448
The Future
ICD and DSM

Transsexualism (1990)

Gender Dysphoria (2013)
Gender Incongruence
(2017 ?)

Gender Dysphoria
(2013)
Change of given name and civil status
(1990 – 2011)

1990: n=205
(Osburg & Weitze, 1993)

2000: n=722
(Meyer zu Hoberge, 2009)

2010: n=1118
(www.Bundesjustizamt.de)

2011: n=1657
Change of given name and civil status
(1990 – 2011)

Legal changes: No proof of infertility and genital surgery

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(Osburg & Weitze, 1993)

2000: n=722
(Meyer zu Hoberge, 2009)

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(www.Bundesjustizamt.de)

2011: n=1657
Tip of the iceberg
Which interventions
(e.g. sex hormones and their suppression, surgeries)
can be applied to modify primary and/or secondary sex characteristics
(e.g. body and facial hair, breast/chest profile)
to reduce individual gender dysphoria significantly in the long run
or to prevent from developing gender dysphoria at all?
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e.g. sex hormones and their suppression, surgeries)
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Indications for somatic interventions

Which interventions (e.g. sex hormones and their suppression, surgeries) can be applied to modify primary and/or secondary sex characteristics (e.g. body and facial hair, breast/chest profile) to reduce individual gender dysphoria significantly in the long run or to prevent from developing gender dysphoria at all?
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Interdisciplinary Transgender Health Care Center Hamburg

PHON
Preliminary consultation
Speech therapy, Phonosurgery

OSTEO
Osteological Evidence
Treatment

HUMGEN
Genetic Screening

ENDO
Baseline Screening
Endocrine care

SEXMED Coordination
Initial Interview, diagnostics, referrals
Sexual health- and mental health-related counseling and psychotherapy for adults, further referrals

CAP
Initial Interview, diagnostics, referrals
Sexual health- and mental health-related counseling and psychotherapy for children and adolescents, further referrals

LAS
Preliminary consultation
Laser hair-removal treatment

GYN
Preliminary consultation
Breast surgery

URO
Genital surgery

PLAST
Facial surgery

Preliminary consultation
The Challenges
The Challenges

- Clinical significance without distress (e.g. gender incongruence)?
- Transgender care without formal requirements (e.g. time)?
- Development of criteria that are good with regard to content for both transgender people and health care professionals
- Re-imbursed care for non-binary people (e.g. genderqueer)?
The Challenges

AREA OF CONFLICT

De-pathologise

Ensure access to care
De-pathologise

Reduce stigma of the condition

- Get in touch with trans*people (e.g. on conferences)
- Develop projects calling for de-stigmatization (cf. depression)
- Use participatory research to build up tolerance and equity
- Inform the public (e.g. stakeholders, politicians, schools)
- ...
- ...
Ensure access to care

Develop alternative authorities to re-imburse transgender care

- Government-funded transgender care (cf. Argentina, Malta)
- ...
- ...
The Challenges

AREA OF CONFLICT

De-pathologise

Ensure access to care
The Challenges

De-pathologise

Area of Development

Ensure access to care
De-pathologise

AREA OF DEVELOPMENT

Ensure access to care
Thank you for your attention!

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