

# Transgender Health Care in Germany: Overview and Challenges

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1<sup>st</sup> EPATH Conference

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EUROPEAN PROFESSIONAL ASSOCIATION FOR  
TRANSGENDER HEALTH



Universitätsklinikum  
Hamburg-Eppendorf

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The Challenges

# The Past

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*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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Krafft-Ebing  
(1833 – 1890)**



**Albert Moll  
(1840 – 1902)**



**Carl Westphal  
(1862–1939)**



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**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)

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- German-Jewish surgeon
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- Re-fashioned penis and scrotum as a “vagina-like structure” (Mühsam, 1926)
- 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

(Becker et al; 1997. Int J Transgend, 2, 1998)

Sophonette Becker, Hartmut A. G. Bosinski, Ulrich Clement, Wolf Eicher,  
Thomas M. Goerlich, Uwe Hartmann, Götz Kockott, Dieter Langer,  
Wilhelm F. Preuss, Gunter Schmidt, Alfred Springer, Reinhard Wille

## 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)



Step	Phase	Months	Formal requirements
1	Diagnostic and clinical assessment	1- 3/6	
2	Counselling / psychotherapy „Real-life-test“ (RLT)	3/6 – 12	
3	Cross-sex hormone treatment	> 12	F64.0 / 12 mo. RLT / “psychosocial stability”
4	Breast/genital surgery Hair removal	> 18	≥ 6 mo. hormone treatment
5	Further counselling Post-surgical psychotherapy	> 24	

# 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



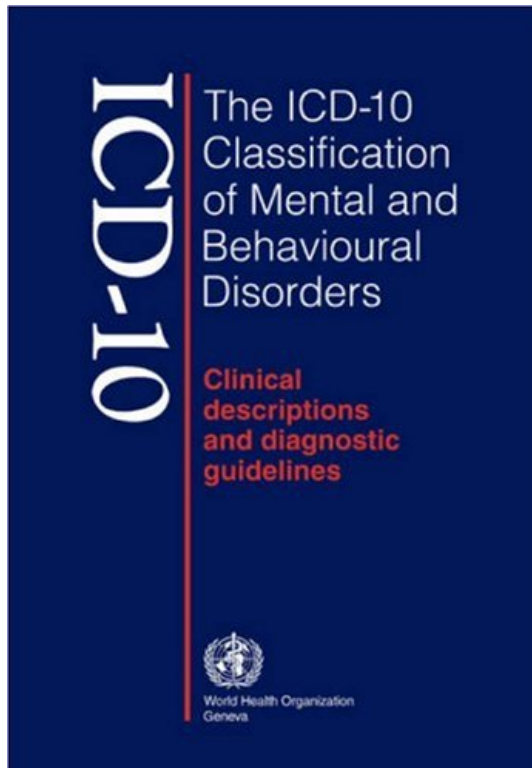
S I G N

- 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

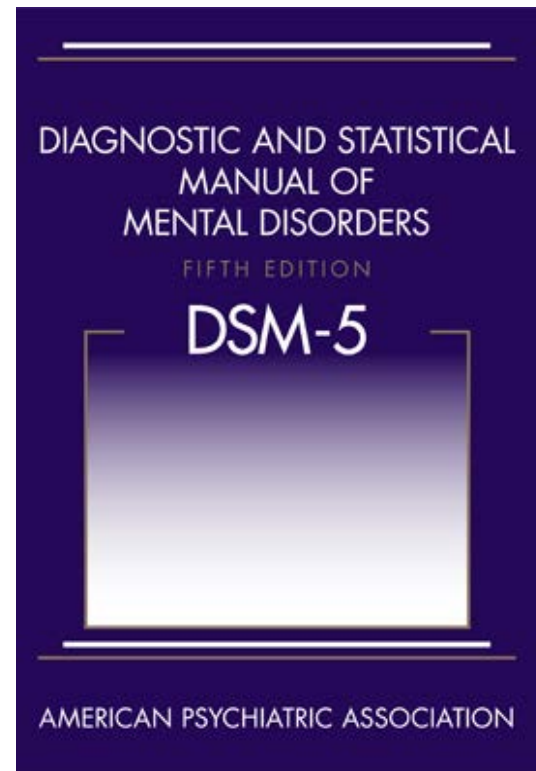
# The Future

# ICD and DSM

## Transsexualism (1990)

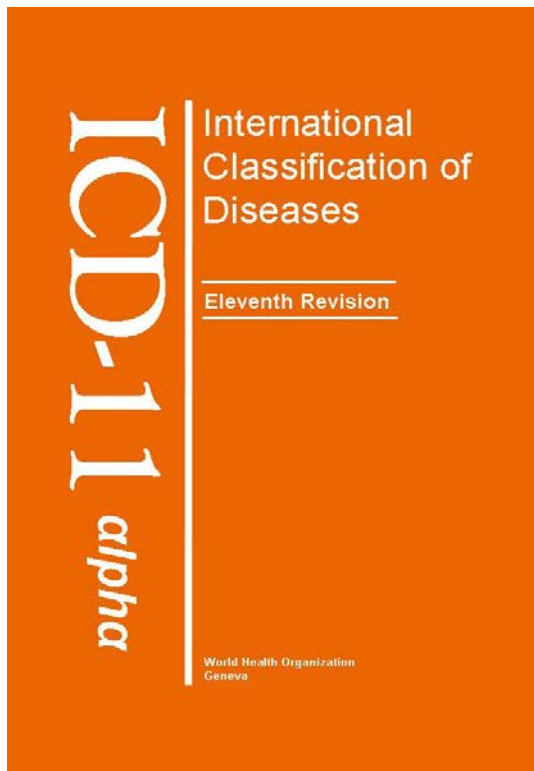


## Gender Dysphoria (2013)

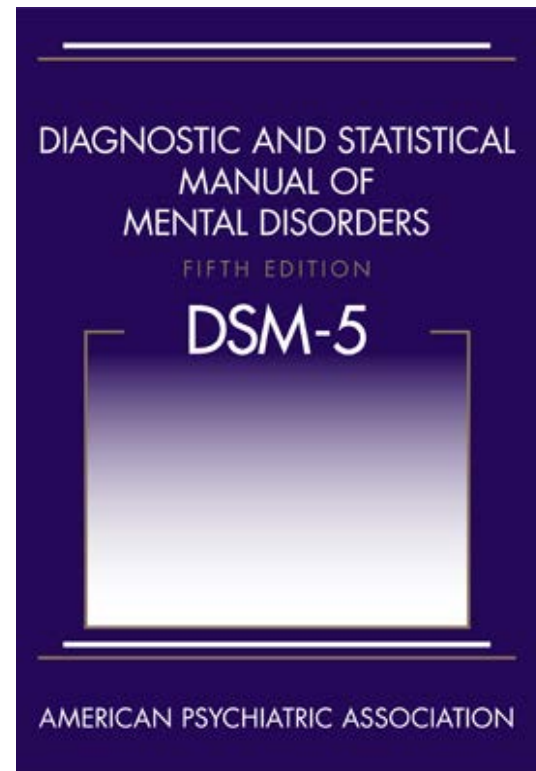


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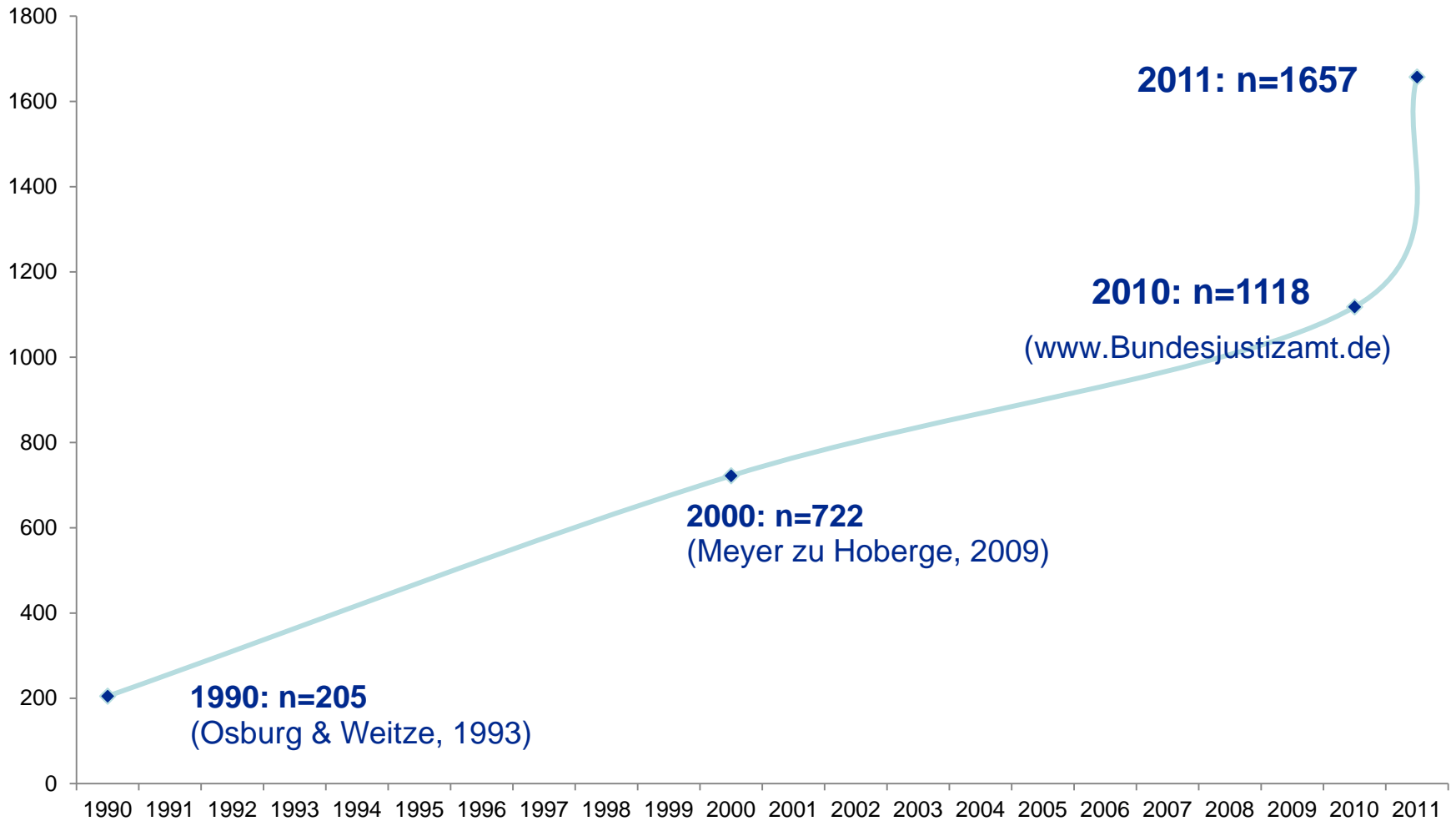
## Gender Incongruence (2017 ?)



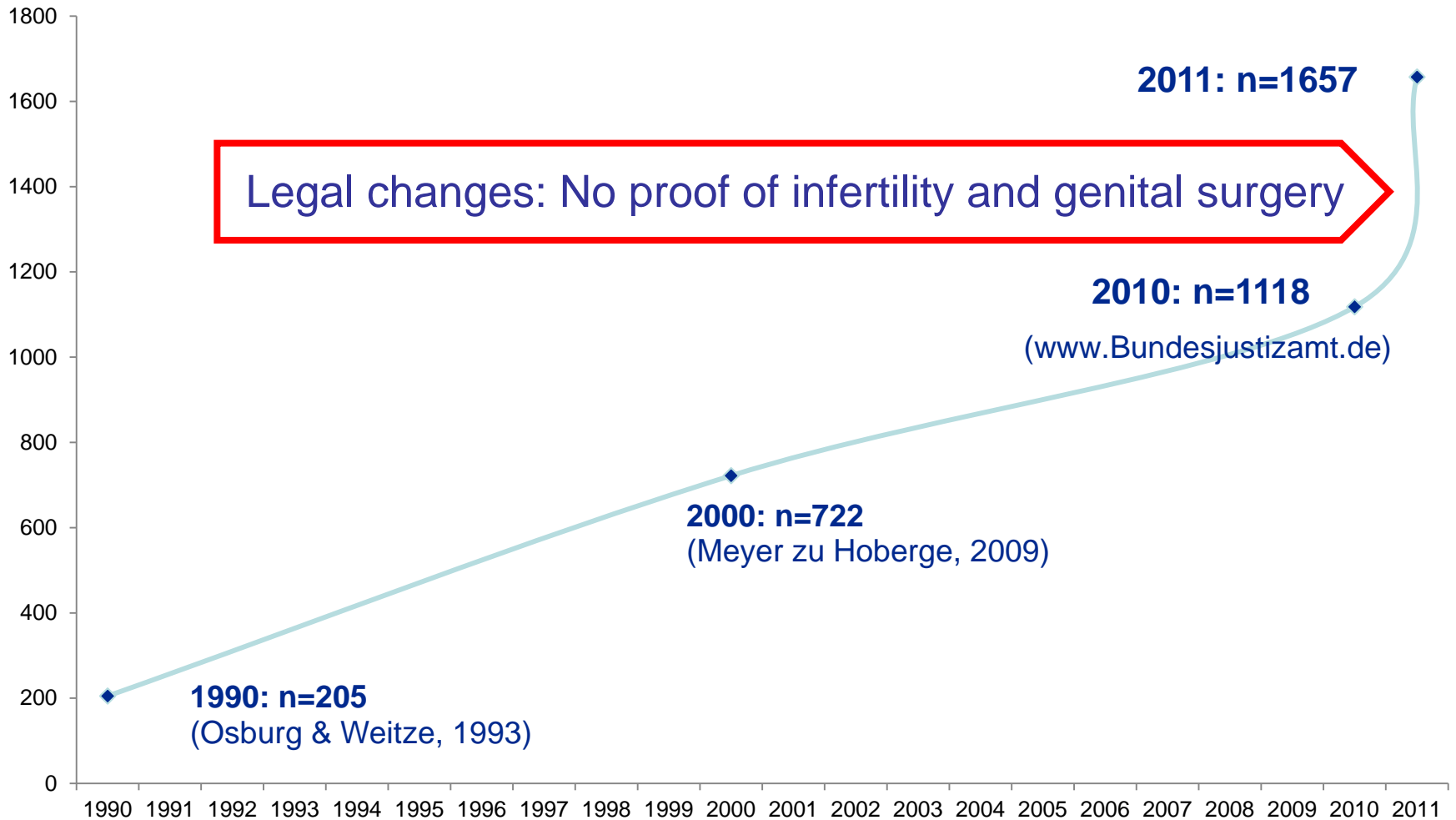
## Gender Dysphoria (2013)



# Change of given name and civil status (1990 – 2011)



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## Tip of the iceberg



# 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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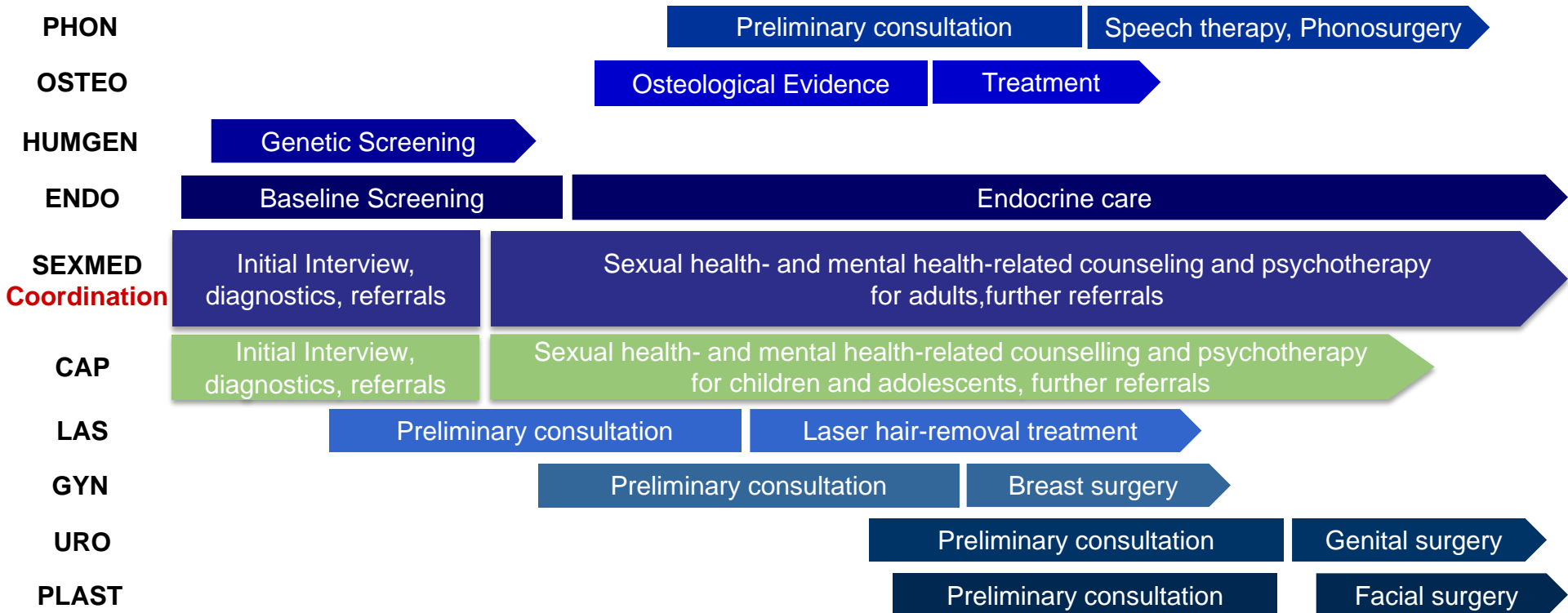
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# Interdisciplinary Transgender Health Care Center Hamburg



# The Challenges

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- 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

A diagram consisting of a horizontal line with vertical end caps at both ends, representing a range or conflict area. The text "AREA OF CONFLICT" is centered above the line.

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

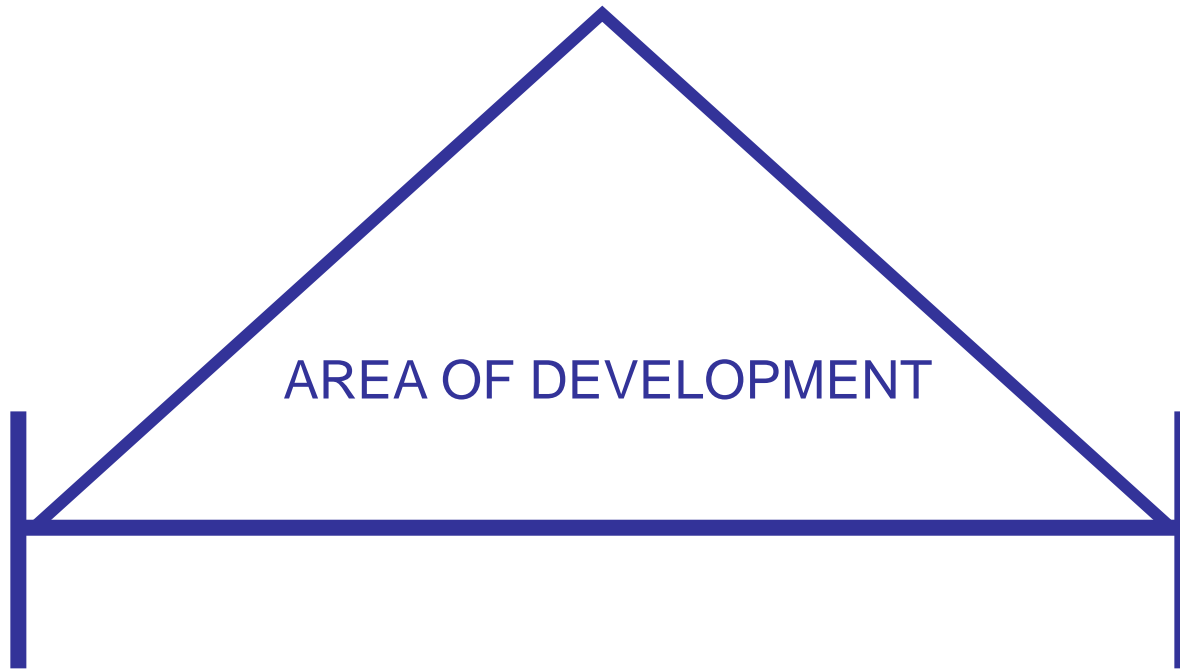
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De-pathologise

Ensure access to care

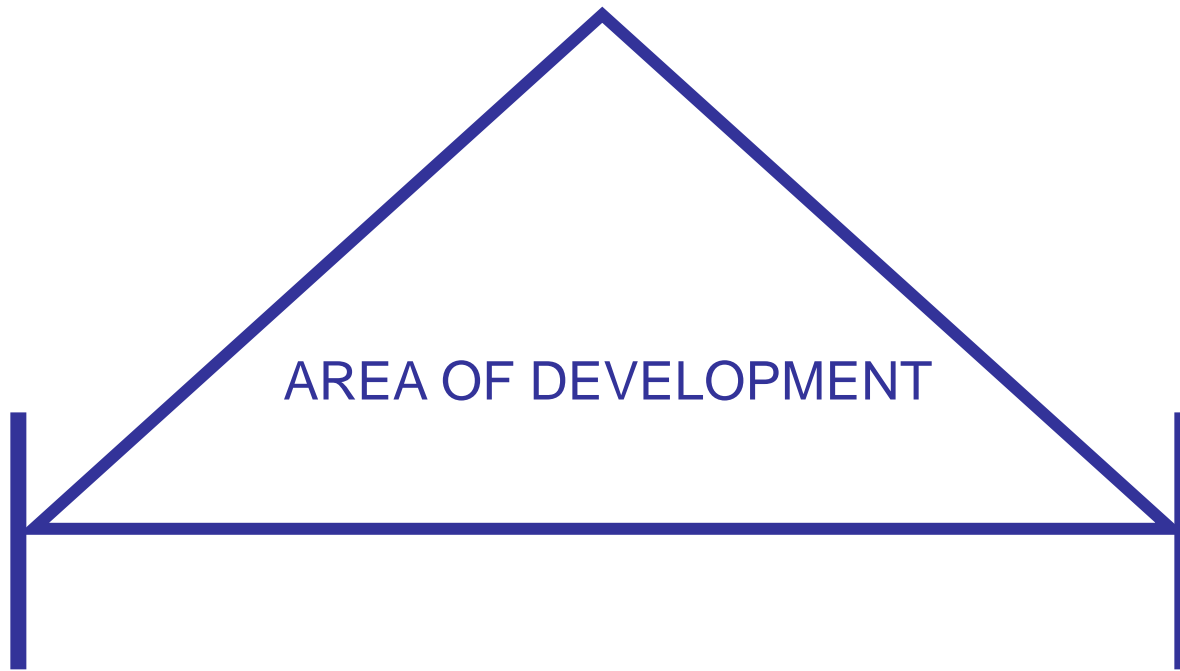
# The Challenges



De-pathologise

Ensure access to care

# Best Practice Transgender Health Care



De-pathologise

Ensure access to care

**Thank you for your attention!**

***tnieder@uke.de***

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