Transgender Health Care in Serbia
Past, Present and Future

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Past (Historical background)

Present practice

Contraversis, problems and challenges

Future directions and perspectives
Past: historical background or how it began....

- Transgender health service in former Yugoslavia (Multidisciplinary Belgrade Gender Team founded 1989)
  - reputable medical professionals involved
  - enthusiastic experts, absence of formal Serbian guidelines
  - great antagonism, opposite attitudes in Serbian Medical Chamber

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- great break-through and introduction of the main concepts of the transgender health care.
Past: Basic principles

- Multidisciplinary approach integrated in clinical practice in academic medical centers.

  - Comprehensive health care system was (and still is) centralized in Belgrade.
    - according to the guidelines of the WPATH Standards of Care.
  - professionals involved both in clinical practice and research.
Past: Working frame

- *Monthly meetings*: discussing each candidate for treatment program (complete evaluation and treatment pathway: psychiatric, endocrinological and surgical).

  - Legal gender recognition after completed SRS was missing
    - Sporadic practice for years related to authorities: change of sex sign in birth certificate after SRS accordingly, as if it is *mistake* during the first subscription of sex assignment at birth (only in Belgrade community).
Present: Changes and improvements

- Development of trans health care and improvement in acceptance (social and medical) mostly influenced by:

  a) continuous collaborative work of medical professionals and activists groups
  b) advances in genital reconstructive surgery
  c) support of Ministry of Health and Republic Fund for Healthcare
  d) inclusion of voice specialists
  e) clinical research and publications

- Book “Transsexualism multidisciplinary approach”, 2016)- international co-authors
Present: Changes and improvements in national health policy

- first 25 years of health care: only psychiatric/psychological and endocrinological evaluation was fully covered.

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• facilitated establishment of formal psychiatric trans health care departments→ more social visibility to gender related issues.

- Expert Commission for GID est. by Serbian Ministry of Health with the aim to:
  • develop guidelines for evaluation and treatment of persons with gender dysphoria
  • legal gender recognition procedure
Present: Clinical care pathway-transition in clinical practice

• According to the guidelines of WPATH SoC 7, some aspects of practices and protocols for transgender care vary.

• Primary care system is authorized for entering into integrative care process by referring to psychiatrist in tertiary service (within Belgrade Gender Team).

• All sites involved in trans health care are formally authorized by Serbian Ministry of Health.
Present: Clinical care pathway-transition in clinical practice

- Mental health services
  - operating out of different venues and locations both in Belgrade and engage in regular governance review
  - provided by psychiatrist & psychologist educated in psychotherapy, with PhD level
  - referrals accepted for evaluation from age 17
  - provision details about clinic services and protocols
Present: Clinical care pathway-transition in clinical practice

- Psychiatric and psychological assessment covers:
  - gender assessment
  - comprehensive psychological testing,
  - counseling and psychotherapy if needed (individual and family),
  - support voluntary trans groups monthly,
  - family groups (include social worker),
  - interventions in schools and working places if needed,
  - issuing recommendation letters for medical treatment,
  - follow-up during hormonal and surgical transition.

- facilitate coordinated further steeps in holistic care.
Present: Clinical care pathway

- Period of the assessment *at least one year*.

- prolongation referred to under aged patients, issues of co-morbid psychopathology and treatment, requirement for psychotherapy/family therapy, education, employment issues etc.

- specialists in voice treatment are involved based on personal needs and request of patients
Present: Clinical care pathway

- **surgical voice treatment and FFS** are performed on individual basis, still not covered by public health Insurance (provided in private practice).

- guidelines do not cover mastectomy as recommended treatment before hormonal supplementation.

- genital reconstruction include *required sterilisation*. 
Present: Referral process

- Republic Fund for Health Insurance Commission

- after formal application for SRS each patient is discussed monthly in details
- check all the necessary medical documents (recommendations from mental health professionals-one for up surgery, two for bottom surgery, recommendation from endocrinologist), laboratory tests, ultrasound etc.
### Present: facts and numbers

- Increasing number of referrals with GI/GD are approaching our Team in the past 4 years
  - Sex ratio changed in time:
    - first 20 years close to 1:1 vs. previous years 1,5:1 in favor of trans man.

<table>
<thead>
<tr>
<th>Year</th>
<th>Referrals</th>
<th>SRS completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>(9MtF/7FtM)</td>
<td>(3MtF/3FtM)</td>
</tr>
<tr>
<td>2015</td>
<td>23</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>(12MtF/11FtM)</td>
<td>(3MtF/6FtM)</td>
</tr>
<tr>
<td>2016</td>
<td>27</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>(13MtF/14FtM)</td>
<td>(2MtF/7FtM)</td>
</tr>
<tr>
<td>2017</td>
<td>16 until April</td>
<td>7(1MtF/6FtM)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- for SRS</td>
</tr>
</tbody>
</table>
Present: facts and numbers

Serbian sample:

- most diagnosed with transsexualism (early onset) and started transition at early age.
- very few with late onset (more coming from abroad in private practice).
- gender queer and non-binary persons are extremely rare as if they do not exist.
- atypical treatment requests are pretty rare (only hormonal treatment or only mastectomy), but expected in very future.
Present: External collaborations

- Close collaboration with activist (Gayten-LGBT, Egal) resulting in their participation to this important meeting.
  - joint participation in media
  - joint translation and promotion of WPATH SoC
  - joint education in transgender field in the region

- External partners in the ENIGI study resulted in administration of standardized protocols for the assessment of persons with GI/GD.
Contraversis, problems and challenges

- Stigma (as mentally disturbed) is still present, but:
  - patients are now less avoiding health care services and professional medical assistance and treatment
  - more confidence in providers of health care (reflected by increasing number or referrals, including ones that have started transition and are on hormonal self medication).
  - Ministry of Health, Serbian Medical Chamber and other government officials support clinical work.
Legislation: a missing part

- Irreversible sterilization is a prerogative for legal recognition of gender identity.

- Legal change in birth registry for persons dg. with TS in court upon the experts opinion confirming SRS- *a case of complimentary subscription* in birth register (similar to one applicable to hermaphrodites accepting prevailing sex characteristic).

- If married, divorce is necessary in this respect.
Legislation: a missing part

- Inprisoned persons have equal rights to obtain care both in mental health services and endocrinological care (modest experience).

- Reproductive health and possibilities of cryopreservation is missing, even though all necessary information are provided by mental health professionals.
Future directions and perspectives

- **Education and training** for the health care providers and society (local government, social workers, education system, public administration)
  - Improvement of social understanding and knowledge related to gender issues, GI and diversity of transgender community and their needs.

- Development of health care for **children and adolescences with GI/GD**, since this service is still missing.

- Change of guidelines following the recognition of patient-centered health care treatment approach → resulting in **flexible treatment options**.
Future directions and perspectives

Growing recognition of **gender queer** and **non-binary** individuals still missing in our practice, but expected in very future.

- Modification of the approach toward **multiple pathways of care** which recognize the great diversity of clinical and presentation needs (mastectomy not recommended before hormonal treatment in FtM patient even though request is pretty urgent).

- Diversity of transgender community

  - legislative regulation in this respect is missing (in order to trace the road to acceptance of diversity).
Conclusions

✔ More time, space and professionals involved in this field are needed according to the increasing number of referrals.

✔ Inclusion of mental health professionals involved with gender incongruent children are needed.

✔ Legislative regulation in many aspects is still missing.

✔ Incorporation of patient centered health care and more flexible treatment options in the field in formal guidelines.