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Transgender Health Care in Serbia Past, Present and Future

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- Past (Hystorical 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



- 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.
 - Book entitled “Gender Identity Disorder and Sex Change”,1989.



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



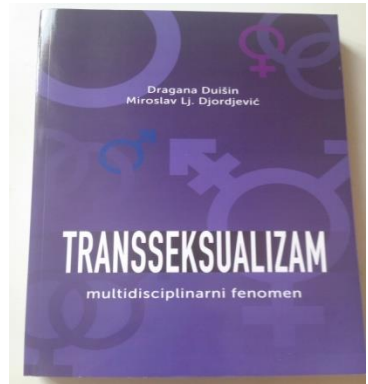
■ Sporadic practice for years related to authorities: change of sex sign in birth certificate after SRS accordingly, as if it is **mistake** during the first subscription of sex assignment at birth (only in Belgrade community).



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.
- ❑ Complete health care covered by health care insurance by *Statutory regulation of Republic Parliament, 2011*. (SRS treatment covered in 2/3)



- 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 steps 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.

year	Referrals	SRS completed
2014	16 (9MtF/7FtM)	6 (3MtF/3FtM)
2015	23 (12MtF/11FtM)	9 (3MtF/6FtM)
2016	27 (13MtF/14FtM)	9 (2MtF/7FtM)
2017	16 until April	7(1MtF/6FtM) - for SRS

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 of 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.