



Emeritus Professor Cindy Shannon
Chair, Queensland Sexual Health Ministerial Advisory Committee
PO Box 2368
Fortitude Valley QLD 4006

Dear Emeritus Professor Cindy Shannon

The Queensland Parliament recently passed a Human Rights Bill, which enshrines the right of every Queenslanders to health services. In this spirit, we are writing to you on behalf of the members of the Sexual Health Society of Queensland (SHSQ) to draw to your attention the barriers trans and gender diverse people experience accessing comprehensive coordinated care in Queensland. Of particular note is the lack of access to affordable surgery within the Queensland public hospital system. Below we outline some of the challenges that need to be addressed and a proposed way forward.

The SHSQ comprises health practitioners from across the state representing psychiatry, psychology, social work, sexual health medicine, general practice, nursing and primary health. One of our primary objectives is to advocate for the improvement of all aspects of sexual and reproductive health rights for all Queenslanders.

We are hoping that together we can explore opportunities for developing a sustainable health response for trans and gender diverse Queenslanders that reflects Queensland's commitment to human rights and international best practice. Integral to this health response is creating publically available gender reassignment surgery.

Trans and gender diverse people face a range of structural and systemic hurdles in striving for medical outcomes in Australia. Whilst there are many unaddressed clinical and social needs within this population, the current uncoordinated model of care, including limited access to affordable comprehensive best practice options of care, has resulted in considerable economic, social and mental hardship for individuals within this community.

Our proposed method to further explore and address these challenges is to convene a working party - bringing together and acknowledging the wealth of expertise already operating in Queensland. The goal of the working party would be to examine the barriers to surgery for trans and gender diverse people within the Queensland hospital system and determine how these could be made more widely available – where necessary – to trans individuals. It could also examine surgeries that are currently unavailable in Queensland public hospitals, such as genital reassignment surgery – and determine the viability of making such surgery available in the future, in line with international guidelines and practice in Europe and North America.

Our members are bound by a commitment to provide the best possible care to our trans and gender diverse patients and clients in line with best practice expectations. However, over recent years, a number of primary health care services working with transgender Queenslanders have become overwhelmed by an increasing demand. The limited availability of specialists, in both medical and mental health, has compounded this strain on service delivery.

The number of paediatric cases and rural referrals has grown considerably alongside the increase in urban attendance, and the corresponding complexity and geographic isolation of these cases has made the need for a coordinated state-wide response more urgent.

There is no access within the Queensland public hospital system for persons requiring sexual reassignment surgery. Currently only a small number of private hospitals (St Andrews, Greenslopes) perform mastectomies and orchidectomies,





and phalloplasty and vaginoplasty are being offered privately at Greenslopes Private Hospital. However no public hospital access exists for any of these required surgical procedures (including hysterectomy) despite their listing on the MBS. This reality is despite clear evidence that access to surgery plays a critical role in international best practice for the management of trans and gender diverse patients.

Unfortunately, many people are subsequently left in great physical, mental and social distress because they are not able to complete the treatment that is considered optimal for their best care. Long term studies (back as far as the 1950's to the present) show that trans and gender diverse patients who do not receive clinical and allied health support have high rates of completed suicide and or ongoing suicidal ideation. A US based survey released in October 2010 reported that 41 percent of trans and gender diverse people in the United States had attempted suicide, 25 times the rate of the general population. In Australia, Suicide Prevention Australia (SPA) released a position statement in August 2009 titled "Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender communities". The research in the position statement is quoted as:

"The level of suicidal ideation among GLBT populations is also very high, with 20 per cent of transgender (Couch et al., 2007) and 15.7 per cent of cisgender gay, lesbian and bisexual (Pitts et al., 2006) people living in Australia reporting current feelings of suicidal ideation."

Trans and gender diverse people who receive no care, particularly during the "coming-out" phase, have higher rates of suicide (in Ettner, Monstrey et al., 2007; 190). Data on suicidal behaviour pre- and post- surgery confirm significantly less suicidal ideation and fewer attempts in patients after reassignment surgery (in Ettner, Monstrey et al., 2007; 97). Suicide threat was a recurrent theme in psychiatric histories of transsexual patients when hormone treatment and sex reassignment surgery were not readily available (in Ettner, Monstrey et al., 2007; 180)

Currently there is only one surgeon in Brisbane performing the reassignment surgical procedures of vaginoplasty and phalloplasty. This leaves many transgender persons with no option but to seek out private surgeons in Melbourne, Sydney, Thailand and the US. People, especially transgender women, accessing surgery from overseas (usually Thailand) generally receive quality surgical care. However, they face additional barriers and costs accessing essential follow-up care both overseas (a stay of 4 weeks is usually recommended, including two follow-ups) and on their return to Queensland, particularly if they experience complications. Queensland Health does provide assistance with transport costs to the Monash Gender Dysphoria Centre in Melbourne and follow-up through the Patient Travel Subsidy Scheme, however, there are other additional travel and accommodation costs for Queensland trans and gender diverse people when travelling interstate or overseas, making these options very expensive and beyond the reach of most people.

The cost of sex reassignment surgery for transgender women ranges upwards from \$15,000 in Australia (closer to \$30,000 if no private health insurance is held) and up to \$25,000 for surgery performed overseas. Medicare covers only a small proportion of genital surgery and the patient will be out of pocket \$15,000 regardless of the private insurance they hold. This is because private health insurance only covers the hospital, operating theatre and bed fees and none of the surgical costs. The most common surgery for transgender men is mastectomy ("top surgery") which may be a one or two-stage procedure and costs up to \$12,000 in Queensland. The private cost of genital reassignment surgery for transgender men (phalloplasty) is much higher and approaches \$80,000.





Cost is a critical barrier for transgender persons, even with rebates for reassignment surgery from Medicare and private health insurance. All services required for the clinical management of transgender patients eg., GPs, Psychiatrists, Psychologists, Endocrinologists and Counsellors, incur significant expenses. Prescriptions not subsidised by the PBS are expensive and beyond the reach of many. Electrolysis to remove facial and body hair is a very costly and lengthy process. Worryingly, many trans and gender diverse people are choosing to access their superannuation early on compassionate grounds in order to pay for their surgery, as the alternative of no surgery is untenable for them. This will lead to great compromise of their future financial security and well-being.

For trans and gender diverse patients wishing to receive the best standard of care and live out a life of dignity and wholeness, few options are available. Many are unable to attain a socially and mentally fulfilling life due to the health restrictions they currently experience in barriers to surgical treatment (both financially derived and lack of service options). These surgical procedures are not cosmetic; they are therapeutic and accord with recognised, evidence-based guidelines - yet patients are denied access. Whilst there are a few general practitioners, psychologists, psychiatrists and other medical specialists working in Queensland who have developed international expertise in this area and have tirelessly given of themselves to serve this community, many of these efforts have been in isolation, unsupported, uncoordinated, unaffordable and often unsustainable.

In summary, the Sexual Health Society of Queensland is committed to providing the best possible care to our trans and gender diverse patients and clients in line with best practice expectations, and propose the convening of an expert working party to achieve this goal.

Should you require any further information or wish to discuss any aspect of trans health care, please do not hesitate to contact us. On behalf of the Sexual Health Society of Queensland, we would like to sincerely thank you for your time in considering the important issues we have raised. We look forward to ongoing collaboration to secure a healthier Queensland for every person.

Yours sincerely

Dr Judith Dean RN/Midwife, BN, MPHTM, PhD

Queensland Sexual Health Society President

Dr Fiona Bisshop MBBS FRACGP BSc (Hons)

Queensland Sexual Health Society Vice President, Exec member AusPATH

