

FROM SURGICAL TO COMPREHENSIVE CARE: THE RECONFIGURATION OF TRANSGENDER HEALTHCARE IN A UNIVERSITY HOSPITAL OF THE BRAZILIAN UNIFIED HEALTH SYSTEM (SUS)

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Abstract

The Brazilian Unified Health System (SUS) is the public health system in Brazil, established in 1990 and based on the principles of Universality, Comprehensiveness, and Equity. This model ensures free access to healthcare for the entire population, promoting comprehensive care and prioritizing investments in areas with greater needs, aiming to reduce social inequalities through inclusive policies. In this oral presentation, we will discuss a Specialized Outpatient Service in a University Hospital in Rio de Janeiro, which has become a reference in transgender healthcare. The service marks a transition from an exclusively surgical model to a comprehensive and interdisciplinary model. Initially focused on gender-affirming surgeries, in accordance with the Federal Medical Council Resolution (CFM) N° 1.482/1997, the service was restructured following Ordinance N° 2.803/2013, which expanded the Transsexualization Process. It now offers outpatient care through a multidisciplinary team, including specialists in Psychology, Psychiatry, Endocrinology, Dermatology, Urology, Nutrition, Physical Education, Social Work, Nursing, among others. This transformation fosters humanized care, recognizing gender diversity as an integral part of human diversity. Transgender identity, as a gender identity, reveals the constitutive aspects of the subject from the very first appointments. In the clinical context, we observe the impacts of transphobia, which delegitimizes existences and directly affects mental health. Many users report that these initial appointments are their first opportunity to talk about themselves and their gender affirmation process. The difficulty in accessing specialized public services and the urgent need for attentive listening make these encounters intense and transformative. This presentation will also share preliminary findings from research conducted in the service, offering an overview of the profile of the population served and their main mental health demands. These data guide more effective care strategies, considering the singularities of each individual. Our care model is biopsychosocial and depathologizing, avoiding reducing the experiences of the transgender population to a single aspect of their identity. Finally, we will emphasize the importance of promoting inclusive and diversity-sensitive public policies, as well as expanding discussions on gender issues in institutions that ensure citizenship and dignified health conditions, fostering humanized care.

Keywords: *Transgender health, Unified Health System, transsexualization process, mental health, inclusion.*

1. Introduction

The Identity Service - Transdiversity Outpatient Clinic is linked to the State University of Rio de Janeiro (UERJ), through its Health Complex, which includes the Pedro Ernesto University Hospital (HUPE) and the Piquet Carneiro Polyclinic (PPC). Established in May 2022, based on an initiative of the Endocrinology Teaching Care Unit (UDA), in collaboration with the Outpatient Coordination of the Transexualizing Process and the Social Service of HUPE, the outpatient clinic provides specialized care to the transgender population, in accordance with the Guidelines of the Transexualizing Process of the Unified Health System (SUS). Since 2008, HUPE has been qualified by the Ministry of Health as a Specialized Care Unit in the Transexualizing Process in the hospital – surgery – and outpatient modalities. It is noteworthy that the Identity Service is restricted exclusively to clinical follow-up, which is the scenario of this work.

The Transexualizing Process is part of a Policy of the Unified Health System that proposes to ensure the right of transsexual and transvestite people to have access to specific health care, notably body transformations. The publication of Ordinance No. 457/2008 of the Ministry of Health regulated this care and, later, Ordinance No. 2,803/2013 redefined and expanded these actions in the SUS. With regard to medical regulation, Resolution No. 2,265/2019, of the Federal Council of Medicine, is the normative that provides for specific care for people with gender incongruence or transgender. Although since the end of the 90s – with CFM Resolution No. 1482/1997 – this population has been partially covered by some type of health care, and that over the subsequent years such care has gradually expanded, there are still significant and recurrent barriers to access that limit their health care and make care needs invisible.

The lack of access of this population to health services can aggravate morbidity and mortality that could be avoided. In the absence of Public Policies that contemplate them, these people do not stop looking for care alternatives to feel more comfortable with their bodies. Invisibility, misinformation and prejudice in relation to this group causes discrimination, abuse and violence, which adds to greater social exclusion and individual precariousness, producing the triggering of anxiety and depressive disorders, self-mutilation, eating disorders, irruption of psychotic phenomena, etc. No wonder, the consumption of tobacco, alcohol and other psychoactive substances is more prevalent among trans people and transvestites than in the cisgender population. Faced with such a scenario, the health professionals of the Identity Service seek to offer comprehensive, interdisciplinary care of technical and human quality, considering the markers of sexual, gender and racial diversity as elements that need to be understood as one of the characteristics of human diversity, and not as an isolated problem or pathology.

In the Identity Service, there is a collective effort so that health actions are carried out based on interdisciplinary cooperation, which involves different specialties: Psychology, Psychiatry, Social Work, Endocrinology, Gynecology, Urology, Dermatology, Speech Therapy, Nutrition, Physical Education, Nursing, among other areas. Aiming at quality care within the scope of the SUS and a solid specialized training aimed at this public, especially because it deals with actions developed within a Public University, in which part of its Institutional Mission is the training of human resources for the SUS. Thus, it is convinced that quality care for this public has the dual function of benefiting both this population segment and the university itself and society in general, either by qualifying professionals and contributing to the training of students, or by expanding the fields of research in innovative themes.

Throughout the existence of specific Health Policies for trans people in the SUS, there has been a lack of evidence on the temporal evolution of the psychic, physical and social well-being of users, as well as the relationship with bodily changes in the transsexualizing process offered by the SUS, whose population, social context, socio-economic and racial inequalities differ from local-regional and international realities. There are also few studies on factors associated with living conditions, social and racial disparities, and the health of adult transgender people on hormones, especially in developing countries.

Regarding the situations of rights violations and inequities that cross the life experiences of transgender people, there are studies that point to alarming data, notably related to murders, as expressed in the information contained in the Dossier "Murders and violence against Brazilian transvestites and transsexuals in 2023", by the National Association of Transvestites and Transsexuals (ANTRA). According to these data, between 2008 and 2023 there was an average of 128 murders, with the peak of these violent deaths occurring in 2017, with 181 murders and, in 2020, with 175 violent deaths, with emphasis on the victimization of black people (Benevides, 2023).

In addition to the issue of murders, this segment of the population faces a series of health problems, motivated by the delegitimization of human diversity, prejudice and discrimination, which has the consequences of mental and physical illnesses, as pointed out by current research dedicated to the subject. According to some of these studies, 41% of transgender people have attempted suicide compared to 1.2% of cisgender people who have experienced the same situation. In addition, there was a higher prevalence of depression, anxiety, greater chances of smoking, and alcohol and other substance abuse, among other relevant issues (Ard & Makadon, 2012; Conron, Mimiaga & Lander, 2010; Teixeira-Filho & Rondini, 2012).

Although there is a worsening of the health situation of these people due to transphobia, there is a difficulty on the part of the State and of the society in creating responses to this problem, as some studies indicate that there are still significant barriers to access for this segment of the population when seeking health services, such as: the lack of knowledge about the Specific Health Care Services Network, the lack of preparation of professionals to deal with singularities, as well as the presence of greater vulnerabilities and social precariousness due to the inequities permeated by transphobia.

Since discriminatory practices are systematic, the most significant consequence of this is the withdrawal of transgender people from health services in an attempt to protect themselves from such experiences. Some authors found that 43% of trans people avoid seeking medical care, that 49% of trans women and transvestites undergo hormones without specialized follow-up and that there is a high incidence of use of Industrial Silicone for body transformations. Other studies also point out that 62.1% of trans people and transvestites feel uncomfortable discussing their demands with health professionals and 62.7% of trans people and transvestites had to teach health professionals about their demands (Costa, Pase Fontanari et al., 2018; Pinto, Teixeira, Barros et al., 2017).

2. Multiprofessional and humanized model: A new perspective of care

The Unified Health System (SUS) represents an essential milestone in ensuring access to health in Brazil. Implemented in 1990, its structure is based on the principles of Universality, Integrality and Equity, ensuring the right to medical care for the entire population, regardless of social class, ethnicity, gender or any other condition. In this way, the SUS not only promotes inclusion, but also plays a fundamental role in reducing social inequalities, consolidating health as a right for all and a duty of the State. The implementation of Public Policies in the SUS aims not only to promote quality health, but also to build a fair system, capable of meeting the needs of the population with a close look at the specificities of each group. In this context, the health of the transgender population is configured as a fundamental area of care, requiring inclusive policies and practices that respect gender diversity and offer specialized and humanized care, indicating the essentiality of mental health.

The Identity Service - Transdiversity Outpatient Clinic adopts a care model that goes beyond the traditional biomedical approach, recognizing the multiple dimensions of the subject and promoting comprehensive care, which considers physical, emotional, psychological and social aspects. The articulation between these specialties is essential to ensure qualified care that is sensitive to the singularities of the trans population, ensuring continuous and comprehensive monitoring.

This model of depathologizing care is not restricted to bodily transformations but includes the necessary support to deal with the psychological and social impacts of the gender affirmation process. By removing the pathologization of trans identity and treating it as part of human diversity, our outpatient clinic strengthens humanized and comprehensive care, promoting health without reductionism and respecting each trajectory in a unique way.

One of the main challenges faced by the transgender population is transphobia, which manifests itself in different ways, from prejudice and discrimination to the scarcity of safe and welcoming spaces to discuss their needs and health issues. For many users, the first visit to the outpatient clinic represents the first opportunity to talk openly about themselves and their gender affirmation process, making this moment extremely important.

Many users report that the outpatient care was a transformative milestone in their lives, as they were able to express their experiences and needs without the fear of stigma or discrimination. This listening process is essential, as it allows the health team to understand the specific demands of each patient and, based on this, develop more effective care strategies that consider the particularities of each subject's gender affirmation process. In addition, psychological and psychiatric follow-up is an essential component of comprehensive care, especially considering that the trans population often faces high levels of anxiety, depression, and psychological distress resulting from experiences of marginalization and violence. The provision of specialized psychological care is, therefore, an essential component for the comprehensive care of this population.

3. Depathologization in the care of the trans population

Depathologization is a central concept for the comprehensive and humanized care of the trans population, as it dispels the notion that trans gender identity, by itself, constitutes a pathology. In the Identity Service, this approach is essential, since we understand that the trans experience cannot be reduced to a diagnosis or clinical condition. Transgenderism, as a gender identity, is a legitimate expression of human diversity, and its recognition as such is fundamental for ethical, respectful, and qualified care. Depathologizing does not mean denying care, but rather ensuring that health care is not guided by a pathologizing logic, avoiding the unnecessary medicalization of the life experiences of trans subjects.

The transformation of the outpatient service, which was previously structured into a surgical model of transsexualization, reflects this depathologizing movement. With the restructuring initiated by Ordinance No. 2,803/2013, care for the trans population was expanded to an interdisciplinary and comprehensive model, going beyond surgery and contemplating all dimensions of health. This advance is especially relevant in a context in which health services have historically reinforced the pathologization of non-cisnormative gender identities, creating barriers to access and intensifying the suffering of this population.

In the outpatient clinic, we prioritize qualified listening and respect for individual demands, recognizing the complexity of trans experiences, without reducing them to the field of disease or disorder. Thus, depathologization also implies the demedicalization of aspects of life, understanding them not as clinical cases, but as subjects who demand dignified care that is sensitive to their realities. By recognizing transgenderism as part of human diversity, without associating it with pathologies, we promote a model of care that strengthens welcoming, rescues the dignity of users, and contributes to the fight for human rights, ensuring that transgender people have access to care free of stigma and prejudice.

4. Profile of the population served and emerging demands

The ongoing research at the Identity Service – Transdiversity Outpatient Clinic aims to understand the characteristics of the population served and its main demands, focusing on mental health and the specific needs of this population. Although the data are still being analyzed, it is possible to identify, in a preliminary way, that many of the patients treated at the outpatient clinic have a history of exclusion and difficulties in accessing specialized health services. This is especially relevant when considering the intersection between gender issues and other factors of vulnerability, such as racial discrimination and socioeconomic status. The research points to the urgent need for more inclusive and diversity-sensitive Public Policies, which ensure more equitable access to Health Services for transgender people.

5. The importance of inclusive public policies

The construction of inclusive public policies, which recognize gender specificities and address the health issues of the transgender population in a broad way, is essential for the promotion of a fairer and more accessible health system. The model adopted by the Outpatient Clinic is a positive example of how the SUS can offer specialized care. However, it is necessary for the Health System to continue advancing in the training of professionals trained to deal with gender issues and in the creation of strategies to combat transphobia, both within the scope of Health Services and in society in general. Strengthening continuing education and awareness of trans issues is an important step to ensure quality care and to promote a more inclusive and humanized health system.

6. Final considerations

The trans population faces significant challenges in the mental, physical, and social spheres, due to barriers to access to health services, discrimination, and violence, which result in high rates of depression, anxiety, and suicide. Many resort to self-medication, which increases the risk of health complications. However, in the Identity Service, the Mental Health outpatient clinic is not limited to issues related exclusively to transition, but rather to the uniqueness of each subject. We understand that each trans person has their own particularities and, therefore, our care process is based on respect for these singularities, as it should be for all people.

We understand health as a technology at the service of care, with a focus on the humanization of care. We use this approach to promote comprehensive care, recognizing the complexity of the experiences lived by the trans population, but without reducing them to a single aspect of their identity. Our goal is not to further isolate or segment this population, but to integrate it into the broader public health context.

We seek to provide a safe and welcoming space where patients can express their wishes, be heard, and receive the appropriate support for their gender affirmation and well-being process.

The challenges faced by the trans population demand the implementation of effective strategies to ensure comprehensive and humanized care. To this end, it is essential that public health policies continue to advance towards greater inclusion, ensuring the effectiveness of quality care that respects the specificities of each subject. Only with an attentive and sensitive look at the needs of this population will it be possible to ensure that the rights to health and dignity are fully ensured for all.

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