Community-based Gender-affirming Medical Care

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Abstract

In Manitoba, extensive waitlists for gender-affirming medical care disproportionately affects rural residents.[1] Disparities arise due to limited approved providers and a concentration of services in Winnipeg. Patients pursuing gender-affirming surgeries are faced with further barriers in Manitoba Health's policies, which require a diagnosis of Gender Dysphoria by an approved list of health and mental health professionals for the procedure to be covered. This case explores a 20-year-old transgender male's successful gender-affirming care journey in rural Manitoba. The patient's journey, encompassing social, legal, and medical transitions, highlights the effectiveness of community-based primary care providers (PCP) delivering gender-affirming medical care.

From a broader context, the case report also delves into the heightened risks faced by transgender individuals, further emphasizing the need for accessible gender-affirming care. This report challenges the "approved provider" system arguing that it undermines the patient-physician relationship and contradicts Manitoba's self-regulated medical practice. This case study advocates for increased resources and policy changes to better serve Manitoba's gender-diverse population by underscoring successful gender-affirming care delivery in a community-based setting.

Keywords: gender-affirming care, transgender, health disparities, Manitoba

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Introduction: Within gender-affirming healthcare in Canada, disparities continue to persist.[2] In Manitoba extensive waitlists and limited providers create significant barriers to accessing essential medical care for gender-diverse individuals.[3,4] This paper delves into the case of a 20-year-old transgender male navigating his gender-affirming care journey in rural Manitoba. Through his experiences, we explore the efficacy of community-based primary care providers (PCPs) in delivering comprehensive gender-affirming medical care.

Beyond the individual narrative, this paper contextualizes the broader healthcare landscape for gender-diverse individuals in Canada. Alarming statistics underscore the heightened risks of mental health struggles and suicidality within this population, highlighting the urgent need for accessible and gender-affirming medical services. Furthermore, the discussion delves into the systemic barriers perpetuated by Manitoba Health's "approved provider" system, which not only undermines patient-physician relationships but also contradicts the principles of self-regulated medical practice. This paper advocates for tangible reforms in Manitoba's healthcare system. Proposals for increased resources, policy revisions, and enhanced medical education aim to dismantle existing barriers and foster a more inclusive and patient-centered approach to gender-affirming care delivery.

Case History: The patient is a 20-year-old transgender male living in rural Southern Manitoba who sought ongoing gender-affirming care from a community-based Primary Care Provider (PCP). The patient presented with a multi-year history of gender dysphoria, characterized by incongruence with their experienced/expressed gender, secondary sexual characteristics misalignment, and a strong desire to alleviate feminine voice and features.

The patient had initiated their social transition four years before finding a community-based PCP. They also attempted to seek out gender-affirming care in Winnipeg and endured an eight-month waitlist before having their intake appointment. This was followed by another five-month wait for an available appointment

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before being able to initiate testosterone treatment. Although the testosterone was initiated, the patient found it difficult to receive follow-up for ongoing adjustment. Once they heard a community-based PCP was available, they completely transitioned their care to their rural community.

Upon introduction, the patient used their preferred name and pronouns when meeting the community-based PCP. The patients' outward appearance was masculine, congruent with their described gender. Regular lab work was completed throughout this patient's treatment to track their testosterone levels. Routine follow-up was completed by the PCP to track blood pressure, potential side effects from testosterone, and the patient's well-being. The patient had support for ongoing titration of medications, management of side effects, and achieving further goals for masculinization through their PCP. Of note, the patient described how important it was for their breakthrough menstrual bleeding to be managed, which was handled in the community setting.

Not only did the bulk of their medical transition take place locally, but the patient also successfully went through their legal transition with assistance from the community-based PCP. The patient sought a legal name change to better represent their identity on their government-issued ID. This was initiated early in treatment and successfully completed after being connected with the community-based PCP.

As the final steps in the patient's gender affirming journey, this patient underwent gender-affirming surgery. The community-based PCP facilitated the surgical readiness assessment for the patient and provided necessary pre-operative evaluations prior to chest masculinization and complete hysterectomy surgeries which were successfully completed in Manitoba in early 2022 and early 2023 respectively. The community-based PCP was only able to assess and refer for procedural gender-affirming care as they were one of the few "approved providers" in Manitoba able to generate a referral for gender-affirming procedures.[5]

Patient Experience: In discussion with the patient about their experience receiving gender-affirming care outside of their home community compared to within their home community, several important factors were discussed. Of note, the lack of access with the treatments only being available in Winnipeg, the waitlist for treatment, and the financial burdens and time associated with the commute to Winnipeg were significant barriers in this case that were remedied by transitioning to community-based gender-affirming care.

When initially seeking gender-affirming care, one of the major challenges for the patient was that care was only available in Winnipeg, precluding the patient from initiating medical treatment until after the age of 18 despite their social transition. This delay was due to travel and transportation constraints experienced by the patient in their home community and was in part mitigated after the patient was able to relocate seasonally to Winnipeg for post-secondary studies and acquired personal transportation. After the patient-initiated referral, they spent over a year on the waitlist prior to initiation of gender-affirming care. The patient stated the long wait time was a significant challenge, in part attributed to their gender dysphoria and struggles with anxiety and depression, both of which significantly improved after initiating hormonal transition, and by later completing gender-affirming surgery.

Exclusively receiving gender-affirming care within Winnipeg presented a significant financial burden, geographic barrier, and added time commitment and stress for the patient. The patient detailed having to miss an entire shift of work whenever there was an appointment scheduled in addition to the cost of fuel and wear to the vehicle. An appointment in Winnipeg would routinely take three to four hours of allotted time for the patient, after considering the average travel time and appointment time. Conversely, an appointment within their home community would take an hour and could be easily scheduled around their work shifts. Given the extreme climate of Manitoba, adverse driving conditions would also need to be anticipated as severe weather could greatly impact their ability to arrive safely and on-time to appointments. Considering the financial strain, both through direct transportation costs and lost wages, as well as overall stress from the commute, the patient shared several pragmatic concerns in their ability to pursue gender-affirming care long-term if services remained limited to Winnipeg.

The transition to receiving gender-affirming care within their rural community addressed challenges and barriers that the patient faced by commuting to Winnipeg for treatment. Having a community-based PCP for gender-affirming care meant the patient was not required to routinely travel extended distances to receive care and they missed less work shifts, therefore alleviating the associated financial and occupational stress caused by commuting for treatment. In addition, the patient was able to interact more regularly and consistently with their community-based PCP compared to when travelling to receive care, resulting in a stronger patient-physician relationship which the patient felt positively impacted the quality of their care.

Throughout our discussion the patient reiterated that having community-based gender-affirming care through a community-based PCP notably improved their overall well-being and eased both psychological and financial stress throughout their transition. Additionally, the community-based PCP helped by fostering a more inclusive and accepting home community by visibly supporting and advocating for gender-diversity through various local networks. Living within a rural community can often be an isolating experience for gender-diverse individuals, and the patient noted having a special appreciation for how their PCP was part of their home community and supported their efforts throughout their transition.

Discussion: In Canada, suicide ranks as the second leading cause of death among adolescents and young adults aged 15-34 years.[6] A study conducted in 2022

focusing on Canadian adolescents aged 15-17 revealed transgender adolescents showed 5 times the risk of suicidal ideation and 7.6 times the risk of a suicide attempt than when compared with cisgender, heterosexual adolescents.[7] These findings are supported by a meta-analysis and systematic review that found in the world's transgender community, the prevalence of suicidal thoughts overall was approximately 48%, with 39% in the past month, 45% in the past year and a 50% lifetime risk.[8] These alarming statistics underscore that transgender and gender-diverse persons are part of a vulnerable population and further substantiate why sexual orientation, gender identity and gender expression are protected classes under the Canadian Charter of Human Rights and Freedoms.

A sampling study completed in Ontario, Canada, highlighted the positive impact of access to medical transition, broadly defined as hormonal and/or surgical gender-affirming care. The study demonstrated a 62% relative risk reduction in suicidal ideation among transgender individuals who had undergone medical transition compared to those awaiting transition.[9] Additionally, this study estimated that access to medical therapy, when desired by patients, would correspond to preventing 170 cases of suicidal ideation per 1000 transgender persons and further prevent 240 suicide attempts per 1000 transgender persons with suicidal ideation.[9] A systematic review looking at psychosocial functioning post gender-affirming hormone therapy in transgender persons found consistent evidence that both feminizing and masculinizing hormone therapy resulted in decreased psychological distress and decreased depressive symptoms in the transgender population.[10] These studies support that receiving accessible and timely gender-affirming care significantly improves the overall mental health and quality of life of gender-diverse individuals. Studies support that risks of depression and suicidality may be mitigated with receipt of gender-affirming medications over the relatively short time frame of 1 year.[11]

A cross-sectional survey completed in 2019 looking at healthcare access for transgender and non-binary people in Canada found that Manitoba respondents who were receiving but not completed gender-affirming care had an adjusted predicted probability of 48.9% of being on a waitlist for gender-affirming care, where gender-affirming care was defined as including mental health assessments, puberty-blockers, hormones or surgery.[4] This means about half of Manitoban gender-diverse people seeking gender-affirming care are on waitlists for gender-affirming surgery, hormonal transitioning, and mental health assessments. Furthermore, barriers such as transportation costs and time off work to attend appointments further compounds the inaccessibility of care for patients who may otherwise have minimal to no other resources.

The health disparities experienced by gender-diverse individuals in Canada has necessitated research into the medical education of physicians of gender-affirming medical care.[2] When surveying current medical students across Canada the majority expressed that they felt insufficiently prepared to address the health concerns of gender-diverse individuals and therefore reported a lack of comfort in providing care to the gender-diverse community.[12] This is reflective of the limited training in medical school and residency,[12,13] which may in turn leave local Manitoba physicians feeling ill-equipped nor supported to include gender-affirming medical care within their practice. This contributes directly to the lack of access to practitioners that many gender-diverse Manitoban's contend with, and the affect is compounded when considering the overall physician shortage experienced by Manitobans.[3]

Despite the clear benefits, gender-affirming care remains a limited resource in Manitoba. Presently gender-affirming care, including hormone initiation and management, is being initiated by select providers, contributing to the long wait times experienced by patients seeking gender-affirming care.[4] This has occurred even though gender-affirming hormone therapy can be safely initiated and monitored within the primary care setting and PCPs are an ideal choice to support patients longitudinally. This is in part attributable to the unnecessarily restrictive steps required to support a patient for gender-affirming care. Manitoba Health has approved certain health professionals (physicians) and mental health professionals (physician or psychologist) who can assess the candidacy of patients seeking "transgender health procedures" and can make referrals for "transgender surgery." Only then will Manitoba Health provide coverage for these medically required services. However, to determine if a transgender health service is medically required, and therefore covered by the provincial health insurance plan, Manitoba Health requires the following: 1) "A referral letter from a Manitoba Health-approved physician to the surgeon that provides an assessment of the patient's candidacy for surgery and recommends the particular surgery as treatment for their specific symptoms of gender dysphoria;" and 2) "A brief letter from an Manitoba Health-approved mental health professional that provides a diagnosis of gender dysphoria, and advises on the appropriateness of surgery to treat the patient's specific symptoms of gender dysphoria." Manitoba Health has also stated "An interim agreement is currently in place to reduce the current requirement of two different Manitoba Health-approved professionals to one Manitoba Health-approved provider for adults, when the Manitoba Health-approved provider has been approved as both a mental health professional and a health professional for the following services only: chest masculinization, chest feminization, and laser hair removal services." Currently, there are only four locations with 'approved' health professionals in Manitoba, two are located in Winnipeg, one in Brandon, and one in Portage la Prairie.[5] Manitoba Health has mechanisms that determine which physician providers are 'approved'; one must be a health professional (physician) and then apply for approval from the government with separate applications and reviews for adult patients versus chil-

dren and adolescent patients. The "approved provider" list means a patient's family doctor, who has a longitudinally established relationship with the patient, is not able to generate a referral to a surgeon for many gender-affirming procedures unless they are one of the few "approved providers" by Manitoba Health. As a result, even if a provider supported a patient with hormone initiation and monitoring, they are not eligible to refer them directly for a gender-affirming procedure. This has further perpetuated the notion that gender-affirming care is outside the scope of most primary care providers.

The lack of providers and geographical restrictions creates unnecessary obstacles for gender-diverse patients to overcome. An obvious step to address this would be to review Manitoba Health Insured Benefits "approved providers" system. Community-based PCPs must be able to generate referrals for gender-affirming procedures, which is required for Manitoba Health to provide insurance coverage for patient seeking gender-affirming surgery. Due to the "approved provider" system it often requires another referral to be made and further extends the wait period for gender-diverse patients. These policies can undermine and damage patient-physician relationships, discourage community-based physicians from providing gender-affirming care, and create unnecessary backlogs in Manitoba's taxed healthcare system.

The "approved provider" list is both concerning and does not reflect how we practise medicine in Manitoba. Medicine is a self-regulated practise, and The Regulated Healthcare Providers Act established by the Manitoba Legislature gives authority to The College of Physicians and Surgeons of Manitoba in the development, establishment and maintaining standards of practice and ethics by members.[14] The "approved provider" list is at odds with this, as an external agency should not be determining which physicians can provide referrals for gender-affirming surgery under threat of Manitoba Health authorizing coverage for gender-affirming surgeries versus not. As stated earlier, gender-affirming care is well within the expected scope of practise of PCPs and therefore generating referrals for gender-affirming surgery should fall within the scope of practise as well. It is discriminatory that this requirement of an "approved provider" adds an unnecessary barrier to accessing gender-affirming care.

Furthermore, the "approved provider" system is focussed on gender-diverse patients being required to complete mental health assessments as Manitoba Health requires patients to receive a diagnosis of Gender Dysphoria for gender-affirming surgeries to be funded. The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition details diagnostic criteria for Gender Dysphoria, contributing to the narrative that being trans is a psychiatric diagnosis. The "approved provider" requirements set by Manitoba Health continue to require gender-diverse patients to 'prove' that they have a psychiatric diagnosis before being able to seek aspects of gender-affirming care. This continues to pathologize trans and gender-diverse persons by relying on the false assumption that psychological distress is an inherent aspect of being transgender and that every gender-diverse persons' experiences are the same. Advocacy groups have pushed for a change in the health care model of gender-diverse patients, moving from psychiatric assessment process to an informed decision-making approach.[15].

Conclusion: Gender-diverse individuals are a vulnerable population at increased risk of self-harm and suicide attempts when compared to their peers. Research supports that when transgender and gender-diverse persons receive gender affirming care, we see substantial decreases in suicidal ideation and suicide attempts as well as improved quality of life. Gender-affirming care includes but is not limited to access to safe and inclusive healthcare providers, gender-affirming hormone therapy, and gender-affirming surgical procedures.

Increasing access to gender-affirming care within Manitoba through improved medical school education for future physicians and removal of the "approved provider" system would help close the gap in care for this vulnerable population. Both aforementioned factors would contribute to more PCP's including gender-affirming care within their practises. Additionally, it creates a more inclusive environment for both physicians to provide care and for patients to receive care, fostering more long-term patient-physician relationships and improving continuity for transgender and gender diverse patients; all factors that are shown to improve quality of care.

The patient case study discussed in this paper shows that gender affirming care can be handled successfully within a community-based healthcare setting. This case highlights the potential benefits of utilizing community-based PCP as an avenue for providing gender-affirming care within a rural community setting. Increasing resources for community-based gender-affirming care, removal of the approved providers list, and improving medical education of gender-affirming care offers feasible avenues which both increases access and improves care for our Manitoba gender-diverse and transgender population.

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