



Transgender Healthcare



OFFICE OF THE DEPUTY PRIME MINISTER
MINISTRY FOR HEALTH



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Foreword

I am pleased to launch this document on Transgender Healthcare Services which includes the policy direction which the Government has taken following the public consultation launched earlier this year. Transgender inclusive health care can profoundly increase quality of life for transgender persons. For transgender people who transform their bodies to align with their gender identity, access to safe hormone therapy and/or surgery is also critical.

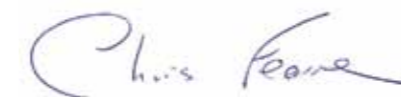
This Government has already made great strides in improving quality of life for transgender persons by recognising their identity and needs through the adoption of legislation that is being viewed as a model for other countries to follow.

The next step is now to ensure that healthcare services in Malta meet the needs of transgender persons. This applies to the provision of healthcare for all physical and mental needs in the same manner that other persons can access quality health care for their needs. In order for this happen, steps need to be taken for the health services to become more inclusive.

Trans persons additionally have very specific needs related to gender identity and sex related conditions. I have taken the necessary steps to change the legislation on free treatment so as to include a new category under which transgender persons will be able to benefit from hormone therapy.

This alone is not enough. For transgender persons to enjoy a good quality of life and not suffer from stigma and discrimination, they need to have access to health services which may also include surgery. These services should be provided by a trained and specialised multidisciplinary team in the appropriate setting and environment which respects the dignity and needs of these persons.

This document presents the way forward for the development of transgender healthcare services in Malta. Whilst the Ministry has drawn on the experience of others considered leaders in this field to prepare these proposals, I believe that every country needs to find solutions that are appropriate to its culture, context and goals. I look forward to implementing solutions to make the Maltese health system a leader in the provision of health services that are trans inclusive.



Chris Fearné
Deputy Prime Minister
Minister for Health



“Gender affirmation is a key determinant of transgender health. An interpersonal and shared process through which one’s gender identity is socially recognised”



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“Government remains committed to human rights and the principles of equality. Malta has become a beacon for other countries to follow with respect to LGBTIQ rights”

1 Introduction

The United Nations' pledge to "leave no one behind" adopted as part of *The 2030 agenda for Sustainable Development* rings particularly true for transgender, transsexual and gender non-conforming persons. The term transgender refers to those persons whose sex assigned at birth is different to their felt sexual identity or sexual expression.

Evidence has shown that transgender¹ persons frequently report bad overall health, increased patterns of substance abuse, sexually transmitted infections, mental distress with also high rates of suicidal ideation. Furthermore, research from other countries shows that transgender persons are reported to have actually attempted suicide more often than the general population. Persons with a non-binary gender identity were reported to have even worse health outcomes than their trans counterparts (The Swedish Federation for LGBTQ Rights RFSL 2017).

Worse outcomes experienced by transgender persons are not limited to any particular socio-economic segment of the population but occur across all brackets. Misgendering, the traditional organisation of health services, attitudes of health care workers, pathologisation, societal beliefs and stigma all contribute to the inequities and marginalisation of this group.

1.1 Scope and purpose

Gender affirmation is a key determinant of transgender health. This is defined as "an interpersonal and shared process through which one's gender identity is socially recognised"(Reisner et al. 2016).

This comprises four main domains. The legal domain has been addressed through the adoption of the Gender Identity, Gender Expression and Sex Characteristics Act of 2015 (CAP 540, Laws of Malta (2015)). The other equally important aspects of gender affirmation include the psychological aspect referring to the felt, internal gender of the person, the social aspect referring to the pronoun and name that is used whilst addressing the person and the medical aspect which relates to hormonal and surgical therapies.

This document is intended to tackle primarily the medical, psychological and social aspects of gender affirmation from the healthcare services perspective.

1.2 Background

Government remains committed to human rights and the principles of equality. Malta has become a beacon for other countries to follow with respect to LGBTIQ rights.

Harmful practices such as conversion therapies have been banned and criminalised and an individual's legal right to live according to one's desired gender role has

1. The term transgender persons will be used for ease of reference but this includes transgender, transsexual and gender non-conforming persons

been enshrined in the law². The law specifically addresses the concept of depathologisation³ of gender identity and continues to specify that this should in no way impact one's provision of the necessary health services. This is in line with the World Professional Association for Transgender Health (WPATH) statement issued in May 2010 that urged the de-psychopathologisation of gender non-conformity: *"the expression of gender characteristics, including identities, that are not stereotypically associated with one's assigned sex at birth is a common and culturally diverse human phenomenon that should not be judged as inherently pathological or negative"*.

In 2010, the European Court of Human Rights on the issue of the rights of transgender persons ruled that transgender persons should be provided with the possibility of undergoing surgery leading to full gender reassignment including hormone treatment, gonadal surgery, hair removal and voice training. In particular, blanket bans on the funding of such treatment are not deemed to be in conformity with principles of equality and human rights⁴.

It is the Government's belief that all Maltese citizens should be able to receive the medical care they need by the State to live healthy lives and following upon the implementation of legislation, the next step is now to improve health care services offered to trans and intersex persons.

The following electoral manifesto commitments (2017) were made:

"(4). Ninvestu f'aktar taħriġ ta' professjonisti fl-oqsma tas-saħħa, psikoloġija, edukazzjoni u social work biex jiġu mtejba s-servizzi li jingħataw partikolarment lil persuni Trans u Intersex. F'dan il-kuntest ukoll, naraw li jingħata taħriġ anke lill-forzi tal-ordni fosthom Pulizija u Forzi Armati."

"(5). Fil-kaz ta' persuni trans, insaħħu s-servizz tas-saħħa offruti sabiex dawn ikunu aktar trans-inclusive bħall-hormone therapy u servizzi relatati oħrajn."

"(6). Inwaqqfu Gender Clinic li jservi bħala punt fokali għas-servizzi tas-saħħa offruti lil persuni trans, intersex u persuni queer"

This builds on previous commitments by the Government (Budgetary Measures 205/2015 and 243/2016) to introduce transgender services.

2. Article 3 of CAP 567 of Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act of December 2016 accessed at <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12610&l=1> on 20/02/18

3. Article 15 (2) of CAP540 of Gender Identity, Gender Expression & Sex Characteristics Act of April 2015 accessed at <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12312&l=1> on 20/02/18

4. ECHR, van Kuck v. Germany, judgement of 12 June 2003 and ECHR, B. v. France, judgement of 25 March 1992

2 Epidemiology

Despite a recent interest in research on transgender persons, evidence that quantifies the transgender population can be considered an estimate at best. The prevalence used in the World Professional Association for Transgender Health (WPATH) guidelines emanates from ten reputable studies that quote figures in the region of 1 in 12,000 to 1 in 45, 000 for male-to-female (MtF) persons and 1 in 30, 000 to 1 in 200, 000 for female-to-male (FtM). For Malta this would translate into an incidence of around 10 to 40 MtF and 3 and 15 FtM new transgender persons seeking gender affirming services every year.

These international estimates available are not that robust. The lack of certainty and comparability results from differing definitions of the terms used, methodological weaknesses in the study design and counting only the most easily available population. These studies usually identify only the 'tip of the iceberg'- those trans persons who have accessed a health care facility with the aim of accessing medical care to allow them to transition to their desired gender role. They generally disregard those with no access to such services or those who seek other medical assistance outside the formally recognised gender affirming health care services.

Other researchers postulate that these numbers are in fact an underestimate of the true prevalence quoting the global transgender population to amount to 0.1-0.5% of the world population (7-35 million persons). For the local population this could signify a range of between 500 to 2000 persons in the current population (Reisner et al. 2016). Our initial feedback from the local community is that the WPATH estimates are likely to be conservative estimates.

2.1 Health Inequalities

Research has been able to identify some of the main root causes of health inequalities in trans persons. Culturally and socially, heterosexuality and binary gender norms and bodies are frequently favoured and viewed as the only means of being 'normal'. As a result trans persons are discriminated against, marginalised, even victimised on the grounds of gender identity and sexual orientation. This context for perceiving transgender persons perpetuates a negative view point and the resultant adverse health-seeking behaviours and outcomes.

Trans persons are reported to have higher rates of mental distress, substance abuse, sexually transmitted infections and HIV rates as compared to non-trans persons. A higher prevalence of depressive symptoms are also noted. A comparatively large study in the UK, the Trans Mental Health Study reported an 84% life time prevalence of suicidal ideation with nearly 50% of these having attempted suicide. On the other hand, evidence has also shown that over 85% of these respondents reported an improvement in their perceived body image after hormone therapy. They also reported over 88% satisfaction with their body image after non-genital surgery and 83% after genital surgery (Bailey, J. Ellis, and McNeil 2014)(The World Professional Association for Transgender Health (WPATH) 2011).

2.2 Misgendering

This is one of the commoner types of transphobia and it refers to instances where a trans person is not identified by their preferred pronoun or name. For those who have a non-binary gender identity this is considerably more of an issue. Health care staff are frequently, often unknowingly, responsible for misgendering and making assumptions about one's sexual orientation or gender. This leads to negative experiences when accessing health care and acts as a barrier to a trans person's health-seeking behaviour.

It must be acknowledged that on occasion the implementation of the GIGESC⁵ legislation may have been hindered by a lack of adaptability of existent IT systems that inadvertently resulted in misgendering at the user's end.

5. Gender Identity Gender Expression and Sex Characteristics Act, CAP540

3 Vision

To develop a trans inclusive health care system and to organise gender affirmative health care for transgender persons using a person-centred approach that tends to the physical, mental and social aspects of care of the individual whilst respecting the person's gender identity.

“ We will seek to overcome postponement or avoidance of healthcare utilisation which often leads to delayed diagnosis and complications ”

4 Strategy for Development of Healthcare Services

4.1 General Healthcare Services

Transgender health care is culturally appropriate healthcare, including access to sex specific and transition-related procedures. Like everyone, transgender and gender non-conforming persons need access to quality health care that encompasses health maintenance, disease prevention (such as screening for common conditions like cancer and diabetes), diagnosis and treatment of acute and chronic illnesses (Transgender Law Center, 2012).

Primary healthcare for transgender persons also incorporates health promotion, risk reduction counselling and referrals for any health issues encountered. For many transgender and gender non-conforming people, access to sex-specific care and transition-related care is a unique and critical element of the overall healthcare provision.

When transgender people access medical care, they often encounter discrimination or ignorance. Many health care providers are unaware that some kinds of sex-specific care, such as cervical smears for transgender men and prostate exams for transgender women, are still necessary for many transgender people.

In order to render health care services in Malta more trans-inclusive, the Ministry for Health shall be supporting awareness raising and training for the health workforce. This will have the purpose of rendering health care services more 'user friendly' for transgender persons. In this way, we will seek to overcome postponement or avoidance of healthcare utilisation which often leads to delayed diagnosis and complications. Besides general awareness of how to address a transgender person, training will also focus on providing information around access to gender affirmative services, referral routes and follow up care to be provided by family medical doctors and other health workers.

Many transgender people change their name and gender to better match their gender identity. Some people change them officially on their legal documents, and some do not (for various reasons).

Collaboration between the Ministry for Health and Identity Malta is underway in order to be able to share such information securely in the best interests of the persons involved to mitigate situations of misgendering where possible.

“ The Ministry for Health is proposing to use the standards of care issued by The World Professional Association for Transgender Health (WPATH) as a starting point for the elaboration of local treatment protocols ”

5 Gender Affirming Healthcare

Local legislation states that “All persons seeking psychosocial counselling, support and medical interventions relating to sex or gender should be given expert sensitive and individually tailored support by psychologists and medical practitioners or peer counselling- such support should extend from the date of diagnosis or self-referral for as long as necessary”⁶.

Competent transgender health care includes sensitivity to identities that transcend the binary of male and female as well as recognising that social transition, hormonal therapy and surgery are often independent parts of an individual's transition.

The Ministry for Health is proposing to use the standards of care issued by The World Professional Association for Transgender Health (WPATH) as a starting point for the elaboration of local treatment protocols. This organisation promotes the highest standards of health care for individuals through the articulation of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People. The SOC are based on the best available science and expert professional consensus.

The SOC provide clinical guidance for health professionals to assist transgender and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health and psychological well-being. Care and services will range from primary care, gynaecologic and urologic care, reproductive options, voice and communication therapy, psychological support,

psychiatric care and psychotherapy together with hormonal and surgical treatments (The World Professional Association for Transgender Health (WPATH), 2011).

The SOC are elaborated as a guidance to be adapted to the local cultural context. The importance of the individual's self-determination, of making informed choices and the value of harm reduction approaches is emphasised. An individualised approach to the health services offered is paramount. For some, access to supportive services may suffice whilst others would require more intensive health services. Health professionals will support trans persons to consider the full range of health services which will be made available to them by the Maltese healthcare system, in accordance with their individualised needs and goals for gender expression (The World Professional Association for Transgender Health 2011).

5.1 A Multidisciplinary Approach to Care

A core multidisciplinary clinical team has been established to care for the needs of transgender persons composed of existing clinicians working within the public health services. This consists of nominated persons from each of the following medical specialties: endocrinology, urology, gynaecology, plastic surgery and psychiatry together with psychologists, social workers, family therapists, speech language pathologists and a nurse coordinator. To ensure that children and adolescents are also appropriately cared for, and to facilitate the adolescent care transitioning, the relevant paediatric experts are also part of the team. This team is being led and supported by public health medicine specialists in the service planning and implementation stages.

6. Article 15 (1) of CAP540 of Gender Identity, Gender Expression & Sex Characteristics Act of April 2015 accessed at <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12312&l=1> on 20/02/18

The Ministry for Health will be supporting the provision of training opportunities for team members to acquire the requisite expertise and skills needed to provide this highly specialised service in line with international quality standards. Further capacity building and training will need to take place in the coming months and years to ensure further development of the service. The Ministry for Health has already established, and will explore further links with expert centres overseas where local members of the multidisciplinary team who will be working in the area of transgender health care may acquire more specialised training.

5.2 Dedicated Gender Identity Service

The Ministry believes that the best service can be developed through the concentration of expertise in a dedicated multidisciplinary team given the highly specialised nature of the services and the relatively small numbers. Therefore, a new dedicated out-patient clinic is going to be established to care for trans persons and persons with gender identity and sex characteristics conditions. All persons seeking to benefit from publicly funded hormone treatment, psychosocial support and surgical procedures will be referred to the multidisciplinary team to ensure competent and specialised assessment and support throughout the gender affirming transition and beyond.

5.3 Evaluation and Psychosocial Support

On first referral to the Gender Wellbeing Clinic, a needs assessment will be carried out with a view to identifying the person's needs and expectations. An individualised care pathway will be mapped out by the multidisciplinary team in accordance with the wishes and needs of the client. Psychosocial support is a key component of the individual's care before, during and after transition. This includes the support of the individual's family and significant others.

Occasionally, a psychiatric assessment may be required to exclude other conditions that may present in a similar way but will not benefit from gender reassignment processes and interventions, since the underlying aetiology is not gender identity related.

The provision of professional social care and support particularly during the initial steps of the transitioning journey as well as prior to deciding upon irreversible treatments and interventions is an integral part of the gender reassignment service. While some transgender people do not feel the need for mental health support or therapy, some find it very helpful before, during, and/or after transition; as a result, full access to mental health care services is also important.

5.4 Hormone therapy

The aim of hormone therapy is to make the transgender individual more comfortable with oneself, both psychologically and with respect to physical appearance. These hormones are often used to start the process of feminising or masculinising depending on one's preferred gender identity. Hormone therapy must be individualised and based on a patient's goals, the risk/benefit ratio of medications, the presence of other medical conditions, and consideration of wider contextual issues.

Endocrinologists forming part of the transgender multidisciplinary team will be eligible to initiate the prescription of hormonal treatment available on the government formulary. With appropriate training, feminising/masculinising hormone therapy can be managed on an ongoing basis by primary care doctors and other specialists. However, periodic follow up at the specialised clinic is important in order to ensure overall care and support.

Gender Identity and Sex Characteristics Related Conditions have been included as a new category in Part II of the Fifth Schedule in terms of Article 23 (3) of the Social Security Act (2012) through the implementation of Legal Notice 44 of 2018⁷.

5.5 Surgical procedures available in Malta

Given the irreversible nature of the surgical interventions, a detailed psychosocial assessment may be recommended prior to surgery. Surgeons should have good knowledge of the persons seeking surgery and have a close working relationship with the other health professionals who have been actively involved in their clinical care over a period of time. This consultation is facilitated when the surgeon forms part of the transgender multidisciplinary team.

The removal of the uterus and ovaries (hysterectomy and salpingo-oophorectomy), in female-to-male as well as removal of testicles (orchidectomy) in male-to-female can be deemed supportive to hormonal treatment since they remove the source of production of the gender hormones. Breast surgery for transgender persons may be considered on an individual basis on the advice and decisions taken with the multidisciplinary team.

5.6 Other Lower (genital) surgery for Trans Men and Trans Women

Lower surgery for transgender persons is complex, highly specialised and expensive. Apart from the surgical interventions described above, genital surgical procedures for the MtF patient may include penectomy, vaginoplasty, clitoroplasty, and labiaplasty. Genital surgical procedures for FtM patients may include vaginectomy, metoidioplasty, scrotoplasty, urethroplasty, placement of testicular prostheses, and phalloplasty.

The multidisciplinary team will carefully evaluate all referrals for surgery and, as part of the process, will clearly highlight the limitations of the procedures and the associated complications so as to guide prospective patients towards realistic expectations of the outcomes. Two independently signed referrals would be required for this surgery to go ahead.

5.7 Communication Therapy

Transgender persons may benefit from the assistance of a speech language pathologist (SLP) to develop vocal characteristics and non-verbal communication patterns that support their desired gender identity. It is therefore proposed that a speech language pathology service will be provided through the multidisciplinary team. Most transgender persons who benefit from specialised SLP intervention will better fulfil their social integration role.

6 Children and Adolescents

Children and adolescents will require specific and particular care and attention. A subgroup of the multidisciplinary team will focus particularly on catering for the needs of children and adolescents. In children and adolescents, a rapid and dramatic developmental process (physical, psychological, and sexual) is involved and there is greater fluidity and variability in outcomes, particular in pre-pubertal children. Adolescents who experience their primary and/or secondary sex characteristics and their sex assigned at birth as inconsistent with their gender identity may be intensely distressed about it. Many, but not all, gender dysphoric adolescents have a strong wish for hormones and surgery to change these sex characteristics.

The Ministry will seek to provide specialised assessment and psychosocial interventions for children and adolescents within the multidisciplinary gender identity specialty service. It is recognised that early use of puberty-suppressing hormones may avert negative social and emotional consequences. Reversible treatment may therefore be considered in adolescents, ideally with parental support and involvement. Partly or fully irreversible treatment should normally only be considered after the age of 16 years.

Glossary & other terms in this specialised field

Cis-gender : A term referring to those people whose gender identity and gender expression match the sex they were assigned at birth

FtM: Refers to a female-to-male transgender person

Gay: A person who is sexually and/or emotionally attracted to people of the same gender. This traditionally refers to men, but other people who are attracted to the same gender or multiple genders may also define themselves as gay

Gender: This refers to a social construct which places cultural and social expectations on individuals based on their assigned sex.

Gender expression: Refers to people's manifestation of their gender identity to others, by for instance, dress, speech and mannerisms. People's gender expression may or may not match their gender identity/identities, or the gender they were assigned at birth.

Gender identity: Refers to each person's deeply felt internal and individual experience of gender. This may or may not correspond with the sex assigned at birth. Some people's gender identity falls outside the gender binary, and related norms

Gender reassignment: Refers to the process through which people re-define the gender in which they live in order to better express their gender identity. This process may, but does not have to, involve medical assistance including hormone therapies and any surgical procedures that trans people undergo to align their body with their gender.

Gender Reassignment Surgery (GRS): This is a medical term for what trans people often call gender-confirmation surgery: surgery to bring the primary and secondary sex characteristics of a trans person's body into alignment with their internal self-perception.

Gender recognition: A process whereby a trans person's gender is recognised at law, or the achievement of the process.

MtF: Refers to a male-to-female transgender person

Transfeminine: Refers to transgender people assigned a male sex at birth who are on the transgender spectrum identifying as women, female, male-to-female (MtF), trans women and/or transgender women.

Transgender: An inclusive umbrella term referring to people whose gender identity and/or gender expression differ from the sex/gender they were assigned at birth. It may include, but is not limited to: people who identify as transsexual, transgender, transvestite/cross-dressing, androgyne, polygender, genderqueer, agender, gender variant, gender non-conforming, or with any other gender identity and/or expression which does not meet the societal and cultural expectations placed on gender identity.

Transmasculine: This term refers to transgender people assigned a female sex at birth who identify as men, male, female-to-male (FtM), transgender men, trans men

Trans sexual: An older and medicalised term used to refer to people who identify and live in a different gender. The term is still preferred by some people who intend to undergo, are undergoing, or have undergone gender reassignment treatment (which may or may not involve hormone therapy or surgery).

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II-Kura tas-Saħħa għal Persuni Transgender

Daħla

Għandi pjaċir inniedi dan id-dokument dwar is-Servizzi tal-Kura tas-Saħha għal Persuni Transgender li jinkludi d-direzzjoni tal-politika li ħa l-Gvern wara l-konsultazzjoni pubblika mnedija iktar kmieni din is-sena. Il-kura tas-saħha inklużiva għal persuni transgender tista' ttejjeb b'mod fundamentali l-kwalità tal-ħajja tal-persuni transgender. Għal persuni transgender li jbiddu ġisimhom biex jallinjawh mal-identità tal-ġeneru tagħhom, l-aċċess għal terapija bl-ormoni u/jew kirurġija sikuri huwa kritiku ukoll.

Dan il-Gvern diġà għamel passi kbar fit-titjib tal-kwalità tal-ħajja tal-persuni transgender billi għaraf l-identità u l-ħtiġijiet tagħhom permezz tal-adozzjoni ta' leġislazzjoni li qiegħda titqies bħala mudell biex jimxu fuqu pajjiżi oħra.

Il-pass li jmiss issa huwa li jiġi żgurat li s-servizzi tal-kura tas-saħha f'Malta jilħqu l-ħtiġijiet tal-persuni transgender. Dan japplika għall-provvista tal-kura tas-saħha għall-ħtiġijiet fiżiċi u mentali kollha bl-istess mod kif persuni oħra għandhom aċċess għal kura tas-saħha ta' kwalità għall-ħtiġijiet tagħhom. Biex isehħ dan, hemm bżonn li jittieħdu passi biex is-servizzi tas-saħha jsiru iktar inklużivi.

Barra minn hekk, persuni trans għandhom ħtiġijiet speċifiċi hafna relatati mal-identità tal-ġeneru u kundizzjonijiet relatati mas-sess. Jien haadt il-passi meħtieġa biex tinbidel il-leġislazzjoni dwar il-kura mingħajr hlas sabiex tiġi inkluża kategorija ġdida li permezz tagħha persuni transgender ikunu jistgħu jibbenefikaw minn terapija bl-ormoni.

Dan waħdu mhuwiex biżżejjed. Sabiex persuni transgender igawdu minn kwalità tajba tal-ħajja u ma jbatux minn stigma u diskriminazzjoni, jeħtieġ li jkollhom aċċess għal servizzi tas-saħha li jistgħu jinkludu wkoll il-kirurġija. Dawn is-servizzi għandhom jiġu pprovduti minn tim multidixxiplinarju mħarreg u speċjalizzat f'kundizzjonijiet u f'ambjent xieraq li jirrispetta d-dinjità u l-bżonnijiet ta' dawn il-persuni.

Dan id-dokument jipprezenta kif se nimxu 'l quddiem fl-iżvilupp tas-servizzi tal-kura tas-saħha għal persuni transgender f'Malta. Filwaqt li l-Ministeru għamel użu mill-esperjenza ta' oħrajn li huma meqjusin fuq quddiem f'dan il-qasam biex jippreparaw dawn il-proposti, nemmen li kull pajjiż jeħtieġ li jsib soluzzjonijiet li huma xierqa għall-kultura, il-kuntest u l-miri tiegħu. Nistenna bil-herqa li nimplimenta soluzzjonijiet biex is-sistema tas-saħha ta' Malta tkun fil-quċċata tal-provvista ta' servizzi tas-saħha li huma inklużivi għal persuni trans.



Chris Fearne
Deputat Prim Ministru
Ministru għas-Saħha



“L-affermazzjoni tal-ġeneru
hija determinant ewlieni
fis-saħħa tal-persuni transgender.
Din hija defnita bħala “proċess
interpersonali u kondiviż li permezz
tiegħu l-identità tal-ġeneru
ta’ persuna tiġi rikonoxxuta
mis-soċjetà”



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“Il-Gvern jibqa’ impenjat favur id-drittijiet umani u l-prinċipji tal-ugwaljanza. Malta saret punt ta’ riferiment għal pajjiżi oħrajn fir-rigward tad-drittijiet tal-LGBTIQ.”

1 Introduzzjoni

L-impenn tan-Nazzjonijiet Uniti li “hadd ma jibqa’ lura”, adottat bħala parti *mill-Aġenda tal-2030 għall-Iżvilupp Sostenibbli*, għandu tifsira aktar reali b’mod partikolari għall-persuni transgender, transsesswali u dawk mhux konformi mal-ġeneru. It-terminu transgender jirreferi għal dawk il-persuni li s-sess assenjat lilhom mat-twelid huwa differenti mill-identità sesswali li jhossu jew l-espressjoni sesswali tagħhom.

Hemm evidenza li turi li l-persuni transgender ta’ spiss jirrapportaw saħħa ġenerali hażina, zieda fit-tendenza għall-abbuż ta’ sustanzi, infezzjonijiet trasmessi sesswalment, rata għolja ta’ mard mentali serju, inkluż rata għolja ta’ hsibijiet dwar is-suwiċidju. Barra minn hekk, riċerka minn pajjiżi oħra turi li persuni transgender ġew irrappurtati li fil-fatt ippruvaw jagħmlu suwiċidju iktar ta’ spiss mill-popolazzjoni ġenerali. Ġie rrapportat li persuni b’identità tal-ġeneru mhux definit ikollhom saħħa hafna aghar minn persuni trans (The Swedish Federation for LGBTQ Rights RFSL 2017).

Riżultati aghar f’persuni transgender mhumieq limitati għal xi sezzjoni soċjo-ekonomika partikolari tal-popolazzjoni iżda jseħħu tul il-firxa tas-setturi kollha. Misgendering, l-organizzazzjoni tradizzjonali tas-servizzi tas-saħħa, l-attitudnijiet tal-haddiema tal-kura tas-saħħa, l-ippatoloġizzar, it-twemmin u l-istigma tas-soċjetà kollha jikkontribwixxu għall-inugwaljanzi u l-marġinalizzazzjoni ta’ dan il-grupp.

1.1 L-iskop u l-għan

L-affermazzjoni tal-ġeneru hija determinant ewlieni fis-saħħa tal-persuni transgender. Din hija definita bħala “proċess interpersonal u kondiviż li permezz tiegħu l-identità tal-ġeneru ta’ persuna tiġi rikonoxxuta mis-soċjetà” (Reisner et al. 2016).

Din tiġbor fiha erba’ oqsma ewlenin. Il-qasam legali ġie indirizzat permezz tal-adozzjoni tal-*Att tal-2015 dwar l-Identità tal-Ġeneru, l-Espressjoni tal-Ġeneru u l-Karatteristiċi tas-Sess* (CAP 540, Laws of Malta (2015)). L-aspetti l-oħrajn li huma daqstant iehor importanti fir-rigward tal-affermazzjoni tal-ġeneru jinkludu l-aspett psikoloġiku, li jirreferi għall-ġeneru li thoss il-persuna fiha nfnisha, l-aspett soċjali, li jirreferi għall-pronom u l-isem li jintuza meta tiġi indirizzata l-persuna, u l-aspett mediku, li huwa relatat mat-terapiji bl-ormoni u kirurġiċi.

Dan id-dokument għandu l-għan li jindirizza primarjament l-aspetti mediċi, psikoloġiċi u soċjali tal-affermazzjoni tal-ġeneru mill-perspettiva tas-servizzi tal-kura tas-saħħa.

1.2 L-isfond

Il-Gvern jibqa’ impenjat favur id-drittijiet umani u l-prinċipji tal-ugwaljanza. Malta saret punt ta’ riferiment għal pajjiżi oħrajn fir-rigward tad-drittijiet tal-LGBTIQ.

Prattiċi li jagħmlu l-ħsara, bħal terapiji ta’ konverżjoni, ġew ipprojbati u kkriminalizzati u d-dritt legali tal-

1. It-terminu persuni transgender se jintuza għall-heffa tar-referenza iżda dan jinkludi l-persuni transgender, transsesswali u dawk mhux konformi mal-ġeneru

individwu li jghix skont ir-rwol tal-ġeneru li jixtieq ġie minqux fil-liġi². Il-liġi tindirizza speċifikament il-kunċett tad-depatoloġizzar³ tal-identità tal-ġeneru u tkompli tispeċifika li dan m'għandu, bl-ebda mod, jaffettwa l-mod kif jiġu provvisti s-servizzi tas-saħħa. Dan huwa f'konformità mal-istqarrija tal-Assoċjazzjoni Professjonali Dinjija għas-Saħħa ta' Persuni Transgender (World Professional Association for Transgender Health, WPATH) mahruġa f'Mejju 2010 li heġġet id-de-psikopatoloġizzar tan-non-konformità mal-ġeneru: *"l-espressjoni tal-karatteristiċi tal-ġeneru, inklużi l-identità, li mhumiex sterjotipikament assoċjati mas-sess assenjat mat-twelid tal-individwu huwa fenomenu uman komuni u kulturalment divers, li m'għandux jiġi ġġudikat li huwa patoloġiku jew negattiv.*

Fl-2010, Il-Qorti Ewropea tad-Drittijiet tal-Bniedem dwar il-kwistjoni tad-drittijiet tal-persuni transgender iddeċidiet li persuni transgender għandhom jingħataw il-possibbiltà li ssirillhom kirurġija li twassal għal tibdil sħiħ tal-ġeneru inklużi t-treatment bl-ormoni, il-kirurġija gonadali, it-tneħħija tal-pil u t-taħriġ tal-vuċi. B'mod partikolari, il-projbizzjonijiet ġenerali fuq l-iffinanzjar ta' tali treatment mhumiex meqjusa li huma konformi mal-prinċipji tal-ugwaljanza u d-drittijiet umani⁴.

Hija l-fehma tal-Gvern li ċ-ċittadini Maltin kollha għandhom ikunu jistgħu jirċievu l-kura medika li jehtieġu mill-istat sabiex jgħixu ħajja b'saħħitha, u wara l-implimentazzjoni tal-leġiżlazzjoni, il-pass li jmiss huwa li issa jsir titjib fis-servizzi tal-kura tas-saħħa offruti lill-persuni trans u intersex.

Il-wegħdiet li ġejjin kienu saru fil-manifest elettorali (2017): **"(4). Ninvestu f'iktar taħriġ ta' professjonisti fl-oqsma tas-saħħa, psikoloġija, edukazzjoni u social work biex jiġu mtejba s-servizzi li jingħataw partikolarment lill persuni Trans u Intersex.** F'dan il-kuntest ukoll, naraw li jingħataw taħriġ anke lill-forzi tal-ordni fosthom Pulizija u Forzi Armati."

"(5). Fil-każ ta' persuni trans, insaħħu s-servizz tas-saħħa offruti sabiex dawn ikunu iktar trans-inclusive bħall-hormone therapy u servizzi relatati oħrajn."

"(6). Inwaqqfu Gender Clinic li jservi bħala punt fokali għas-servizzi tas-saħħa offruti lill persuni trans, intersex u persuni queer"

Dan jibni fuq l-impenji preċedenti tal-Gvern (Il-Mizuri tal-Baġit 205/2015 u 243/2016) biex jintroduċi servizzi għal persuni transgender.

2. L-Artikolu 15 (2) ta' KAP 540 dwar l-Identità tal-Ġeneru, l-Espressjoni tal-Ġeneru u l-Karatteristiċi tas-Sess, ta' April 2015, aċċessat fuq <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12312&l=1 fl-20/02/18>

3. L-Artikolu 3 ta' KAP 567 tal-Att dwar l-Affermazzjoni tal-Orientazzjoni Sesswali, l-Identità tal-Ġeneru u l-Espressjoni tal-Ġeneru, ta' Diċembru 2016, aċċessat fuq <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12610&l=1 fl-20/02/18>

4. ECHR, van Kuck v. Germany, judgement of 12 June 2003 and ECHR, B. v. France, judgement of 25 March 1992

2 Epidemjoloġija

Minkejja li kien hemm interess riċenti fir-riċerka dwar il-persuni transgender, l-evidenza li tikkwantifika l-popolazzjoni transgender tista' tiġi kkunsidrata biss bħala stima. Il-prevalenza użata fil-linji gwida tal-Assoċjazzjoni Professjonali Dinjija għas-Saħħa ta' Persuni Transgender (WPATH) toħroġ minn għaxar studji rinomati li jikkwotaw ċifri ta' madwar 1 f'kull 12,000 sa 1 f'kull 45,000 għal persuni raġel-għal-mara (MtF) u ta' 1 f'kull 30,000 sa 1 f'kull 200,000 ta' mara-għal-raġel (FtM). Għal Malta dan ikun ifisser incidenza ta' madwar 10 sa 40 MtF u 3 sa 15-il FtM persuna transgender ġdida li jfittxu servizzi ta' affermazzjoni tal-ġeneru kull sena.

Dawn l-istimi internazzjonali li huma disponibbli mhumiex daqstant robusti. In-nuqqas ta' ċertezza u komparabbiltà jirriżulta mid-definizzjonijiet differenti tat-termini li jintużaw, in-nuqqasijiet metodoloġiċi fit-tfassil tal-istudji u l-kunsiderazzjoni biss tal-iktar popolazzjoni faċilment aċċessibbli. Dawn l-istudji ġeneralment jidentifikaw biss parti żgħira ħafna – dawk il-persuni trans li aċċessaw faċilità tal-kura tas-saħħa bil-għan li jaċċessaw kura medika li tippermettilhom li jagħmlu t-tranzizzjoni tal-ġeneru li jixtiequ. Ġeneralment jinjoraw lil dawk li m'għandhomx aċċess għal tali servizzi jew lil dawk li jfittxu għajnunja medika oħra barra mis-servizzi tal-kura tas-saħħa għall-affermazzjoni tal-ġeneru li huma rikonoxxuti formalment.

Riċerkaturi oħrajn jissuġġerixxu li dawn in-numri huma fil-fatt stima baxxa tal-prevalenza vera u jikkwotaw li l-popolazzjoni transgender globali tammonta għal 0.1-0.5 % tal-popolazzjoni tad-dinja (7-35 miljun persuna). Għall-popolazzjoni lokali dan jista' jfisser firxa ta' bejn 500 u 2,000 persuna fil-popolazzjoni attwali (Reisner et al. 2016). Il-kummenti inizjali li rċevejna mill-komunità lokali huma li l-istimi tal-WPATH x'aktarx huma stimi konservattivi.

2.1 Inugwaljanzi tas-Saħħa

Ir-riċerka kienet kapaċi tidentifika whud mill-kawżi fundamentali ewlenin tal-inugwaljanzi fis-saħħa tal-persuni trans. Kulturalment u soċjalment, l-eterosesswalità u n-normi binarji tal-ġeneru huma ta' spiss meqjusin bħala l-uniċi mezz ta' kif tkun "normali". B'riżultat ta' dan il-persuni trans jiġu ddiskriminati, immarginalizzati, u anke vittimizati minhabba l-identità tal-ġeneru u l-orjentazzjoni sesswali. Dan il-kuntest ta' kif wieħed jipperċepixxi lill-persuni transgender jippreserva perspettiva negattiva u jirriżulta f'imġieba u riżultati negattivi fir-rigward tat-tfittxija għas-servizzi tas-saħħa.

Huwa rrapportat li l-persuni trans għandhom rati oghla ta' mard mentali serju, aktar abbuż ta' sustanzi, aktar infezzjonijiet trasmessi sesswalment u rati oghla ta' HIV meta mqabbla ma' persuni li mhumiex trans. Hija rrapportata wkoll prevalenza oghla ta' sintomi dipressivi. Studju relattivament kbir fir-Renju Unit, l-Istudju dwar is-Saħħa Mentali ta' Persuni Trans, irrapporta prevalenza tul il-ħajja ta' 84% fil-popolazzjoni li kellhom hsibijiet dwar suwiċidju u li minnhom kważi 50% kienu ppruvaw jagħmlu suwiċidju. Min-naħa l-oħra, l-evidenza turi wkoll li 'l fuq minn 85% ta' dawk li wieġbu rrapportaw titjib fil-perċezzjoni tad-dehra ta' ġisimhom wara t-terapija bl-ormoni. 'Il fuq minn 88% irrappurtaw ukoll sodisfazzjoni bid-dehra ta' ġisimhom wara kirurġija mhux ġenitali u 83% wara kirurġija ġenitali (Bailey, J. Ellis, and McNeil 2014)(The World Professional Association for Transgender Health (WPATH),2011).

2.2 Misgendering

Din hija waħda mit-tipi l-iktar komuni ta' transfobija u tirreferi għal każijiet fejn persuna trans ma tiġix identifikata bil-pronom jew l-isem li tippreferi. Għal dawk li għandhom identità tal-ġeneru mhux binarja, dan ikun konsiderevolment iktar ta' problema. Il-ħaddiema tal-kura tas-saħħa huma ta' spiss, u ħafna drabi mingħajr ma jkunu jafu, responsabbli għall-misgendering u għall-fatt li jagħmlu suppożizzjonijiet dwar l-orjentazzjoni sesswali jew il-ġeneru tal-individwu. Dan iwassal għal esperjenzi negattivi meta jintalab aċċess għall-kura tas-saħħa u jkun ta' ostakolu biex persuna trans tfittex kura għas-saħħa.

Irid jingħaraf li f'xi okkażjonijiet l-implimentazzjoni tal-leġiżlazzjoni GIGESC⁵ setgħet kienet imfixkla minħabba nuqqas ta' adattabbiltà fis-sistemi tal-IT eżistenti, li b'mod involontarju rriżulta f'misgendering min-naħa tal-utent.

5. Att dwar l-Identità tal-Ġeneru, l-Espressjoni tal-Ġeneru u l-Karatteristiċi tas-Sess, KAP540

3 Viżjoni

Li tiġi żviluppata sistema ta' kura tas-saħħa inklużiva għal persuni trans u tiġi organizzata kura tas-saħħa affermattiva tal-ġeneru għal persuni transgender b'mod iffukat fuq il-persuna tiegħu ħsieb l-aspetti fiżiċi, mentali u soċjali tal-kura tal-individwu filwaqt li tiġi rrispettata l-identità tal-ġeneru tal-persuna.

“ B’hekk se naraw li nevitaw il-posponiment jew l-evitar tal-użu tal-kura tas-saħħa, li hafna drabi jwasslu għal dewmien fid-dijanjozi u kumplikazzjonijiet. ”



Strategija għall-Iżvilupp ta’ Servizzi tal-Kura tas-Saħħa

4.1 Servizzi tal-Kura tas-Saħħa Ġenerali

Il-kura tas-saħħa għal persuni transgender hija kura tas-saħħa li hija xierqa kulturalment, inkluż fl-aċċess għal xi proċeduri speċifiċi skont is-sess kif ukoll dawk relatati mat-tranżizzjoni tal-ġeneru. Bhal kulhadd, il-persuni transgender u dawk mhux konformi mal-ġeneru jeħtieġu aċċess għal kura tas-saħħa ta’ kwalità li tinkludi promozzjoni tas-saħħa, il-prevenzjoni tal-mard (bhall-iskrinjar għal kundizzjonijiet komuni bhall-kanċer u d-dijabete), u d-dijanjozi u t-trattament ta’ mard akut u kroniku (Transgender Law Center, 2012).

Il-kura tas-saħħa primarja għal persuni transgender tinkludi wkoll il-promozzjoni tas-saħħa, il-konsulenza dwar it-tnaqqis tar-riskji u riferimenti għall-problemi tas-saħħa li jistgħu jinqalgħu. Għal hafna persuni transgender u li mhumiex konformi mal-ġeneru, l-aċċess għall-kura speċifika skont is-sess u l-kura relatata mat-tranżizzjoni huwa element uniku u kritiku fil-kura tas-saħħa ġenerali.

Meta l-persuni transgender jieħdu l-kura medika, ta’ spiss jiltaqgħu ma’ diskriminazzjoni jew injoranza. Hafna minn dawk li jipprovdu il-kura tas-saħħa ma jafux li xi tipi ta’ kura speċifika skont is-sess, bhal smears ċervikali għall-irġiel transgender u eżamijiet tal-prostata għan-nisa transgender, xorta huma neċessarji għal hafna persuni transgender.

Sabiex is-servizzi tal-kura tas-saħħa f’Malta jsiru iktar inklużivi għal persuni trans, il-Ministeru għas-Saħħa se jkun qiegħed jappoġġja li jiżdied it-tagħrif u t-taħriġ għall-haddiema fis-settur tas-saħħa. Dan se jkollu l-għan li jagħmel is-servizzi tal-kura tas-saħħa iktar faċli biex jintużaw għal persuni transgender. B’hekk se naraw li nevitaw il-posponiment jew l-evitar tal-użu tal-kura tas-saħħa, li hafna drabi jwasslu għal dewmien fid-dijanjozi u kumplikazzjonijiet. Minbarra tagħrif ġenerali dwar kif wiehed jindirizza persuna transgender, it-taħriġ se jiffoka wkoll fuq l-għoti ta’ informazzjoni dwar l-aċċess għal servizzi għall-affermazzjoni tal-ġeneru, il-metodi ta’ riferiment u l-kura ta’ wara li għandha tinghata mit-tobba tal-familja u haddiema oħra fis-settur tas-saħħa.

Hafna persuni transgender jibdlu isimhom u l-ġeneru tagħhom sabiex jaqblu iktar mal-identità tal-ġeneru tagħhom. Xi nies jibdluhom uffċjalment fuq id-dokumenti legali tagħhom filwaqt li oħrajn dan ma jagħmluhx. Ir-raġunijiet għal dan huma varji.

Ghaddejja kollaborazzjoni bejn il-Ministeru għas-Saħħa u Identity Malta sabiex tali informazzjoni tkun tista’ titqassam b’mod sikur fl-aħjar interessi tal-persuni involuti biex fejn hu possibli jitnaqqsu s-sitwazzjonijiet ta’ misgendering.

“ Il-Ministeru għas-Saħħa qiegħed jipproponi l-użu tal-istandards tal-kura maħruġa mill-Assoċjazzjoni Professjonali Dinjija għas-Saħħa Transgender (WPATH) bħala punt tat-tluq għall-elaborazzjoni ta' protokoll tal-kura lokali ”

5 Kura tas-Saħħa għall-Affermazzjoni tal-Ġeneru

Il-leġiżlazzjoni lokali tgħid li “Il-persuni kollha li jfittxu parir psiko-soċjali, sostenn jew interventi mediċi li għandhom x'jaqsmu mas-sess jew il-ġeneru għandhom jingħataw sostenn espert, sensitiv u mfassal b'mod individwali minn psikologi, tobba, jew peer-counselling. Dan is-sostenn għandu jibda mid-data li ssir id-dijanjozi jew ir-riferiment personali sakemm ikun għadu neċessarju”⁶.

Kura tas-saħħa ta' livell xieraq għal persuni transgender tinkludi sensitività lejn l-identitajiet li jmorru lil hinn mill-binarju ta' raġel u mara, kif ukoll li tagħraf li t-tranzizzjoni soċjali, it-terapija bl-ormoni u l-kirurgija huma ta' spiss partijiet indipendenti tat-tranzizzjoni ta' individwu.

Il-Ministeru għas-Saħħa qiegħed jipproponi l-użu tal-istandards tal-kura maħruġa mill-Assoċjazzjoni Professjonali Dinjija għas-Saħħa Transgender (WPATH) bħala punt tat-tluq għall-elaborazzjoni ta' protokoll tal-kura lokali. Din l-organizzazzjoni tippromwovi l-ogħla livelli ta' kura tas-saħħa għall-individwi permezz tal-artikolazzjoni tal-Istandards tal-Kura (SOC) għall-Persuni Transsesswali, Transgender, u Dawk Mhux Konformi mal-Ġeneru. L-SOC huma bbażati fuq l-aqwa kunsens professjonali xjentifiku u espert disponibbli.

L-SOC jipprovdu gwida klinika għall-professjonisti tas-saħħa biex jassistu lil persuni transgender u dawk mhux konformi mal-ġeneru b'metodi sikuri u effettivi biex ikunu personalment komdi fil-ġeneru li jixtiequ, sabiex itejbu s-saħħa u l-benesseri psikoloġika ġenerali tagħhom. Il-kura u s-servizzi jvarjaw minn kura primarja, kura ġinekoloġika u uroloġika, għażliet riproduttivi, terapija

għall-vuċi u l-komunikazzjoni, appoġġ psikoloġiku, kura psikjatrika u psikoterapija flimkien ma' trattamenti bl-ormoni u kirurġiċi (The World Professional Association for Transgender Health (WPATH), 2011).

L-SOC huma elaborati bħala gwida li għandha tkun adattata għall-kuntest kulturali lokali. Hija enfasizzata l-importanza tad-determinazzjoni personali tal-individwu, li jagħmel għażliet infurmati, u metodi li inaqsu l-ħsara. Huwa essenzjali s-servizzi tas-saħħa offruti jkunu individualizzati. Għal xi wħud, l-aċċess għal servizzi ta' appoġġ jista' jkun biżżejjed filwaqt li oħrajn ikollhom bżonn ta' servizzi tas-saħħa iktar intensivi. Il-professjonisti tal-kura tas-saħħa se jappoġġjaw lill-persuni trans biex jikkunsidraw il-firxa sħiħa ta' servizzi tas-saħħa li se jkunu disponibbli għalihom mis-sistema tal-kura tas-saħħa Maltija, skont il-ħtiġijiet u l-miri individwalizzati tagħhom għall-espressjoni tal-ġeneru (The World Professional Association for Transgender Health 2011).

5.1 Kura Multidixiplinarja

Ġie imwaqqaf tim kliniku multidixiplinarju ewlieni li hu magħmul minn persuni kliniċi biex jieħu ħsieb il-ħtiġijiet tal-persuni transgender. Dan jikkonsisti f'persuni nnominati minn kull waħda mill-ispeċjalizzazzjonijiet mediċi li ġejjin: l-endokrinoloġija, l-uroloġija, il-ġinekoloġija, il-kirurgija plastika u l-psikjatrija flimkien ma' psikoloġisti, haddiema soċjali, terapisti tal-familja, patoloġisti tad-diskors u l-lingwa u infermiera li tikkoordina is-servizz. Biex jiġi żgurat li t-tfal u l-adolexxenti wkoll jiġu mharsa kif jixraq, u biex tiġi ffaċilitata t-tranzizzjoni tal-kura tal-adolexxenti, l-esperti

6. Article 15 (1) of CAP540 of Gender Identity, Gender Expression & Sex Characteristics Act of April 2015 accessed at <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=12312&l=1> on 20/02/18

pedjatriċi rilevanti huma wkoll parti mit-tim. Dan it-tim qiegħed jitmexxa u jiġi appoġġjat minn speċjalisti tas-saħħa pubblika fl-istadji tal-ippjanar u l-implimentazzjoni tas-servizz.

Il-Ministeru għas-Saħħa se jkun qiegħed jappoġġja l-opportunitajiet għat-taħriġ sabiex il-membri tat-tim jakkwistaw il-kompetenza u l-hiliet meħtieġa biex jipprovdu dan is-servizz speċjalizzat ħafna f'konformità mal-istandards ta' kwalità internazzjonali. Se jkun hemm bżonn ta' iktar taħriġ fix-xhur u s-snin li ġejjin sabiex jiġi żgurata l-iżvilupp ulterjuri tas-servizz. Il-Ministeru għas-Saħħa diġà stabbilixxa, u se jfittex iktar ir-rabtiet ma' ċentri esperti barra minn Malta fejn membri lokali tat-tim multidixxiplinarju li se jkunu qiegħdin jaħdmu fil-qasam tal-kura tas-saħħa tal-persuni transgender ikunu jistgħu jakkwistaw iktar taħriġ speċjalizzat.

5.2 Klinika Dedikata lill-Gender Wellbeing

Il-Ministeru għas-Saħħa jemmen li l-aħjar servizz jista' jiġi żviluppat permezz tal-konċentrazzjoni ta' kompetenza f'tim multidixxiplinarju (MDT) ddedikat minħabba n-natura speċjalizzata ħafna tas-servizzi u n-numri relattivament żgħar. Għalhekk se titwaqqaf klinika ġdida ddedikata għall-out-patients biex tiegħu hsieb persuni trans u persuni li għandhom kundizzjonijiet marbuta mal-identità tal-ġeneru u l-karatteristiċi sesswali. Il-persuni kollha li qiegħdin ifittxu li jibbenefikaw minn trattament bl-ormoni, għajjnuna psikosoċjali u proċeduri kirurġiċi ffinanzjati mill-Gvern se jiġu riferuti lit-tim multidixxiplinarju biex tkun żgurata valutazzjoni kompetenti u speċjalizzata matul it-tranzizzjoni tal-affermazzjoni tal-ġeneru u lil hinn minn dan.

5.3 Evalwazzjoni u Appoġġ Psikosoċjali

Ma' ewwel riferiment għall-klinika tal-Gender Wellbeing se ssir valutazzjoni tal-htigijiet bil-ghan li jiġu identifikati l-htigijiet u l-aspettattivi tal-persuna. Skeda ta' kura individwalizzata se titfassal mill-MDT skont ix-xewqat u l-htigijiet tal-klijent. L-ghajjnuna psikosoċjali hija element ewlieni tal-kura tal-individwu qabel, matul u wara t-tranzizzjoni. Dan jinkludi l-appoġġ tal-familja tal-individwu u l-persuni importanti għalih.

Kultant, jista' jkun hemm bżonn ta' valutazzjoni psikjatrika biex jiġu esklużi kundizzjonijiet oħrajn li jistgħu jipprezentaw ruħhom b'mod simili iżda li mhux se jibbenifikaw minn proċessi u interventi ta' tibdil tas-sess, minħabba li l-kawża proprja mhix relatata mal-identità tal-ġeneru.

L-ghoti ta' kura soċjali u appoġġ professjonali, l-iktar matul l-ewwel passi tal-mixja tat-tranzizzjoni, kif ukoll qabel ma tittiehed id-deċiżjoni dwar trattamenti u interventi irriversibbli, hija parti integrali tas-servizz ta' tibdil tas-sess. Filwaqt li xi persuni transgender ma jhossux il-htieġa għal appoġġ jew terapija għas-saħħa mentali, xi wħud isibuha ta' għajjnuna qabel, matul u/jew wara t-tranzizzjoni; b'riżultat ta' dan, l-aċċess shiħ għas-servizzi tal-kura tas-saħħa mentali huwa importanti wkoll.

5.4 Terapija bl-ormoni

L-ghan tat-terapija bl-ormoni huwa li tgħin lil individwu transgender iħossu iktar komdu bih innifsu, kemm psikoloġikament kif ukoll fir-rigward tal-apparenza fiżika. Dawn l-ormoni ta' spiss jintużaw biex jinbeda l-proċess tal-femminizzazzjoni jew il-maskulinizzazzjoni skont l-identità tal-ġeneru li jkun jippreferi l-individwu. It-terapija bl-ormoni trid tkun individwalizzata u bbażata fuq il-miri tal-pazjent, il-proporzjon bejn ir-riskju u l-benefiċċju tal-mediċini, il-preżenza ta' kundizzjonijiet mediċi oħra, u l-kunsiderazzjoni ta' kwistjonijiet kuntestwali usa'. Endokrinoloġisti li jiffurmaw parti mit-tim multidixxiplinarju

transgender se jkunu eliġibbli biex jibdeu il-preskrizzjoni ta' kura bl-ormoni disponibbli fuq il-formularju tal-gvern. B'taħriġ xieraq, it-terapija bl-ormoni għall-femminizzazzjoni/maskulinizzazzjoni tista' tkun immexxija fuq bażi kontinwa minn tobba tal-kura primarja u speċjalisti oħrajn. Madankollu, appuntamenti ta' rutina fil-klinika speċjalizzata huma importanti sabiex tiġi żgurata l-kura fit-totalita' tagħha.

Permezz tal-implimentazzjoni tal-Avviż Legali 44 tal-2018⁷ ġew inklużi Kundizzjonijiet Relatati mal-Identità tal-Ġeneru u l-Karatteristiċi tas-Sess bħala kategorija ġdida fit-Il Parti tal-Fames Skeda skont it-termini tal-Artikolu 23 (3) tal-Att dwar is-Sigurtà Soċjali (2012).

5.5 Il-proċeduri kirurġiċi disponibbli f'Malta

Minħabba n-natura rreversibbli tal-interventi kirurġiċi, tista' tiġi rakkomandata valutazzjoni psikosoċjali dettaljata qabel l-operazzjoni. Il-kirurgi għandhom ikollhom għarfien tajjeb dwar il-persuni li qiegħdin jitolbu l-kirurgija u għandhom jikollhom relazzjoni professjonali tajba mal-professjonisti tas-saħħa l-oħrajn li kienu involuti b'mod attiv fil-kura klinika tal-persuni għal perjodu ta' żmien. Din il-konsultazzjoni hi ffaċilitata meta l-kirurgu jiffirma parti mit-tim multidixxiplinarju transgender.

It-tneħħija tal-utru u l-għenieqed tal-bajd (isterektomija u salpingo-ooferektomija), f'mara-għal-raġel kif ukoll it-tneħħija tat-testikoli (orkidectomija) f'raġel-għal-mara jistgħu jitqiesu li jkunu ta' għajjnuna għat-trattament bl-ormoni peress li jneħħu s-sors tal-produzzjoni tal-ormoni tal-ġeneru. Il-kirurgija tas-sider għal persuni transgender tista' tiġi kkunsidrata fuq bażi individwali skont il-parir u d-deċiżjonijiet meħuda mat-tim multidixxiplinarju.

5.6 Kirurġija Oħra fin-Naħa t'Isfel (ġenitali) għall-Irġiel Trans u n-Nisa Trans

Kirurgija fin-naħa t'isfel (ġenitali) għal persuni transgender hija kumplexsa, speċjalizzata ħafna u li tiswa ħafna flus. Barra l-interventi kirurġiċi deskritti hawn fuq, il-proċeduri kirurġiċi ġenitali għal pazjent MtF jistgħu jinkludu l-penektomija, il-vaġinoplastija, il-klitoroplastija u l-labjoplastija. Proċeduri kirurġiċi ġenitali għal pazjenti FtM jistgħu jinkludu l-vaġinektomija, il-metojdojoplastija, l-iskrotoplastija, l-uretroplastija, it-taqegħid ta' proteżi testikolari, u l-falloplastija.

It-tim multidixxiplinarju se jevalwa bir-reqqa kull riferiment għall-kirurgija u, bħala parti mill-proċess, se jenfasizza b'mod ċar il-limitazzjonijiet tal-proċeduri u l-kumplikazzjonijiet assoċjati magħhom biex il-pazjenti prospettivi jkunu ggwidati lejn aspettattivi realistiċi tar-riżultati. Biex isseħħ din il-kirurgija se jkunu meħtieġa żewġ riferimenti ffirmati indipendentament.

5.7 Terapija tal-Komunikazzjoni

Persuni transgender jistgħu jibbenifikaw mill-għajjnuna ta' patoloġista tad-diskors u l-lingwa (SLP) għall-iżvilupp ta' karatteristiċi vokali u mudelli ta' komunikazzjoni mhux verbali li jappoġġjaw l-identità tal-ġeneru mixtieq. Għaldaqstant huwa propost li jiġi pprovdut servizz ta' patoloġija tad-diskors u l-lingwa permezz tat-tim multidixxiplinarju. Ħafna mill-persuni transgender li jibbenifikaw minn intervent ta' SLP speċjalizzata jkunu jistgħu jwettqu aħjar ir-rwol tagħhom ta' integrazzjoni soċjali.

6 Tfal u Adolexxenti

It-tfal u l-adolexxenti se jkollhom bżonn ta' kura u attenzjoni speċifika u partikulari. Grupp żgħir li jiffirma parti tat-tim multidixxiplinarju, se jiffoka b'mod partikulari fuq il-htiġijiet tat-tfal u l-adolexxenti. Fit-tfal u l-adolexxenti il-proċess ta' żvilupp mgħaġġel u drammatiku (fiżiku, psikoloġiku u sesswali) u hemm iktar fluwidità u varjabbiltà fir-riżultati, b'mod partikulari fit-tfal fl-età ta' qabel il-pubertà. Adolexxenti li jesperjenzaw il-karatteristiċi tas-sess primarji u/jew sekondarji u li s-sess assenjat lilhom mat-twelid huwa inkonsistenti mal-identità tal-ġeneru tagħhom jistgħu ikollhom diffikultajiet kbar. Hafna mill-adolexxenti, iżda mhux l-adolexxenti kollha, li għandhom disforja fil-ġeneru tagħhom, għandhom xewqa kbira għall-ormoni u l-kirurgija biex ibiddu dawn il-karatteristiċi tas-sess.

Il-Ministeru għas-Saħħa se jara li jipprovdi valutazzjoni speċjalizzata u interventi psikosoċjali għat-tfal u l-adolexxenti fi ħdan is-servizz speċjalizzat multidixxiplinarju għall-identità tal-ġeneru. Huwa rikonoxxut li l-użu bikri tal-ormoni li jrażżnu l-pubertà jista' jevita konsegwenzi soċjali u emozzjonali negattivi. Jista' għalhekk jiġi kkunsidrat trattament riversibbli fil-adolexxenti, idealment bl-appoġġ u l-involvement tal-ġenituri. Trattament li huwa parzjalment jew kompletament irriversibbli għandu normalment jiġi kkunsidrat biss wara l-età ta' 16-il sena.

Glossarju u termini oħrajn f'dan il-qasam speċjalizzat

Cis-gender: Terminu li jirreferi għal dawk in-nies li l-identità tas-sess u l-espressjoni tas-sess tagħhom jaqblu mas-sess li kienu assenjati mat-twelid.

FtM: Jirreferi għal persuna transgender mara-għal-raġel

Gay: Persuna li hija sesswalment u/jew emozzjonalment miġbuda lejn persuni tal-istess sess. Tradizzjonalment dan jirreferi għall-irġiel, iżda persuni oħrajn li huma miġbuda lejn l-istess sess jew sessi multipli jistgħu wkoll jiddefinixxu lilhom infushom bhala gay.

Ġeneru: Dan jirreferi għal struttura soċjali li tpoġġi aspettattivi kulturali u soċjali fuq l-individwi abbażi tas-sess assenjat lilhom.

L-espressjoni tal-ġeneru: Tirreferi għall-manifestazzjoni tan-nies tal-identità tal-ġeneru tagħhom lil oħrajn, permezz ta', pereżempju, l-ilbies, id-diskors u l-manjieri tagħhom. L-espressjoni tal-ġeneru tan-nies tista' taqbel jew ma taqbilx mal-identità/identitajiet tal-ġeneru li kienu assenjati mat-twelid.

L-identità tal-ġeneru: Tirreferi għall-esperjenza tal-ġeneru li tinħass minn kull persuna internament b'mod profond u individwali. Din tista' tkun jew ma tkunx tikkorrispondi mas-sess assenjat fit-twelid. L-identità tal-ġeneru ta' xi persuni taqa' barra mill-binariju tal-ġeneru u normi relatati.

Bidla fis-sess: Tirreferi għall-proċess li permezz tiegħu persuni jiddefinixxu mill-ġdid il-ġeneru li jgħixu fih sabiex jesprimu b'mod aħjar l-identità tal-ġeneru tagħhom. Dan il-proċess jista', għalkemm mhux neċessarjament, jinvolvi għajjuna medika, inklużi t-terapiji bl-ormoni u kwalunkwe proċedura kirurġika li jgħaddu minnhom persuni trans sabiex jallinjaw lil ġisimhom mal-ġeneru tagħhom.

Operazzjoni Kirurġika ta' Tibdil tas-Sess (Gender Reassignment Surgery): Dan huwa terminu mediku għal dawk li persuni trans ta' spiss isejju operazzjoni ta'

konferma tas-sess: kirurġija biex iġġib il-karatteristiċi tas-sess primarji u sekondarji tal-ġisem ta' persuna trans f'konformità mal-perċezzjoni interna tagħhom infushom.

Rikonoxximent tal-ġeneru: Proċess li permezz tiegħu l-ġeneru ta' persuna trans jiġi rikonoxxut bil-liġi, jew it-twettiq tal-proċess.

MtF: Jirreferi għal persuna transgender raġel-għal-mara

Transfemminili: Jirreferi għal persuni transgender assenjati s-sess maskili fit-twelid li fuq l-ispettru transgender qegħdin jidentifikaw bhala nisa, femminili, raġel-għal-mara (MtF), nisa trans u/jew nisa transgender.

Transgender: Terminu ġenerali inklużiv li jirreferi għal dawk in-nies li l-identità tal-ġeneru u/jew l-espressjoni tal-ġeneru tagħhom huma differenti mis-sess/ġeneru li kienu assenjati mat-twelid. Dan jista' jinkludi, iżda mhux limitat għal: nies li jidentifikaw bhala transsesswali, transgender, tranżvestiti/cross-dressing, androgyne, polygender, genderqueer, agender, ta' ġeneru varjanti, ta' ġeneru mhux konformi, jew li jidentifikaw ma' kwalunkwe identità tal-ġeneru oħra u/jew espressjoni li ma tilhaqx l-aspettattivi soċjali u kulturali marbuta mal-identità tal-ġeneru.

Transmaskili: Dan it-terminu jirreferi għal persuni transgender assenjati s-sess femminili mat-twelid li jidentifikaw bhala rġiel, maskili, mara-għal-raġel (FtM), irġiel transgender, irġiel trans.

Transsesswali: Terminu eqdem u medikalizzat użat biex jirreferi għal persuni li jidentifikaw u jgħixu f'ġeneru differenti. It-terminu għadu ppreferut minn xi nies li għandhom l-intenzjoni li jgħaddu, li huma għaddejjin, jew li għadew minn trattament ta' tibdil tas-sess (li jista' jinvolvi jew ma jinvolvi terapija bl-ormoni jew kirurġija).

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