



A SURVEY ABOUT TRANSEXUALISM AMONG GENERAL PRACTITIONERS WORKING IN PRIMARY CARE AT THE COMMUNITY OF MADRID (SPAIN)

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ABSTRACT

Objective: To ascertain the knowledge and clinical approach to Transsexuality, among General Practitioners working in Primary Care in the Madrid Health Service, Spain.

Methods: A survey was sent to general practitioners (Madrid Health Service).

A descriptive statistics was used. Chi-square test to evaluate the association among the different variables (statistic software Stata V.11)

Results: 74 tests were completed. 47% had never attended a transsexual patient. Only 8 % had specific training, and 6 % believed had sufficient knowledge to approach and treat these patients. 44% didn't know where to refer these patients to. 68% would be happy to go to free courses to improve their knowledge for a better management of transsexualism.

No correlations were found between GP's sex, number of transsexual patients attended, specific training nor other variables.

Conclusions: Transsexuality is a poorly known entity among General Practitioners in the city of Madrid (Spain).

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INTRODUCTION

Background

Basic concepts

Transsexuality, transsexualism, gender identity disorder or gender dysphoria (from Greek: δύσφορος *-dysphoros-*, δυσ-, difficult, and φέρειν, to bear) is a condition recognized in DSM-IV-TR 2000 (Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision, 2000). It can be defined as the situation that occurs when a person's sex, as assigned at birth (sex anatomy) is not in accordance with their self-identified gender (developed in early childhood and established by age 4) (Becerra Fernández, 2003; SEEN, 2003; Asenjo-Araque *et al*, 2011; WPATH, 2011). Therefore, the sexual anatomy and the sexual role do not match. Or simpler to understand: a transsexual (=trans) is a mind trapped in a body

of the opposite sex. People with this condition look for an adjustment that they feel as necessary. The standards of care of trans persons should include psychological and medical evaluation, before and after hormone treatment, by experienced team.

Differences among transsexuality and other words should be established. For example, "transvestism", is very often mistaken with transsexuality, and plenty of lay people think they are synonymous. The main difference is that the transvestite does not feel an imbalance or malfunction between body and sex status, they just feel fun and amuse themselves playing with both identities. In contrast, in trans people this imbalance implies suffering and profound dissatisfaction (Becerra Fernández, 2003; SEEN, 2003; Asenjo-Araque *et al*, 2011).

It is also very important to make a clear difference between transsexuality and sexual orientation, which indicates the attraction level to other person because of the gender. Therefore, it is possible that a trans person (as any other non-trans person), may have a sexual orientation to be heterosexual, homosexual or bisexual.

Trans can be male or female. Male trans, refers to a person who is born with the biologic sex and sexual attributes of a female, but nonetheless feels she is a man.

In female trans, the person is born with male attributes, but on the contrary, feels he is a woman.

Study justification.

Unfortunately, trans is a poorly known condition in Primary Care, not only in Spain (Becerra Fernández, 2003; SEEN, 2003; Asenjo-Araque *et al*, 2011), but also in other European countries. Furthermore, there are very few studies published in the international literature about trans and its management in primary care (Asenjo-Araque *et al*, 2011).

We found an interesting study (Snelgrove *et al*, 2012) specifically designed to ascertain the physician-side barriers to healthcare provision for transpatients. The participants were only 13 doctors: 9 general practitioners (=GPs, Family Physicians) (but working in different environments: comprehensive family medicine, LGBT (Lesbian, Gay, Bisexual, Transgender) health and HIV (Human Immunodeficiency Virus) care) and 4 specialist doctors.

We searched throughout the web, but did not find any published study (neither in Spain nor in the rest of the world) about specifically inquiring the level of knowledge of GPs working in a Primary Care environment about trans. It makes sense that for an optimal approach to trans, GPs should be involved. In order to improve the medical care to trans people in our community, we should first need to explore the degree of knowledge about trans among GPs. Only after we know the current status of this knowledge, we will be able to build up further considerations.

Objective

To ascertain the knowledge and approach of trans in a random sample of GPs in the Madrid Health Service, Spain.

METHODS AND STUDY DESIGN

Abstract of design

A survey about the knowledge and clinical approach to trans (See Figure 1), was sent to 100 random general practitioners from 25 health centres along the Madrid Health Service. In the test, we requested information about the GP's sex, age, years of professional work, personal experience with trans people, number and type of attended transsexuals, if they had any specific training, how to refer a trans patient, knowledge about the availability of specific ENT surgery for trans, existence of any trans association, and if they would be keen to get free training about basic trans medical knowledge for GPs.

Table 1 Transsexuality survey for GPs

Survey About Transsexuality Knowledge / Management Among General Practitioners Working In Primary Care At The Madrid Health Service

Dearest colleague:

My name is Domingo Ly Pen, I am also a GP, currently working in "Gandhi" Health Centre (Madrid Health Service). I am conducting a survey about GP's knowledge about Transsexuality in Madrid.

You have been randomly chosen for this totally anonymous survey. Single surveys will be useless; only global data will be analysed. It will only take you about 3 minutes' time.

Please, I request your inestimable help:

1. Earnest, quick and sincere answers
2. "First impression answers", please do not waste your time looking for any answer, and don't take more than 5 seconds in each test answer.
3. Please answer back before a week's time
4. Once finished, please give it back to your Director or to the same person that gave it to you.

Thank you very much in advance for your kind help. I really appreciate it.

Your data

1. Your gender is: female male
2. Your age is between: <29 , 30-39 , 40-49 , 50-59 , >60
3. Years working in Primary Care: <5 years , 6-9 y , 10-19 y , 20-29 y , >30 y

Professional work

1. Have you ever attended a transsexual patient in your clinical practice? Yes No
 - 2.1.1. If yes, how many patients? 1 , 2 , 3 , 4 , 5 or >
 - 2.1.2. Do you remember if was? (could be both, if applies):
 1. male transsexuality (person who is born with biologic sex of a woman, but feels a man).
 2. female transsexuality (person who is born with biologic sex of a man, but feels a woman).

Have you ever been in a course or been trained in transsexuality, (even if only 1 hour) in the approach of these patients? Yes , No

Do you think you are trained enough in transsexuality so as to accurately approach these patients? Yes , No

Do you know the prevalence of transsexuality in Spain?

1. I have no idea
2. I know it: 1 /10.000 NB males in female transsexuality
3. I know it: 1 /30.000 NB females in male transsexuality
4. I know it: no study available in Spain yet

If a transsexual patient comes today to your office, would you know to refer?

1. I don't know, I would have to ask a colleague
2. I know there is a special consultant for these patients
3. Yes: to Endocrinology
4. Yes: to Psychology / Psychiatry

Do you know if there is any specific ENT surgery to treat transsexual patients? Yes No

Do you know any transgender or transsexual association?
Yes No

If you were offered free training course, about 2 to 4 hours' duration, in your own working place, about transsexuality, would you join it?
Yes No

About transsexuality in the underage patient, how would you approach this topic?

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Please, feel free to write any free comments about any aspect of transsexuality you like, or to extend any answer above written.

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YOU HAVE FINISHED. Please give back this survey to your Director, or to the same person that gave it to you. I commit myself in sending (through the same person who gave you this survey) you a copy with the results of the survey, when available (by first week of April 2013).

Thank you so much for your inestimable cooperation.

In Madrid, 12th February 2013. Dr Domingo Ly Pen

Statistical analysis

A descriptive statistics was used to characterize the GPs who participated in this study and to identify the distribution of the variables. We used Chi-square test to evaluate the association among the different variables. All the measurements were done using the statistic software Stata V.11 (Stata Corp, College Station, Texas, USA).

Ethics Aspects

Confidentiality

This survey was completely anonymous. The authors could never be identified.

Informed consent

As no patients involved, only GPs answers, and completely anonymous, no need for informed consents.

RESULTS

74 GP's tests were completed and could be included in this study.

70% were female, 48% were in the age range between 50 and 59, and 43 % had had between 20 and 29 years' experience as GP working in a Primary Care environment.

47% had never attended a trans patient, 33% had attended only one and 19 % two or more trans patients.

The number of trans patients attended by the interviewed GPs were: 17 male transsexuals and 30 female transsexuals. This correlates with the normal proportion, almost double of female than male trans in our environment (SEEN, 2003).

8 % had specific training, and 6 % believed had sufficient knowledge to approach and treat trans people.

98% didn't know if there was any study about the prevalence of trans in Spain.

44% didn't know what specialist could refer these patients to.

91% didn't know the existence of ENT surgery for these patients.

68% would be happy to go to free courses / teaching in order to improve their skills in the approach of trans patients.

No correlations were found between GP's sex, number of trans patients attended, specific training nor other variables.

Female GP were more willing to go to free courses (77% vs 50% of male GP).

DISCUSSION

As we told before, we have no possible comparison from our results to others, because this study, to our knowledge, is pioneer in this aspect.

From the paper by Snelgrove (Snelgrove *et al*, 2012) we have learned that the previously identified barriers by the trans community, were also limiting care provision by physicians (inaccessibility of resources and appropriate referrals, inadequate medical knowledge and training, the limitations of GID diagnosis, and the low availability of trans healthcare services). As stated by their authors, this paper shows "additional insight to physician-side barriers involving the ethics of providing transition-related medical care".

From the paper from Sanchez (Sánchez *et al*, 2009) we learned that trans people (male to female) with health care providers, have less risk behaviours (but not increased adherence to standard of care recommendations for trans people).

In our study, 74 fully completed test were sent back from 100 randomised forms sent. Usually in Spain the answer rate of surveys among doctors is said to be about less than 50%, but our directors insisted after one week. We waited for 17 days, after that date we began with the statistic process. So we can say this was a pretty high proportion of successful responses.

The proportion of female GPs in Madrid Health System is about 75%, so the results are in accordance with the proportion female: male in Madrid's Primary Care system.

About the percentages of trans patients attended: 47% had never attended a trans patient, 33% had attended only one and 19% two or more trans patients, nothing to comment. But we currently know that at least one half of GPs had attended at least once, a trans patient during their career.

The number of trans patients attended by the interviewed GPs were: 17 male trans and 30 female trans. This correlates with the normal proportion, almost double of female than male trans in our environment (SEEN, 2003).

Even though, we can see that almost nobody knew about the prevalence of trans in their own country, and almost one half of them did not even know how and where to refer trans patients.

About 94% of the GPs in our study did not feel confident in approaching trans patients. Nonetheless, almost 7 out of 10 GPs will be happy to attend a free induction or teaching course, if available.

As a great majority of authors we agree that trans is a condition with a medical necessity, and should not be an

exception. The concept of “medical necessity”, extrapolated from health care coverage, is usually defined literally as: “the service that a physician exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are 1) in accordance with generally accepted standards of medical practice; 2) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury or disease; 3) not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease (WPATH, 2011). Under this definition, no wonder trans is a medical necessity.

We suppose all authors should agree with us that for a proper approach, early diagnosis, help in early and proper referral, and in the follow-up of any condition, the better the GPs can manage all these aspects, the better also for the people to be attended. Trans people should not be an exception; they also deserve the best possible care. As a multidisciplinary team of health workers, including specialised nurses, psychologists, sociologists, and other specialists (psychiatrists, endocrinologists, surgeons, etc.), we miss the indispensable collaboration of GPs. The incorporation of GPs in the approach and management of trans patients will help in a decisive way. Early referral and diagnosis of these conditions, proper information of therapeutic possibilities, early detection of possible side and adverse effects of the medication given, appropriate follow-up.... in abstract, an ongoing and coordinated care with the multidisciplinary team. We should all join our efforts and our knowledge for, each in his field, providing the best for this collective of patients, up to now, unknown and in sometimes even ignored by GPs.

We humbly believe that the information provided in this survey is essential in the planning of an improved care to trans patients.

In our study, almost 70 % of GPs in Madrid Community were keen to receive induction courses for a better management and care of trans people. We think Madrid’s GPs will not be very different in this aspect from GPs from other Spanish areas or even in other countries in our neighbourhood. A basic knowledge induction-course given by the specialists from the multidisciplinary team from GP’s same working area, probably will be the best and quickest way to achieve the before told.

These courses should be based upon the commonest and most experienced guidelines for Primary Care (WPATH, 2011; The Harry Benjamin International Gender Dysphoria Association’s, 2001; Williamson, 2010). We encourage our readers to see the references at the bottom of this manuscript for further knowledge, which is clearly beyond the goals of this humble paper.

We are sure that a great majority of GPs not only in Madrid, but also from anywhere, will not skimp on any condition, only because is less frequent or because it is more complex. GPs, as other specialists in different areas of Medicine, are committed doctors with their patients, no matter which the problem is, and will always do their best to help.

CONCLUSIONS

Transsexuality is a poorly known entity among General Practitioners in the city of Madrid (Spain). More than a half of them had attended at least one trans patient.

Almost 70% of the interviewed would be willing to go to free courses in order to improve their skills in the approach of trans people.

We believe that a coordinated approach between the GP in care of the trans patient with their multidisciplinary team is the key, and absolutely essential for trans people’s optimal care and outcome.

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