

Age Is Just a Number: WPATH-Affiliated Surgeons' Experiences and Attitudes Toward Vaginoplasty in Transgender Females Under 18 Years of Age in the United States

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ABSTRACT

Background: A rising number of female-affirmed transgender adolescents are being treated with gonadotropin-releasing hormone analogues and subsequently cross-sex hormones at early or mid-puberty, with vaginoplasty as the presumed final step in their physical transition. But, despite the minimum age of 18 years defining eligibility to undergo this irreversible procedure, anecdotal reports have shown that vaginoplasties are being performed on minors by surgeons in the United States, thereby contravening the World Professional Association for Transgender Health (WPATH) standards of care (SOC).

Aim: To explore surgeons' attitudes toward ethical guidelines in the SOC; any professional experiences of performing vaginoplasty on transgender minors; views of surgical risks, benefits, and harm reduction measures; and perceptions of future challenges and concerns in this area of surgical practice.

Methods: A qualitative semistructured interview approach was used to collect data from 13 male and 7 female surgeons who perform transgender vaginoplasty in the United States.

Outcomes: Professional experiences and attitudes toward vaginoplasty in transgender minors were analyzed using the constant comparative method applied to 20 individual interview transcripts.

Results: While there was close agreement concerning surgical techniques, proper patient selection, and predictive elements of postoperative success, attitudes toward the SOC and the reliance on the guidelines varied. The sole practitioner model is gradually giving way to a more holistic team approach, with patient responsibility dispersed among different professionals. Different approaches to surgical training, professional standards, and fellowship programs were suggested. Several participants expressed a need for centralized data collection, patient tracking, and increased involvement of the WPATH as a sponsor of studies in this emergent population.

Clinical Implications: Drawing on surgeons' attitudes and experiences is essential for the development of standards and practices. A more precise and transparent view of this surgical procedure will be essential in contributing to the updated version 8 of the WPATH SOC.

Strengths and Limitations: The abundant data elicited from the interviews address several meaningful research questions, most importantly patient selection criteria, surgical methods, and issues critical to the future of the profession. Nevertheless, the limited sample might not be representative of the surgical cadre at large, particularly when exploring experiences and attitudes toward vaginoplasty in minors. A larger participant pool representing WPATH-affiliated surgeons outside the United States would improve the generalizability of the study.

Conclusion: Taken together, the study and its findings make a significant contribution to the planned revision of the WPATH SOC. **Milrod C, Karasic DH. Age Is Just a Number: WPATH-Affiliated Surgeons' Experiences and Attitudes Toward Vaginoplasty in Transgender Females Under 18 Years of Age in the United States. J Sex Med 2017;XX:XXX–XXX.**

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INTRODUCTION

During the past 5 years, treatment of gender dysphoric adolescents presenting for medical interventions in the United States has received increased attention and visibility in the clinical literature and the mainstream media.^{1–5} Supported by parents and referred by psychiatrists, psychologists, and other mental health professionals, transgender youths are seeking gender-affirmative treatment in private practice settings, public health centers, and hospitals with specialized services dedicated to transgender health care.^{6–8} Major American insurance exchanges and health maintenance organization networks also are beginning to cover medical care designed to alleviate gender dysphoria in teens, ranging from fully reversible interventions such as puberty-suppressing gonadotropin-releasing hormone analogues and partly reversible gonadal steroid treatment to irreversible procedures such as bilateral mastectomy with chest reconstruction for male-affirmed late teens and genital surgeries such as orchiectomy and/or vulvovaginoplasty in female-affirmed older adolescents.⁹ Medical providers of transgender care generally adhere to the most recent (version 7) World Professional Association for Transgender Health (WPATH) Standards of Care (SOC), in which eligibility and readiness criteria for irreversible interventions can be applied when the adolescent has reached the legal age of majority in a given country.¹⁰ The document specifies that the age criterion should not be seen as an indication for “active intervention,” only as an age threshold, with the understanding that the legal age of majority varies from nation to nation. The current SOC provide some flexibility in the minimum age requirement for chest reconstruction in male-affirmed adolescents, although it could be argued that this procedure is practically irreversible. Conversely, female-affirmed teenagers must defer orchiectomy and/or vaginoplasty until 18 years of age to stay compliant with the SOC and the legal age of majority in the United States. This position also is supported by the Endocrine Society, a worldwide organization dedicated to the education and practice advancement of endocrinology.¹¹ The society has issued recommendations concerning the treatment of trans youth, in which it is suggested that genital surgery be deferred until the individual has reached 18 years of age. The Endocrine Society does acknowledge that 16-year-olds are legal adults in many countries and are mature enough to make medical decisions of some cognitive complexity; nevertheless, because data are not available on outcome studies concerning genital surgery in minors, the shared recommendation by the two organizations still stands.

In the Netherlands, where adolescents from 16 years of age are legally competent to make treatment choices independent of parental consent,¹² the policy of Dutch clinics treating transgender teens is that genital surgery should not be performed before 18 years of age. A review of the available literature concerning the Dutch protocol shows that although clinicians agree that emotional maturity represents a better criterion than minimum age, there is acknowledgment that objective criteria do not

exist in assessing readiness for genital surgery in adolescents.¹³ In addition, although puberty suppressants are available to gender dysphoric adolescents at 12 years of age and cross-sex hormones are permitted at the minimum age of 16 years,^{14–16} a recommended candidate for genital surgery is at least 18 years old and has been living in the affirmed gender for a minimum of 2 years after initiating hormone treatment. Dutch outcome studies of late adolescents and young adults who have undergone irreversible procedures 1 to 4 years before follow-up have reported psychologically normative functioning and a high satisfaction rate with no regrets by transsexuals after surgery.^{17–19} Moreover, anecdotal reports and at least one news media release have reported that vaginoplasties in patients younger than 18 years have been performed by surgeons in the United States, who thereby contravene or sidestep the SOC.^{20,21} Contrary to the concise criteria guiding decisions for postadolescent surgical treatment [p. 54], there are no guidelines in the WPATH SOC that support the surgeon in the decision to perform vaginoplasty on transgender women younger than 18 years. The surgeon must rely on evaluations by other professionals, careful patient selection, and the personal conviction that proceeding with surgery is the right decision, with the added legal burden of obtaining consent from parents in lieu of the minor and assuming principal responsibility for the physical risk to the young patient who might not always be compliant with or fully understand post-operative care. The surgeons who perform the procedure on transgender minors have, without exception, refrained from publishing any peer-reviewed outcome data or technical articles on this small but increasingly important population. In addition, although only a few teaching programs offer endocrinology fellowships that include transgender health care,²² no American educational institutions currently provide fellowships or standardized training in genital surgery for female-affirmed transgender adolescents. These factors have contributed to a dearth of specific medical information, a lack of shared surgical expertise, and inadequate guidance that would otherwise be widely available to all practitioners of transgender medicine and to the general public. To go beyond anecdotal evidence and explore the collective experiential knowledge of surgeons who specialize in performing vaginoplasty as part of gender-confirming surgery (GCS), the authors report the findings of their qualitative research study investigating WPATH-affiliated surgeons' views, experiences, and attitudes toward performing vaginoplasty on transgender minors in the United States.

AIMS

The aim of the study was to explore any professional experiences of performing vaginoplasty on transgender minors in the United States; views of surgical risks, benefits, harm reduction measures, beliefs, and attitudes related to the ethical guidelines on adolescents in the SOC; and perceptions of future challenges and concerns in this area of surgical specialty. The proximate goals of the study were to elucidate experiences and attitudes

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