

Bioethic principals for researching and health attention for trans woman

Principios bioéticos para la atención e investigación en salud de mujeres trans

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Abstract:

The name of transgender woman is given to that person whose sex assigned at birth is not consistent with their gender identity or expression. Mexico occupies the second place in transfemicides. Furthermore, the acts of violence and discrimination, also afflict this group and can be related to negative perceptions towards trans women. On the other hand, health care for trans women turns out to be inadequate because it does not cover their needs. Likewise, within the field of research in Mexico, studies that focus on trans women are scarce. Based on the aforementioned, it is evident that this population remains in a vulnerable state, and it infers incongruously in the bioethical principles that should cover this group. For this reason, bioethics is the branch of ethics that aims to provide dignified and humanized treatment of human life based on four principles: 1) beneficence, 2) non-maleficence, 3) autonomy, and 4) justice. Currently, greater awareness is required among both health service providers and researchers to provide timely care and inclusion in research protocols, which allows the generation of more epidemiological information on trans women.

Keywords:

Transgender women, bioethical principles, negative perceptions, sensible

Resumen:

Se denomina mujer trans a aquella cuyo sexo asignado al nacer no es congruente con su identidad o expresión de género. México ocupa el segundo lugar en transfemicidios, esto junto con los actos de violencia y discriminación que también aquejan a este colectivo, se pueden relacionar con las percepciones negativas hacia las mujeres trans. Por otro lado, la atención en salud en las mujeres trans resulta no ser adecuada debido a que no cubre sus necesidades. Del mismo modo, dentro del campo de la investigación en México, los estudios que consideran a mujeres trans son escasos. Con lo anterior, resulta evidente que esta población se mantiene en estado de vulnerabilidad e infiere de manera incongruente en los principios bioéticos que deberían cubrir a este colectivo. Por su parte, la bioética es la rama de la ética que tiene por objeto, brindar un trato digno y humanizado hacia la vida humana, basándose en cuatro principios: 1) beneficencia, 2) no maleficencia, 3) autonomía y 4) justicia. Actualmente, es requerida una mayor sensibilización tanto en los prestadores de servicios sanitarios como en los investigadores, para poder brindar atención oportuna e inclusión en protocolos de investigación, que permitan generar más información epidemiológica en mujeres trans.

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INTRODUCTION

As described before, bioethical principles are essential to research and generate guidelines for healthcare equity. In the specific case of trans women (TM), a significant lag has been observed in terms of timely health care since, for medicine, transsexuality is seen as pathologizing and congenital (14). However, there is no care based on a gender perspective that would allow the principles described above to be applied to the population

Referring to these principles of bioethics, as far as charity is concerned, some research has shown that TMs have felt discriminated against, and sometimes note that health care is deficient. A situation that might generate low adherence to pharmacological treatment and that care for non-serious diseases in health centers is not timely (15).

It raises two important questions: Have students and professionals in the different areas of health prepared for the care of TM, and do health systems provide ongoing training to treat these patients? We could obtain negative answers to these questions; however, this refusal is incongruent with the first bioethical principle since not having the capacity for effectively equitable care could be a violation of the second principle.

In this sense, TM faces damage to their health derived from the negative perceptions exercised in the health systems due to the lack of awareness towards trans bodies and their timely attention. In a research conducted in 2019, which describes the situation of access to health, TM reported not being treated with dignity and respect, a situation in which they preferred not to treat simple diseases such as diarrhea and mild respiratory tract infections, in addition to preferring to treat these diseases in public health systems.

Also, it reported that they were forced to undergo tests for the detection of sexually transmitted diseases (STDs), even though this was not the reason for the consultation (16).

The characteristics of the second bioethical principle consider not acting with malice and not subjecting the patient to unnecessary procedures that cause pain or discomfort. Moreover, this principle has been exercised ambiguously and erratically in TM.

In addition, negative preconceptions have been observed on the part of health personnel, for example, requesting STD tests without having a history of partners or risky sexual relations referred by these patients that may justify their performance in such tests (14).

Besides the previously mentioned, there is also a lack of compliance with the autonomy of TM, the third principle of bioethics. In other investigations in which health care is provided to trans people, it is suggested that they take therapy to change their "transsexual condition" (17).

This type of action considers the trans spectrum as something limited and pathologizing, which violates the autonomy of TMs about their experiences and rights to gender identity and expression.

As a matter of interest, certain health practices might be considered adequate, or carried out without malice, but they violate or fail to comply with any of the four bioethical principles.

Consequently, people perceive justice as scarce and not equitably granted in the Mexican context. In the area of health, surveys of TM again report that care is deficient because they deny health services because there is no match between their documentation and their current physical appearance (16,17).

On the other hand, delays are greater in public services and at some times, it is observed a hostile environment in health situations that should have been attended to (18,19). These surveys reveal the presence of an inequitable panorama in health care for TM, which implies the non-application of the principle of justice. This should invite reflection on the lag in health care provided to TM, the circumstances they go through when trying to access health services, and the fewer or null exercises based on gender perspective by the health system, which directly leads to the non-application of bioethical principles.

OVERVIEW OF TRANSGENDER WOMEN'S HEALTH IN MEXICO

In 2021, the National Institute of Statistics and Geography (INEGI for its acronym in Spanish) conducted the National Survey on Sexual and Gender Diversity (20), which identified that approximately 0.9% of adults were trans (woman or men), equivalent to 900,000 people.

According to the Inter-American Commission on Human Rights (21), the average lifespan of transgender people in Mexico is 35 years old; however, this data could be related to the low participation in surveys and research protocols, reiterating the social problems that surround their health and disease processes. In another sense, EDNISEG [National Survey on Sexual and Gender Diversity its acronym in Spanish] provides a general overview of the number of transgender inhabitants in Mexico. Nevertheless, it does not describe data on health status and guidelines granted to this population, nor TW deaths.

Vera-Morales describes in detail some health needs and practices to which some TW are subjected. Among the main care needs considered necessary are: monitoring for the timely detection of penile cancer, prostate, or testicular cancer; prevention of pregnancy and monitoring of breast and uterine cancer, among other actions that contribute to the comprehensive care of their health (16).

Similarly, it was suggested the prioritization of mental health care since it is well known that sexual minorities, among those TW, tend to present greater deterioration in mental health compared to their heterosexual couples, because of acts of discrimination and violence throughout their lives (22,23).

Previously, it was preferred to resort to the medical services of private pharmacies rather than the public health system to treat non-serious diseases such as the flu or diarrhea due to preconceptions about TW. It is considered that the health system is limited to the generation of HIV/AIDS and diagnoses, actions with predominance toward TW over trans men.

As stated by Vera-Morales with regards to Gender Affirming Hormone Therapy (GAHT), 32.6% of TW were using it at the time of the survey, while 100 % of the population using GAHT reported being monitored by a physician. Notwithstanding, it is not available to everyone, as it is not included in the basic list of drugs offered by the public health system (16) and, therefore, in most cases, it is self-medicated.

Concerning surgical intervention, it was reported that 18.5% of the surveyed population had undergone surgery in private hospitals, again showing the lack of participation of the public health system in this type of surgical intervention for transgender people (16).

Regarding the use of aesthetic modeling agents and fillers 24% of the TW reported at the time of answering the survey that they had used some modeling agent in some part of their body (buttocks, hips, face, etc.). This practice is common among TW, and when not supervised by physicians it can lead to serious health problems, mainly derived from the infiltration of these modeling agents (silicone, vegetable oil, biopolymers, guaiacol, mineral oils, animal, and autogenous fats) at the serum level (18).

In 2017, the Ministry of Health, together with the Coordinating Commission of National Health Institutes and High Specialty Hospitals, took the initiative for the development of a protocol that aimed to provide health services to LGBTIQ people, based on carefree discrimination, and avoid prejudice towards this group (18).

In 2020, this protocol was updated, resulting in the third edition. This protocol is divided into specific care guidelines with this specificity seeks to provide optimal care for gay, bisexual, trans, intersex, and non-binary genders- Likewise, this edition includes guidelines that allow health personnel to offer adequate health care for non-heterosexual children and adolescents, with a bioethical basics (24).

Despite the above, there is still a significant lag in the care offered to this population. It is accurately supported by the perceptions reported in the surveys conducted with the TW on

the supply of public health services. Likewise, considering that the creation of the protocol was six years ago and it is not currently applied at the national level in the healthcare clinics governed by the public health system, it is evident that much work remains to be done in the promotion of bioethical practices in the work of health professionals in minority populations.

Even at the institutional level, there is little or no training for healthcare personnel. Furthermore, it considers that the lack of training on issues related to LGBTIQ groups could be related to the lack of interest in the research in clinics and hospitals that carry out this type of health and disease procedures in the life course of people who identify with one of these groups (18)

Thus, the importance of having a protocol whose main objective is to develop methodologies that promote actions that seek to contribute to the prevention of the main health risks and encourage health research specifically for LGBTIQ people lies in the scarce on the non-existent practice of bioethical principals which are essential in health care, not only for this community but for any person.

Finally, this could be one of the main reasons why TW considers that there are still barriers to receiving adequate health care, which leads to delays in the timely diagnosis of diseases that could have been prevented, such as diabetes, hypertension, dyslipidemia, obesity and overweight, and cancer, among others (24).

In the same sense, it is important to raise awareness and understand the importance of the role of the health care provider as they should be trained in the care of LGBTIQ populations, with the main objective of preserving or restoring health, since on occasion, attitudes, and perceptions are what break the continuum of health care. The above is based on the recommendations of the LGBTIQ health care protocol.

CONCLUDING REMARKS

In addition, there is an ambiguity in the exercise of bioethical principles among them, which generates fewer or null approaches to health services, and participation in research protocols that seek to improve their environment and care.

Promoting greater awareness in the educational systems that aim to prepare the new human resources that offer these health services, as well as the training of health personnel in the application of the already designed protocols for the care of the LGBTIQ population. Likewise, topics should provide the necessary knowledge for developing tools that allow for correct bioethical care and practice of the professions that make up the health sciences, which could contribute to them feeling more supported by health service providers.

CONCLUSIONS

With this review and analysis, it was possible to determine the need to generate specific guidelines for health care and research

in the TM population. It is taking into consideration that this population has been discriminated against and relegated, contributing to the difficulties that prevent them from achieving an adequate state of health.

Regarding the needs that shape health research on TM, it was found that these are scarce. For this reason, greater awareness is required among researchers and academics to structure protocols that consider this type of group, and that also consider bioethical principles, seeking that these benefit trans populations and at the same generate knowledge that will allow the design of specific processes for the health care of this group.

In another sense, the institutions that make up the public health system are trained on issues related to non-hegemonic gender identities and expressions. As its primary objective the application of specialized protocols for the LGBTIQ community, always considering the bioethical aspects and respecting the four fundamental principles for the correct accompaniment of these patients.

We urge the medical and scientific communities to generate information on the health of TM, as it is currently scarce, leaving them unprotected, as they do not know with greater specificity the health-disease processes to which they are exposed.

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