

Ethics and health in trans people.

Ética y salud en las personas trans.

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Abstract:

Being a trans person (TP) implies social marginalization in healthcare, even though the LGBTQ+ community has achieved a degree of social acceptance. It poses obstacles such as aggression during care, lack of recognition of the name corresponding to their gender identity, and lack of skills and experience in providing care by professionals. Additionally, facing difficulties in accessing gender reassignment procedures and negative opinions about transsexuality. Recommending to improve the quality of care for TP in terms of access and good treatment at all levels of care. Neither is a consideration to the trans community nor is a health right that any person has, based on updating gender rights. In addition, it is necessary to academically consolidate the training of health professionals in caring for minority groups, specifically in the comprehensive management and prescription of gender-affirming therapies as the cornerstone of multidisciplinary management of body reassignment. Thus, TP who use health systems report the need to improve the doctor-patient relationship, besides training health professionals to recognize the needs of this population through dialogue, listening, and negotiation. Thus proposing a practical guide for the ethical assessment of any intervention on the human body. Considering the defense principles of physical human life, of totality or therapeutic, of freedom and responsibility, and sociability and subsidiarity, leading to the overall good of the person in its three-dimensional structure: Moreover, it is suggested a multidisciplinary team for PT care, which should include, at minimum specialists in mental health, endocrinology, nutrition, social work, gynecology, urology, proctology, plastic surgery, laboratory, and imaging.

Keywords:

Ethics, Health, Trans people

Resumen:

Ser persona trans (PT) implica marginalidad social, respecto a la atención en salud, aún cuando se sabe que la comunidad LGBTQ+, ha logrado cierta aceptación social. Exponiendo obstáculos como agresión en la atención, no reconocimiento del nombre correspondiente a su identidad de género, falta de habilidades y experiencia de atención por parte de los profesionales, además de dificultades para acceder a procedimientos de reasignación de género y opiniones negativas a la transexualidad. Se recomienda mejorar la calidad de atención a PT en acceso y buen trato en todos los niveles de atención, no como una consideración a las personas de la comunidad, sino como derecho a la salud de cualquier persona y a partir de la actualización en derechos de género. Además de consolidar académicamente la formación de profesionales de la salud en atención a grupos minoritarios, en específico del manejo integral y prescripción de terapias de afirmación de género como eje del manejo multidisciplinario de la readecuación corporal. De esta manera es que las PT usuarias de los sistemas de salud, refieren que es necesaria la mejoría del vínculo médico-paciente, así como la capacitación del profesional en salud para reconocer las necesidades de esta población, a partir del diálogo, escucha y negociación. Es así que, se ha llegado a proponer una guía práctica de valoración ética a cualquier intervención en el cuerpo humano. Partiendo de los principios de defensa a la vida humana física, de totalidad o terapéutico, de libertad, responsabilidad, sociabilidad y subsidiariedad, mismos que conducen al bien global de la persona en su estructura tridimensional: cuerpo, psique y espíritu, además del respeto a la dignidad. Además de proponer un equipo multidisciplinario de atención a PT, que debe contar como mínimo con

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especialistas de salud mental, endocrinología, nutrición, trabajo social, ginecología, urología, proctología, cirugía plástica, laboratorio e imagen.

Palabras Clave: *Ética, Salud, Personas Trans*

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INTRODUCTION

The LGBTQ+ community has gained certain social acceptance and health care. Nonetheless, trans and transexual people are still part of groups with low acceptance. It is because of the complexity of the assignment of role sex imposed by society that leads them to suffer physical, verbal, and social discrimination. For this reason, there are limited formal work opportunities, access to education, or medical insurance¹.

On the other side, Trans people (TP) face doubtless barriers to accessing and receiving medical care mainly due to the lack of abilities, capacities, and knowledge of health personnel, but principally lack of empathy. This situation occurs because education and training about topics like sexual diversity and gender are still scarce².

Being TP implies social margination concerning health care since there are difficulties in accessing the Unified Health System. For instance, the most commonly exposed obstacles are aggressive care, lack of recognition of the name corresponding to their gender identity, lack of care skills and experience on the part of professionals, difficulties in accessing surgical procedures of assigned sex, and negative opinions about transsexuality³.

Due to the aforementioned, TP has a higher risk of consuming alcohol, psychoactive substances, or even practicing prostitution to satisfy their economic needs because of the lack of labor opportunities, which leads to developing mental illnesses or infections of sexual transmission. Nevertheless, recent surveys show how the prevalence of sexual diseases is minor in comparison to those derived from mental health. Therefore, it is imperative to strengthen access to health systems through non-discriminated practices based on the needs of the most vulnerable groups, like the case of TP^{1,2}.

There are some restrictions on Trans people and other gender identities due to bioethical or health reasons and recognizing their rights towards the development of body incongruence⁴.

Furthermore, the margination received by TP about the health care personnel is evident through the Unified Health System (SUS), such as equality, integrity, and universality. Moreover, the lack of infrastructure interest and respect on behalf of those SUS limits the offer of free and complete hormone treatments and gender reassignment surgeries⁵.

Because of this, the present work seeks to develop the current situation in bioethics and Trans Health care, whose objective is to know the areas of opportunity for the health team to avoid noncompliance with bioethical principles, resulting in improving the minorities' health care.

CURRENT SITUATION FOR TRANS PEOPLE ABOUT HEALTH CARE

Health care for TP has been a postponed topic by most physicians and health personnel. Hence, they consider binary variants as a psychiatric disorder or the damage generated by gender reassignment treatments as unusual and even abnormal, obstructing specialized care. This marginalized group deals with barriers to health care for common diseases, leaving aside the specific health risks that might emerge. Although the world trend is broadening access to health, there are still some obstacles to those who provide care and only consider their beliefs and culture⁶.

It is recommended to improve the quality of TP care and the pleasant treatment to all levels of attention, starting from upgrading gender rights. Additionally, consolidating academically the health professionals' training to minority groups, especially integral management, and gender-affirming therapies, as the core of multidisciplinary management of body readjustment⁷.

To explore the degree of knowledge, attitudes, and practices directed to TP, some surveys were applied to health personnel. The same surveys have shown that the professionals and other health system participants must be trained in the differential care approach. Thereby, some of the unconformities presented are derived from pronouns or inadequate names that only reflect social prejudices about gender identity or sexual orientation. Furthermore, appointment or procedure assignment, delays in care, as well as the perception of systematic attacks on gender identity in bureaucratic procedures⁸.

PRINCIPAL HEALTH PROBLEMS SUFFERED BY TRANS PEOPLE

Most of the fundamental health needs for Trans people are related to mental health, hormones, or body suitability. When they are victims of violence or discrimination, their social, familiar, and legal sectors are affected⁹.

Surveys like ENDOSIG have reported the negation to express their gender identity, which represents a courageous emotional burden since 70% of Trans men and women have experienced

suicide ideas. It is relevant to say that the damage to mental health derived from the discordance with the gender identity and the assigned sex. Showing a decrease from 78 to 80% of cases of depression and anxiety after having undergone the gender reassignment procedure¹⁰.

What is more, the need to design norms and guidelines for the care of body modification in TP has the objective of achieving transition safety and psychological well-being since this population is still a victim of discrimination, hindering health access¹¹. Within the principal body changes, we can find breast enhancement or “feminization” of the body. The most alarming is that those modifications can be performed without professional supervision in which substances are administered, such as baby oils or food-grade vegetable oils for shaping body areas⁹.

On the contrary, during the assignment surgery, some complications emerged, such as stenosis, dyspareunia, necrosis, and fistulas. During the postsurgical procedures, venous thrombosis has increased, decreased bone turnover, increased fat mass, and insulin resistance¹⁰.

Another conflict carried out by the health personnel about care is the prejudices created by risk AIDS reports, addictions, or mental health, similarly, the discomfort caused by hetero-norm. Providing quality care for TP implies dealing with barriers like discrimination and mistreatment¹².

In this way, TP users of the health systems refer to improving the relationship between physicians and patients. In addition to professional health training to recognize the needs of this population. Starting from the dialogue, listening, and negotiation. Based on the aforementioned comes from the fact that the request for attention emerges from a connection between the humanization of the service and comprehensive care¹³.

TRAINING HEALTH PERSONNEL ABOUT SEXUAL AND GENDER DIVERSITY

Appropriate care of Trans patients begins with recognizing health professionals, as not all of the population is part of sexual binarism¹⁴.

Surveys have been applied to health personnel to explore their knowledge, attitudes, and practices towards TP care. The same has demonstrated that most of the personnel show positive attitudes. Notwithstanding, care practices lack specificity to the group in question¹¹.

Nevertheless, it is also evident the persistence of lack of training and prejudices by some health personnel through the non-recognition of social names or pronouns of identification. This

fact discourages demand and permanence in medical care, favoring the recurrence of clandestine clinics⁵.

As a result, considering the context of Trans people, health care that contemplates the ethical principles of autonomy, non-maleficence, beneficence, and justice can reduce access antagonism. The foregoing comes from the fact that the body change not only involves physical aspects but also emotional and psychological ones¹⁴.

Autonomy facilitates people's decision-making about the way of being and being in the world. Recognition of Trans conditions, avoiding conditions that lead to suffering and marginalization. On the other hand, non-maleficence eschews consistent harm resulting from discrimination or stereotyping, making assumptions about their sexual life, or reacting dismissively concerning the pronouns with which they identify.

On the other hand, beneficence encourages the obligation to do good without implying risks of lifestyles or coexistence, fostering support networks and self-help to approach the Trans community. It should have its basis in science to be comprehended and accepted. Whereas autonomy facilitates people's decision-making about the way of being and being in the world, recognizing the Trans condition and eluding suffering and marginalization conditions¹⁵.

Based on the above, it is worth mentioning that access to health to TP is suppressed by various legal, cultural, and social factors. Because of that, every case should be appreciated from a social-bioethical perspective that allows an understanding of the facts of the distinct structures that intervene in the analysis. This perspective implies autonomy and justice from an ethnographic methodology of gender¹⁶.

During health care, conflict values are exposed between providers and TP. An intervention based on concepts of interest between the people involved could be part of understanding the issue¹⁷. Likewise, it is vital to educate and disseminate to health personnel and medical care centers to reduce the barriers¹⁴.

PERSPECTIVES OF HEALTH ATTENTION TOWARDS THE TRANS POPULATION

Appreciating the trouble of health care for Trans people involves the improvement of health care orientated to the development of new perspectives that allow interaction with Trans patients as subjects who have values and rights¹⁷.

It results in indispensable training about gender perspective to health professionals to counter health inequality. Moreover, this practice encourages the fulfillment of human rights with a gender approach, leading to significant progress concerning the health field, fostering worthy care, equal treatment, and respect

for diverse ideologies, resulting in breaking the naturalized forms of discrimination¹⁸.

At the same time, a consultation space would be vital to result in interaction in virtue of combined negotiation and non-regulatory to the users' needs for gender binarism.¹³.

From a different perspective, questioning the reversibility of self-identification should be considered, starting from uncertainties about etiology, evidence of efficacy, definitive characteristics, or ideological standards of care personnel, thus identifying a field of research free of ideologies and commercial interest.¹⁹.

Educating health professionals about this topic should be suitable for promoting public policies from the differential approach to health care. Besides, it would guarantee access to efficient health services and the participation and diverse minority validity of society¹⁷.

Consequently, a practical guide proposes ethical valuation to any intervention of the human body. Based on Sgreccia's principles of personalist ethics: the principle of defense of physical human life, of totality or therapeutic, of freedom and responsibility, and sociability and subsidiarity. These lead to questions about misalignment about the lawfulness of a technique in terms of the overall well-being of the person in his three-dimensional structure: body, mind, and spirit, in addition to respect for dignity. This guide values ethics as a reference part to determine if a procedure to perform attempts against them or not through the implementation of a series of personal and direct questions²⁰.

Finally, a multidisciplinary team for caring for TP must have the following specialists: mental health, endocrinology, nutrition, social work, gynecology, urology, proctology, plastic surgery, laboratory, and image. Adding more specialists like legal and civil groups if needed²¹.

CONCLUSION

In the words of Kottow, bioethics must focus on areas like recognition of an academic discipline with a projection to society, and its approach must complement with recognizing humanity as a biological species in constant adaptation to natural and social contexts. Assuming that that goes beyond the limits of personalism, increasing its efficiency for marginalized groups in the face of biopolitical exclusion.

Accordingly, bioethics should be adapted from the training of health personnel in sex reassignment issues to make decisions that generate permanent results. Work on the proposal of health policies that involve the main demands of transgender people, as well as a network of care that guarantees the right to health,

and train health personnel sensitive to diversity, gender, and sexuality at all educational levels.

It is recommended to affirm the health service to TPs from awareness, training, and updating on public policies for developing trans care units, which have elementary medicines for cross-hormonal treatments and a comprehensive approach.

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