

Improving health care for trans people in Australia should be a priority

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In this issue of the *MJA*, Zwickl and colleagues describe the health care experiences of trans Australians during the coronavirus disease 2019 (COVID-19) pandemic.¹ Unfortunately, their findings are unsurprising. The health needs of trans people were inadequately met even prior to the pandemic, and they face major barriers to both general and gender-affirming health care.²⁻⁵ Zwickl and colleagues report that these problems were exacerbated during the pandemic. They also found that trans Australians experienced more long term COVID-19-related health complications than the general population, despite a high vaccination rate. Further, discrimination and other negative experiences during health care were more frequent than before the pandemic, a time when they needed extra support.¹ As one explanation for this increase, the authors suggest that the attention of health care providers shifted from professional development in many areas, including trans health, to managing COVID-19. However, the fact remains that professional development in trans health was inadequate prior to the pandemic, as reflected in the documented poor health care experiences (including overt discrimination) of trans people in Australia.^{5,6}

There are many passionate gender-inclusive health care professionals, but they work under great pressure to meet the needs of trans people; this workforce needs to be larger to provide competent, inclusive, and affirming care. The lack of knowledge regarding trans health is not the fault of individual practitioners; health care training programs do not typically include mandatory curricula or learning outcomes devoted to the health of trans people (or LGBTQA+ people more broadly).⁷

A health care system that did not adequately care for trans people in Australia at the best of times buckled under the stress of the pandemic. Zwickl and colleagues found that access to gender-affirming care was hampered, including delayed, interrupted, and cancelled access to gender-affirming hormone therapy and surgery. The effects of such interruptions on mental health could be severe.¹ We need to improve access to gender-affirming care, including affordable hormonal therapy and surgery, as well as increasing the availability of health care providers trained in inclusive and gender-affirming medical and mental health care. All health workers should be trained in inclusive care. Awareness of gender diversity and the health care needs of trans people should be part of all health care training programs.

Everyone should be treated with respect. Misgendering, one way in which respect is violated, is a problem in health care. Data should be collected in an inclusive manner to ensure that all patients feel comfortable even before they see a health care provider, including in registration forms; as far as possible, Australian Bureau of Statistics standards for reporting sex and gender⁸ should be followed. Even if a health care professional does not have the expertise for gender-affirming care (eg, for prescribing hormones), they should treat their patient with

respect, which includes showing that they acknowledge their identity.

There is a clear path to improving access to gender-affirming care in Australia. Resources are available to health care providers should they not have received the necessary skills during their training. They can contact professional associations such as the Australian Professional Association for Trans Health for support, information, and referrals. Guidelines for the care of trans people include the recently updated World Professional Association for Transgender Health Standards of Care⁹ and the Australian Equinox protocol for prescribing hormones in an informed consent model.¹⁰ In addition to improving the knowledge of health care workers, changes that enable trans health to become part of training programs would be helpful for generally improving health care for trans people. The alternative is to accept poor health outcomes for a significant proportion of our population, and that would not be equitable. ■

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