



GOVERNMENT OF MALTA

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## Government response to the Consultation on Transgender Healthcare

*August 2018*

*Ministry for Health  
15, Palazzo Castellania,  
Merchant's Street,  
Valletta*

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# Executive Summary

## Introduction and overview

To develop a trans inclusive health care system and to organise gender affirmative health care for transgender persons using a person-centred approach that tends to the physical, mental and social aspects of care of the individual whilst respecting the person's gender identity.

This document puts forward a number of proposals describing the holistic care that will be provided by means of a specialised multidisciplinary team. Included in the document are proposals for the provision of hormone therapy and surgical procedures to allow one to make a gender transition that would match one's gender identity.

This policy document also proposes a number of measures that would render the health entities more trans inclusive.

The proposed services described in the document are based upon the Standards of Care of the World Professional Association for Transgender Health (WPATH) together with other international best practices.

### 1. The public consultation date.

This public consultation was held between the 6th April 2018 and 6th June 2018.

### 2. This consultation sought views on:

- The services proposed
- Measures proposed to make the health entities more trans-inclusive

## Responses to the consultation and process used to seek stakeholder views

This document is the Government Response to this consultation and sets out the Government's decisions on these matters.

### 3. The closing date of the public consultation. Which methods were used to receive the feedback. The total amount of responses. From whom you received the feedback.

The public consultation was closed on the 6th June 2018. All the feedback was received through the generic email provided [transhealthcare.health@gov.mt](mailto:transhealthcare.health@gov.mt)

### 4. Include (if any) meetings with stakeholders and list who the stakeholders were.

Numerous meetings were held with stakeholders prior to the formal launch of the public consultation- these included the following:

**Fondazzjoni Opportunitajiet Indaq (FOIPN)**

**LGBTIQ+ Gozo**

**Allied Rainbow Community (ARC)**

**Malta Gay Rights Movement (MGRM)**

**Drachma**

## Summary of responses and decisions

The following is a summary of the consultation responses received. We would like to thank all those who took the time to respond to the consultation and participate in stakeholder meetings around the consultation exercise.

### 5. Statistics.

- Total feedback received: 19
- Total feedback received by individuals: 7 (One individual submitted 4 responses whilst another individual submitted 2 responses)
- Total feedback received by organisations: 8
- Total feedback received through email: 19
- Total feedback received by post: 0

### 6. Summary of feedback received.

We have received an array of feedback from various individuals and organisations.

The adoption of a depathologised approach to the development of the service was commended. Some feedback requested that the mandatory requirement for a psychological or psychiatric assessment prior to commencement of hormonal treatment should be removed and that an informed consent model should be adopted. Other feedback conflicted with this viewpoint emphasising the importance of psychosocial assessment in view of the high burden of mental health illness in this group. It was reiterated that psychosocial assessment should be mandatory prior to irreversible surgical intervention. It was proposed that the revised document should include the family and significant others in the psychosocial support offered throughout the transition.

Regarding the composition of the MDT, there were concerns that individuals would not have access to a second opinion should they require it and that they would not be able to continue follow-up with their preferred specialist/GP. The ideal location for the gender clinic was described as one that is central, suitable for its purpose and accessible to all.

Recommendations were made to consider each person's pathway on an individual basis. In cases where persons have already sought assistance for a gender transition and who may be on some form of hormonal treatment or would have already undergone some surgery, it was strongly recommended that they be fast tracked through the system and receive the care that is required with undue delay. Considering each person's needs on an individual basis with individual wishes and expectations including those who have a non-binary gender identity is paramount. Thus, the

setting of fixed time frames for a referral to surgery or for a lived real life experience in the desired gender role was considered to be a barrier to access of the service.

It was recommended from an equality perspective, intersectionality issues should be taken into account where a person may have multiple vulnerabilities besides a trans identity related to age, religious belief and ethnic identity. Culturally competent mediators were recommended where necessary.

Although there was general satisfaction with the range of services offered, there were some demands for inclusion of other services beyond those being proposed. It was recommended that besides offering gender affirmative health care, the MDT should ensure that the service users would have access to suitable screening services e.g cervical cancer screening, prostate cancer screening etc. according to their risk profiles.

Some feedback pointed out that the needs of intersex persons were not being sufficiently catered for with these proposals. They recommended that the distinct needs of this group should be managed by means of a separate interdisciplinary team of professionals.

#### 7. Your assessment and the Government's decision (list the Government's decisions).

The feedback provided was reviewed in light of current available evidence and Government's direction in this regard. All this was discussed with the working committee tasked with the development of the transgender health services.

There is agreement that in those situations where persons have already sought gender affirmative care privately and may already be on hormone treatment or have undergone surgery, these would be fast tracked through the system. They would be able to visit their preferred specialists for repeat prescriptions but they would be required to attend the clinic periodically for review.

It was also agreed that persons may be referred to the clinic by registered social workers or psychologists besides by medical doctors. The initial interview would take place with the nurse coordinator and subsequently the outcomes of his initial meeting would be discussed by the multidisciplinary team in accordance to the person's needs and wishes where an individualised care plan would be formulated.

It was agreed that the timings for a lived experience prior to surgical referral would not be fixed. If one would have been living in the desired gender role for a time period before accessing gender affirmative services, the level of psychosocial adjustment to one's gender role could already be assessed without necessarily enforcing a further period of observation under the care of the MDT. Thus, each person's transition would be considered on a case by case basis according to MDT protocol.

In order to provide all with the opportunity to access a second opinion and also as a means to ensure continuity of the service, it is planned that there will be two specialists from each field represented on the multi-disciplinary team where possible. In situations where cultural mediators will be necessary their expertise will be sought to enable better communication with the client.

## Implementation

### 8. When you intend to implement the decisions

The logistical preparations are underway in order to start receiving the first persons at the clinic by the last quarter of 2018. The transgender multidisciplinary team is continuing to work to finalise the clinical pathways and treatment protocols whilst the training needs of the team are gradually being explored and addressed.

## Contact Details

If you have any questions regarding this response, please contact: [transhealthcare.health@gov.mt](mailto:transhealthcare.health@gov.mt)

## Annex A: List of respondents

Organisation
<ul style="list-style-type: none"><li>• Malta Gay Rights Movement (MGRM)</li><li>• National Commission for the Promotion of Equality (NCPE)</li><li>• Allied Rainbow Communities (ARC)</li><li>• LGBTIQ Consultative Council representing:<ul style="list-style-type: none"><li>Aditus</li><li>Allied Rainbow Communities</li><li>Drachma</li><li>Drachma Parents</li><li>Equality Labour</li><li>Forum Opportunitajiet Indaqs PN</li><li>General Workers Union Equality Unit</li><li>LGBT+ Gozo</li><li>Malta LGBTIQ Rights Movement</li><li>We Are</li><li>Ruth Baldacchino (Independent Expert)</li></ul></li><li>• Commissioner for Mental Health</li><li>• Transgender Europe</li><li>• UN Special Rapporteur on the Right to Privacy</li></ul>
7 private individuals