

From Stan Monstrey, M.D., President

Dear friends and members,

More and more the Internet is becoming an important part of our lives. Often we may ask ourselves, how could we possibly lead the efficient and full life we have right now without the Net?

The Internet also has dramatically changed the way healthcare is provided. Even specialized services are now available online, including services for people with gender identity disorder.

We all know that surfing the Net is one way transsexual individuals get information on gender reassignment services. Certain websites even provide counseling, therapy and medication. Of course, transsexuals who consult a health care professional or an endocrinologist or a surgeon exclusively through the Internet are still a minority. To be honest, as a surgeon, I would never operate on a patient who never had a face-to-face meeting with a healthcare professional. On the other hand, we cannot deny that this way of providing services will become increasingly important in the future.

For these reasons, we thought it was a good idea to provide some extra information on the topic of Internet services. Our purpose is not to provide the viewpoint of the World Professional Association for Transgender Health (WPATH, formerly known as HBGDA), only to discuss some thoughts with our members and hopefully get some feedback from the professionals within our own Association.

In this edition of the WPATH Update, we offer opinions from two of our Board members on this topic. We look forward to hearing your thoughts on this important issue and have set up an online forum where members can do just that, with the entire WPATH membership!

- Go to www.hbigda.org and click on the 'bumblebee' icon to get to the member landing page where you will be prompted for your username and password
- From there just click on the 'Forums' icon, where you will find the forum entitled 'June WPATH Update'
- Post your thoughts about the Update

Questions? Just contact Tara at the HBIGDA office at 612 624-9397 or via email at hbigda@hbigda.org. We always welcome your feedback and suggestions as we strive to continuously improve our services to you!

A Future for Online Gender Identity Care Services?

An Opinion by Stephen Whittle, Degree? President-Elect and Reader in Law at Manchester Metropolitan University

'Online health provision' in the early days of the Internet consisted of simple information pages designed to help patients tell their doctors they were wrong. Thus, many health care providers faced patients who told them how to do their job.

Since those early days, the Internet has become a major avenue for health care information and access to care. Spend 10 minutes on your favourite search engine and you will find hundreds of sites selling drugs without a prescription. One can access counselling, hypnotherapy and even psychotherapy via email, and there are several specialist services offering Gender Identity Disorder counselling and therapy, from the privacy and comfort of one's homecomputer.

Perhaps this new revolution in access to health care information and services is to be welcomed. Whilst multi-nationals overcharge for basic medicines and many 'face to face' providers charge inflated prices, alternative professional expertise and low cost generic medicines can be a lifesaver. In many parts of

the world (from rural Indiana to rural India) the average person may have more access to the Internet than a trained doctor. This online democratisation of health care can only be a good thing.

However, we all know the Internet can be both good and bad. Determining the line between them can be difficult. Medicine has always had its quacks, and I am sure most of us have met some in the gender identity disorder field. One of the problems of working with a client group who self-diagnose is that they will often search out a therapist who never questions the alternatives, or look for a way of getting hormones without giving up smoking, or a surgeon who'll whip out the scalpel without question at the sight of a wad of cash. Trans people can be very vulnerable to those who take their money but do not give a damn as to whether they will live a long and happy life afterwards. The Internet is often the first place these patients will go to find their gender reassignment services.

Checking Out our 'Colleagues'

Would you operate on a patient you had never met, on the word of an overseas doctor you had do not know? In reality, many surgeons are performing gender reassignment on patients they barely know, on the word of 'professionals' they have never met.

The core questions any surgeon should be asking are:

- What do I know about the patient, and how do I know it is true?
- Who are the recommending professionals, and how do I check their credentials?

These are increasingly pressing questions. Litigation is occurring, as some people claim they should not have had surgery – and that their physicians should never have signed off on such treatment. As global communication systems expand, and self-medication is increasingly possible, how are we going

to be able to judge the person before us, never mind the qualifications, expertise and methods of other services providers?

In terms of WPATH and our mission:

- Who should we accept as members of WPATH?
- What qualifications should they have?
- Should WPATH verify that they have those qualifications?
- Should WPATH members be obliged to affirm that they will adhere and follow the *Standards of Care*?
- Can WPATH enforce the *Standards of Care*?
- When should WPATH exclude a person from membership?
- What, if anything, should WPATH do about those websites where there is simply a photograph of a provider who claims to have qualifications we have never heard of, a page for taking credit card payments, and an 'endorsement' as a member of WPATH?

These are increasingly important questions to ask ourselves when the Internet makes it increasingly likely that a consumer can access services from a provider they may never meet in person.

Sex Changing in Cyberspace

The Internet is here to stay, along with gender identity disorder online services, WPATH is not in a position to ignore it. There are now several providers offering online gender identity disorder services. These can range from simple counselling to assessment and surgery letters. A wide range of tools are used to connect with consumers: chat rooms, online group meetings, even the latest in psychometric testing. WPATH needs to consult, and to prepare policy to work

with these new systems. These providers are increasingly seeking our blessing -- it is less a question of whether we are in a position to give it, and more one of how we go about ensuring that we are knowledgeable enough to do so.

WPATH needs to be a 'give' and 'take' association, offering membership to those whose standards are acceptable, and removing it from those who are not. But just like finding out what is right and wrong on the Internet, I believe WPATH must have a system to determine which of these services are good enough, and which are not.

To start with, we need to find out what is already known. Do we have empirical evidence that suggests that purely online services (where the client does not have face-to-face meetings with the mental health professional) is able to determine the following:

1. Within an acceptable failure rate, whether someone is transsexual or not?
2. Whether a person would benefit from hormones or surgery?
3. Whether a person needs a face-to-face psychiatric or psychological assessment?
4. Whether a person is suitable for gender reassignment surgeries?

We would very much like you to send us your views on these issues, and in particular, any details of research in the area of online health care, profiling, screening and psychotherapy.

The Ethics of Online Services

An Opinion by George R. Brown, MD, Board Member and Professor of Psychiatry and Associate Chairman of Psychiatry East Tennessee State University

I was asked by our President, Stan Monstrey, to provide a written opinion on the use of web-based services for the provision of gender identity disorder

healthcare. I have expressed concerns as a Board member regarding the use of internet service delivery by our membership when it is utilized as the exclusive means of contact with consumers seeking care. In this context, consumers usually are seeking care in the form of referral letters for hormones and sex reassignment surgery. When the web is used as the sole form of contact with consumers seeking care, I have the following concerns:

1. Using the web as the sole method of making a diagnosis violates ethical codes for mental health professionals. It is commonly understood that mental health professionals cannot properly diagnose a patient/client without personally evaluating the patient as part of this process. Telepsychiatry contact is permissible for ongoing care, although there remain some legal and reimbursement issues in the U.S. related to this emerging technology.
2. The main reason for the creation of HBIGDA in the 1970's (and one of the main missions of WPATH today) was to protect patients from exploitation by unqualified or unscrupulous health care providers. This remains the primary purpose underpinning our *Standards of Care* guidelines. Providers who have no face-to-face contact with a patient are not following the *Standards of Care* guidelines for mental health evaluations.
3. Well-informed persons without gender identity disorder could readily pose as candidates for somatic treatments and get referral letters from providers who have never seen them or established a legitimate provider-patient relationship. This arrangement establishes a de facto hormones-and--surgery-on-demand scenario which can harm persons who may be medically or psychiatrically inappropriate for such treatments. I have no doubt that I could obtain referral letters for these somatic treatments if I have a valid credit card in spite of the fact that I am not now, nor have I ever been, transgendered or suffering from gender identity disorder.

4. Lack of accountability of professionals who engage in this type of service delivery, especially across national boundaries. If a patient is harmed as a result of this process, s/he has no legal remedies available to address this problem.

The internet is a tremendous source of information (and misinformation) for persons with transgender issues. Many of my patients have benefited from access to web-based resources for peer support, access to our *Standards of Care* and other WPATH information and news, and access to transgender information and sources of care internationally. I fully support and encourage such legitimate uses.

I don't propose to have the solution for the major problem of fragmented gender identity disorder healthcare internationally. As an American, I see the results of such fragmentation and limits to access on a daily basis. I have been an outspoken advocate for access to care for disenfranchised persons with gender identity disorder, including in those in prison settings. I have also been an opponent of the emerging use of telepsychiatry for initial mental health evaluations in the U.S. since this video technology was introduced, for many of the reasons I have stated above. I believe there is a place for telepsychiatry in rural settings for follow-up appointments, and potentially, for web-based components of a comprehensive evaluation and treatment plan. However, relying solely on web-based "contacts" with consumers as the exclusive basis for evaluation or referral is risky at best for both providers and consumers and does not meet the minimum *Standards of Care* guidelines promulgated by this organization. I believe this to be the case whether or not fees are charged for such web-based diagnostic services. I strongly urge the initiation of a dialogue on this issue of whether WPATH as an organization can support this type of "sight unseen" gender identity disorder care by its members.

