

# How Our Healthcare System Has Failed Trans Canadians

Hadi Tehfe<sup>1</sup>

<sup>1</sup>University of Ottawa, Ottawa, Ontario, Canada

**Date Published:** May 11, 2023

**DOI:** <https://doi.org/10.18192/UOJM.V13iS1.6576>

**Keywords:** *Trans, healthcare, Canada*

Census studies have revealed that approximately 75,000 people in Canada (0.25 - 0.5% of the population) self-identify as transgender or conforming to a non-binary.<sup>1</sup> Unfortunately, this statistical portrait further revealed that Canadian trans individuals were 3x more likely to face discrimination and report their mental health as poor or fair as compared to their cisgender counterparts.<sup>1</sup> These statistics emphasise the adversity that trans Canadians experience on a daily basis, begging the question: how have we failed to address their unique healthcare concerns and what should Canada's call to action be? Historically, transgender individuals are no stranger to socioeconomic disadvantages, stigma and discrimination, predisposing them to higher rates of disease burden and poorer health outcomes.<sup>2</sup> However, the institution of healthcare research is turning a blind eye to these disparities, with general health continuing to be one of the most understudied areas in transgender research.<sup>3</sup> Thus, the onus is on both the current and future generation of healthcare workers to address this unacceptable gap in literature. In this commentary, I will highlight the current landscape of healthcare disparities experienced by trans

Canadians, along with potential solutions to bolstering care for this population.

Gender dysphoria is defined as a "marked incongruence between (one's) experienced or expressed gender and the one they were assigned at birth".<sup>4</sup> For some trans individuals, it can take charge of their lives, leading to a significant mental health burden, from poor self-esteem, to a negative sense of well-being, to symptoms of anxiety and depression.<sup>4</sup> To overcome this incongruence, trans individuals have looked towards gender-affirming therapies and procedures.<sup>5</sup> For instance, rates of suicidality amongst trans individuals markedly decreased once their personal journey with gender transition was complete.<sup>5</sup> Evidently, gender-affirming therapies are an integral component of trans healthcare and should undoubtedly be considered medically necessary. However, funding and financial considerations continue to serve as the most significant barrier to care for most patients.<sup>6</sup> As of April 19, 2022, it is pitiful that not one Canadian province provides full coverage for the complete range of gender-affirming procedures.<sup>6</sup> In the context of top surgery, although mastectomies are

covered by most provincial health plans, trans patients are often hit by unexpected “breast contouring” fees for up to \$3000.<sup>6,7</sup> Furthermore, most provincial health plans do not even scratch the surface of gender-affirming therapies, where procedures including vocal cord tightening, tracheal shaving and facial feminization are not covered.<sup>6</sup> It is abundantly clear that federal and provincial governments must implement more comprehensive coverage for trans healthcare in Canada. Specifically, Canadian policymakers can look no further than Yukon as an example of how to effectively implement trans healthcare coverage.<sup>8</sup> Yukon’s healthcare insurance plan — unveiled March 2021 — will expand coverage to include a variety of gender-affirming procedures, such as facial feminization.<sup>8</sup> Apart from funding, there is also an ostensibly clear lack of literature on gender-affirming procedures.<sup>9</sup> Various systematic reviews from 2015 to 2019 have concluded that it was impossible to determine the “best available” techniques for gender-affirming procedures (e.g., vaginoplasty, phalloplasty) due to a lack of heterogeneity and high-quality evidence.<sup>9</sup> Thus, to improve healthcare outcomes for trans individuals, it is our social imperative to address this alarming gap in literature.

In Canada, primary care provided by family practitioners serves as the first point of contact for receiving healthcare, with gender-affirming therapies being no exception.<sup>10</sup> However, trans individuals have been outspoken in their grievances with accessing primary care in Canada.<sup>11</sup> As compared to 9.1% of Ontarians overall, 17.2% of trans Ontarians reported not having a family physician in the Trans Pulse Ontario study.<sup>11</sup> Furthermore, among the trans individuals who do have access to a family physician, approximately 40% were hesitant to discuss their trans-specific healthcare needs.<sup>11</sup> Trans individuals have identified a lack of adequate gender-informed care as a cause of this hesitancy.<sup>12</sup> For example, approximately 38% of both transmasculine and transfeminine individuals in Ontario reported facing one or more negative experiences in a family medicine setting.<sup>12</sup> Specifically, these negative experiences were rooted and often stemmed from a lack of physician knowledge on trans issues and healthcare.<sup>12</sup> It is disheartening and unacceptable to hear that the lived experiences of trans patients in Ontario includes a lack of accessible providers trained in gender-informed care.<sup>13</sup> Thus, the institution of medicine must look towards implementing mandatory training on gender-informed care for healthcare providers both during and after their

undergraduate and postgraduate education. This call-to-action is pivotal as when trans individuals feel comfortable with their family physicians, they are more likely to report improved general and mental health.<sup>14</sup>

After having discussed the clear disparities that trans individuals experience in Canada, it is abundantly clear that there is an acute and pressing need to support the health and livelihoods of this population. However, in order to progress towards improved gender-informed care and coverage for gender-affirming therapies, governmental bodies, as well as medical professionals, must look towards amplifying the voices and research of trans Canadians. Hopefully, as medical students, we are also given chances to engage with trans populations, bolstering our ability to provide gender-informed care and allowing us to act as much needed catalysts within the healthcare system.

## REFERENCES

1. Government of Canada SC. The Daily — A statistical portrait of Canada’s diverse LGBTQ2+ communities [Internet]. 2021 [cited 2022 Apr 21]. Available from: <https://www150.statcan.gc.ca/n1/daily-quotidien/210615/dq210615a-eng.htm>
2. Abramovich A, de Oliveira C, Kiran T, Iwajomo T, Ross LE, Kurdyak P. Assessment of Health Conditions and Health Service Use Among Transgender Patients in Canada. *JAMA Netw Open*. 2020 Aug 28;3(8):e2015036.
3. Reisner SL, Poteat T, Keatley J, Cabral M, Mothopeng T, Dunham E, et al. Global Health Burden and Needs of Transgender Populations: A Review. *Lancet*. 2016 Jul 23;388(10042):412–36.
4. Garg G, Elshimy G, Marwaha R. Gender Dysphoria. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 [cited 2022 Apr 21]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK532313/>
5. Brooker AS, Loshak H. Gender Affirming Therapy for Gender Dysphoria: A Rapid Qualitative Review [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2020 [cited 2022 Apr 21]. (CADTH Rapid Response Reports). Available from: <http://www.ncbi.nlm.nih.gov/books/NBK564233/>
6. El-Hadi H, Stone J, Temple-Oberle C, Harrop AR. Gender-Affirming Surgery for Transgender Individuals: Perceived Satisfaction and Barriers to Care. *Plast Surg (Oakv)*. 2018 Nov;26(4):263–8.
7. Everything you need to know about getting top surgery in Canada | Xtra Magazine [Internet]. [cited 2022 Apr 21]. Available from: <https://xtramagazine.com/health/top-surgery-canada-how-to-210478>
8. Taylor B. Trans health care in Canada needs major improvements, advocates say [Internet]. CTVNews. 2021 [cited 2022 Apr 21]. Available from: <https://www.ctvnews.ca/health/trans-health-care-in-canada-needs-major-improvements-advocates-say-1.5439295>
9. MacKinnon KR, Grober E, Krakowsky Y. Lost in transition: Addressing the absence of quality surgical outcomes data in gender-affirming surgeries. *Can Urol Assoc J*. 2020 Jun;14(6):157–8.
10. Rotondi NK, Bauer GR, Scanlon K, Kaay M, Travers R, Travers A. Nonprescribed Hormone Use and Self-Performed Surgeries: “Do-It-Yourself” Transitions in Transgender

- Communities in Ontario, Canada. *Am J Public Health*. 2013 Oct;103(10):1830–6.
11. Scheim AI, Coleman T, Lachowsky N, Bauer GR. Health care access among transgender and nonbinary people in Canada, 2019: a cross-sectional survey. *CMAJ Open*. 2021 Dec 21;9(4):E1213–22.
  12. Bauer GR, Zong X, Scheim AI, Hammond R, Thind A. Factors Impacting Transgender Patients' Discomfort with Their Family Physicians: A Respondent-Driven Sampling Survey. *PLoS One*. 2015 Dec 17;10(12):e0145046.
  13. Gridley SJ, Crouch JM, Evans Y, Eng W, Antoon E, Lyapustina M, et al. Youth and Caregiver Perspectives on Barriers to Gender-Affirming Health Care for Transgender Youth. *J Adolesc Health*. 2016 Sep;59(3):254–61.
  14. Clark BA, Veale JF, Greyson D, Saewyc E. Primary care access and foregone care: a survey of transgender adolescents and young adults. *Fam Pract*. 2017 Nov 21;35(3):302–6.