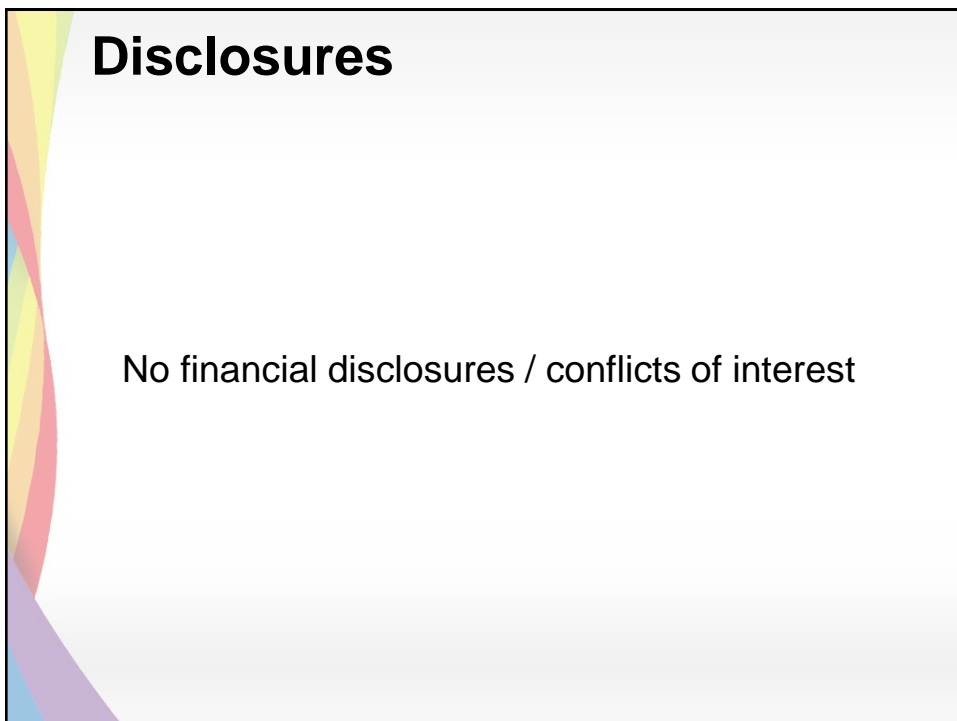


# Letter Writing for Gender Affirming Care

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1



## Disclosures

No financial disclosures / conflicts of interest

2

## Objectives

1. Discuss the purpose of a letter for gender affirming care in the current healthcare climate
2. Identify the components of a letter for gender affirming care
3. Discuss best practices in letter writing to maintain individual's autonomy and support their health

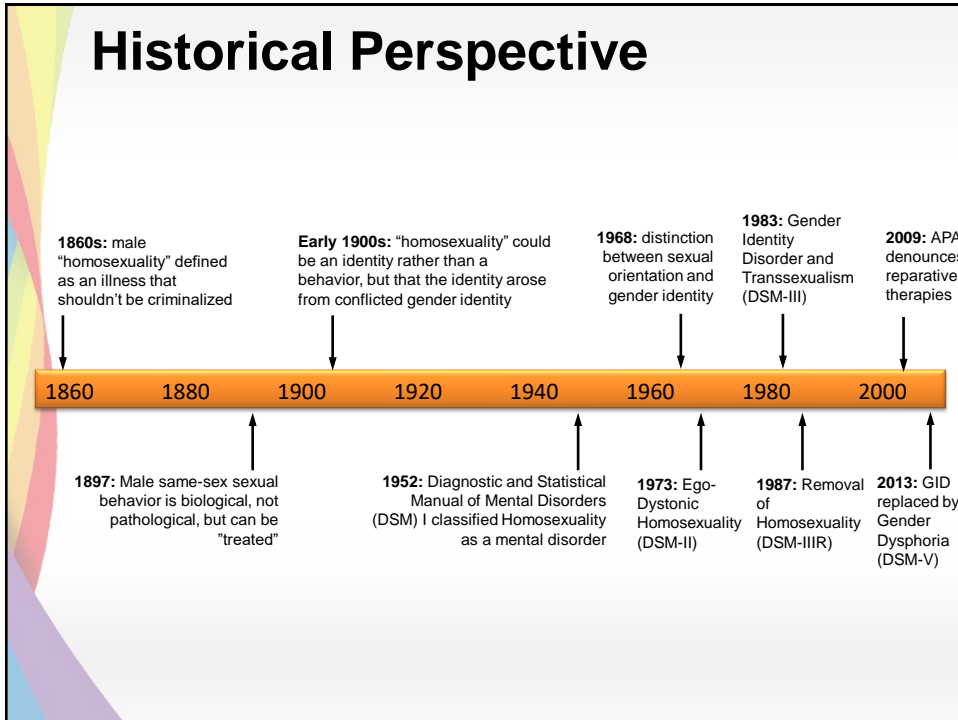
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## Gatekeeping

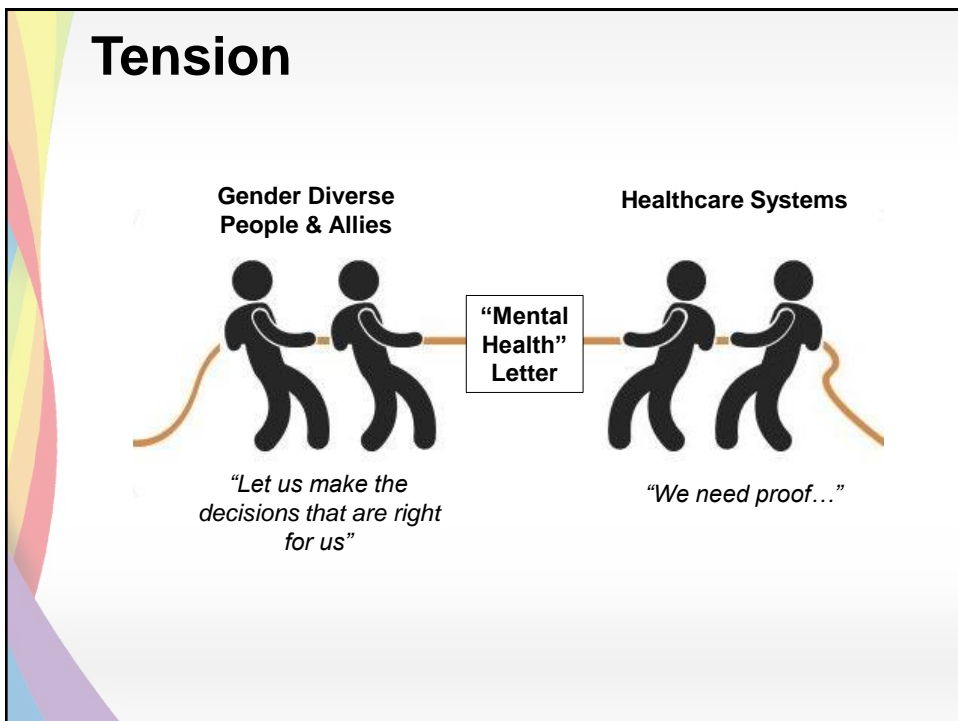


**Gatekeeping:** practices that control access to resources to gender affirming resources or require people to prove they are “trans enough” to access resources

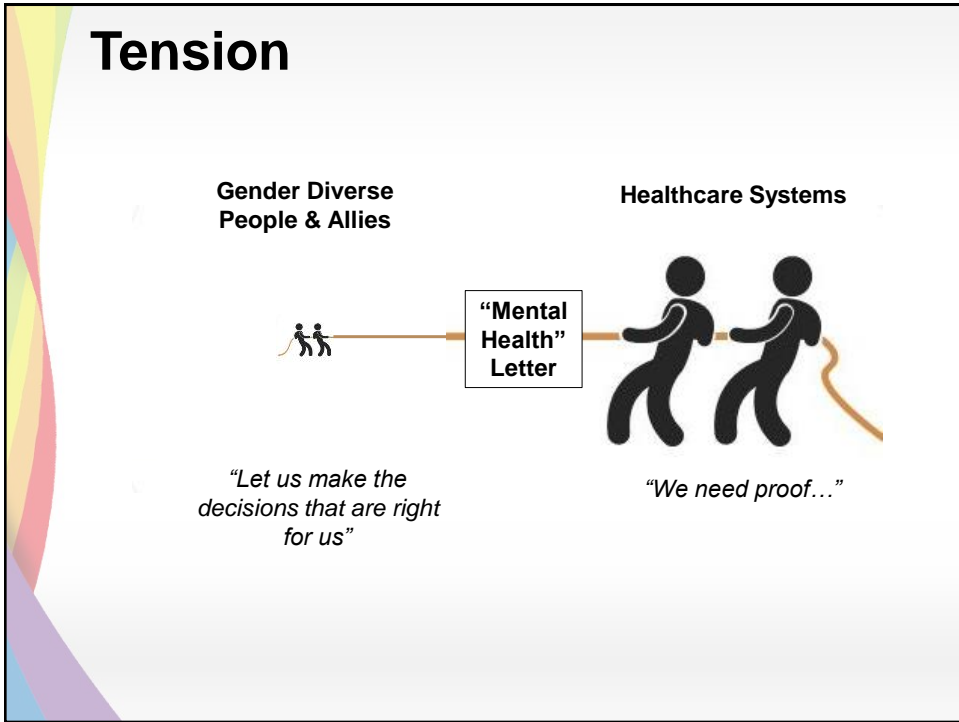
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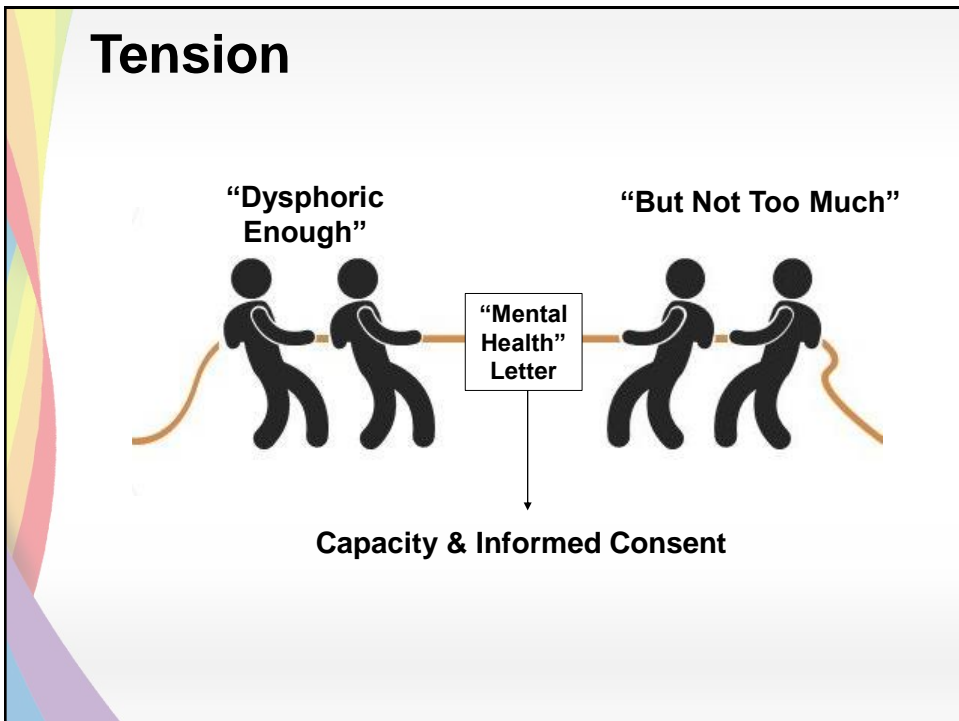
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7



8

## Perspective

- Medication and surgery can be life-saving and life-changing
- What defines “distress” about one’s gender is different for each person, and may not be present
- Gender affirmation may take priority over other health needs – it is normal for people to prioritize their health needs
- The letter is often the “last hurdle”, which can be emotionally difficult in the face of a large power differential

9

## Purpose of Letter(s)

- 1 Provide support to healthcare providers and surgeons in understanding each patient
- 2 Provide insurance company with documentation that gender affirmation is the right course of “treatment”
- 3 Provide support for patients in recognizing their decision-making abilities

10

## Background Information

Understanding the following are helpful for writing a successful letter:

1. Gender Incongruence vs Dysphoria
2. WPATH Standards of Care
3. Insurance Company Guidelines

11

## Incongruence vs Dysphoria

Gender Incongruence (ICD-11): a marked and persistent incongruence between an individual's experienced gender and the assigned sex

Gender Dysphoria (DSM-5): clinically significant distress or impairment in functioning, or with a significantly increased risk of suffering, associated with gender incongruence (of at least 6 months duration)



12

## WPATH Standards of Care

### Standards of Care for the Health of Transsexual, Transgender, and Gender- Nonconforming People

The World Professional Association for Transgender Health

\*There is a high bar for SOC8 to improve guidelines and reduce barriers to care for gender diverse people

13

## WPATH Standards of Care

### **Gender Affirming Hormones**

- requires documentation in the chart and/or referral letter
- may not be necessary

### **Gender Affirming Surgeries**

- *Chest surgeries*: one letter from a qualified mental health professional
- *Genital surgeries*: two letters (or one letter signed by two qualified mental health professionals)

14

## Contents of Letters

1. General identifying characteristics
2. Psychosocial assessment, including any diagnoses
3. Duration of the referring health professional's relationship with the client
4. Criteria for either hormone therapy or surgery have been met, and a brief description of the clinical rationale for supporting the client's request
5. Informed consent has been obtained from the patient
6. A statement that the referring health professional is available for coordination of care

15

## Identifying Characteristics

1. Chosen name and pronouns
2. Gender identity
3. Date of birth
4. Acknowledge dead/legal name based on name in EMR and insurance documents
5. Guide the reader as to the language you will use (e.g., if patient uses they/them pronouns)

16



# Psychosocial Assessment

## 1. Gender history

- Personal timeline of gender development
- History of dysphoria, if present
- Functional impact of gender incongruence
- Methods to alleviate incongruence

## 2. Mental health history

- Prior diagnoses and treatment
- Current symptoms including SI/HI, decision impairment
- Coping history

## 3. Expectations and supports

- Surgical planning and recovery
- Work or FMLA
- Managing complications

17

# Informed Consent

1. Clear and consistent choice
2. Understanding of risks and benefits
3. Ability to articulate rationale for decision
4. Articulation of alternatives and their risks/benefits

*Must be obtained free of coercion and given voluntarily*

18

## Paragraph 1: Introduction

**Paragraph 1:** Introduce person, gender, and affirmative treatment history

(Name) has been a client of (practice) from (date) to (date). (Name) has a longstanding and well documented Gender Dysphoria. (Name) notes they first knew their assigned sex differed from their gender identity at (Age). They have been living consistently as a (Gender) and on hormones since (date). They have had (list previous surgeries here or delete this line). To further their transition, they have changed their name and gender on the appropriate documents (if not, delete this line).

19

## Paragraph 2: Criteria

**Paragraph 2:** Describe dysphoria, need for treatment, and surgical supports

I met with (Name) for an independent mental health evaluation on (date). It is my clinical opinion that they fit the criteria for Gender Dysphoria of Adulthood (ICD-9 302.85). Although hormone therapy has helped (name) feel more aligned in their identity, their symptoms of Gender Dysphoria have persisted. They report symptoms of anxiety, which are exacerbated by the Dysphoria. They relate much of the Gender Dysphoria to their genitalia. They have expressed a persistent desire for a (name of surgery) since (date/establishing care with us). Their friends and family are supportive of their decision to move forward with their transition. They are stably housed in (city) and have a plan for post-operative recovery. I believe (name) would benefit greatly both medically and psychologically from a (name of surgery).

20

## Paragraph 3: Decision-Making

**Paragraph 3:** Decision-making is clear and not impaired

Additionally, (Name) is psychologically stable for surgery. There is no evidence of any symptoms of psychosis or disturbances in personality. They do not smoke cigarettes or drink alcohol, and they have no history of drug abuse.

21

## Paragraph 4: Preparedness

**Paragraph 4:** Preparedness

They have met the WPATH SOCv7 criteria for surgery. I have discussed risks, benefits, limitations and alternatives of surgery – including the implications for sexual and reproductive health, and I feel they have an excellent understanding, given their persistent desire for a (name of surgery); I have assessed their readiness for surgery and have decided to fully support their decision to move forward. I hereby recommend and refer (Name) for this surgery. Please feel free to contact me with any questions or concerns at (phone #).

22

# Maintaining Rapport

## Affirmative Treatment Approach

Approach to care that embraces a positive view of T/NB+ identities and relationships and addresses the negative influences of hetero/cis-sexism

Avoids discrimination by embracing and individuals identity, attraction and behavior

Avoids harm by validating feelings and emphasizing individual value

Acknowledges lack of data while treating the patient in an ethically appropriate manner

23

# Collaboration

1. Write meeting agenda together
2. Show example letters
3. Offer to write letter together
4. Provide clear timeframe for completion of letter

24



25