

**Endocrine Therapy for  
Transgender Adults in British  
Columbia:  
Suggested Guidelines**  
*Physical Aspects of Transgender Endocrine  
Therapy*

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***Assessment of Hormone Eligibility and  
Readiness***

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**Observação:**

**Dr. Walter Bockting é o presidente eleito de  
HBIGDA/WPATH para o bienio 2010/2012**

## Appendix B: Summary of Harry Benjamin International Gender Dysphoria Association's *Standards of Care*

The Harry Benjamin International Gender Dysphoria Association (HBIGDA)'s *Standards of Care* are an evolving set of guidelines representing an international consensus on best practices relating to eligibility, readiness, and appropriateness of hormones and surgery for people seeking gender transition.

- **Appropriateness** is the determination that hormones and/or surgery are an appropriate treatment for a patient with gender concerns.

- **Eligibility** refers to the minimum criteria that anyone seeking to transition must meet.

- **Readiness** relates to a person being mentally ready for a particular type of treatment.

[Note: The HBIGDA standards explicitly state that mental illness does not necessarily mean a patient is not ready for hormones or surgery. Readiness does not mean an absence of any mental health concerns, but rather a confidence that there is sufficient stability to both make an informed decision and also withstand the stresses of hormones/surgery.]

This handout summarizes standards relating to hormone care. The complete HBIGDA *Standards of Care* are available from HBIGDA (<http://www.hbigda.org>).

### Summary of Minimum Requirements

| Eligibility criteria   | Readiness criteria                         |
|--|--|
| 1) At least 18 years of age  | 1) Consolidation of gender identity        |
| 2) Informed of anticipated effects and risks   | 2) Improved or continuing mental stability |
| 3) Recommended completion of 3 months "real-life experience" or have been in psychotherapy for duration specified by a mental health professional (usually minimum of 3 months): may be waived to prevent unsupervised hormone use |  |

### Resumo em português:

A avaliação pode ser feita em 3 meses – como fazemos na Gendercare – mesmo que usemos de métodos que o Dr.Walter AINDA não use.

Cono Dr.Walter descreve aqui, desde 2006 A HBIGDA/WPATH de maneira alguma espera uma avaliação com exposição social (RLE) de 2 anos – isso foi nos tempos de Dr.Benjamin.

## Psychological/Sexological Assessment Prior to Prescribing Hormones

Prior to prescribing hormones, the HBIGDA standards suggest assessment by a clinician who has:

- at least a master's degree in a clinical behavioural science that has a credentialing process (e.g., psychology, psychiatry, sexology, social work, counselling, nursing)
- specialized training and competence in the assessment of sexual and gender disorders as outlined in the *DSM-IV/ICD-10 = CID-10 para nós*.
- documented supervised training and competence in psychotherapy
- ongoing education in transgender care: workshops, seminars, research, etc.

In some cases the prescribing clinician may have the required training and expertise in transgender medicine to be an assessor. If so, they should document each of the points below. If not, referral to a mental health professional may be necessary; in these cases the HBIGDA standards state that the assessor should write a letter to the prescribing clinician that includes:

- the patient's general identifying characteristics
- diagnoses relating to gender, sexuality, or any other concerns

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duration of professional relationship, including type of evaluation/therapy

- eligibility criteria that the patient has met
- the rationale for hormones (why it is appropriate treatment)
- the degree to which the patient and service provider have followed the HBIGDA *Standards of Care*, and the likelihood that this will continue
- an explanation of the assessor's relationship to others involved in the patient's care
- a statement that the assessor welcomes contact to verify any of the information in the letter

Esses dados todos vão nos laudos que emitimos, e encaminhamos assinados pelo correio.

## **Responsibilities of the Prescribing Clinician (clínico ou endocrinologista)**

The HBGDA standards state that the clinician who prescribes the hormones should coordinate all aspects of hormone care, including:

- doing an initial evaluation (health history, physical examination, bloodwork, etc.)
- determining that a patient has the capacity to appreciate the risks and benefits of treatment and to make an informed decision about medical care
- explaining what hormones do and possible side effects/health risks
- informing the patient of the HBGDA *Standards of Care* and eligibility/readiness requirements
- referring to any specialists who need to be involved
- providing ongoing medical monitoring (regular physical exams relating to hormone effects and side effects, measurement of vital signs before and during hormones, weight measurement, laboratory assessment, etc.)

**Exatamente como fazemos em nosso aconselhamento e encaminhamento para clínicos locais.**

## Hormone Eligibility

The HBIQDA minimum eligibility requirements for cross-gender hormones are:

- 1) The patient is legally able to give informed consent (considered an adult for the purposes of medical decision making and mentally competent to make decisions regarding medical care)
- 2) The patient can demonstrate knowledge of what hormones medically can and cannot do and their social benefits and risks

Additionally, it is recommended that patients have undertaken a documented "real-life experience" (RLE) for at least three months, or have been in psychotherapy for a duration specified by a mental health professional after an evaluation (usually at least three months). To avoid the serious health risks of medically unassisted hormone use, it is acceptable within the HBIQDA standards to prescribe hormones without requiring the patient document their RLE or see a counsellor, "as an alternative to black-market or unsupervised hormone use". In these situations, a patient would still need to fulfill the other two eligibility criteria and the prescribing clinician would still have to do a psychological and medical assessment to determine that it is safe to prescribe hormones (as with any other type of prescription).

## Hormone Readiness

In addition to the eligibility requirements, the HBGDA standards include recommendations regarding the assessment of individual readiness for hormones:

- 1) There is consolidation of gender identity during the real-life experience or psychotherapy;
- 2) The patient has made some progress in mastering other identified problems, leading to improving or continuing stable mental health;
- 3) The patient is likely to take hormones in a responsible manner.

