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Needs in Health Care for Transsexuals: does the Current Curriculum in a Public Medical School Address these Issues?

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Abstract: *Recent curricular reforms in medical schools aim, among other things, to establish society's demand as a reference for graduation. An important demand that has emerged in recent years is the population of transsexuals, transgender and cross-dressers, who have insufficient and precarious access to health care due to discrimination and prejudice. This study sought to understand whether the needs of the population of transsexuals, transgender and cross-dressers, in relation to the medical care they receive, are different from those presented by other populations. Subsequently, the 2014 and 2016 curricular matrices of a public medical school in the contryside of São Paulo state were analyzed to see if such issues are covered during graduation. To verify whether there are different care needs, qualitative research wascarried out with focus groups with transsexual, transgender and cross-dresser patients from the Serviço de Atendimento Especializado of STD/AIDS of São José do Rio Preto and with individuals not belonging to this neglected population at the Complexo Hospital de Base of São José do Rio Preto. From the triggering question "what would an ideal care be like for you?", it was found that an ideal care model for the population focused on in this study is mainly based on the use of the social name, on the understanding that the disease goes beyond the transsexualizing process and respecting the treatment of gender. From this, the structures of the curricular matrices of the public medical school were analyzed, being recognized that the subject is approached occasionally during graduation. Based on these results, it is expected to foster the discussion about social diversity and the need to spread issues related to the right to access health care during medical training at the teaching center.*

Keywords: *Medical Education, Humanization of Assistance, Comprehensive Health Care, Minority Health, Transgender Persons.*

1. INTRODUCTION

Health education changes according to the social-political moment in which it is inserted. In recent decades, the role of colleges and universities began to be reviewed, taking into account the demands of contemporaneity. In addition to changing values and a greater understanding of the health-disease process, movements that aimed at health training in both technical-scientific and ethical and political ways, have introduced in teaching centers the responsibility to consider the community as a reference for review and production. of knowledge [1]. In 2001, the National Curriculum Guidelines (NCG) of most undergraduate courses in the health area emerged as a guiding source for the courses to recommend the training of professionals who meet the demands of society from a curriculum that values humanizing aspects in training, with an emphasis on integrality. That is, in the view of the patient as a historical, social being, who has relationships with the environment and with the society in which they are inserted [2].

One of the sectors of society that have difficulties with the way in which medical care is provided is the transsexuals, transgender and cross-dressers population. In a society based on male-female binarism and shaped by heteronormative patterns, the population, which goes beyond the concept of gender identity and sexual orientation, ends up being extremely marginalized. The tough access to

education, health and safety is a reflection of a life surrounded by prejudice and discrimination. Identified by the International Classification of Diseases as having gender identity disorder (CID-10 F64), they are often not accepted as worthy of their family or social environment and survive in a precarious way. Often unable to access basic education, higher education, and, consequently, stable employment, they support themselves through clandestine activities, such as prostitution. Still, even those who are accepted in the family environment, encounter resistance from society regarding the use of the social name, equal treatment, or respect for their individuality. Furthermore, in the health area, there is also stigmatization in relation to the transsexualizing process and the social being itself.

In the context of the health-disease process, the search for the idealized body combined with discrimination is one of the main reasons for self-medication and the use of hormones, in addition to industrial silicone injection or the harmful use of objects that masculinize/feminize the body. In addition, social and self-acceptance obstacles regarding the body itself make it difficult to monitor or screen for possible specific pathologies related to biological sex, such as prostate cancer in transsexual women and cervical cancer in transsexual men [3].

Faced with such restrictions, at the governmental level, mechanisms are drawn up that allow and facilitate access to health in a dignified and respectful way for this population. Ordinance No. 1820, of August 13, 2009, consolidates the social name of transsexuals in the SUS card and in medical records. Besides, the approval by the National Health Council of the national policy on comprehensive health for lesbians, gays, bisexuals, transgenders and transsexuals "includes actions aimed at the promotion, prevention, recovery and rehabilitation of health, in addition to encouraging the production of knowledge and the strengthening of the representation of segmentation in instances of popular participation" [3]. However, attempts to prioritize the social-historical being (and not just the biological aspects of their illnesses or only the transsexualization process) come up against the lack of access to information and unpreparedness of health professionals, which distances the user from the service [4].

The Faculdade de Medicina of São José do Rio Preto (FAMERP), a public medical school in the conutryside of São Paulo state, in its current 2014 and 2016 curricula, aims to meet the 2014 NCGs and train professionals capable of meeting social demands.

2. Purpose of the Present Study

This work questions if curricular changes in recent years include the approach to neglected populations in the current curriculum. Consequntly, the study aimed to understand the needs of the transsexual, transgender and cross-dresser population and to verify if they are distinct from non-transsexual, transgender and cross-dresser populations, as well as to analyze the curricular matrix of the institution in question to determine at what stage of graduation these aspects are discussed and presented to the student.

3. Methodology

Cross-sectional, qualitative research, with document analysis, and this research was approved by the Ethics and Research Committee (ERC) of the Faculdade de Medicina of São José do Rio Preto - FAMERP under opinion conubstanced of ERC no. 2059903.

4. Sample

The sample frame of the research was composed by a total of 28, in the following places: (a) with transsexual, transgender and cross-dresser people in a room at SAE AMBULATÓRIO MUNICIPAL DST AIDS SÃO JOSÉ DO RIO PRETO, where they are patients and where it is performed reception, screening and monitoring of communicable diseases and is a reference in São José do Rio Preto in the care and monitoring of the transsexual and cross-dresser population, with a total of 14 participants; (b) in the homes of some cross-dresser assisted by the SAE Ambulatório Municipal, totaling 8 participants; (c) at the FUNFARME Complex with individuals who are not transsexual, transgender or cross-dresser, heard in a reserved room, with a total of 6 participants.All data, in the three cases, were collected upon agreement and signing of the Informed Consent Form (FICF).

5. VARIABLES

The information collected refers to the opinion of transsexual, transgender and cross-dresser patients and people not belonging to this group about their health care demands. In this way, mainly allowing the target population to express their opinion and experience reports, the study was able to provide protagonism to a socially marginalized group.

6. DESIGN

6.1. Focus Groups

After approval by the Ethics and Research Committee of the Faculdade de Medicina of São José do Rio Preto (ERC/FAMERP), the participants who volunteered were informed about the objectives of the research and those who agreed signed the Informed and Clarified Consent Form (TCLE). After this process, three focus groups were organized: (a) one including 8 men and 6 transsexual and transgender women, lasting one hour and twenty-two minutes; (b) another of 7 cross-dresser women and 1 transgender woman lasting 1 hour and 15 minutes; and (c) a last of 4 men and 2 cisgender women who are not linked to this minority, lasting 49 minutes. In these groups, participation occurred at random and the statements about how a health care system that includes them should be like were collected through the notes of an observer (this being one of the researchers, the same in the three groups) and by audio recording with the consent of those involved. To ensure anonymity, the unidentified recordings were kept in a separate location from the TCLE. Participants in (a) gathered for the focus group at the SAE Ambulatory. In (b), most cross-dressers, local residents, did not feel comfortable at first to express their considerations about the ideal health care and preferred only to listen to the first participants. However, some decided to sign the consent form during the course of the interview so that they could participate in the focus group. This fact demonstrates both the fear and the need for the focus population to play a leading role and to be able to express their opinions and reports. In (c), there was a self-declared homosexual cisgender man. Despite the fact that sexual orientation escapes the heteronormative pattern, it should be considered that the individual is not part of the transsexual, transgender or cross-dresser target population and for the research, similarities and differences were considered in the assistance to cisgender homosexuals and to transgender/cross-dresser. The three interviews were conducted by the same researcher in the study, who, although participating as little as possible, kept the discussion within the proposed theme. For this, it focused on a flowchart that began with the question 'what would be an ideal medical care for you?'. From this point, the interview addressed which experiences of medical appointments could be considered good and bad, what improvements have taken place in care in recent years, what reports could be given about gynecological and urological care, and what are the challenges to make the care truly ideal. In the three groups, the researcher's greatest intervention was made by giving his own report on a gynecological consultation, aiming to bring the interviewer closer to the interviewees and make the meeting more comfortable. After the conclusion of the focus groups, the transcription of digital audios was made and the data were organized based on qualitative content analysis in categorical themes, based on Minayo and Bardin [5]. Therefore, the results were established and exposed, that is, the main differences and demands in medical care, between the target population and the population not belonging to this minority.

6.2. Curriculum Matrix Analysis

After completing the analysis of the focus groups described above, the researchers, having access to the curricular matrices of 2014 (effective for the fifth and sixth year) and 2016 (effective for the first to fourth year), were able to investigate whether the specific requirements of the target population of the work are included in FAMERP's curricula. For this purpose, the syllabuses of the subjects taught in the medical course were analyzed.

7. RESULTS

7.1. Differences in the Need for Health Care for the Transsexual, Cross-Dresser and Transgender Population

Two tables resulted from the categorization process: one referring to the transsexual and cross-dresser population group and the other to the group used as control. By way of comparison, we used the same

categories and subcategories in the focus group analysis. Consequently, three categories emerged, six subcategories and 29 units of analysis for the group of transsexual patients, and 14 units of analysis for the control group, as shown in Tables 1 and 2.

Table1. *Categories and subcategories obtained from the perception of transgender patients about the quality of medical care in health centers*

Category	Subcategories	AnalysisUnity (n)
InternalEnvironment	DistancingExperiences	14
	AggregatingExperiences	6
ExternalEnvironment	DistancingDifficulties	2
	AggregatingStrategies	2
Challenges	Potentialities	2
	Weaknesses	3

Source: *The authors (2017)*

Table2. *Categories and subcategories obtained from the patients' perception of control over the quality of medical care in health centers*

Category	Subcategory	AnalysisUnity (n)
InternalEnvironment	DistancingExperiences	11
	AggregatingExperiences	1
ExternalEnvironment	DistancingDifficulties	0
	AggregatingStrategies	0
Challenges	Potentialities	1
	Weaknesses	1

Source: *The Authors (2017)*

7.2. From the Analysis of the Current Curriculum at the Medical School

When analyzing the syllabuses of the subject plans that make up the curriculum of the HEI (Higher Education Institutions) under study, no approach to the specific needs of the target population is evident. There is only one expository visit to the SAE Ambulatório DST/AIDS São José do Rio Preto - where specific monitoring of the population of transsexuals, transgender and cross-dressers is carried out - carried out during the course of Public Health IV.

8. Discussion

In this study, which analyzes the perception of transsexual, transgender and cross-dresser patients in comparison with that of patients who do not fit into this population, it was evidenced how the social marginalization of a population reflects in their access to and care in health, both in terms of presented a distinction between the quantities and qualities of the units of analysis, as for the severity of the complaints reported.

In developing the focus groups, the greatest emphasis was given to positive and negative reports of medical care experienced by volunteers. In the three groups, there was a predominance of negative reports, especially regarding the indifference and harshness of the medical professional towards the patient, which highlights the urgency of working in these professionals with the necessary qualities for a more humanized medical care.

In relation to the focus groups composed by the target population of the study, the units of analysis that had the greatest prominence were: disrespect for calling a social name and disrespect for gender treatment. According to the Ministry of Health ordinance No. 1,820, of August 13, 2009 [6].

> " [...] It is a person's right, in the health service network, to have humanized, welcoming care, free from any discrimination, restriction or denial due to age, race, color, ethnicity, religion, sexual orientation, identity of gender, economic or social conditions, health status, anomaly, pathology or disability, guaranteeing you:
>
> I - identification by first and last name, and there must be a field in every document of the user to register the social name, regardless of the civil registration, the use of the preferred name being ensured, and cannot be identified by number, name or code of the disease or other disrespectful or prejudiced forms; "

Therefore, by disrespecting the use of the social name, more than distancing themselves from humanized care, the doctors violate the law [7-10]. Despite of what refers to the social name and gender treatment, two other units of analysis that stood out in the target population groups were: the physician's lack of knowledge regarding the transsexual condition and the overvaluation of the transsexualizing process [11-13]. Situations such as denial of medical care under the allegation of non-competence regarding the patient's condition were presented, in addition to conducting a clinical analysis exclusively emphasizing the hormone therapy to which the transsexual patient undergoes [14-16], excluding other factors that also could influence the individual's clinical condition, as can be seen in the following statements:

> "I went to an endocrinologist appointment and he told me he didn't know how to deal with the pattern. What do you mean an endocrinologist doesn't know? It's his área of expertease and he doesn't know?! [...]"
>
> "[...] or they often think that everything is due to hormone therapy: "oh, you're taking hormone therapy, you're in the risk group". So, it's something like that, no matter how much you follow up the treatment, they think you're sick, that you're taking drugs and that's it. Many times I've been told to go to Psychosocial Care Centers, "you're using drugs, go to Psychosocial Care".

Considering the unpreparedness of the medical professional regarding the transsexual condition that was previously exposed, the speech below exposes how this inability is a factor in the evasion of this population from conventional health centers [17-20]. Many of them only seek medical care if they can have access to health centers specialized in T populations - as is the case of SAE AMBULATÓRIO MUNICIPAL DST AIDS SÃO JOSÉ DO RIO PRETO, where we carried out part of the research:

> "I would really like to feel comfortable in any other health unit, because the SAE is a little far away and we could go to a nearest hospital when feeling any pain. And we feel so uncomfortable that we prefer to wait [...] to fit us there, because we feel uncomfortable in any other health center."

The shortage of professionals trained to carry out the procedures relevant to the transsexualization process and health centers qualified for this was also raised. According to the Government of Brazil website, in 2015, only five Brazilian hospitals perform transsexual reassignment surgery by SUS, which makes the wait for the procedure take about 12 to 20 years. It is important to mention that in Brazil only reassignment surgery is performed for transsexual women only and trans men are excluded from this possibility via SUS [7].

However, despite the complaints and demands presented, there was also the exposure of policies that favor the reception of this population, the main one being the existence of specialized clinics for transgender people. In São José do Rio Preto, there is the SAE Ambulatory, in which there is a team specialized in the care of transsexuals. According to the reports below, this strategy significantly improved access to health, treatment conditions and the general quality of life of this population.

> "This space improved 110 percent because there wasn't any space, from social name to hormone. My older friends, from the street, they went to the place to take [hormone] without medication, without a prescription. The risk of cancer was too big. [...] And whether you like it or not, those of the past or today that do not have a structure, you go through a psychologist, the rate goes from 30, 30, 35 years, because you will stay on the street, you will die. People are not accept to work and become marginalized. But they don't know this space here either. Employees here still send job listings for us to send résumés. It's giving us a space to work, giving us a follow-up so we don't get cancer. Our life with this space here, our life has improved a lot."
>
> "I think the best thing that happened was the foundation the clinic provided. Not just for our appearance, for health, and for mental health. This is the most important of the whole process [...] here they give you a foundation with great psychologists, many psychiatrists, doctors are extremely prepared to assist us in any situation. They go beyond any professional, and as if you feel like you are part of their family."

Finally, the need for the inclusion of discussions and works that bring the circumstances of this population to medical education was raised [21-23]. According to the following report, the medical professional's alienation about who transgender people are and what they suffer reflects directly on their right to access health care, and this includes the way they are welcomed within health centers.

> "[...] you students understand much more than we do but you graduate to care for people, to take care of a human being... so another human being has arrived, there is no need for you to be an expert in the area, or to ask for a referral to another doctor as if he were a being from another world. "Oh, I don't know what to do now". Medical students and physicians understand that it is nothing different, we need more research in the area [...]"
>
> [...] if you had the right guidance while in college [...] because if you are taught how to treat, you can be the most prejudiced type of person in the world, you will not damge your reputation as a doctor
>
> [. ..] you won't be able to say that he didn't learn this subject."

This study had certain limitations regarding the data obtained. The focus groups were carried out separately and once, with a limited number of representatives from the populations surveyed [24]. Furthermore, as this is a qualitative research based on focus groups, participants may not have felt comfortable telling some of their reports, which could interfere with the final results [25]. In addition, despite having access to the medical graduation course's syllabus of the medical school, the documentation may not correspond to what happens in practice during the administration of classes.

9. Implications for Practice

According to the interviewees' opinion, it was possible to recognize that one of the main challenges is to ensure that information about reference centers in serving this population is disseminated. However, it is necessary to assess whether health professionals have the minimum knowledge about the needs of this population and whether they know how to correctly treat, monitor or refer these patients who, in the first instance, seek basic health and emergency care units. Moreover, the way in which undergraduates are being prepared within medical schools to deal with situations involving transsexuals, transgender or cross-dressers can be determined by practical assessments, involving simulation with this population. The data obtained can provide information that supports and complements the present study from a different perspective.

Finally, it is necessary to understand the social, political and economic context of transgender, transsexual and cross-dresser people, and the HEI is responsible for considering these approaches in its teaching, in order to train professionals capable of providing comprehensive and universal medical care.

10. Conclusion

This study demonstrated that there are relevant differences in the needs for medical care between transsexual, cross-dresser and transgender populations and populations not belonging to this group, which was also evidenced in the overlapping of units presented by the categorization of the cross-dresser focus group in relation to the control group. Given this situation, it is necessary for medical professionals to know how to deal with the population in question, since knowing how to welcome them is essential for their well-being and to ensure their right to comprehensive health.

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