

# THE TRANSGENDER PERSON IN THE 21ST CENTURY: TIME FOR CLINICIANS OF THE WORLD TO HELP !

Greydanus DE<sup>1\*</sup>, Codde J<sup>2</sup>

1. Founding Chair & Professor, Department of Pediatric & Adolescent Medicine, Western Michigan University, Homer Stryker M.D. School of Medicine (USA)

2. Professor Emeritus, Michigan State University College of Education, Michigan State University College of Human Medicine (USA)

ORCID: <https://orcid.org/0000-0003-3498-4135>

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The concept of being transgender or gender variant goes back as far as ancient times in Asia and in India where there was a recognized third gender, Hijra.<sup>1</sup> More recently there has become a greater awareness of persons uncomfortable with the sex they were assigned at birth based on their secondary sex characteristics and are choosing to assume the gender roles of the opposite sex including both medical and surgical interventions changing their assigned sex to the opposite sex (e.g., male to female or female to male). Such occurrences have been described in various ways over the past centuries, but the Western medical community has become aware of this occurrence since the 19<sup>th</sup> century.<sup>2</sup>

An educational children's book, *William's Doll*, was published in 1972 and was written by influential American writer, Charlotte Zolotow (1915-2013; born Charlotte Gertrude Shapiro); it was illustrated by the American writer, William Sherman Pène du Bois (1916-1993).<sup>3,4</sup> In this classic children's book, William is a young boy who persistently wants a baby doll of his own to love despite his father's persistent desire to have his son play with traditional masculine toys. Additional children's books over the next four plus decades developed this theme further—such as dealing with boys who wished to wear dresses.<sup>3</sup>

Various cultures around the world observed and wrote in the early 21<sup>st</sup> century about various members of their populations who illustrated the phenomenon of blurring the male/female dichotomy that had been comfortable to most persons for eons.<sup>5,6</sup> Medicine began to study and write about the medical needs of persons who were uncomfortable with their assigned sex—first placing them in a general term called LGBTQ (i.e., lesbian-gay-bisexual-transgender-questioning) and then writing about transsexual or transgender persons separately.<sup>7-9</sup>

Medical colleagues in Europe, especially at the VU (Vrije Universiteit) University Medical Center (Amsterdam, The Netherlands) wrote about their now classic treatment protocols in the mid to late first decade of the 21<sup>st</sup> century to not just *observe* the occurrence of transgender persons but to offer meaningful management as well.<sup>10,11</sup> Medicine can now evaluate persons of all ages who are persistently seeking to change the sex they were assigned at birth in which the natal male can become a transgender female and the natal female can become a transgender male. Various medical centers around the world are arising to this challenge and becoming

comfortably capable of providing screening protocols, psychological support, hormone treatment, and surgery.<sup>12-21</sup>

Today we must consider the health issues related to the transgender and gender variant community while a top priority must be placed on their healthcare. Although awareness as well as acceptance of this community has increased greatly over the past decade, many physicians and other healthcare workers report being underprepared to adequately address their patients' gender and sexual health needs. Noteworthy in Nepal is the change in 2007 to formally recognizing three gender preferences (male, female, and “third gender”).

Many controversies and challenges continue in this regard in the field of medicine as well as the world's community. These include alleviating the major discrimination that transgender persons deal with in many places, improving the mental as well as medical health of these persons, and increasing their access to unbiased as well as comprehensive health care.<sup>22-27</sup> Research in concepts of transgender issues will continue as the 21<sup>st</sup> century progresses that can help all to understand the best ways to help the more than 25 million transgender persons in the world.<sup>20,28,29</sup>

The writers of this editorial, including Jo Codde PhD who is a transgender woman and an academic who is creating transgender healthcare programs for medical education, suggest that one way to help in this continuous debate on transgender persons is to understand their rights as human beings.<sup>29</sup> Another is to assert the normalcy of transgender persons as reflective of the amazing diversity of normal human sexuality. Transgender persons are not accepting of the terminology and reflections of the 2013 American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition (DSM-5) in which the term, gender dysphoria, is used and transgender is listed as a mental illness per se.<sup>30,31</sup>

Currently there is a debate among researchers and clinicians on having the 11<sup>th</sup> edition of the World Health Organization's *International Statistical Classification of Diseases and Related Health Problems* (ICD) list transgender in a non-disease category.<sup>32-34</sup> We applaud these efforts and recommend that continued progress in this concept occur as the 21<sup>st</sup> century continues. The transgender person is at the cross-roads of (bio)-ethics, law, politics, religion and science in the latter part of the 21<sup>st</sup> century's second decade.<sup>35-37</sup>

Clinicians of all nations must ensure that the emerging science on transgender persons remains an essential part of this debate



ensuring the rights of these, and indeed, all human beings. For example, recent studies around the world have shown little instruction in medical schools and little consensus around the type material medical students should learn.<sup>38,39</sup>

In order to address and manage transgender health issues, medical schools must provide improved education and training as we know that quality health care is key to avoiding long term negative health consequences. All clinicians can develop ways to improve the lives of their patients including their transgender patients.

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