

# GENDER AFFIRMING SURGERY IN AUSTRALIA: An Evidence Brief

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November 2021



## Benefits of accessing surgery

Surgery is a fundamental aspect of how many trans people affirm their gender and maintain wellbeing, with access often significantly improving quality of life (1). For trans women, interventions such as breast augmentation and vaginoplasty have been shown to increase quality of life (2–4), and similar outcomes have been shown with trans men who have undergone chest surgery and phalloplasty (5–7).

While less is known about the benefits of surgical interventions on non-binary people, many do seek out surgery as part of their gender affirmation (8,9). Surgery is not the goal for all trans people, many may never desire to undergo surgery related to their gender at all (10), and while trans people are far more than their physical appearance, those who wish to pursue gender affirming surgery and can access the interventions they seek, do experience clear and significant psychosocial benefits.

## Issues of accessing surgery

However, while people who have successfully accessed surgery overwhelmingly report an improvement in their wellbeing (11) and a reduction in dysphoria (12) (and even increase in gender *euphoria* (13)), most trans people experience significant barriers in being able to access these medical interventions.

Trans people who desire to undergo gender affirming surgery but are unable to access it have been shown to experience significant mental health issues as a result (14,15), making the subject of access to these interventions a crucial and urgent element in understanding and addressing the health and wellbeing disparities of trans people across Australia.

It is also worth noting that the term “gender affirming surgery” may itself be an oversimplification. Many gender affirming surgeries happen in phases, require revisions, and are often the result of several individual procedures combined to create the final outcome sought by a patient (16–19). Therefore, many gender affirming surgical procedures are unique in both their complexity, required level of specialisation and pre- and post-surgical care (20).

There are also several remaining states and territories (NSW, QLD, SA and WA) that require a trans person to have undergone genital surgery in order to have their gender legally recognised and a birth certificate re-issued through their home state or territory birth deaths and marriages body (21).

While advocacy in this area is focussed on reform that would enable legal gender recognition based on self-determination rather than surgical intervention, barriers to surgery further compound access to legal recognition and therefore the health, safety and wellbeing of trans people across Australia.

This is particularly acute for those who live intersectional marginalisations, such as Aboriginal Sistersgirls and Brotherboys, culturally diverse trans people and those from non-English speaking countries, trans people with a disability, non-binary trans people, trans people who are Medicare ineligible and trans people with lived experience of substance use, incarceration, homelessness and/or mental illness (22).

## Medical professionals lack of education

Despite the growing body of knowledge on the medical needs of trans people, many Australian medical professionals remain under-educated about who trans people are and what gender

affirming healthcare needs they may have (23,24). Often, these medical professionals' lack of education and relevant information means that they are less likely to see the need for or support medical interventions for their trans patients, whether surgical or otherwise, and often delay crucial medical treatment (24,25).

The broad variability in knowledge and provision of surgical interventions for trans people in Australia also manifests itself in terms of availability, where some surgeries (e.g. vaginoplasty) are more accessible and available than others (e.g. phalloplasty) (25).

Most surgeries, if not all, currently take place in the private health system and are performed by a very small number of surgeons, who can differ on requirements for the minimum competencies of the mental health clinicians they will accept readiness referrals from (26).

Trans-specific education for medical professionals has also yielded some positive results, with one study indicating that professionals were much more likely to provide trans-affirming and gender affirming care after having undergone educational modules on trans healthcare needs (27).

### Financial barriers

Another significant barrier to trans peoples' access to gender affirming surgery is the cost of these procedures outside of the public health system. The fees for surgery are set by private surgeons and can vary widely, for people seeking surgeries at multiple sites (e.g. both "top" and "bottom" surgeries) costs may run anywhere from \$20,000 to more than \$100,000 in total (28-30).

This does not include other costs which are a prerequisite for undergoing gender affirming surgery, such as having to receive a surgical readiness referral from one or more mental health professionals (30), which form a barrier to accessing even basic medical gender affirmation needs (sometimes known as medical transition) for many Australian trans peoples (31).

While these costs are in and of themselves prohibitive, these barriers become magnified when considering the significantly high rates of unemployment or under-employment amongst Australian trans peoples (32,33). Many trans Australians are therefore simply unable to afford gender affirming surgery.

### Federal and state-based policies

Financial barriers to accessing surgery are further complicated by inconsistent federal and state/territory policies regarding government coverage of Medicare rebates and access to publicly funded surgery.

Some surgeries may also be deemed more complex or uncommon than others (24,34) and therefore be considered more suitable for the private system. While some individual procedures such as mastectomies (33) orchidectomies (47) and urethroplasty (48) are covered by Medicare, the items associated with vaginoplasty only provide rebates for what is problematically termed *congenital disorder of sexual differentiation* (49).

While many of the specific surgical steps that comprise gender affirming surgery do have Medicare item numbers (20), and are therefore covered by the Medicare Benefits Schedule, rebates for attending surgical, allied health and primary care appointments, post-surgical care or revisions, related care such as fertility preservation (35) and surgical assistants and anaesthetists do not attract adequate Medicare rebates.



The criteria currently used in Australia to determine Medicare coverage for elective surgery also produces some profound contradictions; for example, cisgender men are currently able to publicly access breast tissue reduction surgery, or “top surgery”, while trans men cannot (50).

This suggests that the bodies of cis people are idealised and reinforced through access to publicly funded surgical intervention, while trans people are positioned as harming themselves, and clinically relevant interventions are seen as cosmetic rather than medically necessary.

Overall, gender affirming surgical care is affected by inadequate public funding for elective surgery and criteria ambiguity that all levels of the Australian healthcare systems have around both gender affirming healthcare and elective surgeries more broadly (51–54,60-62).

Additionally, and of most concern, most state and territory health systems have elective surgery policies that explicitly restrict access to surgical interventions for trans people through public health systems:

**Australian Capital Territory’s** elective surgery policy does not currently cover gender affirming surgeries (36). Procedures that are considered part of gender affirming treatments, namely any type of breast augmentation or prosthesis, as well as any reproductive organ surgery, are excluded from public healthcare coverage barring oncological treatment or congenital issues respectively (36).

**New South Wales Health’s** elective surgery policy (37) designates ‘gender reassignment surgery’ as “discretionary”, without also expanding on what ‘gender reassignment surgery’ means. This gives each Local Health District Director of Surgery final say on whether any procedure falling under this category can be performed in a public hospital, and therefore be eligible for full Medicare coverage. “Congenital abnormalities in children” is the only exception for allowing urological and gynaecological surgeries to be routinely undertaken at a public hospital.

**Northern Territory’s** public health system does not allow gender affirming surgical interventions currently, and any surgical interventions must be referred to interstate providers (38,39).

**Queensland Health’s** Clinical Prioritisation Criteria currently excludes any gender affirming surgeries from being performed in public hospitals (40). Their Elective Surgery Services Implementation Standard (41) also precludes any surgeries not included in the National Elective Surgery Urgency Categorisation guideline (42), surgeries of gender affirmation are not included in this guideline.

**Tasmania’s** Department of Health currently lists “congenital abnormalities in children” (43) as the sole clinical indication for allowing urological and gynaecological surgeries to be undertaken at a public hospital. Gender affirming procedures (e.g. breast reduction) can only be performed if there is evidence of trauma or other conditions deemed chronic or congenital. Any other circumstances which may require these surgical interventions (i.e. gender affirmation for adults) must be approved either by the Director of Surgery or the Statewide Surgical and Perioperative Services Committee (43).

The **Victorian** Department of Health and Human Services policy on elective surgeries does not currently mention gender affirming procedures (44), though some are listed as aesthetic procedures which can only be performed in public hospitals if the patient has “significant clinical symptoms” or a “significant deformity” (44).

**Western Australia’s** Department of Health currently lists surgical gender affirmation procedures under their “excluded procedures” list (45), which excludes these procedures from being performed



unless there are “exceptional circumstances” (46). Procedures must also be approved by the Director of Medical/Clinical Services.

### Travel required for surgery

These barriers, combined with the ongoing lack of available clinicians and funding through the public sector, also mean that most trans Australians who are able to afford these surgeries will either access surgery privately in Australia or overseas (55–57).

Overseas travel for gender affirming surgery in particular continues to play a significant role in the lives of trans people in many Western countries (58), including Australia (59).

### COVID-19

COVID-19 has added further pressure and complexity with regards to gender affirming surgeries. The onset of the pandemic meant both that elective surgeries were either cancelled or postponed within Australia (63), while travel restrictions became an impassable barrier for accessing interstate or international surgeries both in Australia and elsewhere (64).

These barriers, along with other socioeconomic and psychological issues that are related to the pandemic, have been shown to have significant adverse effects on the health and wellbeing of trans people in Australia and other upper-middle and higher income countries (65,66,73).

### Private health insurance

Private health insurance coverage of gender affirming care continues to be inconsistent in Australia (67). Although many Australian trans people do have private health insurance (67), the cost remains prohibitive (23).

Additionally, even insurance coverage at the highest levels leaves significant pay gaps (69), for example a vaginoplasty can even leave a fully insured individual out of pocket by up to \$20,000. As a result, many surgeries are too financially prohibitive to be accessed, regardless of a person’s level of private health insurance (70).

### Early superannuation release

As a result of the multiple financial barriers facing trans people seeking gender affirming surgery, many Australian trans people have accessed their superannuation early in order to cover any cost gaps in treatments (71,72).

While this has been accepted as a necessary short-term solution for trans people contending with the medical necessity of surgical intervention, there are longer-term negative implications for early superannuation withdrawal (73).

Namely, withdrawing superannuation early increases the risk of poverty and lack of financial stability later in life, particularly for populations who are already financially marginalised (74–77).



## Conclusion

Ultimately, trans people in Australia have highly limited choices when it comes to gender affirming surgeries; these choices are shaped by federal, state and territory government policies and funding, as well as the socioeconomic difficulties that trans people continue to experience in Australia.

The public healthcare system requires a significant refocus on gender affirmation and trans-affirming practice more broadly, in order to address the urgent unmet health needs of trans people living in Australia.

While some trans people have been able to access gender affirming surgical interventions, many remain unable to access even the most basic procedures, which has significant and alarming negative effects on those people's wellbeing. All trans people in Australia should have full and free access to medical gender affirmation, including surgical interventions.



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**This ACON Evidence Brief has been co-signed by:**



The Australian Professional Association for Trans Health (AusPATH) is the national peak body representing, supporting and connecting those working to strengthen the health, rights and wellbeing of all trans people – binary and non-binary. The AusPATH membership comprises 365 members. [www.auspath.org.au](http://www.auspath.org.au)



LGBTIQ+ Health Australia is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, intersex and queer people and other sexuality and gender diverse (LGBTIQ+) people and communities. [www.lgbtiqhealth.org.au](http://www.lgbtiqhealth.org.au)



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