

# Inequalities in gender-affirming care in Europe: the problematic balance between politics and health

Ludovica Barbi,<sup>1</sup> Gianluca Tornese <sup>2</sup>

Providing care to transgender people is a complex task, and treatment options should be tailored to each individual. Preliminary research suggests that gender affirmation can improve the mental health and quality of life of transgender people, both directly (through the effect of affirmation on well-being) and indirectly (through reduced exposure to minority stressors such as discrimination and violence). There are multiple domains of gender affirmation for transgender people: social (changing name and pronouns), legal (changing gender on official documents), medical (including hormonal therapy) and/or surgical affirmation (including mastectomy, vaginoplasty, orchidectomy and so on).

The access to the different domains of gender affirmation differs widely among countries, leading to huge inequalities (table 1).<sup>1</sup> Just a few miles can dramatically change the present (as they might not have access to specific or appropriate care during childhood and adolescence) and the future (lacking the perspective of a fulfilled life in adulthood) of young people with gender dysphoria. In Europe, for instance, there are ‘multiple speeds’ in transgender rights: while some nations are pushing forward (legal gender change, optional surgical intervention, hormonal treatment before the age of 18), others are going back (questioning or revoking the right to access gender-affirmation procedures). Young transgender people continue to face disparities in access to care, both as availability of specialised paediatric services (eg, in England, there is a single English service, based in London and Leeds, while in Spain, there are more than ten centres for a smaller population) and as the quality of psychological and medical care (with ‘non-official pseudo-units’ that recently flourished in both the public and

private healthcare sectors). Furthermore, only a few countries—the first being Malta since 2016—prohibit conversion or reparative therapies, a discredited collection of pseudoscientific methods that aim to change a person’s gender identity.

When it comes to medical affirmation, the most widely used protocol in adolescents is the ‘Dutch protocol’,<sup>2</sup> now also used in other countries in Europe, such as Italy. It consists of puberty blockers at age 12 (or on reaching Tanner stage 2 of puberty) and gender-affirming hormones when they reach the age of 16. The effectiveness of this model has been shown as those subjects who underwent puberty suppression had fewer behavioural and emotional problems as well as depressive symptoms.<sup>3</sup> The minimum age to access gender-affirming hormone therapy without consent of a public authority and/or parents, however, varies throughout countries ranging from 16 to 18 years, while it may be lower in case of parental consent (eg, 12 years in the Netherlands).

Even though the Dutch protocol seemed to be gaining momentum, several positions opposing this approach have been reported in the last year, as legislation criminalising the provision of gender-affirming care is on the rise.<sup>4</sup>

In the UK, a High Court decision in December 2020 stated that puberty blockers should not be administered to children under 16s—unless a court has ruled that it is in their best interest. They claimed that it was not clear whether children under the age of 16 could provide informed consent to treatment with hormone blockers.

In April 2021, Arkansas passed Act 626 (‘Save Adolescents From Experimentation’), becoming the first US state to pass a bill restricting access to gender-affirming healthcare for anyone under 18 (including puberty blockers and hormone therapy). Even those undergoing treatment at the time of the ban and those who have parental consent cannot access the hormonal treatment. Mr Backholm opened his speech favouring the Arkansas bill by defining transgender identity as a ‘cultural phenomenon’ of 21st-century

teenagers. However, recent evidence showed that the increase in the incidence of gender dysphoria is actually due to less stigma and better tools to recognise it (as it happened for attention deficit hyperactivity disorder or autistic spectrum disorder, which have both dramatically increased in the last years). What was observed in previous years was probably just the tip of an iceberg that has come to the surface in recent years: as a matter of fact, there were no critical changes in key demographic, psychological and treatment characteristics over 16 years.<sup>5</sup>

Although both decisions have been eventually overturned, the net result was a limitation for children and adolescents to access treatment. This had a significant impact on the mental health of young people with gender dysphoria for those forced to stop puberty blockers and for those eligible for pubertal suppression that could not receive it.<sup>6</sup>

On the legal side, gender recognition procedures have been associated with lower reports of upsetting responses to gender-based mistreatment and lower reports of depression, anxiety, somatisation, psychiatric distress.<sup>7</sup> Before 18 years, legal gender recognition procedures are allowed only in some countries, usually requiring parents’ consent. While in some countries (such as Norway), adolescents can change their legal gender on their own after the age of 16, in others (such as Italy), a Court decision or additional conditions are needed. For instance, the approval of an interdisciplinary committee in Greece or a paediatrician in Croatia is required. Some countries (such as France or Finland) only allow name changes in minors.

On the one hand, transgender people are still not allowed to legally change their gender—not even as adults—in several European countries, including Bulgaria and Hungary. For example, Hungary never had a detailed legal background for transgender people, and it has never been clear who can request gender affirmation. Nonetheless, people have had the chance to change their names and gender in their official documents since 2000. However, recently the right to legally change the gender on official documents has been revoked.

On the other hand, there has been a clear shift in a part of Europe (the first country being Estonia since 2002) to push back the legitimacy of involuntary surgery and sterilisation to be formally acknowledged in the preferred gender. These requirements are derived from an incorrect assumption that physical changes are essential for

<sup>1</sup>Faculty of Health Medicine and Life Sciences, Maastricht University, Maastricht, Limburg, The Netherlands

<sup>2</sup>IRCCS Materno Infantile Burlo Garofolo, Trieste, Friuli-Venezia Giulia, Italy

**Correspondence to** Dr Gianluca Tornese, IRCCS Materno Infantile Burlo Garofolo, Trieste, Friuli-Venezia Giulia, Italy; gianluca.tornese@burlo.trieste.it

**Table 1** European countries and their requirements to get official recognition of preferred gender

Country	Is legal affirmation possible?	Is a formal diagnosis needed?	Is hormonal treatment required?	Is surgical treatment required?	Is sterilisation required?	Is legal affirmation possible before the age of 18?
Albania	No	–	–	–	–	–
Andorra	No	–	–	–	–	–
Armenia	No (only name change allowed)	–	–	–	–	–
Austria	Yes (since 1988)	Yes	No (since 2009)	No (since 2009)	No (since 2009)	Yes
Azerbaijan	No (only name change allowed)	–	–	–	–	–
Belarus	Yes (since 2010)	Yes	No (since 2010)	No (since 2010)	No (since 2010)	No
Belgium	Yes (since 2018)	No (since 2018, now required only for 16–18 years old)	No (since 2018)	No (since 2018)	No (since 2018)	From the age of 16 with permission of parents and diagnosis—name change from the age of 12 years with the consent of parents
Bosnia & Herzegovina	Yes (since 2000)	–	Yes	Yes	Yes	Only name change with the consent of parents
Bulgaria	No (since 2017)	–	–	–	–	–
Croatia	Yes (since 2014)	Yes	Yes	No (since 2013)	No (since 2013)	Yes (consent from parents and paediatrician)
Cyprus	No	–	–	–	–	–
Czech Republic	Yes (since 2000)	Yes	Yes	Yes	Yes	Only name change
Denmark	Yes (since 1929)	No (since 2014)	No (since 2014)	No (since 2014)	No (since 2014)	Yes
Estonia	Yes (since 2002)	Yes	Yes	No (since 2002)	No (since 2002)	Yes
Finland	Yes (since 2003)	Yes	Yes	No (since 2003)	Yes	Only name change
France	Yes (since 2016)	No (since 2016)	No (since 2016)	No (since 2016)	No (since 2016)	Only name change
Georgia	No (only name change allowed)	–	–	–	–	–
Germany	Yes (since 1981)	Yes	No (since 2011)	No (since 2011)	No (since 2011)	Yes (if younger than 7 years additional procedure involving court)
Greece	Yes (since 2017)	No (since 2017)	No (since 2017)	No (since 2017)	No (since 2017)	Between the age of 15 and 17, besides explicit parental consent, the positive opinion of an interdisciplinary committee and of court is needed
Hungary	No (since 2020)	–	–	–	–	–
Iceland	Yes (since 2020)	No (since 2020)	No (since 2020)	No (since 2020)	No (since 2020)	Yes
Ireland	Yes (since 2015)	No (since 2015)	No (since 2015)	No (since 2015)	No (since 2015)	Yes
Italy	Yes (since 1982)	Yes	Yes	No (since 2015)	No (since 2015)	Yes (through court decision)
Kosovo	Through court decision only	–	–	–	–	–
Latvia	Yes (since 2013)	Yes	Yes	Yes	Yes	No
Liechtenstein	No	–	–	–	–	–
Lithuania	Through court decision only	Yes	Yes	No (since 2017)	No (since 2017)	No
Luxembourg	Yes (since 2018)	No (since 2018)	No (since 2018)	No (since 2018)	No (since 2018)	Yes
Malta	Yes (since 2015)	No (since 2015)	No (since 2015)	No (since 2015)	No (since 2015)	Yes
Moldova	Through court decision only	Yes	No (since 2017)	No (since 2017)	No (since 2017)	No
Monaco	No	–	–	–	–	–
Montenegro	Yes (since 2007)	Yes	Yes	Yes	Yes	Yes
Netherlands	Yes (since 2014)	Yes	No (since 2014)	No (since 2014)	No (since 2014)	Yes (through court decision)
North Macedonia	No (only name change allowed - draft law presented in 2021)	–	–	–	–	Yes
Norway	Yes (since 2016)	No (since 2016)	No (since 2016)	No (since 2016)	No (since 2016)	Yes (from the age of 6)
Poland	Yes (since 1960s)	Yes	Yes (or surgery)	Yes (or hormonal treatment)	No (since 1998)	Only name change
Portugal	Yes (since 2018)	No (since 2018)	No (since 2011)	No (since 2011)	No (since 2011)	Yes (from the age of 16)
Romania	Yes (since 1997)	Yes	No	Yes	Yes	No
Russia	Yes (since 1997)	Yes	Yes	No (since 2018)	No (since 2018)	Only name change (from the age of 14)
San Marino	No	–	–	–	–	–
Serbia	Yes (since 2018)	Yes	Needed at least 1 year	No (since 2018)	Yes	Yes
Slovakia	Yes (since 1995)	Yes	Yes	Yes	Yes	No
Slovenia	Yes (since 2005)	Yes	Yes	No (since 2017)	No (since 2017)	No
Spain	Yes (since 2007)	Yes	Yes	No (since 2007)	No (since 2007)	Yes
Sweden	Yes (since 2013)	Yes	Yes	No (since 2013)	No (since 2013)	Yes
Switzerland	Yes (since 2013)	Yes	No (since 2013)	No (since 2013)	No (since 2013)	No
Turkey	Yes (since 2015)	Yes	Yes	Yes	Yes	No
Ukraine	Yes (since 1992)	Yes	Yes	No (since 2016)	No (since 2016)	Only name change (from the age of 16)

Continued

**Table 1** Continued

Country	Is legal affirmation possible?	Is a formal diagnosis needed?	Is hormonal treatment required?	Is surgical treatment required?	Is sterilisation required?	Is legal affirmation possible before the age of 18?
UK	Yes (since 2005) – except Northern Ireland	Yes	No (since 2005)	No (since 2005)	No (since 2005)	Only name change
Vatican City	No	–	–	–	–	–

the transition process. In countries such as Iceland, Germany and the UK, even though gender confirmation surgery is no longer a requirement, ‘real-life experience’ (during which individuals live in their preferred gender without formal acknowledgement) remains a prerequisite. Medical intervention is no longer compulsory for legal gender change in a few countries. However, hormone therapy is still a standard requirement, and people who apply for legal gender recognition are likely to have completed a course of hormone therapy (for example, in Spain, they need 2 years of hormone therapy).

Since 2014, Denmark no longer requires a mental disorder diagnosis to start the process of a legal sex change, although a 6 month-long ‘reflection period’ is needed to confirm the request. Apart from Denmark, nine other countries have now recognised the principle of self-determination. However, the final medical-oriented precondition for legal gender recognition is still a diagnosis of gender dysphoria in most countries.

Transgender people still face multiple intersecting forms of oppression, including in healthcare. When we consider recent

events, it is essential to highlight that the care offered to patients with gender dysphoria should be handled by healthcare professionals and not by high court judges or politicians. The role of politics should be to ensure that discriminations on the grounds of gender identity are effectively addressed in their legislation.

**Contributors** LB and GT wrote, reviewed and revised the manuscript. All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not applicable.

**Ethics approval** This study does not involve human participants.

**Provenance and peer review** Not commissioned; externally peer reviewed.

© Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.



**To cite** Barbi L, Tornese G. *Arch Dis Child* 2023;**108**:e7.

Received 1 December 2021

Accepted 22 February 2022  
Published Online First 7 March 2022

*Arch Dis Child* 2023;**108**:e7.  
doi:10.1136/archdischild-2021-323627

**ORCID iD**

Gianluca Tornese <http://orcid.org/0000-0002-4395-3915>

**REFERENCES**

- 1 Transgender Europe (TGEU). Trans rights map. Europe & Central Asia, 2021. Available: <https://transrightsmap.tgeu.org> [Accessed 13 Feb 2022].
- 2 de Vries ALC, Cohen-Kettenis PT. Clinical management of gender dysphoria in children and adolescents: the Dutch approach. *J Homosex* 2012;**59**:301–20.
- 3 Mahfouda S, Moore JK, Siafarikas A, et al. Gender-affirming hormones and surgery in transgender children and adolescents. *Lancet Diabetes Endocrinol* 2019;**7**:484–98.
- 4 Barbi L, Tornese G. Puberty blockers in gender dysphoria: an international perspective. *Arch Dis Child* 2022;**107**:1002–3.
- 5 Arnoldussen M, Steensma TD, Popma A, et al. Re-evaluation of the Dutch approach: are recently referred transgender youth different compared to earlier referrals? *Eur Child Adolesc Psychiatry* 2020;**29**:803–11.
- 6 Turban JL, King D, Carswell JM, et al. Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics* 2020;**145**:e20191725.
- 7 Restar A, Jin H, Breslow A, et al. Legal gender marker and name change is associated with lower negative emotional response to gender-based mistreatment and improve mental health outcomes among trans populations. *SSM Popul Health* 2020;**11**:100595.