



Australian Government

Department of Health

Consultation Survey on MSAC Application 1754

Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence

MSAC welcomes input on MSAC applications for public funding from individuals, organisations representing health professionals or consumers and/or carers, and from other stakeholders. Please use this template to prepare your input. You may also attach additional information if you consider it may be useful in informing MSAC and its sub-committees.

Sharing consultation input

Submitted consultation input will be routinely shared with the applicant and with MSAC and its sub-committees.

- The applicant will receive a summary of comments from individuals, with the individual's name and other identifying information removed.
- MSAC and its sub-committees will receive both the summary and copies of the comments, with the name of the individual and other identifying information removed.
- Consultation input from groups or organisations will be provided in a complete form to both the applicant and to MSAC and its sub-committees.

Consultation input may also be shared with HTA Assessment Groups from time to time to inform their reports to MSAC or with state and territory health representatives where the application is for a service to be delivered through public hospitals. Please do not include information in your input that you do not want shared as outlined above. In addition, to protect privacy, do not include identifying personal (e.g., name) or sensitive (e.g., medical history) information about third parties, such as medical professionals or friends/relatives.

How consultation input is used

MSAC and its sub-committees consider consultation input when appraising an application, including to better understand the potential impact of the proposed medical technology/service on consumers, carers, and health professionals. A summary of consultation input will be included in the Public Summary Document (PSD) published on the MSAC website once MSAC has completed its appraisal. The PSD may also cite input from groups/organisations, including the name of the organisation. As such, organisations should not include information or opinions in their consultation input that they would not wish to see in the public domain.

Consultation deadlines. Please ensure that your consultation input is submitted by the pre-PASC or pre-MSAC consultation deadline for this application. Consultation deadlines for each PASC and MSAC meeting are listed in the [PASC, ESC, MSAC key dates](#) available on the MSAC website. They are also published in the MSAC Bulletin. Consultation input received after the respective deadlines may not be considered.

For further information on the MSAC consultation process please refer to the MSAC Website or contact the Consumer Evidence and Engagement Unit on email: commentsMSAC@health.gov.au. Thank you for taking the time to provide consultation input. Please return your completed survey to:

Email: commentsMSAC@health.gov.au

Mail: MSAC Secretariat,
MDP 960, GPO Box 9848,
ACT 2601.

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name: Penelope Strauss

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2. Is the feedback being provided on an individual basis or by a collective group?

- Individual
 Collective Group

If an individual, specify the name of the organisation you work for

If a collective group, specify the name of the group

Public Health Association of Australia – Diversity, Equity and Inclusion Special Interest Group

3. How would you best identify yourself?

- General Practitioner
 Specialist
 Researcher
 Consumer
 Care giver
 Other

If other, please specify

As Executive Committee Members of the Diversity, Equity and Inclusion Special Interest Group of the Public Health Association of Australia, we comprise public health researchers, including those with specialised expertise in trans health. Our membership also includes a trans woman with lived experience of seeking gender affirming care.

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application summary.

Existing research has shown that access to safe, affordable, and high-quality gender affirming care, including gender affirming surgeries, reduces depression, suicidality, and improves quality of life among trans people. Currently there exist many barriers to accessing gender-affirming surgeries including availability of surgeons with the appropriate expertise and financial cost. Adding these MBS items will help to improve access to surgery through removing or reducing financial barriers. Additionally, in time this may also impact the availability of surgeons – if this is seen as a mainstream service to provide, the hope is that more surgeons would upskill themselves in gender-affirming surgery techniques.

One of our Members who is a trans woman also provided this direct quote: *'I'm only eight months into my transition and originally, when I thought of gender affirming surgeries, I got quite overwhelmed and put it back of mind. But through transitioning with hormones, affirming myself socially, I have gradually felt more and more comfortable and actually, very eager, to get my breasts done (breast augmentation) and my face done (facial feminisation surgery). There is absolutely no chance I can do that though, because its outrageously expensive, and there is no current support for trans girls seeking surgeries in Australia. It is deeply distressing and upsetting that no matter how much better I feel about myself from hormones, this happiness and well-being will be capped and limited. I will never able to fully achieve who I want to be because I will never be able to afford gender affirming surgeries in Australia.'*

5. What do you see as the benefit(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

Alleviating the costs of gender affirming surgeries for adults in Australia will improve the quality of life and mental health of trans people in Australia. A recent systematic review concluded that trans people – who typically experience poorer mental health than the general population – reported reductions in depression, anxiety, suicidality, and gender dysphoria after undergoing gender-affirming surgeries (Swan et al., 2023). Additionally, 13 of the 53 studies included in the paper reported improved self-esteem, QoL and overall functioning following their gender-affirming surgeries.

Recent analyses of the Trans Pathways survey (largest survey with trans young people in Australia; N=859, Strauss et al. 2017) found that there was significant unmet needs for gender affirming surgeries among trans young people. Of the 240 trans young people who were interested in gender affirming surgeries but were not able to access them, 100 (42%) trans young people said it was unaffordable so they did not have surgery/ies. Among trans young people assigned male at birth, the three most common surgeries desired or undertaken were vaginoplasty, facial feminisation surgery, and breast augmentation. Among trans young people assigned female at birth, the three most common surgeries desired or undertaken were breast reduction or removal (including double mastectomy and chest masculinisation), bottom surgery/hysterectomy, and phalloplasty. These young people will greatly benefit psychologically and psychosocially from being able to access these desired surgeries.

Gender-affirming care is also preventative care, where access to gender-affirming treatments and surgeries protects trans people against poorer mental and physical health outcomes. Studies suggest gender-affirming care can protect against depression, anxiety, suicidality, post-traumatic stress disorder (PTSD), binge drinking, and substance use (Owen-Smith et al., 2019; Tomita et al., 2019; Tucker et al., 2018). Enabling trans people to access gender-affirming surgeries sooner rather than later would contribute to reducing the significant health disparities we see between trans people and their cisgender counterparts.

6. What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

There is no disadvantage.

7. What other benefits can you see from having this intervention publicly funded?

Gender affirmation, including access to gender-affirming surgeries, is a significant social determinant of trans health among both adolescents (Tan et al., 2023) and adults (Reisner et al., 2015). Removing some of the financial barriers for trans people to access gender-affirming care will allow trans people to redirect their resources toward addressing other health concerns, thereby improving their overall physical and mental well-being. Additionally, with research indicating trans people who undergo gender-affirming surgeries exhibit improved mental health, lowering the costs of these surgeries could alleviate the demand for extensive mental health services and lessen the financial strain associated with such care. A large Swedish study reported that trans people who had undergone gender-affirming surgeries experienced an annual 8% reduction in utilizing mental health services over the 10-year period post-surgery (Bränstörn and Pachankis, 2020).

Furthermore, it's a step toward legitimising gender-affirming care as a critical medical procedure, rather than an elective cosmetic procedure, as it is commonly seen today. If gender-affirming care were to be funded through the MBS, it would send a powerful message to the broader Australian population that trans people are not only recognised, but supported by the Australian government and healthcare system. This would have wider societal implications, including reducing stigma associated with gender diversity and gender-affirming care, promoting inclusivity by reaffirming that healthcare should be accessible to all, and promoting education and awareness through public discourse.

8. What other services do you believe need to be delivered before or after this intervention, e.g. Dietician, Pathology etc?

The WPATH Standards of Care recommend that trans people should receive mental health support both before and after their gender-affirming surgeries. Mental health professionals are critical to helping trans people make informed decisions, manage their expectations, and understand the broader social and psychological implications of various procedures. In addition, it's important for trans people to have ongoing emotional support throughout what can be an exhausting process, and they may choose to receive this support from a psychologist, counsellor, social worker, and/or peer-led or community support groups.

Trans people should also have access to fertility specialists, such as gynecologists and urologists, who can educate them on the potential reproductive implications of gender-affirming surgeries. Depending on a person's specific circumstances and goals, it may be appropriate to consider additional fertility services, such as cryopreservation.

Whether coordinated by a specialist or general practitioner, trans people should receive comprehensive postoperative care to monitor their recovery and address any concerns that may arise. Additionally, it is essential for trans people to receive comprehensive, gender-affirming sexual health screenings that account for any hormonal and anatomical changes post-surgery. For example, trans people who undergo vaginoplasty will still have some prostate tissue, and so should continue being screened for prostatitis and prostate cancer.

It is essential that all of these additional services are not cost-prohibitive to trans people.

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. Do you agree or disagree with the proposed population(s) for the proposed medical service?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Specify why or why not:

Gender affirming surgeries are necessary life-saving treatments for trans people to live their full, happy, healthy lives.

10. Have all the associated interventions been adequately captured in the application summary?

- Yes
- No

Please explain:

11. Do you agree or disagree that the comparator(s) to the proposed medical service?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Please explain:

We are in support of the application to establish a universal funding mechanism for gender affirming medical interventions.

12. Do you agree or disagree with the clinical claim made for the proposed medical service?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Specify why or why not:

PART 4 – COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

13. Do you agree with the proposed service descriptor?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Specify why or why not:

14. Do you agree with the proposed service fee?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Specify why or why not:

As specified in the application, these are still being developed.

PART 5 – ADDITIONAL COMMENTS

15. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?

This is an important application, the funding of which will help many Australians live happier lives as their true selves.

16. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

Again, thank you for taking the time to provide valuable feedback.