

**Topic: Transgender healthcare as a human right**

The right to health is among our most basic human rights and refers to our moral, social, legal and economic right to a guaranteed universal minimum standard of health. It is enshrined in various international agreements to which Ireland as a state has committed itself to adhering, including the Universal Declaration of Human Rights (UDHR) and the International Covenant on Economic, Social, and Cultural Rights (ICESCR). Despite this, this paper poses that Ireland has failed to meet these standards of healthcare provision for its transgender citizens, and that this failure in turn contributes to the further ostracization and disenfranchisement of an already vulnerable minority population. This paper will lay out what the trans healthcare system in Ireland could and should look like in order to meet the needs of its target demographic. It will highlight the failings of the current system and relate them to sociological and social justice-based theories of human rights and social control, and discuss potential counter-arguments against such provisions. Lastly it will summarise the ideas posed therein and attempt to offer a clear and decisive answer to the question – *how is Ireland failing its transgender citizens through its lack of healthcare provision?*

In an ideal world free from existing constraints and social biases, transgender healthcare services such as hormone replacement therapies (HRT), gender confirmation surgeries (GCS) and others would be provided and funded by the state, on the basis of an informed consent model as is recommended by the World Professional Association for Transgender Health (WPATH). WPATH in their Standards of Care (2012) propose moving away from the pathologized, psychiatric model that is still to this day being employed in Ireland, and instead towards an Informed Consent model of care that emphasises a patient's right to personal autonomy in choosing care options without the required involvement of a mental health professional or formal psychiatric diagnosis of gender dysphoria. This model is already that which is employed in most realms of healthcare in that it highlights the importance of clear communication between doctor and patient, by which a patient is made aware of all possible treatments and alternative routes to care, and the pros and cons of these treatments, and is allowed to make their own informed decision, thus retaining their own bodily autonomy and right to self-determination. This communicative relationship also leads to greater understanding and respect between doctor and patient, as patients can openly state aspirations and concerns without fear of being denied treatment arbitrarily. This is the model that is being campaigned for by This is Me, the grassroots transgender healthcare campaign in Ireland.

However, the current state of affairs for transgender people seeking care in Ireland is a far cry from this ideal vision. A European report on LGBT standards of living described the state of Ireland's trans healthcare system as "inadequate", according to Pollak (2020), and it has also been heavily criticised by Szydlowski (2016). The psychiatric model that the state's National Gender Service employs has been described by Suesch Schwend (2020) as a violation of transgender people's human rights in the way that its pathologisation of the trans experience can in fact harm those it supposedly seeks to help. Research by Toomey, Syvertson and Shranko (2018), Beccera-Culqui et al (2018) and Vocks et al (2008) has highlighted the increased rates of mental health problems such as depression, eating disorders, and suicidality that are faced by transgender people globally as the result of existing in a society that is outwardly hostile to them. McNeil et al (2013) explored in depth the experiences of trans people in Ireland, and highlighted the role of discrimination and harassment in causing these issues, as well as the negative impact that dealing with an uncooperative healthcare system can have. McNeil et al also highlighted the importance of access to medical transition as a means to mediate the effect of societal transphobia and cissexism, with 81% of respondents reporting a drop

in suicidal ideation since having “completed” their transition and 90% report a greater sense of life satisfaction overall.

Criticisms of the trans healthcare realm come both from within and outside of the transgender community. Those from the outside largely argue against this care becoming more accessible in fear that it will encourage more young people to “become” transgender, or that the practice is simply immoral on the grounds of religious or personal beliefs. These claims however, lack any factual or scientific basis and can largely be dismissed as discriminatory, and thus require no rebuttal. However, those criticisms from within the trans community itself are of note – if trans people seek liberation from gender roles, why then must they medically transition at all? Does doing so not legitimise the concept of gender essentialism that they argue against? This paper argues not. According to Jakubowski (2018), the very practice of undergoing transition defies the idea that gender is something that can be considered natural or immutable. An understanding of Foucauldian biopower allows us to view trans medicine as multidimensional, in that while it can indeed operate as a means of social control of gender divergence by the state, it is also the most effective avenue for trans people to materially improve the conditions of their lives. And so long as society as a whole is overwhelmingly cissexist and cisnormative, transgender people cannot be truly liberated within such a framework and should not be seen as contradictory for merely adapting to their surroundings in order to mitigate the discrimination they face.

To summarise, it is evident that Ireland is failing to meet the standards of healthcare provision for its transgender citizens that it has agreed to provide, and in doing so is violating the human rights of this population with regard to their claim to competent, accessible healthcare. Moving forward, it is paramount that the incoming government listens to the concerns of trans people and activist groups such as This is Me and commits itself to the implementation of a well-funded, staffed, trained and resourced informed consent model of care, and the total abolition of the current model that harms the very people it claims to help. It is proven that access to competent healthcare massively improves on the lives of transgender people, and in the face of such evidence to ignore those pleas is negligent.

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