

# *AEGIS Position Statement*

## *Mandatory Real-Life Test Before Hormonal Therapy: Unethical*

Since 1992, we have advised against clinicians requiring transsexual clients to cross-live 24 hours a day as a prerequisite for initiation of hormonal therapy. We consider this practice ill-advised and not in the best interest of the clients. Our reasons for believing so are described in the advisory which accompanies this statement. It differs in only minor ways from the 1992 advisory.

To the credit of the North American therapeutic community, this once common practice is now rare. Still, a few therapists and at least one North American gender program continue to impose this requirement on all their transsexual clients. They do so without empirical evidence to support their position and in opposition to the majority opinion of the treatment community, which considers this practice needlessly intrusive and based on outdated assumptions (Denny, 1997; Devor, 1997; Kirk, 1997).

After consultation with our advisory board, we are now prepared to state that we consider it not only poor practice but in all but the rarest cases *unethical* to require a transgendered or transsexual client to enter a period of 24-hour real-life test in order to receive hormones. We believe that such a requirement places a tremendous burden on the client, causing grave risk for unemployment; loss of habitat; public harassment or physical attack; estrangement from family, friends, and church; and hostile treatment from public service agencies, government officials, and strangers. Many of these risks are minimized if the client enters real-life test after a period of masculinization or feminization caused by hormones. Needlessly placing a client at risk by requiring a change in public identity is antithetical to human dignity and good clinical practice and is an abuse of the clinical/client relationship.

### *References*

Denny, D. (1997). Endocrine issues: Consumer-driven perspective. Paper presented at the XV Harry Benjamin International Gender Dysphoria Association Symposium: The State of Our Art and the State of Our Science. Vancouver, BC, Canada, 10-13 September, 1997.

Devor, H. (1997). A social context for gender dysphoria. Paper presented at the XV Harry Benjamin International Gender Dysphoria Association Symposium: The State of Our Art and the State of Our Science. Vancouver, BC, Canada, 10-13 September, 1997.

Kirk, S. (1997). Endocrine issues: Medical perspective. Paper presented at the XV Harry Benjamin International Gender Dysphoria Association Symposium: The State of Our Art and the State of Our Science. Vancouver, BC, Canada, 10-13 September, 1997.

*This position statement was prepared after consultation with the AEGIS Interdisciplinary Advisory Board, which is comprised of 30+ men and women who serve without compensation. Advisory Board members represent various professions, including psychiatry, psychology, sexology, endocrinology, plastic and reconstructive surgery, and electrology. Individuals with gender identity issues are well-represented on the board.*

### **Release of HBIGDA Standards of Care Revision is Eminent**

For several years, a committee of the Harry Benjamin International Gender Dysphoria Association, Inc. has been working on a revision of the Standards of Care. Unlike previous versions, which incorporated only minor changes, this revision breaks in a major way from the original SOC, which have been around in nearly original form for nearly 20 years.

Considering the many ways in which the field has advanced, major changes in the SOC are certainly due. The issue of gatekeeping by mental health professionals especially needs to be re-addressed, with an eye toward decreasing the formulaic nature of the SOC and acknowledging that most transsexuals are able to make competent, informed decisions about their lives and bodies.

Unfortunately, drafts of the SOC to date have called for increasing this gatekeeping power, especially with regard to hormones. Several members of the revision committee have told us that one committee member is insistent upon this.

We trust the committee will do the right thing and overrule this lone member, who represents an institution with an archaic, psychoanalytic view of transsexualism — a place which, by the way, is infamous for abusing and manipulating transsexuals — and give HBIGDA standards of care which will serve as well as previous versions.

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