

	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: 10/09/07	POLICY NO.: COR.10.1E.16
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.10D.38 (05/16/93)	
	SUBJECT: MEDICAL TREATMENT FOR TRANSEXUAL INMATES		Page 1 of 2

1.0 PURPOSE

The purpose of this policy is to provide guidelines for medical therapy for transsexual inmates.

2.0 REFERENCES AND DEFINITIONS

.1 Reference

- a. Hawaii Revised Statutes; Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. International Gender Dysphoria Association's Standards of Care, for Gender Identity Disorders, by Harry Benjamin, Sixth Version, (2001).

.2 Definitions

- a. Gender Dysphoria: Deep-seated dissatisfaction with one's gender.
- b. Transsexualism: The desire and practice of medically or surgically changing one's sex.

3.0 POLICY

- .1 Gender dysphoria is a medical diagnosis and shall be managed by health care staff.
- .2 The primary care physician and the psychiatrist or psychologist shall evaluate an inmate who requests to continue hormone therapy started in the community for gender reassignment. No inmate shall be allowed to begin sex hormone treatment while incarcerated if there is no history of hormone treatment in the community.
- .3 The patient shall be responsible for the cost of the medication.
- .4 No primary surgery for the purpose of changing an individuals sex shall be performed. Surgery shall be reserved to treat complications of pre-existing operative changes.

4.0 PROCEDURES

- .1 Any inmate who claims a history of medical or surgical therapy in the community to change his or her gender or sex shall be referred to the Health Care Section. Medical and

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mental health staff shall evaluate inmates presenting gender dysphoria using the Harry Benjamin criteria as revised by the health care staff to suit Hawaii's culture and this policy and procedures.

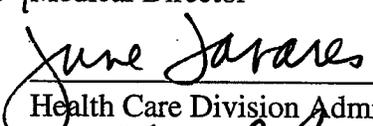
- .2 No inmate shall be administered sex hormones for the purpose of changing his or her gender characteristics without recommendation from the patient's physician and psychiatrist or psychologist. If all practitioners agree, a recommendation for treatment shall be made to the Medical Director. Approval by the Medical Director is required before therapy begins.
- .3 The Medical Director shall review the recommendation and approve or disapprove hormone therapy.
- .4 All male inmates shall sign an informed consent to estrogen therapy form DOC 0405, Estrogen Therapy Consent (Attachment A) before treatment. The consent shall be maintained in the medical records. Health care staff shall provide periodic medical follow up as noted in the consent.

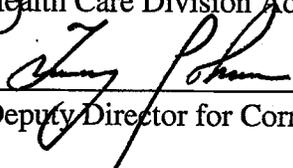
5.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

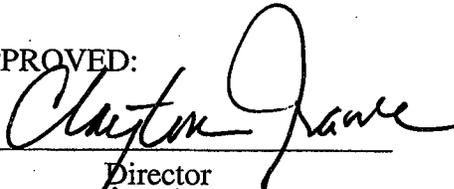
APPROVAL RECOMMENDED:


 _____ 10/08/07
 Medical Director Date


 _____ 10/08/07
 Health Care Division Administrator Date


 _____ 10/9/07
 Deputy Director for Corrections Date

APPROVED:



 Director
 _____ 10/09/07
 Date

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

ESTROGEN THERAPY CONSENT FORM

Your physician _____ has recommended that you be treated with the female hormone _____. Estrogens are female hormones that are mainly concerned with development and maintenance of secondary female sex characteristics.

As a result of estrogen therapy, you may experience a redistribution of body fat around the hips, shoulders, and neck as well as a slight decrease in growth of face and body hair with some redistribution in the female contour. Mild to moderate enlargement of the breasts (gynecomastia) occurs, and in addition there is quite a marked decrease of sexual drive, often with the inability to maintain penile erections, and a decrease in orgasmic potential. If you should discontinue hormone therapy, all these feminizing signs will disappear, and you will revert to your normal biological state.

You may have side effects from this medication including nausea and vomiting, headaches, dizziness, weight gain, water retention, an increase in blood pressure, and changes in skin (i.e., acne, rashes). Cholesterol levels may also increase. It is believed that these side effects are reversible on stopping the drug. There is a slight increase in the risk of thromboembolic disorders (blood clots, thrombosis). Some patients may experience depression and other mental changes. Benign hepatic tumors have also been reported. Cancer of the breast has been reported in a few male-to-female transsexuals after prolonged use of estrogens.

Although estrogens have been used for several years, the possible long-term effects are not known, and you are therefore taking a risk in accepting this treatment. Having carefully weighed and considered the potential harmful effects against the advantages of estrogen treatment, you may be required to make a written undertaking that you fully accept treatment with estrogens as recommended by Dr. _____.

Patient's Consent Form

I have read the information given above on treatment with estrogens and have understood it to my satisfaction. I have been given an opportunity to ask any questions I wish. I fully accept treatment with estrogens, as recommended by Dr. _____, and reserve the right to discontinue such treatment at any time without forfeiting any rights to future care. I agree to have regular blood tests as prescribed by my physician.

Signature _____

Witnessed By _____

Date _____