Transgender identity as a selectivity factor of access to health: an outline of the brazilian social symbolic structure

Identidade transgênero como fator de seletividade de acesso à saúde: um esboço da estrutura simbólica social brasileira

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ABSTRACT
The emergence of the Brazilian Unified Health System (SUS), arising from the 1988 citizen's constitution, constituted a fundamental pillar in the realization of inclusive and universal public health, while it aroused among the sectors of society the reflection there is about the need of thinking about health as something that goes beyond the walls of hospitals and curative policies, but rather as the sum of health actions that have the population as the main protagonists of care. Based on this question, the present literature review will seek subsidies in the context of symbolic social structuring, lending itself to analyze how living in a society guided by patriarchal values and moral principles can interfere in health care. Furthermore, it proposes to discuss how professional performance based on the pillars of heteronormativity and personal beliefs, presents itself as limiting factors for effective health care for the transgender population.

Keywords: transsexuality and health, health services for transgender persons, equity in access to health services.

RESUMO
O surgimento do Sistema Único de Saúde (SUS) brasileiro, oriundo da constituição cidadã de 1988, constituiu-se um pilar fundamental na concretização de uma saúde pública inclusiva e universal, ao passo que despertou dentre os setores da sociedade a reflexão há cerca da necessidade de se pensar a saúde como algo que extrapolga as paredes dos hospitais e as políticas curativas, mas sim como sendo o somatório de ações de saúde que possuem como principais
protagonistas do cuidado a própria população. Com base nessa questão, a presente revisão de literatura buscará subsídios no contexto da estruturação simbólica social, prestando-se a analisar como a vida em uma sociedade guiada por valores patriarcais e princípios morais pode interferir nos cuidados de saúde. Além disso, propõe-se discutir como o desempenho profissional, baseado nos pilares da heteronormatividade e nas crenças pessoais, se apresenta como fatores limitantes no cuidado em saúde eficaz à população trans.

**Palavras-chave:** transexualidade e saúde, serviços de saúde para pessoas transgênero, equidade no acesso aos serviços de saúde.

### 1 INTRODUCTION

The emergence of the Brazilian Unified Health System (SUS), arising from the 1988 citizen's constitution, constituted a fundamental pillar in the realization of inclusive and universal public health, while it aroused among the sectors of society the reflection there is about the need of thinking about health as something that goes beyond the walls of hospitals and curative policies, but rather as the sum of health actions that have the population as the main protagonists of care.1

In this perspective of attention centered on the health demands of the most diverse social groups, as well as the dissemination of broad access to public health, a reflection is established about one of the main principles in the structuring of SUS: the principle of equity. From this point of view, this principle raises the alert that “different social groups, such as black people, Indians, women, children, the elderly and LGBT's, may have different health needs, implying demands for differentiated government actions”1.

However, although the Brazilian constitution recommends health as a social right belonging to the entire population, regardless of age, sex, race, gender, or sexual orientation,2 it is visible that access to health services by some minority groups, such as for example, the population of lesbians, gays, bisexuals, transvestites and transsexuals, queers, intersexuals and asexuals (LGBTQIA+), is sometimes excluding.

In this way, it is important that we understand that even with the empowerment coming from social movements in favor of the LGBT community, health policies aimed at this group, although implemented, are not fully implemented.3 It is observed that this impasse is due to the prejudice rooted in many health services, as well as the inability on the part of professionals to avoid their value judgments at the time of contact with users, thus contributing to the non-resolution of problems of this portion of the population.4 It is reiterated that
Judgments of a moral and religious nature, besides being counterproductive in clinical work, especially (but not only) with the LGBT population (lesbians, gays, bisexuals, transvestites and transsexuals), generally incite stigmatization and discrimination, thus constituting another form of prejudice.

The situation is even more critical when we bring the transgender population to the center of the debate. Silva et al define transsexuals as people who “claim social and legal recognition as a woman or a man. They are convinced of belonging to the opposite sex, that is, their psychic sex is at odds with the biological one”.

According to the results of recent research,

Studies have exposed numerous difficulties in access and permanence of trans people in the services offered in the Unified Health System, showing the disrespect to the social name, trans / travestyphobia as an obstacle to the search for health services and causes of treatment abandonments in progress. They still discuss the pathologization of transvestite and transsexual gender identities in the SUS transsexualizing process as a promoter of selectivity in health services, obstructing access to many trans people.

Therefore, barriers to access to health prevent the transsexual population from fully enjoying the constitutional and civil rights that govern our country. Thus, the recognition of full human dignity, that is, the “free exercise of sexuality, the rights of the personality (right to intimacy and the body itself), the ability to give informed consent about what is unequivocally desired to accomplish and, especially, the transsexual's autonomy and self-determination becomes impractical.

According to Reisner et al, the real health situation of the global transgender population still remains little studied today, especially due to the stigma, social factors that encompass the daily life of this population, as well as due to the social discrimination that these individuals face in the search for better living conditions. They concluded that in order to achieve full access to health for this population

An important step to be taken would be a comprehensive approach to public health, including access to gender assertion (in the social, psychological, medical and legal contexts), as well as improvements in health systems through high quality epidemiological data, as well as through effective partnerships with local transgender communities, aiming to guarantee the effectiveness and cultural specificity of the programs to be developed. Finally, it is essential to invest in ensuring health for this population, as well as investing in innovative research that encompasses their needs, as they are essential for evidence-based health decisions.

In this way, it is observed that the integration between health and human rights is crucial for the advancement in social justice and improvements in the health of the trans population around the world. For Wylie et al, although guidelines currently exist for optimal medical care
for the trans population, the implementation of specific health services for these individuals depends directly on the infrastructure of the country’s health system and the social contexts of each location.

The authors also affirm that another essential point in the debate on the health of transgender people is the lack of preparation of doctors and health professionals to serve this portion of the population. Although the best scientific evidence today points to the need to early introduction of specific modules about transgender health in medical and other health professionals’ formations, in order to familiarize future professionals to this reality, there are few curricula that do. They also observed that "most of the health needs of the trans population can be solved by the primary care physician". This information is essential, since primary care is the gateway to public health, and, therefore, it must be able to meet and manage the demands of this population and must remove any prejudice.

According to Lopes and Ribeiro, the most difficult task to be performed by medicine today is the consolidation of the understanding that the health and well-being of an individual is the sum of the harmony between his biopsychosocial self, the environment that is inserted and the relationships that it builds daily. In this sense, Stewart et al affirm that it is essential that the exercise of medicine is centered on the person, in a holistic way, encompassing the most diverse dimensions that influence their life, and not on their pathologies, thus guaranteeing a stronger doctor-patient bond, as well as professionals more attentive and sensitive to the demands of each population.

In this scenario, the question arises as to how transsexual gender identity, as well as prejudice and stigmatization on the part of public health professionals, can be factors of difficulty in accessing Brazilian public health.

Based on this, the present literature review will seek subsidies in the context of symbolic social structuring, lending itself to analyze how living in a society guided by patriarchal values and moral principles, which do not take into account the autonomy of human beings, can interfere with your health care. Furthermore, it proposes to discuss how professional performance based on the pillars of heteronormativity and personal beliefs, presents itself as limiting factors for effective health care for the transsexual population, even being associated with illness.

In this perspective, understanding that the health situation of the individual and his access to quality care includes knowledge of his relationships with himself, as well as with the social dynamics that surround him, we seek to understand how these dimensions influence access to public health care by the transgender population and what are the repercussions of
stigmatization on these individuals. In order to distinguish the role of each protagonist involved in this issue, the article will be structured in four spheres of debate: the trans individual, their social context, the health-disease process in the face of social disparities and barriers to health care. Finally, it will discuss the possible strategies for coping with this situation.

2 THE INDIVIDUAL: DISRESPECT TO GENDER IDENTITY AND THE STIGMATIZATION THAT KILLS

Nobody is born a woman: she becomes a woman. No biological, psychological, economic destiny defines the form that the human female takes within society; it is the set of civilization that elaborates this intermediate product between the male and the castrated that qualifies the female (BEAUVOIR). In this way, through her famous phrase: “Nobody is born a woman: she becomes a woman”, the social theorist and feminist activist Simone de Beauvoir, brings to the center of the debate the process of social construction involving the male and the female, initiating the reflection about categories and gender relations. We understand today that the term “gender” arises from american feminist studies, which sought in a more incisive way, to represent the rejection of biological determinism in the construction of “being a man” or “being a woman” in society, thus insisting on the character fundamentally distinctions based on sex. However, the notion of gender as a social construction is not the only one found in societies. Nowadays, the influence of binary thinking is still very frequent, understood as the belief built on a simple and fixed duality between individuals of the female and male gender.

When we refer to gender identity, however, we seek to understand How the person identifies, with the female, male, with the two or with a variation between them, without necessarily having to have a continuity between genitalia (and other biological characteristics that determine sex) and gender (understood in a social perspective construction). There are several types of gender, among them those that do not fit the male / female binarism.

In this context, a transgender person is understood as an individual whose gender identity differs from that designated at birth and who seeks to make the transition to the opposite gender through medical intervention, which may be through sexual reassignment or only feminization/masculinization of the body. Therefore, it is important to emphasize that "contrary to what some think, what determines the transgender condition is how people identify themselves, and not a surgical procedure". The author also states that gender identity and
sexual orientation, the latter being understood as the tendency of affective-sexual attraction expressed by an individual, should not be confused. It is important to make it clear that transgender people can be heterosexual, lesbian, homosexual or bisexual, just as much as cisgender people.

Taking this scenario as a guideline, the trans population has been fighting a constant struggle for the recognition of their gender identity and for the end of invisibility, on the part of society and the public power, regarding the violence and stigmatization suffered daily by this part of the population\textsuperscript{14}. According to the data published by the Ministry of Women, Family and Human Rights\textsuperscript{17}, in its “General Balance of Violence against LGBT's”, which includes a result from 2011 to the first half of 2018 (Table 1), the state of Paraíba has been at the top of the ranking among the states with the most complaints per 100 thousand inhabitants, reaching the first position in 2018. At the time, 20 cases of discrimination, 18 cases of psychological violence, 10 cases of physical violence and 9 institutional violence were reported. The rate was 0.80 complaints per 100,000 inhabitants in the state, while the national rate turned around 0.52 cases per 100,000 inhabitants.

Table 1: Number of reports of violence against LGBT's per 100,000 inhabitants, by Brazilian federative unit (FU), between 2011 and the first half of 2018

<table>
<thead>
<tr>
<th>Ranking</th>
<th>FU</th>
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<th>Population</th>
<th>Complaints per 100,000 inhabitants</th>
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According to data from the Transgender Europe, a European network that supports the rights of the transgender population, in the worldwide deaths monitoring program for transgender people, Brazil is the country that kills the most transvestites and transsexuals in the world, with more than 868 registered deaths among 2008 and June 2016.\textsuperscript{18}

### 3 THE SOCIAL CONTEXT: THE NUANCES OF PREJUDICE THAT MARGINALIZES

Every occasion is propitious and every form is legitimate when it comes to the established to humiliate and disqualify transgender people for not sharing the same values as them, [...] one group can only effectively stigmatize another when it is well installed in positions of power of the which the stigmatized group is excluded (LANZ\textsuperscript{19}).

According to Silva\textsuperscript{6}, in the results of his field research with trans and transvestite women, it was almost unanimous by the vast majority of the interviewees, that the first experiences of exclusion occurred within the family nucleus, from the moment that they made explicit their desire to assume a gender identity different from that of your birth. This view is ratified by Lanz\textsuperscript{19}, who states that "the family is the first social instance of containment, repression and deterrence of the free expression of gender identity". At the time, the interviewees’ families were unable to express acceptance or establish any non-conflictual relationship, which is evident in the speech of one of the participants:

"I looked for my family, I was rejected by my brothers from Maranhão, in 2008. Prejudice starts with the family itself. They put me out of the house! Nobody wants to accept the condition that I am trans. In the head of our family, you are a man and you are still a man, you do not have this mentality of accepting your sexual orientation, I was humiliated! "(Participant 3)\textsuperscript{6}.

It was also found that other living environments of the interviewees, such as the schools they attended, were also places of reproduction of prejudice and discrimination, both by students and other members who made up the school structure. One of the participants even reports that
The school forbade me to wear women's clothes, in the beginning I wore two clothes, one male on top of the female and when the class ended, I stayed with the female. In the sixth grade I got tired and faced school, I started wearing women's clothes, after that I always dressed as I want, however, at the time, even threatened with death, I went for dressing as a woman. (Participant 1)

Furthermore, when they no longer find support in their main social environments, the family and the school, the trans population tends to seek other contexts of sociability and many of them end up discovering the street. Despite being full of innumerable risks, it is on the street that these people find the acceptability they have been waiting for, starting to build their social support networks, having vulnerability as a link between individuals. In addition, it is on the street that they often find the only job opportunity, prostitution, which can be seen in the speech of one of the interviewees in Silva’s study:

I had to adapt to all the new things. Living far from my family, there was no one for me. I was alone, I had to abandon my studies, I abandoned the service and I liked prostitution, it is a beautiful way. I made a lot of money, but it is money that comes easily and goes easy if you don’t have the head to invest. (Participant 4)

Finally, it is clear that the social phenomenon of prejudice against LGBT’s is something catastrophic and that it continues to leave marks of violation of human rights, contributing to the marginalization of these individuals, as well as to the gigantic range of violence “to those who are against to heteronormative standards, human beings who had and have their inherent right to life-freedom, violated”.

4 THE HEALTH-DISEASE PROCESS: THE SYNDOMIC IMPACT OF SOCIAL DISPARITIES

Although it is known that there are well-established concepts in relation to what is considered health and disease, it is noticeable that such definitions tend to adapt to the reality experienced by each society, in their cultural experiences and form of organization. Thus, a health model such as SUS, which has at its core the mission of strengthening health promotion, assumes that the health-disease process is the sum of socioeconomic, cultural, psychological, racial and behavioral determinants, leading us to reflect that this phenomenon is unique to each individual.

In this context, is proposed that health is understood as the sum of three plans: the subindividual, the individual and the collective. The subindividual plan would correspond to the biophysiological sphere of health, where the imbalance between normal and abnormality, would generate two phenomena: illness and disease. The disease would correspond to the
patient's view, and the symptoms that afflict him, and the disease, would be the condition detected by the health professional, framed in a well-defined nosologically pattern.

The individual plan, in turn, brings the understanding that people, in addition to biological beings, are social protagonists, and, therefore, the health-disease process it also results from the general social conditions of the existence of individuals, such as social classes and groups. And finally, the collective plan would correspond to the expansion of the two previous plans, encompassing in the understanding of health, the intense web of relationships built by the individual, whether in his family, neighborhood, work, as well as in his state, country and continent. In other words, it would correspond to the cultural aspect that is unique to each individual.

It was in this sense, from the broader perception of health, and from the consideration of social determinants in its structuring, that the American medical anthropologist Merrill Singer, supported the Syndemy theory. Defined as the process of “harmful concentration and interaction of two or more diseases or other health conditions of a population, especially arising as a result of social inequities or the exercise of unjust power”25. In the author’s understanding, the interaction of pathologies in individuals belonging to marginalized classes, such as the trans population for example, is different compared to prestigious social groups, which makes the less favored social groups have a more negative illness experience.

Thus, the recognition of the synergy between human rights and public health is complemented by the concept of health and disease presented by the union theory25. Therefore, some points are essential so that marginalized groups do not have effective access to health and are more vulnerable, especially in environments that stigmatize and do not recognize them. The author clarifies that

[...] (1) Government measures that restrict personal freedom limit health-seeking behavior; (2) discrimination and the consequent stigmatization are disincentives for an effective search for health; (3) the denial of social, economic and political rights impedes the ability of individuals to protect their health and safety25.

Along the same lines, Winter et al26, in their study on the health of the trans population, brings the perspective of illness with the triggering factor of the stigmatization process suffered by this group (Figure 1). According to the authors, these individuals tend to live “on the margins of society, where they tend to get involved in risky situations and behaviors. Worldwide they carry a heavy burden of violence, as well as a risk of contracting diseases, such as HIV”26.
Figure 1: Stigma-Illness Relationship


5 CARE: BARRIERS TO ACCESS TO PUBLIC HEALTH BY THE TRANS INDIVIDUAL

“The good doctor treats the disease. The great doctor treats the patient who has the disease” - Sir William Osler.

The trans population, being marginalized in most modern societies, tends to have great difficulties in accessing public health, either because of strangeness and prejudice on the part of the frontline professionals or due to the simple fact of the services they use do not resolve their demands. According to Cardoso and Ferro\(^\text{27}\), the Ministry of Health recognizes that prejudice against gender identity is one of the constituents of the complex process of social exclusion of the trans population, and that this results in a range of vulnerabilities.

Rocon et al\(^\text{28}\) reveals that,

Disrespect for the social name is presented as one of the main forms of discrimination present in the daily life of health services. As a result, dozens of transgender people resist seeking health care for fear of discrimination. [...] producing a framework of exclusion from access to health. Taking into account the conditions of social vulnerability that trans people generally experience, these situations of violence in health services can produce irreversible illnesses and lead to death \(^\text{28}\).
It is evident that the professionals' lack of preparation would not only be related to the issue of sexual diversity knowledge, but also in their ability to deal with the particularities of this part of the population, as well as to establish an effective bond with the user, in order to resolve your demands in the best possible way\textsuperscript{29}.

It was against this background that the Brazilian government created the National LGBTTT Comprehensive Health Policy in 2010, aiming to guarantee the promotion of “comprehensive health for lesbians, gays, bisexuals, transvestites and transsexuals, eliminating discrimination and institutional prejudice, and contributing to the reduction of inequalities and the consolidation of UHS as a universal, comprehensive and equitable system”\textsuperscript{4}.

Carvalho and Philippi\textsuperscript{30}, concluded that the LGBT population needs more welcoming health services, and “with properly trained professionals who are able to refer them to health services according to the specific need presented, suggesting then permanent education of workers in the health area”\textsuperscript{30}. The authors also emphasize the need for health professionals to be increasingly attentive to the needs of these users, because only then, will be able to offer humanized, resolutive and quality care.

### 6 FACING OBSTACLES: IN SEARCH OF QUALIFIED CARE IN THE LIGHT OF THE PERSON-CENTERED CLINICAL METHOD

SUS may become an important instrument to promote the citizenship of trans people as it implements the universality of access - seeking to overcome its impediments -, the integrality of care - offering, in an articulated and continuous way, the services that allow to face the determinants and conditions of health and illness - and equity - considering issues specific to the health of trans people. (ROCON et al\textsuperscript{7})

There is a unanimous thought that in order to achieve an effective approach to the health of the trans population, it is necessary, in summary, three actions: that this population be offered easy access to services of gender affirmation, a resolutive health system based on evidence, and finally, solid and constructive relationships with local transgender communities\textsuperscript{9}. Thus, the construction of multisectoral partnerships is essential, encompassing advocacy, social justice and human rights, in guaranteeing access to public health by the trans world population.

With regard to public policies for the LGBT public more specifically, it is concluded that “whatever the area of government activity, it is imperative to strengthen the dialogue between representatives of federal, state and municipal governments and the formulation of intersectoral, transversal policies and continued”\textsuperscript{1}, in order to achieve significant advances in the health of this population.
In the specific field of LGBT health, the need to materialize the principles of universality, integrality and equity, which are the bases of the Unified Health System, in the solution of this problem is reiterated. Such an action would be put into practice through policies to combat lgbtophobia, as well as in measures that seek to solve the exclusionary consequences of the performance of health professionals, which guide their conduct, in most cases, in the precepts of heteronormativity and discrimination against that is different.

Faced with this delicate situation, the concept of the Person-Centered Clinical Method (PCCM) arises amid the debate on the health of the trans population. According to Fuzikawa, the method emerged through the users' demand for a more comprehensive service, and that included their demands, concerns and experiences related to health or the process of becoming ill. The method was developed through the results of the study by Canadians McWhinney and Stewart et al, as well as the South African Levenstein et al, where they observed the appointments and the reasons that led patients to seek medical help.

For Broeiro, the Person-Centered Clinical Method

[...] takes into account the peculiarities of each person who falls ill and values the therapeutic role of the doctor; the holistic approach to the patient and/or the disease in its context; the reasoning and decision-making process leading to the diagnosis taking into account the patient's expectations, feelings and fears.

This approach is composed of six components: The exploration of the disease and the person's experience with the disease; the understanding of the person as a whole; the elaboration of a shared problem management project; the incorporation of prevention and health promotion in daily life; the intensification of the doctor-patient relationship; and be realistic about the structure of the consultation.

Stewart, with the aid of a modified version of the Davis Observation Code (DOC), assessed whether the use of the method was related to better use of health services. It is concluded that the use of PCCM led to a decrease in the use of health services. The results were statistically significant in four of the five categories evaluated: hospital consultations (p = 0.0209), hospitalizations (p = 0.0033), complementary diagnostic tests (p = 0.0027) and use of hospital specialties (p = 0.0417).

Therefore, it can be observed that the construction of health policies for the LGBT population, especially transgender users, based on the person-centered clinical method, becomes urgent and extremely necessary. In addition to allowing a greater understanding of the conditions that afflict and contribute to the illness of this portion of the population, health actions based on this method are related to higher rates of resolving the demands brought to the
office. Furthermore, it is a point of interest for governmental spheres, the practice of person-centered care was shown to be associated with a statistically significant global decrease in health expenditure ($p = 0.0002$).  

### 7 CONCLUSION

It is evident that transgender identities, when expressed in society, tend to push transgender individuals into a situation of social vulnerability, marked by the fragility of work bonds, social relations and access to health, and which determines a restriction in the social participation of these people in equal rights, characterizing the condition of social disadvantage. This process affects their autonomy, rights and their personal and social empowerment. Thus, these people go through various situations that lead to different sufferings, especially psychological suffering. Spaces that should be configured as important social supports, such as public health services, especially Primary Care, the user's gateway to SUS, become spaces of exclusion based on the minimal signs of difference between users.

It is necessary to problematize, with health professionals, the consequences of binary gender and heteronormativity for the health of transgender people through continuing education programs and permanent campaigns to publicize the right to care free from discrimination. The SUS could become an important instrument to promote the citizenship of trans people as it implements the universality of access - seeking to overcome the barriers that prevent quality health care -, comprehensive care - offering, in an articulated way and continuous, the services that allow to face the determinants and conditions of health and illness - and equity - considering the issues specific to the health of trans people.

Given the above, it is of fundamental importance the developing of new researches in this field, in order to build a Brazilian health panorama of the trans population, allowing the creation of public health policies and the strengthening of their individual care process.
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