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THE TRANSGENDER LIFE CARE PLAN: A CASE REPORT

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Abstract

A case study of a woman who became transgendered as the result of an unintended over dosage of testosterone is described. Life care plan evaluation, research, data analysis, recommendations and useful resources for this unique situation are presented.

The Transgender Life Care Plan: A Case Report

Ms. Smith (a pseudonym) became transgendered as the result of an unintended excessive dosage of testosterone over a prolonged period of 12 to 15 months from initiation of treatment until her physical and emotional changes were discovered. The physician-prescribed dose was three to four times higher than the dose prescribed by other physicians, and this dose was accidentally increased. Ms. Smith is a married heterosexual female in her late fifties who was initially prescribed testosterone to treat tiredness and dry skin associated with life changes. The prescribed over dosage of testosterone was not detected for several months, and not until after Ms. Smith underwent a variety of physiological, cognitive, and emotional transformations. For instance, her voice deepened at a time when she had influenza, but the voice did not return to its normal tone once the influenza resolved. Her life was consumed with attempts to identify the changes occurring to her, many of which became irreversible once the cause was determined. In the database at the local hospital, she is now identified as male for purposes of emergency treatment.

Ms. Smith's case was referred by her attorney with a request that a life care plan be developed based on the accidental masculinization of the evaluee. Various records were reviewed and a thorough review of the literature ensued, resulting in virtually no guidance regarding similar cases of involuntary transgendering. The existing literature was isolated to cases involving testosterone doping of athletes (Franke & Berendonk, 1997) that enhances their performance ability or androgenization resulting from ovarian abnormalities (Siekierska-Hellmann, Sworczak, Babinska, & Wojtylak, 2006). Personal contacts with a variety of transgender clinics and specialists across the United States suggested that Ms. Smith's case was unique in that these sources could not identify other cases in the literature, or anecdotally, similar to Ms. Smith's.

Ethics Statement

The rarity of Ms. Smith's case, and lack of guidance in the mainstream and transgender health literature, poses a unique ethical dilemma to the practitioner-scientist of sharing the information with the profession while protecting an evaluee's confidentiality. The Institutional Review Boards of two universities considered this matter, and professional disclosure and release forms specific to the forensic-evaluee-turned-research-participant were reviewed and signed by Ms. Smith. To further safeguard confidentiality, references to specific identifying variables, such as geographical location, specific treatment centers or providers, and other potentially identifying data, have been removed.

Methodology

The methodology employed in the life care plan is that which is outlined by Deutsch and Sawyer (2005) and Weed (2004) and is generally used as a theoretical framework in many life care planning training programs throughout the country that could be identified through an Internet search.

Case Description

Medical History

Ms. Smith had a variety of pre-existing medical conditions or procedures prior to the masculinization. She underwent a total hysterectomy in 1998 and had a variety of orthopedic conditions or surgeries (e.g., cervical strain, medial collateral ligament tear, left rotator cuff tear surgery) in the early to mid 2000s. She has also undergone episodic treatment for mental health issues. No treatment for these pre-existing conditions was considered in the life care plan unless the impacts were additive to the previous treatment or were considered on a more probable than not basis to be necessary.

As a consequence of the over dosage, Ms. Smith was diagnosed with androgenization and masculinization. These diagnoses were manifested by:

Male pattern baldness/temporal hair recession
Facial contour changes and masculinization
Changes in skin texture
Deeper voice
Subcutaneous fat redistribution
Hirsutism and male escutcheon (hair growth patterns)
Abdominal laxity
Loss of breast texture
Increased muscularity
Clitoromegaly (enlargement of the clitoris)

Part of Ms. Smith's treatment involved consultation with a general practitioner about four times per year, two of these visits being specific to the issue associated with the residuals of the testosterone overdose based on the records and reports from treating physicians. She was evaluated and/or treated by transgender physicians, mental health counselors, or surgeons.

Now, Ms. Smith appears physically to be a male. During the initial interview with the life care planner, she wore a wig that she took off revealing a receding hairline that significantly added to her masculine appearance. She states the public often mistakes her and her husband as a homosexual couple. She reports being typically identified as a cross dresser when she wears more feminine attire or a wig, while she is identified as a male when she wears more casual clothing.

Beyond the physical and emotional effects of the significant masculinization, Ms. Smith's transgender physician indicated that the evaluee also developed insulin dependent diabetes and hypertension. Ms. Smith is at greater risk for developing other secondary or co-morbid medical conditions identified by her treatment team and the literature to include: dyslipidemia, coronary artery disease, cerebrovascular disease, clotting disorders, homocysteine metabolism errors, sleep apnea, and emotional instability.

Medically, Ms. Smith was weaned to the level of testosterone usage she was originally prescribed to help with her emotional issues because it was found to therapeutically benefit her. She also took daily antidepressants for mental health effects associated with adjusting to her body image and persona resulting from the transgendering. Ms. Smith underwent laser hair removal for the hirsutism. She continued to have residual hair growth issues and had not been able to afford continued treatment. She was evaluated at a transgender clinic regarding feminization surgery to reduce some of the effects of the androgenization. The series of surgeries recommended involved a brow lift, eye adjustment, jaw alignment, nose and ear adjustments, breast surgery, and an abdominioplasty. She was engaged in a physician-guided program to attain the weight level necessary to start the recommended surgeries.

Psychologically, Ms. Smith indicated feeling violated due to the effects of the testosterone that changed her in ways she had not intended. For instance, she considered her thought process to have changed, in that after the masculinization she did not react emotionally the same way but addressed situations from a more masculine or stoic perspective. She received personal and distance counseling from a transgender counselor based out of another metropolitan area and found the counseling helpful in her adjustment and coping. Ms. Smith's husband, however, had not yet been ready to discuss neither his wife's masculinization nor its affects upon him and their relationship.

Discussion: The Life Care Plan

Because of the rarity of the involuntary masculinization, the team's recommendations are based on reparative mitigating treatment rather than on untried or invalidated treatment, such as reverse transgenderization through hormone treatment. Note that the only treatment options not included in the life care plan are those associated with the clitoromegaly due to personal choice of the evaluee.

Based on the diagnoses, recommendations of the treatment team and the life care planner are outlined in Table I. The costs are in 2008 dollars for the medium to large metropolitan communities in the evaluee's geographic area where the research was performed. Specific costs and recommendations may differ based on the geographical area, pre- or co-morbid conditions pertinent to an evaluee, and/or emerging research in the field of medicine or life care planning. For example, there may be recommendations for medications for pre- or post-operative care or for other conditions emerging from the condition or complications.

Table 1

Life care plan

Projected Evaluations

Evaluation	*Frequency*	*Base Average Cost*
Counseling – individual (spouse)	Once	$90-$100
Counseling – couples	Once	$100-$110
Speech and Language Pathology	Once (two hours)	$160-$240

NOTE: See Bockting, Knudson, & Goldberg (2007) for mental health issues and Davies & Goldberg (2007) for speech recommendations.

Supply Needs

Item	*Frequency*	*Base Average Cost*
Wig	Every 1-3 years to LE	$516
Wig adhesive/tape	6x/yr. to LE	$75

NOTE: Wigs and supplies are alternative to the hair replacement in case that procedure does not reverse the male-pattern baldness and the evaluee must continue to wear wigs. See Arias (2006) and the *United States Life Tables, 2003,* for life expectancy (LE) assumptions.

Projected Therapeutic Modalities/Procedures

Therapy	*Frequency*	*Base Average Cost*
Counseling – couples	3-6 sessions	$300-$660
Counseling – individual (spouse)	12-26 sessions	$1,080-$2,600
Counseling – individual (evaluee)	4-8 sessions	$360-$800
Speech and Language Pathology	2 hrs./week, 9 – 26 wks. (18-52 sessions)	$1,440 - $6,240
Hair removal	Various sessions	$15,000
Skin resurfacing	Various sessions	$5,000 - $8,000
Make-up training	Two sessions	$80

NOTE: See Bockting, Knudson, & Goldberg (2007) for mental health issues and Davies & Goldberg (2007) for speech recommendations.

Diagnostic Testing

Diagnostic	*Frequency*	*Base Average Cost*
Complete Hormone/Lipid panel, CBC	2-4/yr.	$160-$320

Future Medical Care – Routine

Recommendation	*Frequency*	*Base Average Cost*
General Practice	Annual	$312
Transgender Physician	Annual	$150
Endocrinologist	Annual	$200-$510 (initial consultation); $198/yr., established patient
Weight loss specialist	Once	$1,500

Note: General practice routine care accounts for additional visits for medical treatment or monitoring particularly associated with the masculinization.

Surgical Intervention

Recommendation	*Frequency*	*Base Cost*
Surgery 1: Scalp advancement, rhinoplasty, upper lip reduction, jaw tapering	Once	$24,425
Surgery 2: Lipectomy, abdominoplasty, breast augmentation	Once	$24,650
Surgery 3: cheek implants, upper and lower eyelid blepharoplasty, facelift	Once	$25,425
Hair replacement	Once	$6,656

Note: Surgical costs include surgery, surgeon fees, anesthesia, hardware, nursing care, materials, and facility fees. Should hair replacement surgery be successful, it may eliminate the need for wigs. See Supply Needs for further information.

Because treatment and services specific to transgender health may be non-existent or limited in some communities, costs of travel and lodging, meals, and time-off-work should be included in the life care plan with regard to areas where treatment is available. In this case, during the first two years of the life care plan, these costs cover between 40 to 64 days of expenses. Thereafter, an estimate of four days of travel per year through life expectancy was included in the original life care plan. Note that Table 1 does not include the specific breakdown of the travel costs included in the plan due to author concerns associated with identifying the geographical area of research and privacy considerations for the evaluee.

Useful Resources in a Transgender Life Care Plan

The *Membership Directory* (2007) for The World Professional Association for Transgender Health, Inc. (1300 S. 2nd St., Ste. 180, Minneapolis, MN 55454, 612.624.9397, wpath@wpath.org http://www.wpath.org) was valuable in identifying medical, mental health, speech, and other specialists working with transgender patients. In addition, existing protocols (Tom Waddell Health Center, 2006) or standards of care (The Harry Benjamin International Gender Dysphoria Association, 2001) provide useful guidelines of issues to consider in developing a life care plan for a transgender case. The American Association of Sexuality Educators Counselors and Therapists was helpful in identifying mental health practitioners who specialize in transgender issues (see http://www.aasect.org/directory_usa.asp). For voice therapy, *Voice and Communication Therapy for the Transgender/Transsexual Client: A Comprehensive Clinical Guide* (Adler, Hirsch, & Mordaunt, 2006) may be useful. Lastly, literature located through the *International Journal of Transgenderism* or other journals in medical specialties of obstetrics, endocrinology, internal medicine, plastic surgery, dermatology, and hormones were valuable to the life care planning process.

Because of the uniqueness of the case and the individual needs of the evaluee as a result of the masculinization, team recommendations included items not typically contained in a life care plan. For example, to supplement feminization plastic surgery and skin treatments, short-term training over two sessions with a film make-up artist was recommended to assist Ms. Smith is regaining her feminine appearance. With respect to her voice, she elected more conservative treatment through voice retraining by a speech and language pathologist rather than the more invasive voice surgery, although that was an option that was considered. Because there are relatively few transgender mental health practitioners, and these are generally located in very large metropolitan areas, treatment was considered as a combination of face-to-face and tele-therapy sessions.

Conclusions

This case of a heterosexual woman in her late 50s who was involuntarily transgendered as a result of an accidental overdose of testosterone is described for the purpose of presenting the application of life care planning in such rare and unique circumstances. Most importantly, it is an attempt to enlighten practitioners and individuals alike regarding the potential for involuntary and irreversible masculinization and to present potential resolutions and resources for those dealing with these circumstances.

The recommendations by the treatment team were specific to the circumstances of Ms. Smith. Male-to-female transgenderism may involve similar or other recommendations; or, the particular circumstances of an evaluee may result in different or additional recommendations.

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