Chapter # 4

FROM SURGICAL TO COMPREHENSIVE CARE:
The reconfiguration of transgender healthcare in a university hospital of the Brazilian Unified Health System (SUS)

Luciana Ribeiro Marques[1], Priscila Mählmann[1], Sonia Alberti[2], Márcia Cristina Brasil dos Santos[2], Aldine Marinho[1], Pedro Henrique de Souza Boente[3], & Victor Luigi Maiolino Lopez[1]
[1]*Institute of Psychology, State University of Rio de Janeiro, Brazil*
[2]*State University of Rio de Janeiro, Brazil*
[3]*Pontifical Catholic University of Rio de Janeiro, Brazil*

ABSTRACT
Brazil has a universal public health system – the Unified Health System (SUS) – created in 1990 and founded on the principles of universality, comprehensiveness, and equity. As a unique public policy in the global context, ensures free access to healthcare for the entire population. Within this framework, healthcare for trans and travesti people was initially structured through the *Transsexualization Process*, established in 2008 and centered on gender-affirming surgeries. The experience since then has revealed the need to broaden the concept of care, incorporating psychological, social, and institutional dimensions: guidelines of Ordinance No. 2.803/2013 of the Brazilian Ministry of Health. The creation, in 2022, of the *Identidade – Transdiversidade* Outpatient Clinic, linked to the Health Complex of the State University of Rio de Janeiro (UERJ), responds to this demand by proposing a model of comprehensive and interdisciplinary care. Based on institutional records and ongoing research (2022–2025), this chapter analyzes the reconfiguration of transgender healthcare, with an emphasis on depathologizing practices and the interface between public policy and clinical work. Preliminary data indicate a high prevalence of psychological distress, suicidal ideation, and hormonal self-medication among users, underscoring the urgency of intersectoral policies focused on mental health and the strengthening of care networks.

Keywords: transgender health, depathologization, mental health, public policies.

1. INTRODUCTION

The Identidade – Transdiversidade Service is affiliated with the State University of Rio de Janeiro (UERJ) through its Health Complex, which includes the Pedro Ernesto University Hospital (HUPE) and the Piquet Carneiro Polyclinic (PPC). Established in May 2022 as an initiative of the Teaching and Assistance Unit (UDA) of Endocrinology, in partnership with the Coordination of the Transsexualization Process Outpatient Clinic and the Social Work Department of HUPE, the outpatient clinic offers specialized care to the transgender population, in accordance with the guidelines of the Transsexualization Process of Brazil's Unified Health System (SUS). Since 2008, HUPE has been accredited by the Ministry of Health, a federal agency, as a Specialized Care Unit in the Transsexualization Process, both in the hospital modality – focused on surgeries – and in the outpatient modality. The Identidade Service, however, is exclusively dedicated to clinical follow-up, which is the focus of this work.

Created within a public university, the service represents an innovative model within the SUS network, shifting the focus of care from surgery to a comprehensive and interdisciplinary clinical perspective. This institutional transformation reflects contemporary changes in transgender health policies, which seeks to move beyond the pathologizing and biomedical paradigm toward more affirmative and inclusive practices (Bento, 2021; Vergueiro, 2019).

The Transsexualization Process constitutes a public health policy within the SUS aimed at ensuring the right of trans and travesti individuals to access specific healthcare, especially regarding bodily transformations. Ordinance No. 457/2008 of the Ministry of Health regulated this form of assistance, later redefined and expanded by Ordinance No. 2.803/2013. In the medical field, Resolution No. 2.265/2019 of the Federal Council of Medicine updated the guidelines for the care of people with gender incongruence or those who identify as transgender. Although since the late 1990s – starting with Resolution No. 1.482/1997 – the population has been partially included in certain forms of care, barriers to access remain significant, limiting the effectiveness of healthcare and rendering their needs invisible.

From a methodological standpoint, this chapter is based on document analysis of institutional records, minutes of interdisciplinary meetings, and reports produced by the multiprofessional team between 2022 and 2025, combined with quantitative data collected from 210 users treated at the service. This ongoing research seeks to describe the sociodemographic profile and the main physical and mental health demands of this population, as well as to reflect on the impact of depathologization on clinical and institutional care.

Limited access to specialized services aggravates preventable morbidity and mortality. In the absence of effective public policies, many trans and travesti people seek alternative means of body modification, often under precarious and unsafe conditions. Invisibility, misinformation, and prejudice result in discrimination, violence, and exclusion, with direct impacts on both mental and physical health. Anxiety, depression, self-harm, eating disorders, and psychotic episodes frequently occur, as does the high use of tobacco, alcohol, and other psychoactive substances compared to the cisgender population. In this context, the Identidade Service team seeks to provide comprehensive, interdisciplinary, and humanized care, understanding gender and sexuality markers as expressions of human diversity rather than pathologies.

This chapter aims to analyze how the institutional experience of the Identidade Service exemplifies the transition from a model of care centered on medical interventions to one that is comprehensive and depathologizing. By situating this local experience within the global debate on transgender health, it seeks to discuss the challenges and possibilities of a public healthcare approach that promotes inclusion, interdisciplinary training, and recognition of the plurality of gendered existences.

2. BACKGROUND

The consolidation of the Unified Health System (SUS) in 1990 represented a historic achievement in the field of Brazilian public policy, guaranteeing universal and free access to healthcare based on the principles of universality, comprehensiveness, and equity (Law No. 8.080/1990). The SUS is internationally recognized as one of the most comprehensive public health systems in the world (Pan American Health Organization, 2018). However, the full implementation of these principles encounters limits imposed by structural inequalities and the various forms of exclusion that affect historically marginalized populations, such as trans and travesti people.

International and Latin American studies have highlighted the vulnerability of this population in relation to healthcare systems (Winter et al., 2016; World Health Organization, 2022; World Professional Association for Transgender Health, 2022; Rocon, Rodrigues, Zamboni, & Pedrini, 2020). In many countries, access to healthcare for trans people remains restricted by rigid biomedical criteria and the pathologization of gender identities. In Brazil, although the Transsexualization Process represents progress, its initial focus on surgeries and endocrinological monitoring maintained a medicalizing logic for a long time (Bento, 2021; Pelúcio, 2020).

Since 2013, with the expansion of ministerial guidelines, the focus of care has come to include psychosocial and comprehensive health dimensions. This shift is often presented as part of a broader depathologization movement, consolidated by the World Health Organization in 2019, when the ICD-11 replaced the term *"gender identity disorder"* with *"gender incongruence"*, moving it from the chapter on mental disorders to the field of sexual health (World Health Organization, 2022). However, this change does not break with the diagnostic logic; it merely reinscribes it elsewhere within medical discourse. The trans experience remains coded as a clinical condition, revealing the persistence of a normative gaze upon bodies and modes of subjectivation. In this context, the discourse of inclusion operates as a new, subtler form of regulation, still sustained by the need for institutional legitimation. In contrast to this diagnostic rationality, the ethical position that guides the work of the Identidade Service is radically distinct: it is a clinic that transforms the clinical act itself into a form of ethical resistance to the identitarian and diagnostic normativities that permeate the field of mental health.

From this perspective, care for trans people must be understood in its ethical, political, and social dimensions. The concept of comprehensiveness in healthcare – one of the pillars of the SUS – implies recognizing the subject as the protagonist of their own care, as opposed to disciplinary fragmentation and medical-centered hierarchization, a perspective discussed by several authors in the field of collective health (Ayres, 2009; Cecílio, 2011). This paradigm underpins the model developed by the Identidade Service, in which interdisciplinary care is integrated with clinical listening and the training of professionals for the SUS.

Thus, the psychoanalytic framework guides the clinical practice in mental health at the Identidade Service. More than one theoretical tool among others, psychoanalysis offers a treatment orientation that, by operating from the subject's discourse rather than from knowledge about the subject, redefines the very meaning of care. As an orienting framework, it provides a direction grounded in desire and singularity, rather than in models of normalization (Alberti & Jorge, 2019). The presence of psychoanalysis within the university institution, articulated with teaching and research dimensions, allows health training to open itself to listening to the subject and to the singular forms of suffering, thereby escaping classifications that tend to fix and reduce human experience.

3. OBJECTIVES, DESIGN, METHODS

The present chapter aims to analyze the reconfiguration of transgender healthcare within a public university institution, highlighting the transition from a surgical model to a comprehensive, interdisciplinary, and depathologizing approach. It seeks to understand how the Identidade – Transdiversidade Service contributes to expanding access to healthcare and to consolidating inclusive public policies.

From a methodological perspective, this is a descriptive and analytical study, combining qualitative and quantitative approaches, conducted within the Health Complex of the State University of Rio de Janeiro (UERJ). The reflections presented here are based on: (a) institutional records and administrative documents of the service; (b) minutes of interdisciplinary clinical meetings held between May 2022 and August 2025; and (c) quantitative data obtained through a sociodemographic and clinical questionnaire applied to 210 users assisted between 2022 and 2025.

The variables analyzed include gender identity, age group, waiting time for care, mental health conditions, and experiences of violence. The data were organized in spreadsheets and analyzed using simple descriptive statistics (percentages and frequencies). In parallel, qualitative reports produced by the teams of Psychology, Social Work, Endocrinology, and Psychiatry were examined to identify the main thematic axes emerging from clinical practice.

The study follows the ethical principles of Resolution No. 510/2016 of the National Health Council and is part of the institutional project *"Depathologization and Comprehensiveness in Transgender Healthcare"*, approved by the Research Ethics Committee of UERJ.

4. FUTURE RESEARCH DIRECTIONS

4.1. Sociodemographic and Mental Health Profile

Preliminary data reveal a diverse population marked by multiple social vulnerabilities. Among the 210 users who participated in the study, 44.1% identify as transmasculine, 44.1% as transfeminine, and 11.8% as nonbinary. This distribution mainly reflects the service's role as a reference center and the growing demand for specialized care, rather than differences in prevalence within the general population. The predominant age group is between 18 and 35 years old (73%), and 68% reside in the Metropolitan Region of Rio de Janeiro – figures that highlight the urban concentration of public health services and the barriers faced by those living in other regions of the state. The average waiting time for the first appointment was 16 months, with 33.3% waiting between one and two years, indicating a concerning gap between demand and institutional capacity. This discrepancy underscores the importance of expanding the care network and training new multiprofessional teams within the Unified Health System (SUS).

Regarding mental health, there is a high prevalence of psychological distress and self-perceived vulnerability, expressed in the indicators presented in Table 1. Suicide attempts and ideation, self-mutilation, and hormonal self-medication are frequent occurrences among users, along with high rates of family and institutional violence.

These data illustrate the cumulative impact of social exclusion, transphobia, and limited access to care, forming a scenario in which suffering cannot be understood merely as an individual expression but as an effect of structural determinants. The fragility of social bonds, delays in access to clinical follow-up, and the absence of qualified listening within primary healthcare networks recurrently emerge as factors that exacerbate psychological distress.

Table 1.
Mental Health Indicators of Users of the Identidade Service (2022–2025).

Indicator	Percentage (%)
Suicide attempts	26,8
Suicidal ideation	19,5
Self-mutilation	18,3
Hormonal self-medication	38,8
Family violence	50,0
Institutional violence	40,0

Source: Identidade – Transdiversidade Service Database / State University of Rio de Janeiro (UERJ) (2022–2025).

These findings are consistent with national and international studies that indicate a high incidence of psychological distress and suicidal behavior among the transgender population (Makadon, 2012; Dhejne, Van Vlerken, Heylens, & Arcelus, 2016; Rocon et al., 2020). The prevalence of hormonal self-medication and experiences of family and institutional violence reveal the insufficiency of care networks and the persistence of discriminatory practices that hinder access to healthcare.

Within the context of Brazil's Unified Health System (SUS), the presence of interdisciplinary teams has proven fundamental in addressing this situation. The Identidade Service brings together professionals from Psychology, Psychiatry, Social Work, Endocrinology, Gynecology, Urology, Speech Therapy, Nutrition, Physical Education, and Nursing. This multiprofessional composition makes it possible to develop individualized care plans and to integrate clinical follow-up with psychological listening and social support.

4.2. The Multi- and Interdisciplinary Model and the Ethics of Care

The Identidade – Transdiversidade Service is structured according to a multi- and interdisciplinary model in which different specialties and fields of knowledge are articulated around a common guiding principle: to provide comprehensive and continuous care that recognizes the subject in their complexity, rather than reducing them to their immediate clinical demands. Weekly team meetings constitute a central device of this practice, enabling dialogue among professionals and the collaborative construction of follow-up strategies.

More than a technical arrangement, the articulation between the multiple and the interdisciplinary assumes the status of an ethical principle, guiding collective work in a way that avoids both the fragmentation and the standardization of care (Ayres, 2009; Cecílio, 2011). From this perspective, comprehensiveness ceases to be merely a normative ideal and becomes a concrete practice that departs from the traditional biomedical logic, allowing the clinical encounter to unfold outside the regimes of stigma and prescription. Users' reports indicate that the first consultation is often experienced as an inaugural moment of speech and recognition, in which it becomes possible to articulate experiences that had previously been marked by silence or invisibility.

5. DISCUSSION

The experience of the Identidade – Transdiversidade Service demonstrates that broadening the concept of transgender healthcare is an essential condition for realizing the principles of Brazil's Unified Health System (SUS). The shift from a surgical model to a comprehensive and depathologizing model promotes not only access to physical and mental

health care but also the social and institutional recognition of trans and travesti people as subjects of rights.

The data presented reveal that the psychological and social vulnerabilities of the trans population remain high, underscoring the need for intersectoral policies and for the ongoing training of healthcare teams. The articulation between the university and the public health system has proven strategic in consolidating innovative practices and promoting the inclusion of gender diversity in professional training.

Furthermore, this experience highlights the university's role as a site for producing knowledge and transforming care practices. The daily clinical work, intertwined with teaching and research, generates reflections capable of informing public policies and redefining institutional responses to the demands of trans people within the SUS. The pathway described here indicates that depathologization, more than a theoretical directive, is a political and clinical practice of recognizing the subject – one capable of transforming institutions and sustaining truly humanized care.

REFERENCES

Alberti, S., & Jorge, M. A. C. (2019). *Psychoanalysis and the Institution.* Rio de Janeiro, Brazil: Universidade do Estado do Rio de Janeiro (UERJ).

Ayres, J. R. C. M. (2009). *Care: Work and interaction in health practices.* Rio de Janeiro, Brazil: CEPESC.

Bento, B. (2021). *Transviad@s: Gender, sexuality and human rights.* Salvador, Brazil: EDUFBA.

Brazil. (1990). *Law No. 8.080, of September 19, 1990: Provides for the conditions for the promotion, protection and recovery of health, the organization and functioning of the corresponding services and other measures.* Brasília, Brazil: Official Gazette of the Union.

Brazil. Ministry of Health. (2008). *Ordinance No. 457, of August 19, 2008: Establishes the Transsexualization Process within the Unified Health System (SUS).* Brasília, Brazil: Ministry of Health.

Brazil. Ministry of Health. (2013). *Ordinance No. 2.803, of November 19, 2013: Redefines and expands the Transsexualization Process within the Unified Health System (SUS).* Brasília, Brazil: Ministry of Health.

Cecílio, L. C. O. (2011). Health needs as a structuring concept in the struggle for comprehensiveness. *Saúde e Sociedade, 20*(1), 21-30.

Dhejne, C., Van Vlerken, R., Heylens, G., & Arcelus, J. (2016). Mental health and gender dysphoria: A review of the literature. *International Review of Psychiatry, 28*(1), 44-57.

Federal Council of Medicine. (1997). *Resolution No. 1.482, of September 19, 1997: Transgenital surgery and technical standards for its treatment.* Brasília, Brazil: Federal Council of Medicine.

Federal Council of Medicine. (2019). *Resolution No. 2.265, of September 20, 2019: Specific care for people with gender incongruence or transgender people.* Brasília, Brazil: Federal Council of Medicine.

National Health Council. (2016). *Resolution No. 510, of April 7, 2016: Provides for the ethical rules applicable to research in Human and Social Sciences.* Brasília, Brazil: National Health Council.

Makadon, H. J. (2012). Optimizing care for transgender and gender nonconforming patients. *Annals of Internal Medicine, 157*(10), 743-744.

Pan American Health Organization. (2018). *Brazil's Unified Health System (SUS): Achievements and challenges.* Washington, D.C., United States: Pan American Health Organization.

Pelúcio, L. (2020). *Bodies in transit: Gender and sexuality in health policies.* Campinas, Brazil: Editora da Unicamp.

Rocon, P. C., Rodrigues, A., Zamboni, J., & Pedrini, M. (2020). Trans health in Brazil: Between pathologization and citizenship. *Interface – Comunicação, Saúde, Educação, 24*, e190654.
Vergueiro, V. (2019). The depathologization of trans identities in Latin America. *Revista Gênero, 19*(2), 7-22.
World Health Organization. (2022). *ICD-11: Gender incongruence and health of trans people.* Geneva, Switzerland: World Health Organization.
Winter, S., Settle, E., Wylie, K., Reisner, S., Cabral, M., Knudson, G., & Baral, S. (2016). Synergies in health and human rights: A call to action to improve transgender health. *The Lancet, 388*(10042), 318-321.
World Professional Association for Transgender Health. (2022). *Standards of Care for the Health of Transgender and Gender Diverse People* (Version 8). Minneapolis, MN, United States: World Professional Association for Transgender Health.

ACKNOWLEDGEMENTS

The authors acknowledge the institutional support of the State University of Rio de Janeiro (UERJ), particularly the Health Complex and the Institute of Psychology. Special thanks are extended to the team of the Identidade – Transdiversidade Service for their continuous commitment to clinical care, teaching, and research, which made this work possible. This study was developed with the support of the Carlos Chagas Filho Foundation for Research Support in the State of Rio de Janeiro (FAPERJ), the Coordination for the Improvement of Higher Education Personnel (CAPES), and the Postgraduate Support Program (PROAP).

AUTHORS' INFORMATION

Full name: Luciana Ribeiro Marques
Institutional affiliation: State University of Rio de Janeiro (Brazil)
Institutional address: Rua São Francisco Xavier, 524, Maracanã, Rio de Janeiro – RJ – 20550-900
Short biographical sketch: Professor in the Department of Psychoanalysis (DPSA) and the Graduate Program in Psychoanalysis (PGPSA) at the Institute of Psychology of the State University of Rio de Janeiro (IP UERJ). Supervisor of the Applied Psychology Service (SPA IP | UERJ), Head of the Teaching, Research and Extension Section and Coordinator of the Mental Health Team of the Identity Service Transdiversity Outpatient Clinic (PPC UERJ) and Supervisor and Preceptor in the Endo crinology Outpatient Clinic, in the Pediatric Obesity sector (HUPE UERJ and PPC UERJ). Postdoctoral research under the supervision of Professor Sonia Alberti and funded by the National Postdoctoral Program (PNPD CAPES) and Doctorate in Psychoanalysis from the State University of Rio de Janeiro (PGPSA UERJ). Dedicated to the study of the following themes: Psychoanalysis; Sexualities; Homosexuality; Transsexuality; Body; Difference; Singularity and Psychopathology. Psychoanalyst, member of the School of Psychoanalysis of the Forums of the Lacanian Field.

Full name: Priscila Mählmann
Institutional affiliation: State University of Rio de Janeiro (Brazil)
Institutional address: Rua São Francisco Xavier, 524, Maracanã, Rio de Janeiro – RJ – 20550-900
Short biographical sketch: Psychoanalyst, doctoral's student in the Postgraduate Program in Psychoanalysis at the State University of Rio de Janeiro (PGPSA|UERJ), CAPES scholarship recipient. Specialist in Institutional Clinical Psychology from the Pedro Ernest o University Hospital (HUPE|UERJ), with an Educational Compensation scholarship. Member of the Lacanian Field Forum of Rio de Janeiro. Works in the clinical and institutional area, with experience in hospital settings and in multidisciplinary teams. At HUP E|UERJ, she was part of several sectors, such as the Elderly Care Center, the Adolescent Health Studies Center, the Cardiovascular Surgery ICU, outpatient clinics and

wards, in addition to participating in the implementation of the PSICOVID project, aimed at supporting patients, families and health professionals. Currently, she works at the Piquet Carneiro Polyclinic (PPC|UERJ), in the Identity Service Transdiversity Outpatient Clinic and in the Childhood Obesity Project, also collaborating as a field preceptor for undergraduate students.

Full name: Sonia Alberti
Institutional affiliation: State University of Rio de Janeiro (Brazil)
Institutional address: Rua São Francisco Xavier, 524, Maracanã, Rio de Janeiro – RJ – 20550-900
Short biographical sketch: Full Professor at the Institute of Psychology of the State University of Rio de Janeiro (IP UERJ) and CNPq researcher. PhD from the University of Paris X Nanterre (1989) and Post-doctoral researcher at the Institute of Psychiatry of the Federal University of Rio de Janeiro. Member of the Board of the Residency in Institutional Clinical Psychology, acting as a supervisor at the Pedro Ernesto University Hospital (HUPE UERJ). Currently, she is Head of the Department of Psychoanalysis (IP UERJ). Founding mem ber of the Postgraduate Program in Psychoanalysis (PGPSA UERJ). She is part of the Working Group on Psychoanalysis, politics and clinical practice, which meets in conjunction with the National Association for Research and Postgraduate Studies in Psychology (ANPEPP). Psychoanalyst, member of the School of Psychoanalysis of the Forums of the Lacanian Field.

Full name: Márcia Cristina Brasil dos Santos
Institutional affiliation: State University of Rio de Janeiro (Brazil)
Institutional address: Rua São Francisco Xavier, 524, Maracanã, Rio de Janeiro – RJ – 20550-900
Short biographical sketch: Professor at the Faculty of Social Work at UERJ. Technical Coordinator of the Outpatient Unit of Specialized Care in the Transsexualization Process at the Pedro Ernesto University Hospital (HUPE UERJ). Head of the Identity Service Transdiversity Outpatient Clinic at the Piquet Carneiro Polyclinic (PPC UERJ). Honorable Mention from the Brazilian Association of Homocultural Studies (ABEH) for her doctoral dissertation "Between twists and turns: An Analysis of the Implementation and Dissemination Process of the Transsexualization Process in Brazil". Member of the Working Group for the revision of the transsexualization process in the Unified Health System (SUS), within the Ministry of Health. She received the Citizenship, Rights and Respect for Diversity Award in recognition of her work in defense of the rights of trans people (Resolution No. 524/2024). Awarded in the Social Impact Program as one of the representatives of the Brazilian Public Service at Brazil's Conference at Harvard MIT 2025 Cambridge/USA.

Full name: Aldine Marinho da Silva
Institutional affiliation: State University of Rio de Janeiro (Brazil)
Institutional address: Rua São Francisco Xavier, 524, Maracanã, Rio de Janeiro – RJ – 20550-900
Short biographical sketch: Psychoanalyst, Specialist in Psychoanalysis and Mental Health and Master, both from the Graduate Program in Psychoanalysis at the State University of Rio de Janeiro (PGPSA UERJ). Experien ce in the area of Mental Health and Public Health for 20 years. She served as CAPS Manager of the Mental Health Network of SMS/RJ for six years and as Coordinator of the Multiprofessional Residency Program in Mental Health IMASJM by SMS/RJ. Psychologist Officer of the Health Support Board in the Brazilian Navy for 9 year; Clinical Institutional Supervisor of CAPS of the Mental Health network of the West Zone of Rio de Janeiro, and Clinical Institutional Supervisor of the Outpatient Clinic of RAPS RJ. She is part of the Mental Health Team of the Identity Transdiversity Outpatient Clinic (PPC HUPE UERJ). She is training in Psychoanalysis at the School of Psychoanalysis of the Forums of the Lacanian Field/Rio de Janeiro.

Full name: Pedro Henrique de Souza Boente
Institutional affiliation: Pontifícia Universidade Católica, Rio de Janeiro (Brazil)
Institutional address: Rua Marquês de São Vicente, 226, Gávea, Rio de Janeiro – RJ – 22453-900
Short biographical sketch: Psychoanalyst, Specializing in Clinical Psychology at PUC-Rio, Researcher and Member of the Mental Health Team of the Identity Service – Transdiversity.

Full name: Victor Luigi Maiolino Lopez
Institutional affiliation: State University of Rio de Janeiro (Brazil)
Institutional address: Rua São Francisco Xavier, 524, Maracanã, Rio de Janeiro – RJ – 20550-900
Short biographical sketch: FAPERJ Scientific Initiation Scholarship, with field of action in the Identity Service – Transdiversity, Undergraduate student at the Institute of Psychology at UERJ and Intern at the Psychoanalysis Team of the Applied Psychology Service (SPA-UERJ) and at the Childhood Obesity Outpatient Clinic of the Piquet Carneiro Polyclinic (PPC-UERJ).