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# Navigating barriers in access to gender-affirming care - a case study from Poland.

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A qualitative study based on 14 IDI interviews with Polish trans people that have underwent a sexological diagnosis (F64 in ICD-10) necessary for medical and legal transitioning.

Focus on strategies employed to better one's situation (social navigation [Vigh 2009], weak resistance [Majewska 2019]).

# About my project and work

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# Overview of gender-affirming care in Poland

Private  
healthcare

Almost no  
specialists  
working in public  
healthcare, long  
waiting time

Several  
undefined  
steps

Sexological  
diagnosis  
(ICD-10/11;  
transsexualism/  
gender  
incongruence)

Necessity  
of the  
diagnosis

Only when  
received it is  
possible to start  
HRT and legal  
gender change

Each  
experience is  
different

There are no clear  
laws, regulations  
or procedures  
regarding  
gender-affirming  
care in Poland

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So I think that in Poland it's not so bad, because Poland is a bit of a free-for-all and you can do whatever you want with the diagnostic process, because there are no top-down criteria for how it's done, like in Great Britain, where there are gender clinics and it's... These are very top-down processes. In our country it's basically whatever a sexologist likes, they can do it, as long as the [diagnostic] code matches.

—L.

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## Limited resources, lack of instructions

He didn't tell me that, but well, it turned out that he [the doctor] didn't acknowledge the observation of dysphoria that my psychologist had made. And that he had to have his own half a year. So these meetings started to change over time into meetings that were actually quite empty. They were meetings titled: "Good morning. Good morning. Here's what you asked me for at the previous meeting, like some blood test or a resume." And even these things, they were never presented to me as a list of things that he needed, like: I need all these blood tests, this physical examination, resume and something. It was just that they were given to me one by one, every meeting.

—O.

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## Expensive and spatially inaccessible

I had my diagnosis handled very efficiently, many meetings were held online, but I also traveled, so I didn't really do any of the diagnostic steps where I lived.

—F.

Sometimes I kick myself that it simply cost a lot, even though I also had support, my mother declared that she would cover some of the cost of this transition, I also earned money during the holidays, so I had some money saved, but my mother also said that she would cover some of it. But despite everything, I know that if it were different with these dates on the National Health Fund and if there were more recommended friendly specialists working in the National Health Fund, I could have spent this money on something I would have preferred to do, instead of spending it on... Health care, really.

—F.

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## Stereotypical view on gender

At that time I didn't feel like I could be honest [...] and the questions about male identity were like "Have you thought about being a mechanic?" And that was a question that if you answer yes then you get points in masculinity. Of course I answered "no". Not even because I was lying, [...] it's not a job for me at all. On the other hand, for femininity there was a question: "Have you ever thought about working in a flower shop?". Again, it's quite clear that this is a question, that if you answer "yes" you get femininity points., I answered "yes" because I didn't think about it in particular, but I knew that this test would be binding. It will go to court, he will go to other things, so the more I come out with in femininity, the better.

—K.

It was clear to me that lying was part of the process.

—O.

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# Hierarchy and power relations

This doctor called me and said he would like me to take part in a meeting with his students. They would ask about the experiences of a transgender person who is just starting her therapy and then he would write me this diagnosis. So, well, I felt a bit like I was pushed against the wall, because of course there were assurances that it was not related, but well, it is a bit difficult... Sometimes it is difficult at such a moment... It was difficult for me to take on some assertiveness.

—O.

He [the doctor] is very fatphobic because there are people who are slightly overweight, for example, who go to him and he says: I will not give you testosterone until you lose weight.

—M.

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## “Trans trickster” (Shuster 2021)

I didn't do much research before [the visit], someone somewhere recommended him [the doctor] to me as a good specialist, I just signed up and went there, kind of stupidly, like: I'll sit down, say that I feel like I'm trans and we'll see. He's actually the specialist, he should guide me, because he's kind of there for that. And it definitely wasn't a good decision and it taught me that I need to be prepared. You need to do research, you need to know exactly what to say to all these people, because I had the impression during the visits that he was definitely looking for ways to dissuade me from the idea and prove to me that I'm not really trans at all, or maybe I don't need transition.

—M.

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