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ABSTRACT

Announcement - Guidelines for regulation of treatment and surgeries on individuals with a different of sex development (DSD) and the standard treatment guidelines on medical / surgical management of Different of Sex Development -- Approved - Orders – Issued.

Health and Family Welfare (EAP II-1) Department

G.O.(Ms) No.63

Dated :18.02.2020
Vigari, Maasi -6
Thiruvalluvar Aandu 2051

Read:

From the Director of Medical Education, Chennai Letter Ref.No.41586/H&D/II/3/2019, dated: 06.11.2019 and 3.01.2020.

ORDER:

During the budget session, the Hon'ble Minister for Health and Family Welfare department has made the following announcement in the Floor of Tamil Nadu Legislative Assembly.

> *" Protocols for sex change surgeries will be drafted by the Government with the help of experts in Tamil Nadu. The existing RBSK and RKSK program will be tagged to cater to the health needs of the intersex individuals".*

2. In the letter read above, the Director of Medical Education has finalized a guidelines for regulation of treatment and surgeries on individuals with a different of sex development (DSD) and the protocol for intersex surgeries and furnished the same to Government for approval.

3. The Government after careful examination, approves the guidelines for regulation of treatment and surgeries on individuals with a different of sex development (DSD) and the standard treatment guidelines on medical / surgical management of different of sex development annexed to this Government Order.

(BY ORDER OF THE GOVERNOR)

BEELA RAJESH
SECRETARY TO GOVERNMENT

To
The Director of Medical Education, Chennai – 10
Copy to:
The Mission Director, National Health Mission, Chennai -6.
The Special Personal Assistant to Hon'ble Minister (Health and Family Welfare), Chennai-9
The Health and Family Welfare (Data Cell) Department, Chennai – 9
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//Forwarded by Order//

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ANNEXURE

(G.O(Ms)No.63, Health and Family Welfare (EAP II-1) department, dated: 18.2.2020)

(A) GUIDELINE FOR REGULATION OF TREATMENTS AND SURGERIES ON INDIVIDUALS WITH A DIFFERENCE OF SEX DEVELOPMENT (DSD)

I. Overview

a. Honourable Health Minister has announced in the floor of the Assembly (Announcement No. 99 for 2019) that in Tamil Nadu, that guidelines for intersex surgeries will be drafted by the Government with the help of stakeholders and experts. The existing RBSK & RKSK program will be tagged to cater the health needs of the intersex individuals.

b. Order of the Honorable Madurai bench of Madras High court dated 22.04.2019 in W.P (MD) No. 4125/2019 and 3220/2019 directing Secretary to the Government, Health and Family Welfare Department regarding sex reassignment surgeries on intersex children.

c. From the Director Of Medical Education letter no 41586/H&DII/3/2019 dated 18.06.2019

d. G.O (Ms)No. 355 dated 13.8.2019 of Health and Family welfare (M-2) department directing DME to formulate guidelines for surgeries on intersex children and define life threatening situation with experts

II. Objective

The two-fold objective of this guideline includes regulation of sex-assignment and ensuring uniformity in medical intervention, treatment and surgery in alignment with international standard medical protocols.

III. Formation of Local Multidisciplinary Committee.

a. DSD will be managed only in specific centres with multidisciplinary committee.

b. The Medical Director of tertiary hospital/ Dean of Medical college has to inform the nodal officer in charge on formation of such local multi disciplinary committee (LMDC)

c. The committee should include at least three specialists
   i. Neonatologist or Pediatrician or Pediatric endocrinologist
   ii. Pediatric Surgeon
   iii. Psychiatrist

d. Sex assignment should be done only at designated centres by LMDC after thorough evaluation, diagnosis and discussion with all stake holders.

IV. Formation of Intersex Apex Multi Disciplinary Committee

The Apex multi disciplinary committee (AMDC) to be headed by the Professor & HOD of Pediatric Surgery at Institute of Child Health (ICH), Egmore with two other members (pediatric endocrinologist & pediatric psychiatrist.) The nodal officer for this will be the DEIC paediatrician of ICH, Egmore, Chennai.

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V. Tagging with RBSK/RKSK:

The existing RBSK/ RKSK implemented in the state will be tagged to provide health care services to Intersex children. The services provided by RBSK/RKSK facilities to intersex individuals include:

1. District level DEIC centre will the focal point for all medical complaints of intersex children.
2. The staff shall provide psychological support to intersex children and their family members whenever required.
3. Health Promotion- The DEIC staff through Mobile Health Team will engage in sensitising the family members, peers, school teachers etc. if any intersex child face any kind of discrimination.

VI. Maintenance of state-wide intersex registry:

Details of DSD children will be stored at nodal office (DEIC, ICH, Chennai).

(B) Standard Treatment Guidelines on medical /surgical management of DSD

1. Parental counselling & sex assignment

Assigning a sex of rearing is a great responsibility and should not be rushed. Many factors must be taken into account, and thus it is essential to collect all relevant information while still being expeditious.

Although gender neutral upbringing and a third sex of rearing is accepted by the Law, in the Indian context the parents prefer to have the sex assigned for the baby, in order to provide a safe and socially secure upbringing environment.

Sex assignment process in the neonatal period (by LMDC):

a. Sex assignment process may be "non controversial" in conditions where there is concordance with genetic (chromosomal) sex and internal genital/ gonadal anatomy: examples include
   i. Congenital Adrenal Hyperplasia (CAH) – XX gene: there is a worldwide consensus on female sex of rearing; but timing of surgery is controversial
   ii. Severe hypospadias and bilateral palpable testis – XY gene; there is worldwide consensus on male sex of rearing. There is no controversy on timing of surgery; optimal age for correction is 9-18 months as accepted widely in literature (this group need not go through the DSD guidelines or LMDC – as these are only differential diagnoses of DSD).

b. Sex assignment can be "difficult" in conditions with mosaic gene (XO/XX; XO/XY); or where there is disparity with genetic (chromosomal) sex and internal genital/ gonadal anatomy – unilateral gonad palpable/ hemi uterus (ovotesticular DSD). LMDC can decide sex of rearing after all investigation in this group. In case of any controversy AMDC should be consulted.

2. Timing and nature of surgical interventions (broad guidelines)

Decisions about nature and timing of any surgery are made with the family (or involving the adolescent child), by the LMDC acknowledging the considerable psychological impact.

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Circumstances in which surgery is permissible:

When a potentially "life threatening" circumstance arises (urosepsis/cancer risk to the life) on the intersex child, the interest of the child is of paramount importance. Such decisions can be made after discussion with LMDC if urgent.

1. DSD with hold-up of menstrual or mucinous fluid or recurrent urine infection due to stasis of urine in common channel – becoming potentially "life threatening" due to urosepsis (in these children vaginoplasty/ such procedures to clear excretory fluids is permissible).
2. In children with XY/ mixed gonadal dysgenesis with streak gonads, the risk of cancer is high making it potentially "life threatening". Excision biopsy of streak gonad or ovotestis with high risk of cancer is permissible after getting informed consent.

Circumstances in which surgery is to be avoided:

a. CAH :
   i. Milder degrees of clitoral enlargement have to be left until puberty when the grown up child can be involved in the decision making. Often proper steroid suppression is all that is required to control enlargement of clitoris in children with CAH. Clitoral surgery is not recommended for cosmetic reasons or paternal insistence. However if severe refractory clitoromegaly is an issue, AMDC should consulted for before any intervention.
   ii. There has been a move away from early vaginoplasty in childhood. It may be appropriate to delay until puberty when a single stage reconstruction can be undertaken with an informed consent of the adolescent.

b. Other DSD: Where surgery is being demanded for social reasons; or sex reversal (CAH child: parents want male sex of rearing) it should be avoided. In these situations AMDC should be consulted before any intervention.

BEELA RAJESH
SECRETARY TO GOVERNMENT

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