

Article

Challenges of the Transsexualization Process in the Brazilian Unified Health System (SUS): The Judiciary's Role in Addressing the Demand

Desafios do Processo Transexualizador no SUS: a atuação do judiciário frente à demanda

Desafíos del Proceso de Transexualización en el Sistema Único de Salud (SUS): El Rol del Poder Judicial Frente a la Demanda

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Abstract

Objective: To analyze judicial decisions related to demands for gender transition procedures through the Brazilian Unified Health System. **Methodology:** A documentary exploratory study utilizing judicial decisions from the São Paulo State Court of Justice, the Rio de Janeiro State Court of Justice, and the Federal Supreme Court issued between 2000 and 2023. The term "gender dysphoria" was used to identify relevant decisions, followed by the selection of cases addressing the authorization of procedures under the Gender Transition Process in Brazilian Unified Health System. **Results:** The initial research identified 71 judicial cases, of which 9 involved demands relevant to the focus of this study. A significant portion of the rulings included requests for gender-affirming surgery and hormone therapy/medications. Financial and institutional shortcomings were the primary reasons for the judicialization of procedures (hormonal therapy and surgeries) related to the gender transition process. It was inferred that the rulings were based on the right to comprehensive healthcare, supported by the

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1988 Federal Constitution, and upheld the rights outlined in the regulations governing the Gender Transition Process under Brazilian Unified Health System. **Conclusion:** Judicial decisions reaffirmed the clear and unquestionable right to healthcare, invoking regulations and constitutional provisions to ensure the State's obligation to act. In this regard, a tailored approach by health managers responsible for the regulation, control, and evaluation of authorized service units is recommended to reduce the gaps that hinder the provision of transgender healthcare services.

Keywords: Sex Reassignment Procedures; Gender Dysphoria; Gender Identity; Transsexuality; Health Judicialization.

Resumo

Objetivo: Analisar as decisões judiciais relativas às demandas por realização de procedimentos de transexualização pelo Sistema Único de Saúde. **Metodologia:** Estudo exploratório documental com utilização das decisões judiciais do Tribunal de Justiça do Estado de São Paulo, Tribunal de Justiça do Estado do Rio de Janeiro e do Supremo Tribunal Federal prolatadas entre os anos de 2000 e 2023. Para o levantamento das decisões, utilizou-se a expressão “disforia de gênero” e, em seguida, a seleção daquelas que abordavam sobre a liberação dos procedimentos do Processo Transexualizador no Sistema Único de Saúde. **Resultados:** A pesquisa inicial resultou em 71 processos judiciais e, destes, nove apresentavam demandas relativas ao objeto de análise do presente estudo. Grande parte dos julgamentos constava de pedidos para a realização da cirurgia de mudança de gênero e pedidos de hormonioterapia/medicamentos. Carências financeiras e institucionais foram os principais motivos para a judicialização de procedimentos (hormonização e cirurgias) do processo transexualizador. Foi possível inferir que os julgamentos estiveram fundamentados no direito de saúde integral, respaldado pela Constituição Federal de 1988, e garantiram os direitos preconizados pelas portarias que regulamentam o Processo Transexualizador no Sistema Único de Saúde. **Conclusão:** As decisões judiciais ratificaram o direito líquido e certo, avocando as portarias e o direito constitucional para garantir o dever de fazer do Estado. Neste sentido, recomenda-se um olhar singular dos gestores e gestoras de saúde que atuam na regulação, controle e avaliação das unidades habilitadas a prestarem esse serviço, para diminuir as lacunas que impedem o fornecimento dos serviços de saúde de transgenia.

Palavras-chave: Procedimentos de Readequação Sexual; Disforia de Gênero; Identidade de Gênero; Transexualidade; Judicialização da Saúde.

Resumen

Objetivo: Analizar las decisiones judiciales relacionadas con las demandas para la realización de procedimientos de transexualización por parte del Sistema Único de Salud. **Metodología:** Estudio exploratorio documental basado en las decisiones judiciales del Tribunal de Justicia del Estado de São Paulo, el Tribunal de Justicia del Estado de Río de Janeiro y el Supremo Tribunal Federal, emitidas entre los años 2000 y 2023. Para la recopilación de las decisiones, se utilizó la expresión “disforia de género” y, posteriormente, se seleccionaron aquellas que abordaban la autorización de los procedimientos del Proceso Transexualizador en el Sistema Único de Salud. **Resultados:** La investigación inicial identificó 71 procesos judiciales, de los cuales 9 contenían demandas relacionadas con el objeto de análisis del presente estudio. Gran parte de las decisiones incluyó solicitudes para la realización de cirugías de reasignación de género y solicitudes de hormonioterapia/medicamentos. Las carencias financieras e institucionales fueron los principales motivos de la judicialización de procedimientos (hormonización y cirugías) del proceso transexualizador. Se pudo inferir que las decisiones estuvieron fundamentadas en el derecho a la salud integral, respaldado por la Constitución Federal de 1988, y garantizaron los derechos establecidos en las normativas que regulan el Proceso Transexualizador en el Sistema Único de Salud.

Conclusión: Las decisiones judiciales reafirmaron el derecho claro y legítimo, invocando las normativas y el derecho constitucional para garantizar el deber del Estado de actuar. En este sentido, se recomienda una mirada específica por parte de los gestores y gestoras de salud que trabajan en la regulación, control y evaluación de las unidades habilitadas para prestar este servicio, con el fin de reducir las brechas que dificultan la prestación de servicios de salud para personas transgénero.

Palabras clave: Procedimientos de Reasignación Sexual; Disforia de Género; Identidad de Género; Transexualidad; Judicialización de la Salud.

Introduction

Public policies, especially those related to health, are implemented to correct some historically structured social problem that affects a certain section of society, especially vulnerable populations. They are put into effect by the sum of government activities which, acting directly or through delegation, influence the lives of citizens⁽¹⁾.

In the context of health, the implementation of the National Policy for the Integral Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSILGBT) represents a significant step towards improving access to health care for transgender people, as well as providing support for the implementation of the Transsexualizing Process (PrTr) within the Unified Health System (SUS)⁽²⁾. The TRP, a phenotypic transformation procedure characteristic of transsexuality, was first established in the SUS in 2008, by means of Ordinance GM/MS No. 1,707 of August 18, which was later revoked, redefined and expanded by Ordinance GM/MS N°. 2,803 of November 19, 2013⁽³⁾. The regulation was finally consolidated in GM/MS Consolidation Ordinance N°. 2, signed on September 28, 2017, in its Annex XXI. This regulation defines the assistance guidelines for SUS users seeking gender transition, as well as establishing the rules for the qualification of Transsexualizing Process services⁽⁴⁾.

Transsexualism is a process of phenotypical and social transformation, and this change of gender plays a fundamental role in the individual's personal and social acceptance. For medicine and psychiatry, transgender people are classified as having a pathology in the International Classification of Diseases (ICD). However, scholars in the social sciences, historians and social movements are debating this question of pathology, taking into account that gender identity does not fit into a mental disorder, but rather into social experiences and their recognition of identity⁽⁵⁾.

In this context, the Ministry of Health regulates⁽³⁾ that phenotypic transformation is followed by precepts and a diagnosis to be recognized by a multidisciplinary team of professionals from medicine, psychiatry and social areas such as psychology, with the diagnosis being considered by the International Classification of Diseases (ICD) as F00 - F99 Mental and Behavioral Disorders, causing "Gender Dysphoria"⁽⁶⁾. Furthermore, currently, according to the new edition of the ICD 11, transsexuality no longer falls into the category of mental disorders, but is integrated as "conditions related to sexual health" and is classified as "gender incongruence"; in this way, it is still related to the health conditions of the trans population⁽⁷⁾.

Care for transsexualism in the SUS, based on comprehensive care, which encompasses everything from primary care to specialized care, including the guarantee of pre- and post-operative care, represents significant progress for the health of the LGBT community. However, the complexity of SRP has some determinants that limit its reach to the population, whether for budgetary, regional or even institutional reasons. Based on Ministry of Health Ordinance No. 2,803 of 2023, consolidated in GM/MS Consolidation Ordinance N°. 2, dated September 28, 2017^(3,4), there are some rules that hospitals must follow in order to be qualified to perform sexual reassignment surgeries. These

standards for specialized care are contained in Annex I of the same ordinance, one of which is the outpatient modality capable of meeting the actions of clinical follow-up, pre- and post-operative follow-up, as well as having technical conditions, physical facilities and human resources; in addition to hierarchical regional planning to structure comprehensive care⁽³⁾.

As a result, the reach of transgenderism suffers from the geographical distribution of the few organizations that actually provide hormone therapy and surgeries to adjust the biological body to the social gender identity. This opens up space for the user to resort to legalization as an alternative to being granted the procedure. With this in mind, the aim of this study is to analyse court decisions relating to demands for access to transsexualization procedures in the Unified Health System (SUS), focusing on three courts in the country: the Court of Justice of the State of Rio de Janeiro, the Court Justice of the State of São Paulo and the Federal Supreme Court.

Methodology

This is an exploratory documentary study aimed at analyzing court decisions on the PrTr. A survey was carried out of court decisions from the São Paulo State Court of Justice (TJSP), the Rio de Janeiro State Court of Justice (TJRJ) and the Federal Supreme Court (STF), handed down between 2000 and 2023, using the search expression “gender dysphoria”. These courts were selected because of the greater number of judgments available and because they resulted in a greater number of cases without access restrictions. The decisions of the judgments were located on the website of each court, with free access to the public for consultation. For the TJSP, the search resulted in 58 cases; for the TJRJ we obtained 12 cases and for the STF only 1 result, generating a total of 71 cases found.

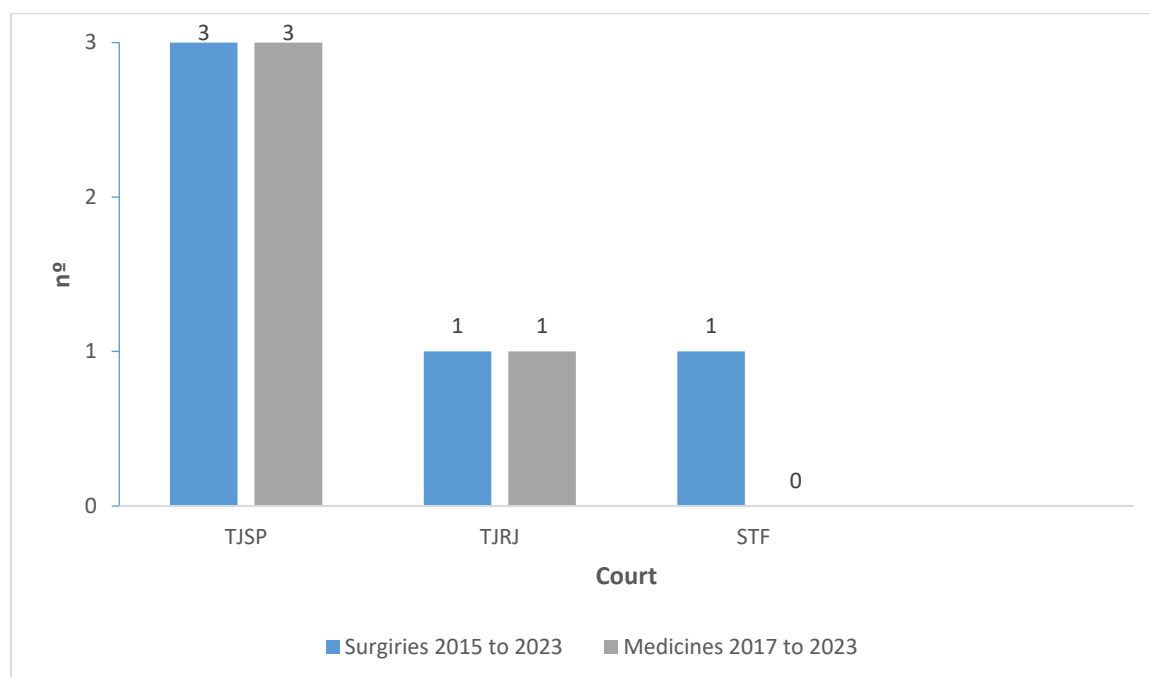
Next, a selection was made of the court decisions that fit the objective of the study, selecting only those claims that related to requests involving the Unified Health System. In order to do this, we read through the motions of each court case, excluding those that were under judicial secrecy and/or involved private health plans. , after applying the exclusion criteria, of the 71 cases, nine were selected for the analysis of the scenario, based on the three courts, of the judicialization of SRP in the SUS. In order to organize and systematize the data found, the articles were analyzed and distributed according to categories, considering the request made: 1) request for gender reassignment surgery; 2) request for hormone therapy/medication.

Results and discussion

Considering the demands lawsuits analyzed (n=9), it was found that the lawsuits were related to the request for gender reassignment surgery or phenotypic transformations related to the desired gender (55.5%), such as the request for breast construction. This was followed by a request for hormone therapy (44.4%), established by the Ministry of Health as a necessary procedure for the continuation of gender transformation.

The São Paulo State Court of Justice led the way in terms of requests for gender reassignment surgery (n=3; 33.3%), followed by the Rio de Janeiro State Court of Justice (n=1; 11.1%), and lastly, the Federal Supreme Court (n=1; 11.1%). As for requests for hormone therapy/medicines, the TJSP had the highest number of judgments (n=3; 33.3%), the TJRJ (n=1; 11.1%) and the STF had no related judgments, as shown in graph 1.

Graph 1. Distribution of court decisions by object of the request according to court, in the years 2015 to 2023.



Source: Own elaboration.

Analysis of requests for gender reassignment surgery

The decision of the 2nd Court of Itaperuna in Rio de Janeiro, in 2015, had the merit of condemning the Municipality of Itaperuna to carry out the appropriate administrative measures to make PrTr effective. The report of the ruling described the plaintiff's claim that he was unable to afford the surgery, as well as invoking Ordinance No. 1,707/08 of the Ministry of Health (currently not in force) in his favor⁽⁸⁾. The decision was in favor of the appellant on the grounds that:

It is forbidden for the public entity to evade the realization of what it should spontaneously provide (...). Municipality that acted out of step with the governing legislation, completely emptying the public policy of promoting and making effective the right to health that materializes in the Transsexualizing Process.⁽⁹⁾

In the same vein, in 2017, the São Paulo State Court of Justice, through the 12th Chamber of Public Law, dismissed the request of the São Paulo State Treasury, which asked for the judgment, which granted the surgery, to be reformed. The applicant was financially insufficient and had a psychiatric medical report for the sex reassignment surgery. The rapporteur of the decision stated that:

Two principles stand out: the principle of the dignity of the human person and the principle of preserving the health of citizens, set out in art. 1, item III and art. 6 of the Federal Constitution. These principles require federal entities to effectively implement social rights, including the provision of drugs, supplies and surgeries that are essential for the survival of people in vulnerable situations.⁽¹⁰⁾

Also in claims related to gender reassignment surgery, various requests have been made, such as for the procedure to be carried out in advance or as a matter of urgency, based on the allegation that the urgency is due to the risks associated with the psychological and clinical condition^(11,12).

Cases of anticipation did not have favorable votes for the plaintiffs, with most of the requests being denied on the understanding that it would be like “getting ahead” on the waiting lists for the surgical procedure. In 2023, the 6th Public Law Chamber of the TJSP dismissed an appeal for an urgent request for bilateral reconstructive breast surgery and sex reassignment surgery. The aggravating party argued, in summary, that it was urgent to carry out the surgeries due to her gender dysphoria, a situation that put her psychological and clinical state at risk. In the rapporteur's opinion, it was shown that there were no grounds for the urgency of the request and corroborated her decision by article 300, caput, of the new Code of Civil Procedure of 2015⁽¹¹⁾.

Issues like this have also been analyzed by the Federal Supreme Court. In 2019, a monocratic decision denied an extraordinary appeal requesting an extension of the waiting list for a transsexualization surgical procedure. In the reasons for the appeal, the applicant argues that she urgently needs the surgical procedure to ensure the protection of her psychological health and preserve her dignity⁽¹²⁾. The trial judge rejected the request on the grounds that there was no evidence of urgency and no justification for preference on the waiting list. The Supreme Court said:

It is worth noting that the medical documents submitted by the plaintiff only report the indication/authorization for the surgical procedure, given the diagnosis of gender dysphoria - ICD 10 F64, while there is no proof or element of evidence that points to the need for such an intervention urgently, which would justify the preference on the “Waiting List”⁽¹²⁾

Of particular note are the cases of omission by the public authorities, which reflect the recurrence of judicialization of health services, which are guaranteed by policies and ordinances. In 2019, the 4th Chamber of Public Law of the TJSP ruled on a case in which spheres of the Public Administration omitted to provide the service, neglecting their obligation. The State of São Paulo and the Ribeirão Preto City Hall asked for the judgment to be overturned against a decision obliging them to perform sex reassignment surgery, with the municipality claiming that its competence is directed at primary care, which is not covered by highly complex surgery. However, the court dismissed the appeal, justifying and emphasizing the STF's understanding that the defendants are jointly and severally liable, with the aim of the political-administrative spheres perform the sex reassignment surgery. The judgment also stated:

The provisions on the Unified Health System do not exclude the responsibility of the Municipality, since article 23, II, of the Constitution of the Republic establishes the sharing of attributions in the Federation, prescribing that it is the common competence of the Union, the States and the Municipalities “to take care of Health and public assistance.”⁽¹³⁾

Analysis hormone therapy/medication requests

The rulings regarding requests for hormone therapy and their respective medications have also gained prominence in the courts. In 2022, the 6th Civil Court of the Court of Justice of Rio de Janeiro (TJRJ) deliberated on a case involving the provision of medication to a citizen with insufficient financial resources. The medications were deemed essential for the continuity of treatment following

a gender reassignment procedure. The case's summary revealed that the patient was undergoing post-surgical treatment, with a medical report confirming the necessity of the medications for continued care. However, the state health department of Rio de Janeiro argued the unavailability of the medication in the health unit. Nonetheless, the court ruled in favor of the plaintiff's request, establishing the State's strict liability. As a result, the judgment supported the availability of the medication based on the Federal Constitution of 1988, specifically Article 6, and the Supreme Federal Court's (STF) precedent on Theme N°. 793, which guarantees the fundamental right to health and the liability of public entities. In the Court of Justice of São Paulo (TJSP)⁽¹⁴⁾, three rulings concerning the provision of medications were identified. These cases primarily involved the request for medications provided and guaranteed under Ministry of Health Ordinance No. 2,803/2013, consolidated by Ordinance GM/MS N°. 2 of September 28, 2017. Accordingly, in 2023, the 1st Public Law Chamber of the TJSP addressed an appeal, granting an injunction to order the provision of hormone therapy medication already included in the SUS (Brazilian Unified Health System). The court further confirmed that the plaintiff had substantiated their claim, presenting, among other evidence, "Medical records from the UBS (Basic Health Unit) regarding the medication used by the plaintiff in recent months" and a "Technical Opinion from the Social Services related to the gender reassignment process, issued by a social worker from the CAM (Multidisciplinary Care Center) of the São Paulo Public Defender's Office."⁽¹⁵⁾

Similarly, in 2021, the 6th Chamber of Public Law of the TJSP dismissed an appeal by the State of São Paulo, confirming the lower court's decision to provide outpatient monitoring and hormone therapy at PrTr, at the public authority's expense. In her reasoning, the rapporteur presented the articles of Ordinance No. 2,803/2013 of the Ministry of Health, ratifying the state's duty to enforce the provision of outpatient and inpatient procedures for PrTr.

Art. 5 In order to guarantee comprehensive care for users with a demand for actions in the Transsexualizing Process in the Specialized Care Component, the following modalities will be defined:

I - Outpatient Modality: consists of outpatient actions, such as clinical follow-up, pre- and post-operative follow-up and hormone therapy(...).⁽¹⁶⁾

Finally, in 2017, there was a decision by the 5th Chamber of Public Law of the TJSP, which dealt with the supply of non-standardized medicines, i.e. medicines not available in the public network. However, the judgment states:

It is irrelevant that the medication is not included in the Health Department's protocols; responsibility for supplying medications has been accepted even when they are not available in the public health network (non-standardized medications), given the duty of comprehensive and individualized care.⁽¹⁷⁾

The results show that of the nine actions evaluated, three considered the issue of the applicant's lack of resources, two did not consider it urgent and four considered the duty of the authorities to provide the services recommended.

In view of this scenario, the National Policy for the Integral Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT) stands out. It was an important milestone in public health policy in Brazil, emphasizing the importance of meeting the needs of this vulnerable population. By validating their needs and specificities, this policy is in line with the principles of equity laid down in

the 1988 Constitution and the Charter for Users of the Unified Health System. Within this context, one of the policy's specific objectives is to ensure access to the transsexualizing process in the SUS network, following the established guidelines, as well as promoting the improvement of the technologies used in this process for women and men⁽¹⁸⁾, reflecting progress in health care for the trans population. From this perspective, PrTr is part of the National LGBT Comprehensive Health Policy (PNSILGBT), whose central purpose is to guarantee the comprehensive health of the LGBT population, combating discrimination and institutional prejudice. It also seeks to strengthen the SUS as a universal, comprehensive system based on equity⁽⁵⁾.

In this context, the National Comprehensive Health Policy for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT), supports comprehensive care for transgender users, regulating PrTr with the necessary assistance for transgenitalization surgery, as well as all the health services capable of assisting transsexuals and transvestites. However, the geographic distribution of services qualified for these procedures, plus the need to use high-cost drugs in the transsexualization process, can be seen as bottlenecks to making this right effective for users. According to data from DataSus, only one hospital in the state of Rio de Janeiro is qualified for inpatient treatment, the Gaffrée e Guinle University Hospital. Only the Luiz Capriglione State Institute of Diabetes and Endocrinology (IEDE), located at the Institute of Gynecology of the Federal University of Rio de Janeiro, has been accredited as an outpatient clinic. provides a follow-up service for transgender patients seeking outpatient hormone treatment^(19,20). In order to guarantee access to the service or full assistance, the user resorts to the Judiciary for assessment and judgment of the dispute and implementation of the intended action.

In this regard, the judicialization of health can be understood as a mechanism through which the population turns to the Judiciary to gain access to treatments, hospitalizations, transportation, and medications that have been denied by administrative bodies⁽²¹⁾, even though these rights are enshrined in the Brazilian legal system. The increased recourse to the Judiciary in health-related matters is linked to a growing public awareness of their rights, reflecting an intensification of societal oversight and control over Public Administration. Furthermore, it indicates a greater willingness on the part of the Judiciary to recognize and protect the social rights of the most vulnerable individuals ⁽²²⁾.

The Brazilian state still has a long way to go to fully guarantee access to health, and judicialization can be seen as an alternative to make this a reality. However, it can happen that a favorable court decision disregards the complexity of managing health services, especially with regard to the allocation of the federated entity's financial resources⁽²³⁾. In this sense, judicialization has had an effect on the health budget which, in turn, affects the management of all federated entities, especially when you consider that the number of lawsuits in this sector has grown significantly. This upward trend in the number of lawsuits has had a direct impact on public bodies' spending on complying with court decisions ordering the supply of medicines and various health treatments⁽²⁴⁾.

The analysis of the decisions highlighted recurring aspects of the judicialization phenomenon that show bottlenecks in the health system, both financially and structurally, reflecting on the supply and provision of services recommended by the regulations that deal with the guidelines and services offered in the SRP. In this sense, in the case of judicialization for the granting of gender reassignment surgery, the plaintiffs predominated on the grounds that they had few financial resources for the procedure and that the state had a duty to do so following the presence of a medical report with the diagnosis. On the other hand, the clinical protocol with the need and obligation for a medical report to

carry out SRP procedures, in a way, affects access to the procedure, being an institutional barrier⁽²⁵⁾, as well as restricting the patient's autonomy in terms of their identity⁽²⁶⁾.

Although there is criticism from the social sciences about the need for pathologization, for Aran et al⁽²⁶⁾ the complexity of the transsexual condition makes diagnosis essential for the progress of transgenic procedures. From this perspective, it is understood that it was through pathologization that transsexualization became a public health issue, guaranteeing access to health services for bodily transformations. However, Bento et al⁽⁵⁾ argue that the acceptance of trans identities needs to be seen as a political and social issue, and not just from a medical perspective. Thus, they suggest the depathologization of gender diagnosis, since this diagnosis has consolidated a model of transsexuality that not only perpetuates stigma against trans people, but also validates practices of both social and legal exclusion.

In a way, it is possible to infer that the judgments defend the idea of the right to comprehensive health care, backed by the 1988 Constitution ⁽²⁷⁾, as well as considering specific and concrete cases of the individual that would be capable of causing irreparable damage to life. In addition, the demand for processes supply hormone therapy is directly related to the lack of resources from public bodies, which hinders or interrupts the supply of essential medicines to continue treatment. According to Consolidation Ordinance GM/MS No. 6/2017⁽²⁸⁾, PrTr is subject to the budgetary and financial availability of the Ministry of Health. Carrying out this procedure requires a notorious budget forecast and specialized hospitals to provide the medical-surgical procedure of transgenitalization⁽²⁹⁾. As a result, the shortage of funding ends up resulting in restrictions on the number of services or procedures and materials available, considering the budget of the corresponding body⁽³⁰⁾. As a result, due to the high acquisition costs and the absence of these hormones in the conventional medicines made available by pharmaceutical assistance, the non-qualified services often limit themselves to prescribing them, leaving it up to the patient to buy them⁽²⁵⁾.

Miranda reveals that there are medicines that should be supplied, but their availability is interrupted due to lack of financial resources⁽²⁵⁾. However, access medicines depends on the regulation of the health system and the organization of the local government to make them available⁽³¹⁾. It's worth noting that drugs such as hormones are essential for the continuity of medical intervention and their lack can interrupt treatment and hormonal transformations, which is one of the deficiencies in guaranteeing SRP procedures.

This discussion of the availability of medicines and resources should be better analyzed by the managers who qualify the SRP Specialized Care Service as an outpatient and/or inpatient service. According to Ordinance N°. 2,803/2013/MS⁽³⁾, in its Annex II, in order to qualify for specialized outpatient care, the requirement to be met is the provision of hormone therapy assessed by the Federal Manager. In addition, the same ordinance ensures that when there is an absence or insufficiency of the assistance resource in the state, it is up to the Ministry of Health's Department of Regulation, Evaluation and Control of Systems (DRAC/SAS/MS) to apply the necessary measures for its operationalization⁽³⁾. Thus, according to the provisions, the procedure has been planned to ensure that essential services are provided at all stages of the phenotypical transformation characteristic of transsexuality; however, institutional gaps lead to insufficient care.

Moreover, the SRP shows that it provides comprehensive care, from primary to specialized care, which means that the public administrative spheres are organized to ensure the continuity of the procedure. Integrating PrTr into the operational structure of the SUS creates opportunities for a

more comprehensive approach to health, which is not just limited to the procedures listed in this Ordinance, but encompasses all public health services⁽²⁵⁾. Law No. 8.080/90⁽³²⁾ sets out the organization and operation of the corresponding services of the SUS, and its 4th article defines that the set of health actions and services of the SUS will be provided by federal, state and municipal public bodies and institutions, direct and indirect administration and foundations maintained by the Public Power. This reveals the common responsibility and competence of the federated entities to provide the service, as joint and several responsibility⁽²¹⁾. As a result, the lawsuits have been challenged on the grounds of incompetence to carry out this procedure, contrary to joint and several liability. In a way, issues like this hinder the progress of access to health services related to transgenics.

Final considerations

It was noted that in the lawsuits there was a recurrence of requests for the release of gender reassignment surgery and the supply of medication to carry out hormone therapy. The needs covered the liquid and certain right, based on the constitutional right to demand the duty to do from the State. Nevertheless, the judges considered the socio-economic context of the plaintiffs, analyzing the situation of financial need, as well as observing the aggravation of the health situation. Institutional gaps have been the main reason for the absence of the procedures recommended by the ordinance and health policies aimed at transgender people.

The creation of the SUS Transsexualization Process is a step forward in universal access to services for the Brazilian trans population. However, the implementation of this program still poses some challenges for SUS managers and workers, such as actions to minimize geographical and institutional barriers. In this sense, there is a need to ratify the performance of health managers who work in the regulation, control and evaluation of units qualified to provide this service, in order to certify the efficiency of the program.

Conflict of interest

The authors declare that there is no conflict of interest

Author's contribution

De Araujo HMC contributed to the conception/design of the article, data analysis and interpretation, writing of the article, critical review of its content, approval of the final version of the article. Viana CCV contributed to the analysis and interpretation of data, critical revision of its content, approval of the final version of the article. De Oliveira P contributed to the analysis and interpretation of data, critical revision of its content, approval of the final version of the article. Zocratto KBF contributed to the conception/design of the article, analysis and interpretation of data, writing of the article, critical revision of its content, approval of the final version of the article.

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References

1. Peters BG. American Public Policy: promise and performance. Chatham, NJ: Chatham House; 1986. Pg. 11-28.
2. Brasil. Ministério da Saúde. Portaria nº 2836, de 1 de dezembro de 2011. Institui, no âmbito do Sistema Único de Saúde (SUS), a Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais (Política Nacional de Saúde Integral LGBT). Brasília: Ministério da Saúde [Internet]. 2011 [cited 7 Apr. 2024]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt2836_01_12_2011.html
3. Brasil. Ministério da Saúde. Portaria nº 2.803, de 19 de novembro de 2013. Redefine e amplia o Processo Transsexualizador no Sistema Único de Saúde. Brasília: Ministério da Saúde [Internet]. 20 nov. 2013 [cited 7 Apr. 2024]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt2803_19_11_2013.html
4. Brasil. Ministério da Saúde. Portaria de Consolidação GM/MS nº 2, de 28 de setembro de 2017. Dispõe sobre o Processo Transsexualizador no âmbito do SUS. Brasília: Ministério da Saúde [Internet]. 2017 [cited 6 Oct. 2024]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prc0002_03_10_2017.html#ANEXO1ANEXOXXI
5. Bento B, Pelúcio L. Despatologização do gênero: a politização das identidades abjetas. Estudos Feministas [Internet]. 2016 [cited 7 Apr. 2024]; 20(2):569-581. Available from: <https://www.scielo.br/j/ref/a/GYT43pHGkS6qL5XSQpDjrqi/?format=pdf&lang=pt>
6. Popadiuk GS, Oliveira DC, Signorelli MC. A Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais e Transgêneros (LGBT) e o acesso ao Processo Transsexualizador no Sistema Único de Saúde (SUS): avanços e desafios. Ciênc. Saúde Colet. [Internet]. 2017; [cited 7 Apr. 2024]. 22(5):1523-1534. Available from: <https://www.scielo.br/j/csc/a/JVTfd3DqVzN3dPMLPJLYLvy/abstract/?lang=pt>
7. Conselho Federal de Psicologia. Transexualidade não é transtorno mental, oficializa OMS. Conselho Federal de Psicologia [Internet]. 22 de maio de 2019 [cited 1 May. 2024]. Available from: <https://site.cfp.org.br/transsexualidade-nao-e-transtorno-mental-oficializa-oms/#:~:text=Pela%20nova%20edi%C3%A7%C3%A3o%20da%20CID,como%20E2%80%9Cincongru%C3%A7%C3%A3o%20de%20g%C3%A2o%20E2%80%9D>
8. Rio de Janeiro. Tribunal de Justiça do Rio de Janeiro. Apelação Cível nº0018216-43.2011.8.19.0026. Apelante: Wagner Roza da Silva. Apelado: Município de Itaperuna. Relator: Des. Paulo Sérgio Prestes dos Santos. Rio de Janeiro, 11 de fevereiro de 2015 [cited 7 Apr. 2024]. Available from: <https://www3.tjrj.jus.br/gedcacheweb/default.aspx?UZIP=1&GEDID=00043852644466112460C4C6F73E5CD5581DC5034C5C4233&USER=>
9. Rio de Janeiro. Tribunal de Justiça do Rio de Janeiro. Embargos de Declaração Apelação Cível nº0018216-43.2011.8.19.0026. Embargante: Wagner Roza da Silva. Embargado: Município de Itaperuna. Relator :Des. Paulo Sérgio Prestes dos Santos. Rio de Janeiro, 08 de abril 2015 [cited 7 Apr. 2024]. Available from: <https://www3.tjrj.jus.br/gedcacheweb/default.aspx?UZIP=1&GEDID=000421EADCCF6E3A1F6DB6262D77AD724D1BC5035A5B381B&USER=>
10. São Paulo. Tribunal de Justiça de São Paulo. Apelação nº1015395-48.2014.8.26.0576. Apelante: Fazenda Pública do Estado de São Paulo. Apelado: Ulisses Gomes de Assumpção. Relator: Venício Salles. São Paulo, 17 de maio de 2017 [cited 7 Apr. 2024]. Available from: https://esaj.tjsp.jus.br/cjsg/getArquivo.do?jsessionid=FD0B34456CC035D56E5B634508882A09.cjsg1?conversationId=&cdAcordao=10432369&cdForo=0&uuidCaptcha=sajcaptcha_5f2f2ca7388744afb6e49f06f4594693&g-recaptcha-response=03AFcWeA541GdkkgAzhn26y8480VpGWSYxw7hXz5ZnlqGi7Xh89Rd9Q7ZApaQqRYTq-Z92soOgb_e317sBBN0GAwwygnV6DQcUdDkbsBugHd-vhUcN7dvScVikVluWkLzuVRDo8vqxix-3WLve8qv1V1HiuTUOa30eDefLHWpLMw0ufjH1nxzsNoTUgo8Yqmk4ky5Ck0ZJugr9l2j2AlD4SNmQv1iAjqGOEHdUFiPj8UvK400D7k3LnVvmATN_7TJq5k07_QZ_FDAVGRb2aTlukusXw-DwHZZjszr5q-vxoc2T_k4NroRKH_f5Rc_W7uQ3IsDhg7ZhdQkWD2HTTgFES0Ll-CRP-c-XjJc--l8yigix5bLs9-fVkrO_8R9YDA2tUVNc-5EulaAltZmaPV5pE25ITIXFH4rQalH9dWtTgIgMYkHyCzlwZWa2ay8ZKkTx8lvGRmpdODuUthhJTK7BLUin_Bv9dvVh5goq9WBV-eiCPgD2eqClaDLqxnO0uUeh6D2DtIORwM4p1YmpySarCDiF5xORu2gubtwxJ_XpEJZ0TtQ1EpROTDuniIAUcF69-jpn0SY3IVKvKd_KHG05aSSwea_xcT5aUOhttu_SqrYjJyZsGAscVCZoaLTvkiYtMradT6bduEqG74CJSbt_yqWnIoBPfFwBMVQZiQKiKQOkJioVa_XtP3z4zBqBU_COB7vIJyqWsmSyEP
11. São Paulo. TJSP. Agravo de Instrumento nº2263784-30.2023.8.26.0000. Ação de obrigação de fazer. Realização de cirurgia. Relatora SILVIA MEIRELLES. São Paulo, 4 de dezembro de 2023. [cited 7 Apr. 2024]. Available from: https://esaj.tjsp.jus.br/cjsg/getArquivo.do?conversationId=&cdAcordao=17407845&cdForo=0&uuidCaptcha=sajcaptcha_588436ff13064b9dac760df06abb6ae2&g-recaptcha-response=03AFcWeA6NLkWJm7ics38pML7x8dUSJkbRICJFVHSLkCG-IyxLz6vhG4sB_rd4DHoilCkDd_l52aBxZNhrf66d66qi

[Ytqp56hrzfPHpiugZeBb6HSiSbiKY-qviUBdtVCmqjozaOZVTaHNwFRI2pKNetxT-Z6jJB_zvjMnZkP5P8n99cKz7s7LOfx_LteNN_v1Hps-6Z5C_DG3sMTW0oLPVxCjZ3U9h1-wj72OSfL1d2410ZfU8rTZid3bJ49sCT-60RUwBAo5Gi3yhGqvU7jYYpHMGpYZr4pJXEUG3vBsiQHcK5lQlX8R4pd2rSV1Egs6wjwGcSaK3A32V4U-FyFdyWLHGvzH-Ha-GTIAAL_aN8_jtIV4o98ot71Y1PNdvsZb03gj5-Ehf1sEH7QkbusQ_9BMsojQSEfLaTxVvHDlp6t1L15gVokgHZIS09wNP1tuXTT6l2ZR_TBubxv5-4to6SbxTFa9IK8H0T72vuYgTnYrBR8KIUq8qBbBOVEIdEsqaLg3r_H1k1gEiq9W5JLyeRKREl3p1q9EmTJgK5yPoi2IXTNVQaTn_qXn89T6H3ExPsfgT5oJnLWBDjDi36kmKj_OkGqgW1uRFDqv3lDXFWJrPV2vuU2BTH9vkAUR2Cuaeejg8RgkRg13IyfNNNotVWqfMfZZTT60wVxLDADUtvXZarhT5ZES3A](https://esaj.tjsp.jus.br/cjsg/getArquivo.do?conversationId=&cdAcordao=15224099&cdForo=0&uuidCaptcha=sajcaptcha_3afacf27d86a4d15877893537202e2de&g-recaptcha-response=03AFcWeA7OBuiLiBMCXF3jeeliQei8EneSa2cdITII9a7ApB1g1EZT35OLLOiKb6g7Z-PrTE1AE8uIQOrH07kyYghmMKlW3TA793v7-sGt1Av65DfPeuAX0J0M7i9lkSB82fldcKaxxiCYexn0zSZPEfSyP1BT0ZZbbFPdD12UNas4AkU1-S7ooqDksol8AXL3nFHOJtgUXdZc7x3a6HGLWeOtijyWkdKdkrQDsc78rIHCVRxS6223lk5e8miKFkD-3iy6YoUcdqImZjKRTNxiTrA3YsMtnIqN4NlwXvfeZgPLbXPo4I138qFQRof0ipBNofI7TVkN197xmE8i-1vS1avriXlBvesHVsfurwbrJ9ku0Zhwy0kd3sJFMRUH1CpaEv3EYtg7s4A5-3ycS7rgOfriZT0xNswkTrGt5KCVr1WnFm0avruOMGI GR8rnb3Qw4WX-MJfvcalkPRX2BioonCgsw2H6VwiykEfMOOr2i5nOmUBrKBMGX-L0bZGA1fQ0ivHeNIV86p9GU0COszvyWBxWHkpbVZ3wv5NPPiyu209SPyEqzOT4ZzXJ8rwdmiALXVe_yNajSEe573kVwf6r1J7sAw1RIMmPdkbZw9aYTmT2QnGTa72IhfMuC8Q1oV7dm-sQC92PNA49UBectyB4y6YSp9dmd_z42dD1OoWeLuGU)

12. Brasil. Supremo Tribunal de Federal. Recurso Extraordinário com Agravo. Recursante: Ana Lucia Santana Duarte. Recursado: Estado do Rio de Janeiro. Relator: Min. Gilmar Mendes. Brasília, 25 de novembro de 2019 [cited 7 Apr. 2024]. Available from: <https://jurisprudencia.stf.jus.br/pages/search/despacho1050576/false>

13. São Paulo. Tribunal de Justiça de São Paulo. Apelação Cível nº 1002208-18.2016.8.26.0506. Apelante: Município de Ribeirão Preto. Apelada: Michelly Vieira Diniz. Relatora: Ana Liarte. São Paulo, 13 de junho de 2019. [cited 7 Apr. 2024]. Available from: <https://esaj.tjsp.jus.br/cjsg/getArquivo.do?cdAcordao=12595790&cdForo=0>

14. Rio de Janeiro. Tribunal de Justiça do Rio de Janeiro. Apelação Cível nº 0047449-05.2018.8.19.0038. Apelante: Solene Vidal da Silva. Apelado: Estado do Rio de Janeiro. Relatora: Des. Norma Suely Fonseca Quintes. Rio de Janeiro, 3 de junho de 2022 [cited 7 Apr. 2024]. Available from: <https://www3.tjrj.jus.br/gedcacheweb/default.aspx?UZIP=1&GEDID=00040C792742D94E4B6C273544B13D46B2FEC5115F281351&USER=0>

15. São Paulo. Tribunal de Justiça de São Paulo. Agravo de Instrumento nº 2140622-95.2023.8.26.0000. Agravante: Bean Victório Oliveira Gomes. Agravada: Fazenda Pública do Estado de São Paulo. Relator: Marcos Pimentel Tamassia. São Paulo, 13 de julho de 2023 [cited 7 Apr. 2024]. Available from: https://esaj.tjsp.jus.br/cjsg/getArquivo.do?conversationId=&cdAcordao=16942878&cdForo=0&uuidCaptcha=sajcaptcha_67c874055c4a40eb980ac1a48a2c12f0&g-recaptcha-response=03AFcWeA7q6MPA9ddwEWgBN3Li0n3ZuMnIX8bc6aNwGdXyxboUu2w8YiYztoPOVRegF05iwZ8ELbcAqyY9_jUxuhFcqHjgvFOTRrkZxBqBZzByG7FWbyETGPt3TstTh7pjcaNyByxGTt3DO1aZPT6g16p9j-ciwbHl4B5j4LN8x7wso6C5dTKhyCBX9WFD0lhx-S6ltoI36i71LdY38knUBS0D0w4W1ttF07LvCtRHs4M

[YpnPIv1DdGcRVpSieMv5Pz4grIzF-n96W8fQB89n_bxo0VbPIAD4yL0stGdLhzliDQ51qZl6TdJvS-DAVXVB8dQ8FqJbCffm-NyDsOkpnVHcQ36Lm8iLWzQe2mFAk1r-cMi2B6TKpztQ8vf6ORuMpVZ_bzoCIrxtCTbGTg5afzM0xfq9Kmn-ZoBxQPt6WRIZj-kr99SDWUdN4vZP5eAuti36UEQnaVShsGELvSJD8jVjWPVoyQwsks_yYyOhegB-PBdSZCoJNeXakb9M88okeEayOH8d7q7YWqVm2H38rzsq5lo2qzHg4cwPqVbcL_RYrDg2FM4D0yhksOtPo2Rn1hKc383BgYTIVV2DbGPNE3a7Vx-O850MN5pQ1UoJyWkd-ITDrVVkndpS9imXK-nttimHIBH1du5YgOfBdqEayWyZ9AzjGHaVMD228Azo4pvRNY_HKdIDUVCm](https://esaj.tjsp.jus.br/cjsg/getArquivo.do?cdAcordao=12595790&cdForo=0)

16. São Paulo. Tribunal de Justiça de São Paulo. Apelação Cível nº 1012922-67.2018.8.26.0344. Apelante: Estado de São Paulo. Apelada: Marcelly Oliveira Bravo. Relatora: Silvia Meirelles. São Paulo, 26 de novembro de [cited 7 Apr. 2024]. Available from: [https://esaj.tjsp.jus.br/cjsg/getArquivo.do?cdAcordao=12595790&cdForo=0](https://esaj.tjsp.jus.br/cjsg/getArquivo.do?conversationId=&cdAcordao=15224099&cdForo=0&uuidCaptcha=sajcaptcha_3afacf27d86a4d15877893537202e2de&g-recaptcha-response=03AFcWeA7OBuiLiBMCXF3jeeliQei8EneSa2cdITII9a7ApB1g1EZT35OLLOiKb6g7Z-PrTE1AE8uIQOrH07kyYghmMKlW3TA793v7-sGt1Av65DfPeuAX0J0M7i9lkSB82fldcKaxxiCYexn0zSZPEfSyP1BT0ZZbbFPdD12UNas4AkU1-S7ooqDksol8AXL3nFHOJtgUXdZc7x3a6HGLWeOtijyWkdKdkrQDsc78rIHCVRxS6223lk5e8miKFkD-3iy6YoUcdqImZjKRTNxiTrA3YsMtnIqN4NlwXvfeZgPLbXPo4I138qFQRof0ipBNofI7TVkN197xmE8i-1vS1avriXlBvesHVsfurwbrJ9ku0Zhwy0kd3sJFMRUH1CpaEv3EYtg7s4A5-3ycS7rgOfriZT0xNswkTrGt5KCVr1WnFm0avruOMGI GR8rnb3Qw4WX-MJfvcalkPRX2BioonCgsw2H6VwiykEfMOOr2i5nOmUBrKBMGX-L0bZGA1fQ0ivHeNIV86p9GU0COszvyWBxWHkpbVZ3wv5NPPiyu209SPyEqzOT4ZzXJ8rwdmiALXVe_yNajSEe573kVwf6r1J7sAw1RIMmPdkbZw9aYTmT2QnGTa72IhfMuC8Q1oV7dm-sQC92PNA49UBectyB4y6YSp9dmd_z42dD1OoWeLuGU)

17. São Paulo. Tribunal de Justiça de São Paulo (TJSP). Agravo de Instrumento nº 2060941-86.2017.8.26.0000. Direito à saúde. Agravante: Bruno Rafael do Prado. Agravado: Município de Barra. Relatora: Heloísa Mimessi. São Paulo, 23 de agosto de 2017 [cited 7 Apr. 2024]. Available from: <https://esaj.tjsp.jus.br/cjsg/getArquivo.do?cdAcordao=10724639&cdForo=0>

18. Brasil. Ministério da Saúde. Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais. Brasília: Ministério da Saúde [Internet]; 2013 [cited 6 Oct. 2024]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/politica_nacional_saude_lesbicas_gays.pdf

19. Ministério da Saúde. Indicadores Habilitações: Atenção Especializada no Processo Transexualizador - Modalidade Hospitalar. CNESNet [Internet]. DATASUS [cited 28 Jul. 2024]. Available from: https://cnes2.datasus.gov.br/Mod_Ind_Habilitacoes_Listar.asp?VTipo=3003&VListar=1&VEstado=00&VMun=&VComp=&VContador=3&VTitulo=H
20. Ministério da Saúde. Indicadores Habilitações: Atenção Especializada no Processo Transexualizador - Modalidade Ambulatorial. CNESNet [Internet]. DATASUS [cited 28 Jul. 2024]. Available from: https://cnes2.datasus.gov.br/Mod_Ind_Habilitacoes_Listar.asp?VTipo=3002&VListar=1&VEstado=00&VMun=&VComp=&VContador=10&VTitulo=H
21. Dresch RL. Federalismo Solidário: A Responsabilidade dos Entes Federativos na Área da Saúde. José Roberto R. Afonso [Internet]. Assuntos Fiscais. 2014 [cited 16 Jun. 2024]. Available from: <https://www.joserobertoafonso.com.br/federalismo-solidario-dresch/>
22. Ferraz OLM. Para equacionar a judicialização da saúde no Brasil. Revista Direito GV [Internet]. 2019 [cited 26 Jun. 2024]. 15(3):1-39. Available from: <https://www.scielo.br/j/rdgv/a/tLdSQ4Ggnm4w8GSfYdcqtTy/abstract/?lang=pt>
23. Paula CEA, Bittar CML. Judicialização da saúde: construindo soluções na perspectiva da promoção da saúde. Acta Sci. Human Soc. Sci. [Internet]. 24 set. 2019 [cited 26 Jun. 2024]. 41(2):2-11. Available from: <https://periodicos.uem.br/ojs/index.php/ActaSciHumanSocSci/article/view/46762>
24. Leite IC, Bastos PRHO. Judicialização da saúde: aspectos legais e impactos orçamentários. Argum. [Internet]. Jan./abr. 2018 [cited 16 Jun. 2024]. 10(1):102-117. Available from: <https://periodicos.ufes.br/argumentum/article/view/18659/13203>
25. Miranda LFP. Desigualdade de acesso ao processo transexualizador no SUS [dissertação]. Minas Gerais: Faculdade de Direito da Universidade Federal de Minas Gerais; 2023[cited 1 May. 2024]. Available from: <http://hdl.handle.net/1843/58881>
26. Arán M, Murta D, Lionço T.. Transexualidade e saúde pública no Brasil. Ciência & Saúde Coletiva [Internet]. 2009 [cited 1 May. 2024]; 14(4):1141-1149. Available from: <https://www.scielo.br/j/csc/a/SBvq6LKYBTWNR8TLNsFdKkj/?format=pdf&lang=pt>
27. Brasil. Constituição da República Federativa do Brasil. Brasília: Presidência da República, 1988 [cited 1 May. 2024]. Available from: https://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm
28. Brasil. Ministério da Saúde. Portaria de Consolidação GM/MS nº 6, de 28 de setembro de 2017. Consolidação das normas sobre o financiamento e a transferência dos recursos federais para as ações e os serviços de saúde do Sistema Único de Saúde. Brasília: Ministério da Saúde [Internet]. 2017 [cited 1 May. 2024]. Available from: https://www.gov.br/aids/pt-br/central-de-conteudo/copy_of_portarias/2017/portaria_consolidacao_n_6_28_09_2017.pdf/view
29. Lionço T. Atenção integral à saúde e diversidade sexual no Processo Transexualizador do SUS: avanços, impasses, desafios. Rev Saúde Coletiva [Internet]. 2009 [cited 1 May. 2024]. Available from: <https://www.scielo.br/j/physis/a/pxSyLfDd8pZzdQ6tknGbWnx/>
30. Rocon PC, Sodré F, Rodrigues A, Barros MEB, Wandekoken KD. Desafios enfrentados por pessoas trans para acessar o processo transexualizador do Sistema Único de Saúde. Interface-Comunicação, Saúde, Educação [Internet]. 2019 [cited 1 May. 2024]; 23:1-14. Available from: <https://www.scielo.br/j/icse/a/KfsPfJt3kBvPky8CVcSy5wL/>
31. Rover MRM, Faraco EB, Vargas-Peláezet CM, Colussi CF, Storpirtis S, Farias MR, et al. Acesso a medicamentos de alto preço: desigualdades na organização e resultados entre estados brasileiros. Ciência & Saúde Coletiva [Internet]. 2021 [cited 29 Apr. 2024]; 26(11):5499-5508. Available from: <https://www.scielo.br/j/csc/a/VDv9JVTCKvnHVSyg49r5QLn/?format=pdf&lang=pt>
32. Brasil. Lei nº 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Brasília: Presidência da República, 20 set 1990 [cited 1 May. 2024]. Available from: https://www.planalto.gov.br/ccivil_03/leis/18080.htm

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