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Ethical dilemmas and decision-making in the healthcare for transgender minors

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Addendum

APPENDIX A

Data analysis

All interviews were audio-taped and transcribed verbatim. Before each interview informed consent for participation and tape recording was obtained. The interviews took between 50 and 90 minutes to administer. Data analysis was based on the constant comparative method (Corbin & Strauss, 2014; Malterud, 2001). We used an iterative process wherein we continually went back to the field and interviewed new participants to collect more data. The following processes of data gathering and analyses were used: (1) interviews; (2) questionnaires; (3) transcription of the interview data; (4) open coding, which involved identifying relevant concepts in the text; (5) constant comparison of open codes, looking for conceptual similarities and differences; (6) identification of emerging themes and a theoretical framework; (7) continued sampling and interviewing as theoretical categories emerged and novel questions arose; and (8) continued coding and comparison of codes until nothing new was added to the theoretical categories. Data collection continued as long as new information came up. After no new content was found in the interviews and questionnaires, subject enrolment was stopped. This process, called thematic saturation, is a well-described qualitative method to avoid unnecessarily large and repetitive data sets (Guest et al., 2006).

APPENDIX B

Initial interview questions

1. For you, was the treatment to suppress puberty time to consider and decide on irreversible treatment or was the treatment important to you for other reasons?
2. How thoughtful was the decision to start puberty suppression at the time?
3. Have there been any consequences, or has there been any impact of the treatment with puberty suppression that you had not foreseen, that you were not aware of, that were better or worse than you had expected?
4. To what extent did you make your decision to start puberty suppression in a different way from your decision to start with treatment with gender-affirming hormones?
5. Is there anything that has not been discussed in this interview but that you think is relevant in relation to the topic, anything that you would like to add?

APPENDIX C

List of steps in the dilemma method *

1. Moral case is presented
2. [Formulation of a general moral question]
3. Short formulation of the case presenter's dilemma: Should I do A or B?
4. Opportunity for clarification & questions
5. Scheme with 'perspectives', 'values' and 'norms'
6. Brainstorm on possible alternatives
7. Round of individual answers to the dilemma question
8. Discuss possible group consensus, disagreement or decision ('weigh' values & norms)
9. Make practical appointments and plan date to evaluate these appointments
10. Evaluation of MCD content and process, also considering the facilitator's role

* Molewijk et al., 2008a; Molewijk & Ahlzen, 2011; Stolper et al., 2016

APPENDIX D

Impression of the Euro-MCD questionnaire *

Instructions: Below is a list of possible outcomes from a moral case deliberation (MCD) session. Please indicate how important you consider each outcome in terms of how much it would strengthen you and your co-workers' ability to manage ethically difficult situations. The list includes outcomes that may occur during MCD sessions and/or afterward in everyday clinical practice.

1. Develops my skills in analysing ethically difficult situations
2. More open communication among co-workers
3. Co-workers reach a consensus on how to manage ethically difficult situations
4. Enables me to better manage the stress caused by ethically difficult situations
5. Contributes to the development of practice/policies in the workplace
6. Gives me more courage to express my ethical views
7. I feel more secure to express doubts or uncertainty regarding ethically difficult situations
8. Better mutual understanding of reasoning and behaviour
9. I see ethically difficult situations from different perspectives
10. My co-workers and I become more aware of recurring, ethically difficult situations
11. Increases my awareness of the complexity of ethically difficult situations
12. Enhances my understanding of ethical theories (ethical principles, values and norms)
13. Enables me and my co-workers to decide on concrete steps to manage ethically difficult situations
14. Greater opportunity for everyone to have their say
15. Creates more opportunity to share difficult emotions and thoughts with co-workers
16. I can see more courses of action to manage ethically difficult situations
17. I listen more seriously to others' opinions
18. Increases awareness of my own emotions regarding ethically difficult situations
19. Boosts my self-confidence when managing ethically difficult situations
20. Develops my ability to identify the core ethical question in difficult situations
21. My co-workers and I examine existing practice/policies in the workplace/organization more critically
22. My co-workers and I manage disagreements more constructively
23. I have a better understanding of my own responsibility in ethically difficult situations
24. Enhances mutual respect among co-workers
25. I become more aware of my preconceived notions
26. I understand better what it means to be a good professional

* Svantesson et al., 2014

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LIST OF ABBREVIATIONS

CBCL	Child Behaviour Checklist
DSM	Diagnostic and Statistical Manual of Mental Disorders
FP	Fertility preservation
GAH	Gender-affirming hormones
GAMT	Gender-affirming medical treatment
GD	Gender dysphoria
GnRHa	Gonadotropin-releasing hormone analogues
IC	Informed consent
ICD	International Classification of Diseases
ICSI	Intracytoplasmic sperm injection
IQ	Intelligence quotient
IUI	Intrauterine insemination
MacCAT-T	MacArthur Competence Assessment Tool for Treatment
MCD	Moral case deliberation
MDC	Medical decision-making competence
MHP	Mental health professional
PS	Puberty suppression
SDM	Shared decision-making
WPATH	World Professional Association for Transgender Health