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Transgender healthcare with challenges, disparities, and the path forward: a retrospective study at a tertiary care hospital in Paris, France

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Abstract

Background Transgender individuals face stigma, violence, and healthcare disparities worldwide. Despite increasing research, data on access to care remain limited. This study aims to describe the demographic, social, and health characteristics of transgender patients attending of transgender individuals seeking care at a single center in Paris, France.

Methods We conducted a retrospective, single-center, descriptive study of transgender individuals who sought care at the infectious diseases department of a tertiary care hospital in Paris, France, between June 2021 and June 2022.

Results A total of 50 transgender individuals were included, predominantly transgender women (49/50). Most participants were born in Brazil (39/50) and engaged in sex work (41/50). A large proportion faced precarious social conditions, with 35/50 being undocumented migrants and 23/50 lacking healthcare insurance. Despite 44/50 reporting good overall health, 37/50 expressed a need for primary healthcare, yet only 19/50 had consulted a general practitioner in France, primarily through word of mouth (8/19). Language barriers were a major obstacle to care (16/50). Comorbidities were common, including substance use (27/50), HIV (32/50), and at least one sexually transmitted infection in the past year (24/50). Participants also reported high rates of violence (33/50), anxiety (32/50), and depression (28/50).

Conclusion Transgender individuals seeking care at our center experience significant social and medical vulnerability, with many healthcare needs remaining unmet. Strengthening social and administrative integration, along with leveraging community organizations and healthcare mediators, is essential to improving access to care and support for this population.

Keywords Transgender persons, Primary health care, Healthcare disparities, Social vulnerability, Sexual health, Mental health

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Background

Transgender individuals represent approximately 0.3 to 0.5% of the global population [1]. They face significant health disparities, primarily due to societal stigma, discrimination, and barriers to accessing appropriate healthcare [1–3]. Gender-affirming care encompasses medical, psychological, and social interventions—such as hormone therapy, mental health support, and surgical procedures—designed to alleviate gender dysphoria and improve well-being [1–4]. Despite its proven benefits, access to such care remains inconsistent across healthcare settings and geographic regions.

HIV prevalence is disproportionately high among this population, with a 49% greater burden compared to the general population, alongside an increased risk for other sexually transmitted infections [4]. Their unique healthcare needs are often overlooked, exacerbating vulnerability and falling levels of healthcare utilization. Studies indicate that transgender individuals frequently experience violence and discrimination within medical settings, leading to healthcare avoidance [5–7]. Addressing these challenges is crucial for improving health outcomes in this population.

This study aims to describe the demographic, social, and health characteristics of transgender patients attending an outpatient infectious disease clinic in Paris, France. Given the high prevalence of HIV, mental health concerns, and socioeconomic vulnerability among transgender populations globally, this study seeks to contextualize these issues within the French healthcare system. Notably, a significant proportion of participants were immigrants, particularly from Brazil, highlighting the intersection of transnational healthcare access and migration patterns among transgender individuals seeking care in France.

Methods

This is a single-center, retrospective, epidemiological, descriptive, and quantitative study that was conducted between June 2021 and June 2022 at the infectious diseases department of Saint-Antoine Hospital in Paris, France. This department provides free STI screening, counseling and treatment, including for individuals without health insurance. In addition, it offers comprehensive care for a diverse patient population, including people living with HIV (PLWH) and PrEP users, with a focus on holistic sexual and general health care.

The research team used a structured questionnaire to collect data from participants who met the following inclusion criteria: being 18 years or older, self-identifying as transgender, and having had an appointment at the outpatient clinic during the study period. Exclusions criteria included minors and individuals who declined data use. Transgender identity was defined as

a gender identity differing from the assigned biological sex at birth. A questionnaire, developed by our team in French, Spanish, English, and Portuguese based on published research on the topic, was administered by our clinicians for data collection. It was administered by an interviewer who recorded participants' responses. No interpreters or translators were present at the time of data collection. Given the descriptive nature of the study, a predetermined sample size was not calculated. Analyses were conducted using available data, with the number of respondents specified for each variable where applicable. Data from routine consultation recorded in the clinic's electronic medical records were utilized. The full questionnaire is available in the appendix under the section "Questionnaire." Data collected were securely and anonymously extracted from the patients' medical records, where information from the questionnaire was manually entered after collection. We extracted demographics data, health indicators, HIV status, perceived health, barriers to care, mental health care access and experiences of violence. Data were analyzed using descriptive statistics. Results are presented as percentage for categorical variables and as medians with first and third interquartile range or standard deviations for continuous variables.

All subjects were individually informed that their medical data could be used for research purposes and signed an information note in accordance with the General Data Protection Regulation. This retrospective study was conducted upon a database of patients treated according to standard care under the MR04 methodology therefore no ethics approval was necessary according to French law (http://www.legifrance.gouv.fr/eli/decret/2017/5/9/AFS_P1706303D/jo/texte). The study protocol was reviewed and approved by the institutional review boards of Saint-Antoine Hospital and Sorbonne University (Data Protection Committee registration number: 20220913163519).

Results

During the study period, 96 transgender individuals sought outpatient care at our unit. Of these, 29 declined consent for data use, and 17 were unable to complete the questionnaire due to communication barriers, either because the clinician did not speak the participant's language, or the participant had difficulty understanding the language used during the interview and in the questionnaire itself. As a result, 50 individuals were included in the study.

Socio-demographic data (Table 1)

The median age of participants was 34 years (34 [29; 43]). The majority identified as transgender male-to-female (MtF) (49/50, 98%). A significant proportion were immigrants (46/50, 92%), primarily from Brazil (39/50, 78%). Many participants were living with irregular

Table 1 Socio-demographic characteristics of study population

Data	n (%)
Gender, n (%)	
Trans women ; MtF	49 (98)
Trans men ; FtM	1 (2)
Median age in years (IQR)	34 (29 ; 43)
Birth country, n (%)	
Brazil	39 (78)
France	4 (8)
Uruguay	2 (4)
Argentina	1 (2)
Madagascar	1 (2)
Mali	1 (2)
Morocco	1 (2)
Peru	1 (2)
Mean arrival date in France	03/2021 (06/2002 ; 06/2022)
Administrative situation, n (%)	
Irregular situation	35 (70)
Residence permit	10 (20)
French or European citizenship	5 (10)
Health insurance, n (%)	
None	23 (46)
State medical insurance (AME)	15 (30)
Solidarity national security (CSS)	5 (10)
Social Security + private insurance	5 (10)
Complementary Universal Health Coverage (workers)	2 (5)
Civil status, n (%)	
Single	42 (84)
Married	4 (8)
Cohabiting couple	4 (8)
Mean age at the end of formal education (IQR)	17 (13–35)
Highest education level, n (%)	
Elementary	2 (4)
Middle school	16 (32)
High school	26 (52)
University	6 (12)
Profession, n (%)	
Sex-worker	
Yes	41 (82)
No	9 (18)
Other profession	15 (30)
Unemployed	35 (70)

administrative status (35/50, 70%), meaning they did not have legal residency or official documentation allowing them to stay in the host country, and nearly half (23/50, 46%) lacked health insurance. Educational background data indicated that participants attended school until a median age of 17 years (range: 13–35 years).

Comorbidities

18% of the participants had cardiovascular comorbidities (9/50) and 6% (3/50) had psychiatric disorders. Most participants (42/50, 84%) took daily medication, and 36% (18/50) purchased over the counter medication.

44% (22/50) consumed alcohol weekly, 36% (18/50) smoked tobacco, and 54% (27/50) were frequent drug users. The substances used included cannabis (14/50, 28%), cocaine (9/50, 18%), ketamine (8/50, 16%), cathinones (3/50, 6%), and GHB (2/50, 4%). 20% (10/50) reported associating substance use with sexual intercourse (chemsex), while 12% (6/50) reported experiencing drug-related issues.

Health perception

88% (44/50) perceived their health as “good” and 92% (46/50) considered health “very important”. Primary life priorities included health, housing, and social relationships.

Healthcare needs

Primary healthcare priorities included the need for a general practitioner (40/50, 80%), an infectious disease specialist (34/50, 68%), and access to information and prevention (31/50, 62%). The majority required a general practitioner within the year (37/50, 74%), but only 38% (19/50) had consulted one in France at any point in their lives. Among those who had not consulted a general practitioner (31/50, 62%), the barriers included not knowing how to find one (10/31, 32%), perceiving no need for one (9/31, 29%), fear (1/31, 3%), various other reasons (8/31, 21%), and 10% (3/31) had no data. Among those who had found a general practitioner (19/50, 38%), most did so through word of mouth (8/19, 41%), by chance (3/19, 16%), via the internet (2/19, 11%), or through associations (1/19, 5%). Four participants had no data regarding how they found their general practitioner.

Access to healthcare

60% (30/50) of participants sought care at the infectious disease department following referrals from health mediators, 32% (16/50) through word of mouth, and 4% each (2/50) through assistance from associations or proximity. Most participants (78%, 39/50) had previously engaged with associations providing administrative and transgender-related support. 44% (22/50) had consulted a dentist, 44% (22/50) a proctologist, 40% (20/50) a psychologist or psychiatrist, and 6% (3/50) a gynecologist or an addiction specialist in the past year.

Barriers to healthcare access

Barriers to healthcare access were multiple, including language barriers (17/50, 34%), cost (8/50, 16%), lack of knowledge about the healthcare system (7/50, 14%), time constraints (6/50, 12%), fear of stigma (6/50, 12%), distrust in healthcare (6/50, 12%), and unexpressed reasons (8/50, 16%).

Affirmation healthcare

92% (46/50) of participants had undergone at least one gender-affirming surgery, of which 74% (34/46) were performed in Brazil. 72% (36/50) of participants had silicone injections, with an average of 3 L administered. Notably, 28% (10/36) had silicone related complications such as infections or inflammation. 90% of participants reported taking hormone therapy, with an average start age of 14 years (range: 13–41 years). Of these, 27% (12/45) obtained the hormones from the black market.

Sexual health data

82% (41/50) of participants were currently engaged in sex work, and 70% (35/50) relied solely on this income. While 66% (33/50) consistently used condoms with clients, only 24% (12/50) consistently used condoms in intimate relationships. STI screening was conducted annually for all participants, with 56% (28/50) being screened every three months. In the past year, 48% (24/50) were diagnosed with STIs, including HIV in 10% (2/50) of cases. 36% of participants (18/50) were people living with HIV, with 22% (4/18) diagnosed at least one year after arriving in France. All HIV-positive individuals had undetectable viral loads. Among HIV-negative individuals, 69% (22/32) had used PrEP at some point in their lives, with 50% (16/32) currently using it at the time of the study.

Mental health data

In the last 12 months, 94% (47/50) of participants had contact with friends, and 92% (46/50) had contact with family, predominantly through phone communication (31/47 and 43/46 respectively). 64% (32/50) of participants had anxiety, 40% (20/50) had feelings of isolation, 56% (28/50) reported feeling depressed, and 24% (12/50) had suicidal thoughts. Two-thirds (33/50, 66%) of participants reported experiencing violence. 22% (11/50) reported receiving psychotropic treatment, such as anxiolytics or antidepressants.

Discussion

This study highlights the complex healthcare needs of transgender individuals seeking care at an outpatient infectious disease clinic in Paris. The collected data provides valuable insights into the challenges faced by this population, laying the groundwork for improved care and systemic improvements.

Immigration and precarity

Our study highlights that a significant proportion of the transgender individuals accessing care at our clinic were immigrants, with 78% originating from Brazil. While the data do not explicitly compare the challenges faced by immigrant transgender individuals to those experienced by their French counterparts, this finding raises

important questions about the broader demographic trends within the transgender population in France.

This high proportion of immigrants may not be representative of all transgender people in France, but data on French transgender individuals is lacking. This high representation of immigrants in our study may be due to specific challenges in their countries of origin, such as widespread discrimination, violence, even though there is access to gender-affirming care in Brazil [8]. According to international reports, 33% of all documented killings of transgender people worldwide occurred in Brazil in 2021 [9]. These factors likely motivate some transgender individuals to seek better living conditions and healthcare opportunities abroad [10], so it is possible that France's healthcare policies, particularly regarding access to HIV treatment and gender-affirming care, attract transgender individuals from countries with less supportive healthcare systems. In the GANYMED study in 2021–2022 in France, on migrant men having sex with men, the reasons for migration in France were sexual orientation for 34.9%, escaping from insecurity or war for 20.3% and medical problems for 10.1% (including HIV in 64.3% of them) [11]. However, further studies are needed to determine whether this trend is reflective of the broader transgender population in France or specific to the study setting.

Additionally, many participants in our study reported irregular administrative statuses and lack of health insurance, reflecting heightened precarity. These findings align with existing literature indicating that transgender individuals are disproportionately affected by poverty, housing instability, and unemployment. In our study, 76% had no health insurance at all or had state medical insurance (AME). In France, there is no official data on the number of undocumented individuals. However, in 2020, an estimated 0.52% of the general population benefited from state medical insurance, which is granted to undocumented individuals [12]. It is important to note that another portion of undocumented individuals remains unaccounted for, with no access to healthcare coverage and no available data in France. This precariousness adds layers of vulnerability to an already marginalized population.

The findings emphasize the need for tailored healthcare and administrative support for immigrant transgender individuals, who may face compounded challenges in accessing care and social services.

Sex work and sexual health

High rates of sex work among study participants reflect a broader trend among transgender women showed in other studies, which seems correlated with higher risks of STIs and HIV in this population [13–16]. Safe sex practices and STIs screening were generally consistent, with the rate of condom use (24%) comparable to the

GANYMED study (23%) concerning intimate partners, emphasizing the importance of prevention and support [12]. The study also highlighted the need to promote PrEP use with only half of the seronegative participants using it, despite being a proven effective preventive measure [17].

Mental health

In comparison to the general population, elevated rates of substance use (10.3% in the general population in 2023 vs. 44% in our study [18]) and poor mental health underscore the importance of prevention, education, and specialized mental health support. Compared to the general French population, transgender individuals in our study reported a much higher prevalence of lifetime exposure to violence (66% vs. 5.1% in the general female population over a two-year period, according to INSEE data from 2010 [19]). The high rate of violence experienced by transgender individuals in this study highlights their vulnerability, underscoring the need for comprehensive support and protection and the urgent need for targeted mental health interventions and support systems tailored to the transgender population.

Access to healthcare

Barriers to accessing general practitioners, particularly among the uninsured, indicate significant shortcomings in healthcare accessibility. 62% of our participants had not seen a general practitioner, despite expressing a desire to do so. In comparison, in France, an epidemiological study showed that 11.8% of the general population reported forgoing seeing a doctor for medical exams or treatment, depending on how the question was asked [20]. Moreover, transgender individuals have specific needs, such as gender-affirming care, and require healthcare professionals trained in their care. They may also face discrimination from the health care system [21, 22]. In our clinic, two-thirds (60%) of participants sought care thanks to a health mediator, a transgender woman born in Brazil. This study highlights the crucial role of health mediators, who are closely connected to the community, in facilitating access to healthcare for individuals who may experience fear or misinformation about the system. Improved access to healthcare professionals and cultural competency training are crucial to bridge these gaps. Social media, health mediators knowing or belonging to the community, associations, identification of doctors speaking foreign languages can be used as bridges to these communities.

Limitations

This study has its limitations, including being monocentric, retrospective, descriptive, and reliant on a clinician-administered questionnaire. The homogeneity of the

population and the limited sample size of 50 individuals make it challenging to generalise these findings. A control group would have been useful in highlighting the specific characteristics of transgender people. The data were collected from a single healthcare setting, which may not be representative of the broader transgender population in France. Further research with comparative cisgender groups and a higher sample size is needed to enhance our understanding of transgender healthcare needs.

Conclusion

This study offers valuable insights into the challenges and disparities faced by transgender individuals within the healthcare system. Discrimination, unequal access to care, and systemic shortcomings persist and must be addressed to ensure equitable healthcare for this marginalized population. The findings underscore the importance of tailored healthcare, particularly for immigrants facing administrative precarity. Addressing these disparities requires multidisciplinary interventions that enhance healthcare access, improve cultural competency, and promote affirmation care. The findings also highlight the urgency of collecting more comprehensive data and improving the quality of care in transgender healthcare. It is imperative that healthcare providers, associations, and policymakers work collaboratively to enact meaningful change in transgender healthcare provision.

Abbreviations

AME	Aide médicale d'état (state medical help)
HIV	Human Immunodeficiency Virus
INSEE	Institut National de la Statistique et des Etudes Economiques
PLWHIV	People Living with HIV
MSM	Men Who Have Sex with Men
MtF	Male to Female
PrEP	HIV Pre-Exposure Prophylaxis
STI(s)	Sexual Transmitted Infection

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12889-025-23255-5>.

Supplementary Material 1

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Author contributions

Théo Chevallier, Nadia Valin, Giovanna Magrini, Thibault Chiarabini, Estelle Nerozzi-Banfi, Yasmine Abi Aad and Karine Lacombe confirm that they all substantially contributed to the submission, that the claims and conclusions are accurate, and that they accept the terms of publication. T.C wrote the main manuscript text. All authors read and approved the final manuscript.

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Data availability

The data that support the findings of this study are available from the authors but restrictions apply to the availability of these data, and so are not publicly available. Data are, however, available from the authors upon reasonable request and with permission from the AP-HP information registration system (Registration Number: 20220913163519).

Declarations

Ethics approval and consent to participate

All participants have signed a consent. This retrospective study was conducted upon a database of patients treated according to standard care under the MR04 methodology therefore no ethics approval was necessary according to French law (<http://www.legifrance.gouv.fr/eli/decret/2017/5/9/AFSP1706303D/jo/texte>). However, the study protocol was approved by the institutional review boards of Saint-Antoine Hospital and Sorbonne University (registration number with the Data Protection Committee: 20220913163519).

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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References

- Reisner SL, Poteat T, Keatley J, Cabral M, Mothopeng T, Dunham E, et al. Global health burden and needs of transgender populations: A review. *Lancet Lond Engl*. 2016;23(10042):412–36.
- Kuyper L, Wijsen C. Gender identities and gender dysphoria in the Netherlands. *Arch Sex Behav*. 2014;43(2):377–85.
- Défenseur des Droits. Décision-cadre 2020–136 du 18 juin 2020 relative au respect de l'identité de genre des personnes transgenres. 2020. Available from: https://juridique.defenseurdesdroits.fr/index.php?lvl=notice_display&id=33016&opac_view=-1
- Wylie K. Transgender people: health at the margins of society. [Last accessed: June 8, 2021]. Available from: https://core.ac.uk/reader/161890920?utm_source=linkout
- Safer JD, Tangpricha V. Care of Transgender Persons. Solomon CG, editor. *N Engl J Med*. December 19, 2019;381(25):2451–60.
- Macapagal K, Bhatia R, Greene GJ. Differences in healthcare access, use, and experiences within a community sample of Racially diverse lesbian, gay, bisexual, transgender, and questioning emerging adults. *LGBT Health*. 2016;3(6):434–42.
- Enquête Chrysalide. Santé Trans 2011 [Internet]. Chrysalide. [Last accessed: July 17, 2022]. Available from: <https://chrysalide-asso.fr/nos-documents/enquete-chrysalide-santetrans-2011/>
- Costa AB, da Rosa Filho HT, Pase PF, Fontanari AMV, Catelan RF, Mueller A, et al. Healthcare needs of and access barriers for Brazilian transgender and gender diverse people. *J Immigr Minor Health*. 2018;20(1):115–23.
- TMM Update TDoR 2021 [Internet]. TvT. 2021. [Last accessed: August 3, 2022]. Available from: <https://transrespect.org/en/tmm-update-tdor-2021/>
- Bruna G, Benevides. DOSSIE: Assassinatos e violências contra travestis e transsexuais brasileiras em 2021 - ANTRA 2022 [Internet]. [Last accessed: August 3, 2022]. Available from: <https://antrabrasil.files.wordpress.com/2022/01/dossie-antra2022-web.pdf>
- Palich R, Arias-Rodríguez A, Duracinsky M, Le Talec JY, Rousset Torrente O, Lascoux-Combe C, Lacombe K, Ghosn J, Viard JP, Pialoux G, Ohayon M, Duvivier C, Velter A, Ben Mechlia M, Beniguel L, Grabar S, Melchior M, Assoumou L, Supervie V. GANYMEDE study group; collaborators. High proportion of post-migration HIV acquisition in migrant men who have sex with men receiving HIV care in the Paris region, and associations with social disadvantage and sexual behaviours: results of the ANRS-MIE GANYMEDE study, France, 2021 to 2022. *Euro Surveill*. 2024;29(11):2300445. PMID: 38487889; PMCID: PMC10941311.
- La France est-elle. dépassée par des « flux d'immigration irrégulière » ? - La Cimade. [Internet]. [Last accessed: January 21, 2025]. <https://www.lacimade.org/faq/la-france-est-elle-depassee-par-des-flux-dimmigration-irreguliere/#:~:text=Récemment,monsieur0Darmaninaévoqué,fluxd'immigrationirrégulière.>
- Guadamuz TE, Wmonsate W, Varangrat A, Phanuphak P, Jommaroeng R, McNicholl JM, et al. HIV prevalence, risk behavior, hormone use and surgical history among transgender persons in Thailand. *AIDS Behav*. 2011;15(3):650–8.
- Poteat T, Wirtz AL, Radix A, Borquez A, Silva-Santisteban A, Deutsch MB, et al. HIV risk and preventive interventions in transgender women sex workers. *Lancet*. 2015;17(9964):274–86.
- Poteat T, White RH, Footer KHA, Park JN, Galai N, Huettner S, et al. Characterising HIV and stis among transgender female sex workers: a longitudinal analysis. *Sex Transm Infect*. 2021;97(3):226–31.
- Pattanasin S, van Griensven F, Mock PA, Sukwicha W, Kongpechsatit O, Krasan C et al. HIV and syphilis prevalence among transgender women and men who have sex with men, Silom Community Clinic, Bangkok, Thailand, 2017–2019. *AIDS Care*. August 23, 2021;1–9.
- The global response. and unmet actions for HIV and sex workers - The Lancet [Internet]. [Last accessed: August 4, 2022]. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31439-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31439-9/fulltext)
- Observatoire français des drogues et des tendances addictives (OFDT). [Internet]. [Last accessed: January 21, 2025] https://www.ofdt.fr/sites/ofdt/files/2024-06/tendances_164_eropp.pdf
- Femmes. et hommes face à la violence - Insee Première – 1473 [Internet]. [Last accessed: August 9, 2022]. Available from: <https://www.insee.fr/fr/statistiques/1280920>
- Direction de la recherche, des études, de l'évaluation et des statistiques. [Internet]. [Last accessed: January 21, 2025] <https://drees.solidarites-sante.gouv.fr/sites/default/files/2023-08/DM10.pdf>
- Transgender health education for medical students - Click. – 2020 - The Clinical Teacher - Wiley Online Library [Internet]. [Last accessed: December 9, 2021]. Available from: <https://onlinelibrary.wiley.com.ezproxy.u-paris.fr/https://doi.org/10.1111/tct.13074>
- Freton L, Khene ZE, Richard C, Mathieu R, Alimi Q, Duval E, et al. Auto-évaluation de professionnels de Santé concernant La prise En charge des personnes trans Dans Un hôpital Universitaire. *Prog En Urol*. 2021;31(16):1108–14.

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