

## Masci Scholar Personal Testimony



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Bangkok, Thailand

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I completed an elective observership in Transgender Medicine and Sexual Health at King Chulalongkorn Memorial Hospital (KCMH) in Bangkok, Thailand, from Nov. 24 to Dec. 12, 2025. This elective was made possible through the generous support of the Dr. Joseph Masci Legacy Project, whose mission to promote international exposure and socially responsive medical training strongly aligned with the goals of this rotation. Beyond knowledge acquisition, the elective served as an opportunity for reflection on how gender-affirming care can be meaningfully integrated into structured health systems, particularly in a regional context relevant to my practice.

KCMH is a 1,500-bed tertiary referral and university teaching hospital operated by the Thai Red Cross Society and affiliated with the Faculty of Medicine at Chulalongkorn University. As one of Thailand's premier academic medical centers, it functions both as a national referral hospital and a hub for subspecialty training.

My elective coordinator was Dr. Thanapob Bumphenkiatikul and I was within the Division of Sexual Medicine, Department of Obstetrics and Gynecology – a division that offers a two-year fellowship program encompassing HIV/AIDS, climacteric medicine, sexual dysfunction, and transgender medicine. The breadth of this program provides a strong institutional framework within which comprehensive and affirming care could be delivered.



*King Chulalongkorn Memorial  
Hospital in Bangkok, Thailand.*



*Dr. Eugenio (back row, far right) poses with a group of international medical rotators and the Assistant Deans for International Affairs.*

The elective was designed to balance clinical exposure with academic engagement and inter-institutional learning. My primary responsibilities involved participation in outpatient consultations at the Gender Clinic, gynecologic endocrinology, menopause, and polycystic ovary syndrome (PCOS) clinics. My time at the gender clinic showed the importance of

continuity of care, shared decision-making, and expectation setting between clinicians and patients.

In parallel, I attended departmental conferences and journal club sessions that highlighted emerging evidence on reproductive and sexual medicine. Exposure to the plastic surgery outpatient clinic allowed me to better appreciate the surgical considerations that inform medical decision-making in transgender care.

Clinic days at partner institutions — most notably the Thammasat University Sexual Health Clinic and the Pribta Tangerine Clinic — further expanded my understanding of how care models can be adapted to meet the needs of transgender clients across different practice settings.



*Left: Thammasat Sexual Health clinic with Dr. Karit Jayasakorn.*



*Right: Pribta Tangerine Clinic.*



*The 9th floor outpatient clinic where KCMH's gender clinic is located.*



The gender clinic experience emphasized the role of gender sensitivity in fostering trust and therapeutic alliance. Consultations consistently began with an intentional focus on gender identity, lived names, and pronouns, setting a respectful tone for more detailed discussions. Clinical encounters addressed medical and psychosocial histories, physical

examination, sexual behaviors and practices, and concerns related to sexual dysfunction and fertility.

Equally important was the emphasis on anticipatory guidance and long-term planning. Discussions routinely included hormone therapy options, laboratory monitoring, individualized goal setting for physical changes, fertility preservation, future surgical plans, and counseling on potential adverse effects. Care was delivered through a multidisciplinary team typically composed of an obstetrician-gynecologist or endocrinologist, plastic surgeons, psychiatrists, and social workers, with nurses and lay counselors playing a critical role in sexual health education and STI prevention. Observing this collaborative approach reinforced the value of team-based care in addressing the complex and intersecting needs of transgender clients.

Gender-affirming hormone therapy (GAHT) protocols at KCMH adhered to internationally accepted standards, with treatment principles and monitoring targets comparable to those used in the Endocrine Society. Notably, they have developed their own Handbook of Transgender Healthcare.

For transgender female patients, commonly prescribed regimens included oral, transdermal, or injectable estrogen preparations, often in combination with anti-androgens such as spironolactone or cyproterone acetate. For transgender male patients, testosterone therapy was administered using intramuscular or transdermal formulations.

Notably, initiation of hormone therapy did not require psychiatric evaluation for the confirmation of gender dysphoria, which is a topic of debate in the Philippines. However, when gender-affirming surgery is pursued, assessment by two psychiatrists is required to



*Dr. Eugenio with his preceptor,  
Dr. Thanapob Bumphenkiatikul.*



*Dr. Eugenio and  
Dr. Poonpisamai Suwajo, a  
plastic surgeon adept at GAS.*



*Dr. Eugenio with Gender  
Clinic Faculty Dr. Ammarin  
Suwan.*

ensure decision-making capacity and to address coexisting mental health conditions. Surgical options discussed with me during my plastic surgery clinic visits ranged from reversible procedures, such as breast or hip augmentation, to irreversible interventions including vaginoplasty, metoidioplasty, phalloplasty, hysterectomy with oophorectomy, orchiectomy, and chest contouring surgeries.

Preoperative requirements typically included at least 12 months of GAHT use, optimization of medical comorbidities, and documentation of social transition. Postoperative care emphasized early identification and management of complications such as neovaginal stenosis, urethrocutaneous fistula formation, and nipple necrosis. Transparent discussions regarding surgical risks and financial costs highlighted both the strengths of Thailand's surgical expertise and the persistent barriers faced by many patients.

I was certainly impressed by how commonplace the discussion of trans health and care was practiced by the clinicians I have interacted with.

It just goes to show that quality healthcare needs systems in place to facilitate access and benefit for the patients. An upcoming facilitator for transgender healthcare in Thailand is the creation of the Thai Trans Well-being Charter, which reflects broader legislative and societal efforts to promote access to hormone therapy, inclusivity, and competency-based training for healthcare professionals.

This elective reinforced several enduring lessons for me.

Transgender individuals have distinct and evolving healthcare needs that are best addressed through multidisciplinary, gender-sensitive approaches.

Sexual health cannot be meaningfully separated from gender-affirming care and should be integrated into routine clinical conversations rather than treated as peripheral or taboo.

Most importantly, the rotation demonstrated that high-quality, affirming care is achievable when systems, training, and resources are intentionally aligned.

In reflection, my elective at King Chulalongkorn Memorial Hospital was both educational and formative. With the support of the Dr. Joseph Masci Legacy Project, I was able to engage with models of transgender and sexual healthcare that prioritized access, sensitivity, and evidence-based practice.

The insights I gained will inform my ongoing professional development and guide how I approach gender-affirming care in future clinical and academic settings.