Caring for Transgender Patients

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Hello
Semper Porro! (Ever Forward)
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Objectives

• Discuss the impact of unconscious bias and societal stigma on healthcare disparities facing the transgender community, including children

• Describe three language skill techniques that enhance clinician-client relationship building with transgender patients in any clinical setting

• Identify at least three solutions to challenges in clinical settings that can improve the ability to provide welcoming, supportive care to transgender patients
Ignorance Kills...

The greater the ignorance,
The stronger the dogmatism

- Sir William Osler

How many Americans personally know a transgender person?

30%  
(Pew Research Center, 2016)
Pediatric Considerations

• The law governing parental consent for gender affirmation is unsettled
• Needs to be more longitudinal research – ongoing
• Timeline for treatments
• Navigating the issue of the non-supportive parent(s)
• Providing a supportive environment for the child is effective
• 6/10 transgender children have suicidal ideation
• Desistence – facts and not junk science
Beware Intentional Deception

• The American Academy of Pediatrics (AAP, 2017)
  – "The American Academy of Pediatrics stands in support of transgender children and adults, and condemns attempts to stigmatize or marginalize them. We believe transgender individuals are not a "disruption." They are members of our families, our communities, and our work force."

• The American College of Pediatricians (2002)
  • Designated as an anti-LGBTQ hate group by the SPLC (SPLC, n.d.)
  - “Conditioning children into believing a lifetime of chemical and surgical impersonation of the opposite sex is normal and healthful is child abuse.”
  —“Gender Ideology Harms Children,” ACPeds article, March 2016
Fundamentals

The Gender Unicorn

Gender Identity:
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression:
- Feminine
- Masculine
- Other

Sex Assigned at Birth:
- Female
- Male
- Other/Intersex

Physically Attracted to:
- Women
- Men
- Other Gender(s)

Emotionally Attracted to:
- Women
- Men
- Other Gender(s)

Design by Landyn Pan and Anna Moore

To learn more, go to: www.transstudent.org/gender

(TSER, n.d.)
Fundamentals

• *Transition* refers to a complex, multifaceted process:
  ➢ the metamorphosis from living aligned with one’s sex assigned at birth, to living aligned with one’s gender identity

➢ Multidimensional:
  ➢ Social
  ➢ Legal
  ➢ Medical

There is no blueprint that everyone follows
– it is a unique experience

(Transwhat, n.d.)
Standards of Care

(APA, 2013)  (Coleman et al., 2011)  (Hembree et al., 2017)
Surgical Procedures

Facial
- Bone (forehead, jaw) and nose reshaping
- Tracheal cartilage removal
- Many others

“Top” (Chest)
- Mastectomy (Breast Removal)
- Breast augmentation

“Bottom” (Genital)
- Phalloplasty (Penile Creation)
- Vaginoplasty (Vagina Creation)
- Metoidioplasty (Micropenile Creation)
- Orchietectomy / Hysterectomy
Unconscious Bias

- Bias is normal and a survival mechanism
- Acts as a filter to help process the onslaught of information
- Product of culture, identity, and experience
- Six ways to recognize and mitigate unconscious bias
  - Recognize you have bias
  - Engagement with others
  - Introspection
  - Get feedback
  - Experience awkwardness and discomfort
  - Challenge your own certainty

“You must unlearn what you have learned”

(The Empire Strikes Back, Lucasfilm Ltd., 1980)
A Downward Slope

Unconscious Bias

Failure to Recognize Unconscious Bias

Acting on Myths and Stereotypes

Willful Ignorance

Health Disparities /
Health Inequity
Dispelling the Myths: Here’s What Many People (think they) Know

Being transgender is a choice
Transgender = mental illness
Gender identity = sexual orientation
All trans people have surgery
Many transgender people regret transitioning
Children cannot be transgender

(TGChatroom, 2011; Drescher, 2016; Mula, 2016)
Anti-transgender Backlash

• Reversal of DOJ / DOE Title IX / Title VII guidance
• DOE no longer investigating transgender discrimination complaints (bathroom / facilities)
• Proposed reinstatement of ban on transgender military service
• Injunction against HHS enforcement of Section 1557 of ACA
• HHS Office for Protecting “Religious Liberty”
• Return of healthcare exclusions (AK, WI, MN)
• Bathroom Bills (AL, IL, KY, NY, KS, MN, MO, SC, SD*, VA*, WA, TN, TX*, WY)
• GOP State Party Platforms (KS, TX)
Health Disparities

**Healthcare impacts** – *HealthyPeople 2020*

- Increased risk of suicide
- Increased risk of violence
- Increased risk of HIV/STD infection
- Increased substance abuse
- Increased mental health concerns
- Decreased insurance coverage

(HHS, 2013)

**NIH** – October 6, 2016

**SGM** (Sexual and Gender Minorities) designated as Health Disparity Population
The Bottom Line

• DO NOT BE A JERK
• You will screw it up
  – When you misgender someone or ask a question in a clumsy way (Because you are human!) …
    • Apologize in a heartfelt, genuine manner
    • Pay attention and do not make the same mistake twice
Language Skills

• Showing Dignity & Respect
  – Use the patient’s correct name and pronouns
  – Use the proper terminology
  – Ask appropriate questions in an appropriate manner
Showing Respect - Use the Right Name/Pronouns

• Use the patient’s name/pronouns (James et al., 2016)
  • 11% - have the name and gender marker changed on all IDs
  • 49% - do not have the preferred name on their ID
  • 67% - do not have the preferred gender marker on their ID
  • 52% - faced some form of discrimination when showing non-matching ID

• Asking for the name
  • “Hi, my name is Paula and I’m going to be your nurse. My pronouns are she/her. How would you like me to address you? What pronouns do you use?”
  • “Could your chart be listed under another name?”
  • Avoid using Mr./Ms. or sir/ma’am – based on how someone looks or sounds.
  • Call for “Patient Smith”
  • Do **NOT** say/ask: “What is your real name?” – very offensive
**Showing Respect – Use the Correct Terminology**

- **“Transgender”** is an adjective not a noun
- “transgender” **NOT** “transgendered”
- There is no such thing as a gay or transgender “lifestyle”
- Don’t use outdated language (GLAAD, 2016)

<table>
<thead>
<tr>
<th>Don’t Use</th>
<th>Appropriate Terminology</th>
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<tbody>
<tr>
<td>Sex change</td>
<td>Transition</td>
</tr>
<tr>
<td></td>
<td>Gender Confirming (Affirming ) Surgery</td>
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<td></td>
<td>Gender Reassignment Surgery</td>
</tr>
<tr>
<td>Hermaphrodite</td>
<td>Intersex</td>
</tr>
<tr>
<td>Transvestite</td>
<td>Cross-dresser</td>
</tr>
<tr>
<td>Transsexualism / Transgenderism</td>
<td>None – using those terms is always offensive</td>
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</tbody>
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Showing Respect – Right Question / Right Time / Right Way

• You cannot provide patient-centered care if you cannot talk to your patient
  • Asking about Sexual Orientation / Gender Identity (SO/GI)
    • What is your sexual orientation?
    • What is your gender identity?
    • What sex were you assigned at birth?
      • The Community wants to be asked (Haider et al., 2017)
        • 77.8% - Clinicians think they don’t
        • 89.7% - would answer if asked

• Questions NOT to ask (as phrased)
  • “Are you pre-op or post-op?”
  • “When did you choose to be transgender?”

If you start a sentence with “I don’t mean any disrespect but…” think twice before finishing
Clinical Setting Challenges

• **Staff Training / Education**
  – Online education is free and readily available
• Online Education: HRC CAL

**Working with Trans Adults – HRC Series**

**Working with Trans Youth Series**

• Online Education: Fenway Health
• [http://www.lgbthealtheducation.org/transtalks/](http://www.lgbthealtheducation.org/transtalks/)
• VA online training
Clinical Setting Challenges

• **Policy & Processes**
  - Check **ALL** Policies for Language
  - Patient Rights & Responsibilities
    - Visitation
  - Anti-discrimination Policy
  - Sexual Orientation
  - Gender Identity / Gender Expression
  - Staff Accommodation Policy
  - HR Manuals
    - Transgender Transition Policy

*Use Appropriate and Inclusive Terminology!*
Clinical Setting Challenges

• **Electronic Medical Records / Forms**
  – Name
  – Gender Marker
  – Reference Ranges

• *Need more research*
  – Provider Advisories
  – Sexual Orientation / Gender Identity (SOGI)
    • Demographics
Clinical Setting Challenges

- **Forms**
  - Language and Options

- **Electronic Medical Records**
  - Legal Name
  - Chosen Name / Pronouns to use
  - Gender Markers
  - System Interface Issues
  - Drop-down menu options
Clinical Setting Challenges

• **Facilities**
  – Signage
  – Gender-neutral single-stall bathrooms / changing facilities
# Resources

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fenway Health</td>
<td><a href="http://fenwayhealth.org/care/medical/transgender-health/">http://fenwayhealth.org/care/medical/transgender-health/</a></td>
</tr>
<tr>
<td>GLMA (formerly Gay &amp; Lesbian Medical Association)</td>
<td><a href="http://glma.org/">http://glma.org/</a></td>
</tr>
<tr>
<td>Human Rights Campaign (HRC)</td>
<td><a href="http://www.hrc.org/">http://www.hrc.org/</a></td>
</tr>
<tr>
<td>National Center for Transgender Equality</td>
<td><a href="http://www.transequality.org/">http://www.transequality.org/</a></td>
</tr>
<tr>
<td>UCSF Center of Excellence for Transgender Health</td>
<td><a href="http://www.transhealth.ucsf.edu">http://www.transhealth.ucsf.edu</a></td>
</tr>
<tr>
<td>World Professional Association for Transgender Health</td>
<td><a href="http://www.wpath.org/">http://www.wpath.org/</a></td>
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</tbody>
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WOULD YOU LIKE TO KNOW MORE?

(Heinlein, 1959 – 1986 edition by Berkeley)
References


References


