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TransCare Initiative

Transgender/Gender Expansive Healthcare Basics



Nonbinary (left) and transgender (right) pride flags

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Transgender/Gender Expansive Healthcare Basics

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Introduction to LGBTQ+ and Definitions

What is LGBTQ+?

LGBTQ+ stands for lesbian, gay, bisexual, transgender, and queer. This is an acronym that describes sexual orientations and gender identity. The statements below are broad definitions for the terms listed. This is a non-exhaustive list. It is also important to note that the LGBTQ+ community is dynamic, growing and expanding, and terminology may evolve. There are variations of this acronym that can include terms such as “A” for asexual, “2S” for Two-Spirit, an additional “Q” for questioning, and more.

Definitions:

- *Sexual orientation:* Describes a person’s identity in relation to genders they are sexually attracted to. Examples: lesbian, gay, bisexual, pansexual, queer, asexual, etc.
- *Gender identity:* Describes a person’s internal sense of themselves as man/masculine or woman/feminine, which may be related to their culture, beliefs, and feelings. Gender identity can change through time.
- *Gender expression:* The way in which a person expresses their gender identity, typically through their appearance, dress, and behavior.
- *Gender affirming care:* Any care geared towards affirming a person’s gender identity and/or gender expression. This includes healthcare (hormones, surgery), clothing, pronouns, and more.

Gender identities can include:

- *Transgender:* An umbrella term that individuals sometimes use to describe when a person’s gender identity is not consistent with their assigned sex at birth (e.g., a person assigned female at birth who is in the trans community might not identify with femininity or traits typically associated with femininity). It is important to note that not everyone in gender diverse communities identifies with the term “transgender”.
- *Transmasculine:* An individual assigned female at birth but whose gender identity, expression, or both are more masculine but not necessarily male.
- *Transfeminine:* An individual assigned male at birth but whose gender identity, expression, or both are more feminine but not necessarily female.
- *Trans:* A shortened version of the term “transgender” that people identify with and is also used as an umbrella term.
- *Nonbinary:* An individual who does not identify as a part of the gender binary of “man” or “woman”. People who are nonbinary identify in a plethora of ways. This

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could include identifying with both binary genders, neither, or somewhere in-between.

- *Cisgender*: An individual whose sex assigned at birth is the same as their gender.
- *Gender expansive or gender diverse*: An individual exhibiting behavioral, cultural, or psychological traits that do not fit within the traits typically associated with one's sex. Transgender and cisgender individuals can also be gender expansive.
- *TGNB*: An acronym that stands for transgender/nonbinary people that is used as an umbrella acronym to include all non-cis persons.
- *SGM*: An acronym that stands for "sexual and gender minority" that is used as an umbrella acronym. Sexual minorities include those that are not heterosexual. Gender minorities include those who are not cisgender.

Sexual Orientations can include:

- *Lesbian*: A sexual orientation that describes people who identify as women who are attracted to other people who identify as women.
- *Gay*: A sexual orientation that describes people who identify as men who are attracted to other people who identify as men. This term is also used to broadly describe people who are attracted to the same gender.
- *Bisexual*: A sexual orientation that describes people who are attracted to people of the same and other genders.
- *Pansexual*: A sexual orientation that describes people who are attracted to people based on personality and characteristics, regardless of their gender.
- *Queer*: Formerly a slur, this term has been reclaimed and has various and personal meanings. These can include, but are not limited to, gay, lesbian, bisexual, transgender, asexual, and pansexual people. It is also used as an umbrella term for the LGBTQ+ community, such as "the queer community."

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Language for Clinical Encounters

Why is this important? Trauma can disproportionately affect LGBTQ+ people. Many TGNB people will experience trauma, and often these experiences can be as a result of attempting to access health care. Traumatic health care experiences can include being misgendered, dead named (someone using their birth name that does not match their chosen name), humiliation, discrimination, being denied care, and abuse (verbal, physical, and/or psychological). A trauma-informed approach to health care is based on an understanding of the experience and implications of trauma for individuals, families, and communities. Understanding how negative health care experiences may have affected TGNB patients, and avoiding recreating them, is an essential part of equitable health service delivery.

Name and Pronouns

TGNB patients might use a name different from their chart, so when entering the room, ask for a patient's name. Pronouns are used as a substitute for a person's name in a sentence. It is important to use a patient's correct pronouns, especially for patients who identify as transgender, gender diverse, etc. Not every LGBTQ+ patient feels the same about pronouns, and people will have a variety of reactions. Asking for a patient's name and pronouns is very affirming and helps patients feel comfortable giving a history, and overall, it builds trust and rapport. In the event that you don't have the opportunity to confirm a patient's pronouns, it is reasonable to default to gender neutral "they/them" or use their name when referring to them.

Ways to ask for a patient's name and pronouns

- Start by introducing yourself with your own pronouns.
 - "Hi, my name is Dr. Jay Doe, and my pronouns are she/her."
 - "Hi, my name is Jake Doe, and I use he/they pronouns."
- Then ask the patient for their name
 - "What name would you like me to call you?"
 - "What name do you go by?"
- Then ask the patient for their pronouns
 - "What pronouns do you use?"
 - "What are your pronouns?"
 - "What pronouns would you like me to use?"

Organ Inventory

An organ inventory can be a helpful tool when working with TGNB patients. It allows a provider to track a patient's reproductive organs in order to assess a patient's health risks and considerations. For example, it is important to know if your patient has a cervix

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or prostate in the context of routine screenings (pap smear, PSA, etc.). This can be done by the patient alone (by giving the patient a questionnaire to fill out or through MyChart) or with a provider. It is not relevant in every scenario and using clinical judgment is important. If you are seeing a patient for hand trauma, their organ inventory is not needed, but if you are consulted on a patient with lower abdominal pain, it may be. It is important not to assign gender to the anatomy. For example, use anatomical names such as vulva or penis, rather than terms female or male genitalia.

- You do not need to mention the term “organ inventory” at all, even if you gather the same information. You can simply ask, “Tell me about your transition” and this information will often be obtained. Then you can fill out the EMR later.
- It is important to explain why you are asking this information too. If a patient asks why you are doing an organ inventory or asking these questions, here are some sample responses:
 - “This information may change the possible reasons you are having these symptoms, and I want to make sure I consider all possibilities.”
 - “I am conducting a routine process to ensure I know the proper screenings to recommend to you based on your risks. For example, I need to know what preventative screenings you require (cervical cancer, prostate cancer, breast cancer, etc.).”

Clinical Approach

It is important to understand why you are asking patients for specific information and to be discerning. For example, it is not necessary to ask every patient for their sexual orientation or gender identity to treat them, but it is necessary to ensure you are using the right name and pronouns for every patient to make sure they feel respected and have positive healthcare outcomes.

Example 1: A 38-year-old nonbinary patient who uses he/him pronouns presents to the ED for sudden onset of severe RLQ pain with nausea and one episode of vomiting.

- An organ inventory will help the provider know what to consider for the differential diagnoses and what pelvic structures may be involved. This patient could have appendicitis, diverticulitis, colitis, nephrolithiasis, and more, and if the patient has ovaries, there could be a risk that the pain is caused by ovarian torsion, ectopic pregnancy, etc.

You conduct an organ inventory with the patient quickly with the rest of the H&P and find out that the patient has ovaries. After your H&P, you order proper testing to determine the cause of the RLQ pain, and you proceed with treatment as you would any other patient.

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Example 2: A 22-year-old patient comes to the clinic for surgical evaluation of ulcerative colitis. The patient states that they have had abdominal pain almost their entire life, and intermittent bloody diarrhea that worsened six months ago and is accompanied by pelvic pain. She has been unresponsive to medical management of her UC and is a candidate for a total colectomy.

- An organ inventory could be helpful to know if you need to rule out other pelvic etiologies or contributions (uterine, ovarian, urinary, etc.). It is also helpful to know if the patient has specific anatomy to be aware of.

You find out that this patient is a trans woman who was assigned male at birth. She has a prostate and penis, which are found to be non-contributory to her current presentation, and it is noted on the chart. You proceed with treatment as you would any other patient.

Mistakes and Bouncing Back

“Misgendering” is a term describing the use of a person’s incorrect name, pronouns, or gender identity terms. If this happens, it is important to acknowledge it, apologize, correct yourself, and move on. It is important to focus on treating the patient and not over-apologize or expect the patient to make you feel better about your mistake. They may be upset, and it is crucial to work with the patient to ensure positive healthcare outcomes at the end of the visit.

- How to correct yourself:
 - If you use the incorrect pronouns or name for a patient, you can correct yourself. For example, we can use the patient above who is nonbinary and uses he/him pronouns. In this case, he presented with RLQ pain. If you are in the patient’s room with the patient and your medical student, resident, scribe, MA, etc. and accidentally say the wrong pronouns, you should correct yourself as soon as possible. For example, “What she – my apologies, he has is appendicitis.” At the end of the visit, if you would like to, you can apologize again by saying something like, “I am sorry for misgendering you earlier” or “I apologize for using the incorrect pronouns/name”.

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Physical Exams

Physical exams are the cornerstone of medicine, as you all know. For this section, we will outline specific things to be aware of when conducting a physical exam on a patient who identifies with the TGNB community. Patients may have negative past experiences with healthcare providers or past trauma, so be mindful of how that can affect their comfort with physical exams.

What things should I be mindful of when examining patients?

- *Language*: Some patients feel dysphoric when examined. For example, many transmasculine patients feel uncomfortable with pelvic exams. This is due to many reasons, but overall, it is beneficial to the patient to ask them what language they prefer to use for anatomy. You can ask a patient what language they would prefer.
 - Example: “During this pelvic exam, do you have a preference for the language and communication I use? I could use terms like vulva and vagina, I can use other terms you suggest, or I could forgo the use of terms and just state what I am doing.”
- *Communication*: As with any other patient, it is important to note how they would like to be communicated with.
 - Example: Continuing with the transmasculine patient from the previous example, you can ask the patient how they would like to be communicated with during the pelvic exam. You can ask, “Would you like me to talk you through the exam as I go, would you prefer silence, or would you prefer something else?”

How to conduct appropriate breast exams

- It is important to examine all patients with breast tissue for breast cancer. This includes trans and cisgender patients alike.
- For transmen, even if they have undergone gender affirming chest masculinization surgery (also known as “top surgery”), which is a bilateral mastectomy, they require examination for possible cancer.
- For transwomen, it is important to check for lumps, especially if they are on estrogenic therapy.
- As with the pelvic exam, this exam should be done using the patient’s preferred language (chest exam vs. breast exam) and in a respectful manner.

Physical findings associated with Hormone replacement therapy (HRT):

Not every patient has these findings. These are things to note that could be present.

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- Androgenic hormones are prescribed to transmasculine/transmen patients seeking HRT for gender dysphoria. They can lead to the following findings on physical exam:
 - Virilization
 - Amenorrhea
 - Vaginal atrophy
 - Acne vulgaris
 - Vocal changes (deepening of the voice)
 - Changes in fat distribution
 - Changes in hair distribution (increased facial hair, hair loss on the head and male pattern balding)
 - Changes in sexual behaviors and libido
 - Increased muscle mass
- Estrogenic and anti-androgen hormones are prescribed to transfeminine/transwoman patients seeking HRT for gender dysphoria. They can lead to the following findings on physical exam:
 - Increased breast tissue
 - Changes in fat distribution and increased body fat
 - Hair growth on the head
 - Slowed growth of body hair
 - Changes in sexual behaviors and libido (decreased libido)
 - Decrease in testicular size and changes in erectile function

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Gender Affirming Healthcare

Gender affirming healthcare supports a patient’s current gender identity, regardless of sex at birth.

Examples include:

| | Masculine gender identity | Feminine gender identity |
|---------------|---|---|
| Non-medical | Binders* Packing for boxers | Tucking^ Bras |
| Mental health | Therapy Psychiatry | Therapy Psychiatry |
| Hormonal | Puberty blockers Androgens (testosterone) | Puberty blockers Androgen blockers Estrogens Progesterone |
| Surgical | <ul style="list-style-type: none"> ● Chest masculinization <ul style="list-style-type: none"> ○ Breast reduction ○ Top surgery (mastectomy) ● Bottom surgery <ul style="list-style-type: none"> ○ Phalloplasty ○ Metoidioplasty ● Facial masculinization** | <ul style="list-style-type: none"> ● Breast augmentation ● Bottom surgery <ul style="list-style-type: none"> ○ Vaginoplasty ○ Vulvoplasty ● Facial feminization** ● Tracheal shave |

*Note that this list is the general possible care for patients using or seeking gender affirming care. Individual needs will be different for each patient, and this list is not comprehensive.

**Binding:* Using a tight-fitting garment (binder, sports bra, ace bandages, etc.) to create a flat chest contour. This is often done by transmasculine people prior to top surgery.

^Tucking: The practice of creating a smooth urogenital contour. Generally, testicles are tucked into the inguinal canal and the penis is tucked into the perineal region. This is a practice used by some transfeminine people.

****May also include non-surgical options like filler, botox, etc.

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Health Disparities

LGBTQ+ patients report increased discrimination, reduced access and utilization of healthcare, and increased chronic healthcare conditions. Discrimination exists at various levels, and that affects a patient's likelihood to seek healthcare in the future. It is important to be sensitive to a patient's needs and experiences, and it is important to listen to patients to ensure they do not feel dismissed. Approach every patient with care and respect.

Various population studies in the United States show that:

- Transgender people report significantly higher rates of depression and suicidality than the general population.
- Transgender people report experiences with healthcare discrimination, which reduce healthcare utilization in the future and create barriers to healthcare.
- LGBTQ+ people are less likely to have a primary healthcare provider.
- LGBTQ+ report higher rates of suicidality, mental health issues, substance use disorders, and risky health behaviors as coping mechanisms (e.g., substance use, high risk sexual behaviors).
- LGBTQ+ patients who have another minority identity (e.g., racial/ethnic minority, disability, immigrant status, low socioeconomic status) are affected by the impact of their identities as a whole. Intersectionality is important to consider, as most patients have multiple marginalized identities (e.g, they may be a person of color and in the LGBTQ+ community, or a person with physical disabilities and in the LGBTQ+ community, or a person without health insurance and in the LGBTQ+ community). Patients require intentional care that works with their identities when relevant to deliver the best possible care.

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KEY TAKEAWAYS:

- Gender identity is a person's internal sense of themselves as man/masculine, woman/feminine, non-binary, gender expansive and more, and it can change through time.
- TGNB patients often have traumatic healthcare experiences. Taking a trauma-informed approach to understand how these have affected them, and not repeat them, is an essential part of equitable healthcare delivery.
- Asking for a patient's name and pronouns is affirming and helps patients feel comfortable, building trust and rapport.
- If you make a mistake and misgender a patient, acknowledge it, apologize, correct yourself, and move on.
- Ask TGNB patients which language they would like you to use and how much communication they would like during exams. If no preference, be sure to use anatomical terms rather than assigning gender to them.
- LGBTQ+ patients report increased discrimination, reduced access and utilization of healthcare, and increased chronic healthcare conditions. You might be their only point of care, so please be intentional regarding their identities.

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