

Health Care for Transgender Patients: Medical Education and Patient Access

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Background

A transgender individual is someone who does not identify with the sex they were assigned at birth (1). Conversely, cisgendered individuals are those who identify with their natal sex. Anyone may experience *gender dysphoria* - discomfort or distress caused by the discrepancy between gender identity and natal sex, gender role, and primary and secondary sex characteristics (2). Transgender persons may also be seen by society to portray *gender nonconformity*, referring to the extent to which a person's gender identity, role or expression differs from prescribed cultural norms of a particular sex (2). Although gender dysphoria is a medical diagnosis established in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (3), the concept of gender nonconformity itself is a societal construct influenced by cultural perceptions and stereotypes of binary genders.

It has been thought that transgender individuals comprise a small minority of the population. Unfortunately, there is a paucity of Canadian demographics on the prevalence of transgender people. However, two state-level population-based surveys identify 0.3% of adults as transgender in the United States, translating to approximately 700,000 individuals (4). Although not everyone may identify as transgender or have taken actions to transition, it is possible that 0.5% to 2% of the American population have strong feelings of being transgender (6). As a minority group, transgender individuals face many societal challenges that negatively affect their mental and physical health.

The Minority Stress Model posits that social stigma from being a part of a minority group negatively affects mental health (27). A high prevalence of clinical depression (44.1%), anxiety (33.2%), and somatization (27.5%) were documented in a cohort of 1093 male-to-female (MtF) and female-to-male (FtM) transgender persons (7). Establishing a trans-positive atmosphere in health care is crucial as an estimated 36% of transgender Ontarians experienced suicidal thoughts over the past year, and 10% attempted suicide during that time (8). This disheartening rate of attempted suicide is further supported because 61% of MtF transgender individuals and 66% FtM transgender individuals report experiencing depressive symptoms at levels consistent with major depressive disorder (9-10). Two-thirds of transgender Ontarians will avoid public spaces for fear of harassment, prejudice, discrimination, and violence. Half of transgender Ontarians have avoided three or more types of public spaces, most commonly washrooms (11). These data can be extrapolated to the remainder of Canada, and point to the danger and adverse consequences of social marginalization and stigmatization of this specific population.

In addition to mental health, transgender individuals may also face additional physical illnesses. Many transgender individuals are at increased risk for HIV/AIDS and other sexually transmitted infections (STIs) (12). Transgender individuals are more likely than non-transgender individuals to be uninsured and to postpone medical care due to lack of insurance and health care practitioner discrimination (12); the greatest risk of postponing medical care is seen in FtMs.

Since identifying oneself as transgender can be socially stigmatizing, many transgender individuals hide their gender identity from health care providers (13). Transgender individuals visiting the emergency department encounter disproportionate discrimination, manifest as a

lower level of health care provision and invasive or insensitive questions regarding their genitalia, transition status, and sexual practices (14, 16). The Trans PULSE Project recently questioned 408 participants (195 MtF and 241 FtM participants) and found that an estimated 21% of transgender Ontarians avoided emergency rooms during a medical emergency (15). Of the respondents who sought out medical treatment, 52% said they encountered a trans-specific negative health care experience (15). Negative experiences included the following: emergency physicians telling patients they do not know enough about transgender persons to provide care, postponement of care, refusing to examine certain parts of a transgender individual's body, and use of belittling or harassing language towards the transgender patient (15). Twenty-one percent of transgender adults report experiences of verbal discrimination, and 8% of transgender adults report that health providers were "physically rough or abusive" (17).

Physician education on the topic of transgender health can improve access for transgender patients. Hormone treatments for transitioning have been shown to be safe and effective when following an evidence-based-protocol (24), and it has been demonstrated that 43% of the transgender population in Ontario uses hormone therapy (25). Of those, a significant proportion reported using hormones obtained from a non-medical source, and around one quarter stated they had in the past used non-prescribed hormones (25). This suggests inadequate access to treatments for transgender patients living in Ontario, leading patients to turn elsewhere for services they need (26). Lack of proper medical follow-up for patients taking hormonal therapy can lead to serious side-effects (25). A major factor contributing to this lack of access is inadequate physician education (26).

Statistics from 11 Canadian medical schools show a median of 4 hours spent in pre-clinical education on lesbian, gay, bisexual and transgender (LGBT) topics, ranging from 0 to 13 hours, and a median of 0 hours spent in clinical education on LGBT topics, ranging from 0 to 3 hours (20). Furthermore, only 4 of 9 Canadian medical schools' pre-clinical courses provided material on LGBT safe sex issues (21). Because such a small amount of time is dedicated to LGBT education in the curriculum, it seems unlikely that sufficiently comprehensive education and training is provided on the topic of transgender health care. Education on transgender health care is significant, as transitioning involves surgical and/or hormonal interventions, and the progression is often accompanied by psychological support therapies and programs, so transgender patients will have several interactions with medical professionals.

It is extremely important to provide proper medical education and cultural competency training to medical learners around the topic of transgender health care. In August 2014, the Canadian Medical Association (CMA) passed resolutions advocating for comprehensive and high-quality care for transgender patients, supporting the position that all adolescent and adult persons have the right to define their own gender identity, and amended a portion of the CMA Code of Ethics such that gender identity and gender expression are protected from discrimination when providing medical services (19). Additionally, they highlighted the need for sex and gender diversity education in medical school curricula and programs (19).

This is an area where advocacy must strive toward creating important and necessary changes for the future of transgender health care.

Principles

1. **All health is Global Health.**
2. **Identifying as transsexual, transgender, or gender-nonconforming is a matter of diversity, not pathology.**
 - It is important to note that gender nonconformity is not in itself a mental disorder.
 - The clinically significant distress associated with gender dysphoria is often a construct of the Minority Stress Model and cultural expectations rather than an inherent complication of identifying as a transgender individual.
3. **It is unjust for transgender individuals to disproportionately encounter discrimination in health care settings.**
 - Transgender patients report invasive and insensitive questions, postponement of care, and health care providers with inadequate medical knowledge of transgender health care.
 - Data support the avoidance of emergency rooms by transgender patients due to the distress of previous experiences.
4. **It is important to address barriers to health care for transgender patients.**
 - The CMA calls for patients to be protected from discrimination based on gender identity and gender expression when providing medical service.
 - At a minimum, medical students should be aware of the barriers to health care for transgender patients.
5. **Medical Education can be improved to enhance specific medical knowledge and cultural competency skills to benefit the transgender community.**
 - There is a dearth of content on LGBT health care in most undergraduate medical education (UME) curricula.
 - Educating pre-clerkship medical students on the barriers faced by transgender patients seeking health care will contribute to more positive interactions with transgender patients.

Recommendations

1. **Include more pre-clinical and clinical hours addressing the specific medical needs of transgender patients in UME curricula.**
 - Medical students should understand the possible surgical, hormonal and psychiatric needs of a patient who is considering transitioning, is undergoing transition, or who has previously transitioned.
 - All physicians should be educated about transition-related hormone treatment, because 2/3 of transgender patients taking hormones receive them from their family doctor (24).

- Clinical exposure to the LGBT community has reduced prejudice and discriminatory behaviour directed towards the LGBT community and should be encouraged.
- Local advocacy at each UME office will help attain maximum efficiency to accomplish the goals of establishing a medical student body that is competent to address the needs of this specific population.

2. Expand upon the informal education of medical students to further advance health care equity for transgender individuals.

- Utilize the CFMS Vice President of Global Health, the National Officer of Reproductive and Sexual Health, and the Local Officers of Reproductive and Sexual Health to provide instruction to students outside the curriculum.
- There are many online tools to provide education seminars on the topic of transgender health.
 - The AAMC recently published a report titled, “Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD” and provides education and case scenarios that can be used by student leaders to educate their peers (17).
 - The National LGBT Health Education Center published a public document entitled, “Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff” which can also be used for seminar purposes (23).
- Although clinical exposure and experience is the best modality to help students become competent in cultural sensitivity, didactic learning from presentations or informal discussions organized outside the medical curricula can also help students develop skills to treat transgender patients with respect and knowledge.

3. Establish the importance for all medical students, residents and staff physicians to become more transgender-friendly.

- All health care workers can be educated about gender-neutral language and receive transgender-specific sensitivity training.
- Make it known that there are anonymous reporting modalities to hold discriminatory health professionals accountable for poor care.
- Train providers in provincial billing for trans-specific health procedures through the aid of online resources; it is necessary to understand how to bill a legally documented male (FtM) for a pap smear or a legally documented female (MtF) for a prostate exam.
- Introduce the concept of hospital intake forms that allow patients to self-identify preferred gender status, which is shown to invite more transgender patients to reveal their transition history.
- Encourage the development of trans-friendly environments through posters, diversity statements, and ally buttons worn by health care providers, and support implementation of transgender-inclusive electronic medical records (28).

4. **Increase medical students' familiarity with resources and providers who are transgender allied and promote trans-positive spaces in their community.**
 - Encourage the LORSH's to identify local resources and recognize the role of an interprofessional team for the different health care needs of a transgender patient.

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