Understanding the Transgender Patient

LAC+USC Medical Center
Hudson Tibbetts, RN, BSN, MSN
LAC+USC MC LGBTQ Committee, 2019
LAC+USC MISSION:
To provide fully integrated, accessible, affordable, and culturally sensitive care
ONE PERSON AT A TIME
OBJECTIVES

At the conclusion of this presentation, the participant will be able to:

1. Differentiate between Sex and Gender and Sexual Orientation and Gender Identity.

2. Repeat the working definition of Gender Identity, Transgender, and Gender Dysphoria.

3. Be able to conduct a respectful and professional encounter with the transgender patient.
Binary Model
HUMAN SEXUALITY

- sex
- gender
- sexual orientation
- gender identity
<table>
<thead>
<tr>
<th>SEX</th>
<th>GENDER</th>
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<tbody>
<tr>
<td>• <em>Biological</em> characteristics like chromosomes.</td>
<td>• Based on <em>societal</em> constructions and beliefs. It is affected by biological and physiological characteristics.</td>
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<td>• Internal &amp; external sex organs.</td>
<td>• Unconscious and imposed at an early age.  (Staughton, 2017)</td>
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<td>• Hormonal activities.</td>
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Sex vs Gender

SEX
Examples:
• A Male has a penis/testes & a Female has a vagina/ovaries
• A Male has XY chromosomes and a Female has XX chromosomes

NOTE – There are exceptions in nature!

GENDER
Examples:
• Blue is for Boys & pink is for Girls
• Girls are pretty & Boys are handsome
• Boys are rough and tough and Girls are soft and sweet

NOTE – There are exceptions in nature!
**Sexual Orientation** refers to the sexual/romantic/intimate attraction of a person for another

- Straight/Heterosexual
- Gay, Lesbian/Homosexual
- Bisexual
- Pansexual
- Asexual

**Gender Identity** refers to that internal sense of a person’s gender

- Male
- Female
- Trans-female MTF
- Trans-male FTM
- Genderqueer
- Other
Cisgender

Trans-female  Trans-male
The Transgender Brain

Physiological evidence:

- **Amygdala** projects into the hypothalamus. BNST (bed nucleus of the stria terminalis) responsible for sex and anxiety. BNST is larger in men and smaller in women and trans-females. (Garcia-Falgueras & Swaab, 2008)

- Genetic variation in trans-females. Receptor gene for male sex hormone, **testosterone**, is less efficient in testosterone uptake in utero resulting in a “feminized” brain. (Hare et al., 2009)

- The size of the **putamen** (part of the basal ganglia) is different in transgender individuals, corresponding to a person’s gender identity, not biological or sexual status. (A Look at Transgender Brains, 2012)
Gender Dysphoria

Gender dysphoria involves a conflict between a person's physical or assigned gender and the gender with which he/she/they identify. (DSM-5, 2019)
Developmental Path of a Transgender Person

Childhood 3-11 years
Developing Gender Identity; pediatrician specializing in diagnosing and treating the transgender child.

Puberty & Adolescence 11-18 years
Puberty suppressing hormones with pediatric specialist and graduating to initiation of hormone therapy with continuing pediatric specialist.

Adulthood 18+ years
Continued hormone therapy; possible G.A.S. (gender affirming surgery).

Note that all of the above require specialty medical practitioners and consistent mental health and support.
Discrimination in Health Care...

- LGBT patients report that providers
  - Use excessive precautions or refused to touch them (11%)
  - Blame them for their health status (12%)
  - Use harsh or abusive language (11%)

- Transgender patients report
  - Being harassed in a doctor’s office (25%)
  - Being denied medical care (19%)  
    (National LGBTQ Taskforce, 2019 & Lambda Legal, 2010)
CLINICAL ENCOUNTER WITH THE TRANSGENDER PATIENT

• The expectation of every patient is that their practitioner will have a basic understanding of them as a person in addition to a good knowledge of their medical condition/s (i.e. Cultural Competency).

• All patients expect to be addressed with respect and compassion. If the practitioner is unsure how to approach the transgender patient, asking for clarification is appropriate.
Clinical Encounter continued...

Example:

- Clinician: “Hello, my name is ____, and I am your Dr./nurse. I see in your medical record that you identify as a trans-female and your registered name is Joseph Garcia. Do you have an another name and pronouns you would like us to use?”

- Patient: “Hi Dr.__/nurse __. Yes, I go by Jasmine Garcia, and my pronouns are she/her/hers. I haven’t changed by legal name yet. Thanks for asking.”
Nurse Rachel engages the patient
The LGBTQ Culturally Competent Facility

Workforce Education!

https://www.lgbthealtheducation.org/
Policies + eHR

LAC+USC MEDICAL CENTER POLICY

CARING FOR THE TRANSGENDER PATIENT

Original Issue Date: 6/1/17

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Subject:

Family Procedure Social Implants

PURPOSE

The purpose of this policy is to ensure that the transgender patient receives the same standard of care and non-discriminatory treatment as any other patient. This policy describes the respective issues and provides guidelines specific to the safe care of the transgender patient.

POLICY

In accordance with California state law – The Gender Non-Discrimination Act (2012), DHHS Policy 322 – Patient’s Bill of Rights, and LAC+USC Medical Center Patient Rights policy 2E2, the transgender patient has the right to nondiscriminatory treatment on the basis of gender identity or gender expression. This right is inclusive of privacy and confidentiality during medical treatment or other rendering of care. The following procedures provide healthcare practitioner guides to safe care:

- Effective interaction with transgender patients
- Patient room assignments
- Access to personal items that assist gender presentation
- Access to restrooms
- Access to hormone therapy

DEFINITION

The definition of transgender transcends the traditional binary gender identity of Male/Male or Female/Female. A transgender person identifies with and/or expresses a gender that differs from the one which corresponds to the person’s assigned sex at birth. Gender dysphoria is the medical/psychiatric diagnosis (DSM-5) and describes the distress a person experiences as a result of the disparity between the sex and gender they were assigned at birth and their gender identity.

Transgender woman/Trans-woman/Trans-female: Assigned male at birth and currently identifies as female.

Transgender man/Trans-man/Trans-male: Assigned female at birth and currently identifies as male.

DISTRIBUTION: LAC+USC Medical Center Policy Manual

SEXUAL

What is your current gender identity?

(Check all that apply):

- Identifies as male
- Identifies as female
- Female-to-male/Transgender M/Trans Man
- Male-to-female/Transgender F/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional gender category (specify in "Other")
- Choose not to disclose
- Other:

Sexually active

- Yes
- No

Age at first sexual activity

Current partners

Number of lifetime partners

History of sexual abuse

- Yes
- No

Type(s) of sexual activity

- Vaginal
- Anal
- Oral
- Other:

Self-described sexual identity/orientation

- Straight or heterosexual
- Lesbian, gay or homosexual
- Bisexual
- Something else, please describe (by selecting Other)
- Don't know
- Choose not to disclose
- Other:

Sexual behavior

- Sex with men
- Sex with women
- Sex with both
- Other:
Are you looking for a way to effectively interact and care for a patient that self-identifies as “Transgender”? Check out our new LAC+USC Medical Center Policy #241. It’s on the Intranet!

Caring for the Transgender Patient
Definitions, communication tips, care interventions, room assignments and more...
Key Take-aways

• Just as we do not choose our anatomy or biology, we do not “choose” our sexuality. Human sexuality is complex and innate.

• The transgender person experiences stigma and exponentially higher rates of discrimination.

• The transgender patient wants and deserves what every other patient expects – respect.

• Developing LGBTQ Cultural Competency is the key to successful therapeutic patient relationships and positive health outcomes.
References

Diagnostic and Statistical Manual of Mental Disorders (DSM-5). American Psychiatric Association. What is gender dysphoria? 


