

## Introduction to the transgender community

**Gender identity** is our internal understanding of our own gender. We all have a gender identity. The term “**transgender**” is used to describe people whose gender identity does not correspond to their birth-assigned sex and/or the stereotypes associated with that sex. A **transgender woman** is a woman who was assigned male at birth and has a female gender identity. A **transgender man** is a man who was assigned female at birth and has a male gender identity. For many transgender individuals, the lack of congruity between their gender identity and their birth sex creates stress and anxiety that can lead to severe depression, suicidal tendencies, anti-social behavior, and/or increased risk for alcohol and drug dependency. **Transitioning** - the process that many transgender people undergo to bring their outward gender expression into alignment with their gender identity - is a medically necessary treatment strategy that can effectively relieve this stress and anxiety.

## Transgender people are medically underserved

Access to affordable, quality health care is central to avoiding negative health consequences, yet most insurance companies exclude medically necessary care and services for transgender people, including mental health therapy, hormonal therapy, and surgeries. In addition, many transgender people have had negative experiences in health care settings, including providers and office staff who have lacked the information necessary to provide sensitive services. Discrimination in the provision of services causes transgender people to delay or avoid necessary health care, including care that is not transition-related, often to the point of putting their overall health at severe risk.

## MEDICAL PROTOCOLS

The World Professional Association for Transgender Health (WPATH) publishes Standards of Care for the treatment of gender identity disorders, available at [www.wpath.org](http://www.wpath.org). These internationally recognized protocols are flexible guidelines designed to help providers develop individualized treatment plans with their patients.

Another resource is the Primary Care Protocol for Transgender Patient Care produced by Center of Excellence for Transgender Health at the University of California, San Francisco. You can view the treatment protocols at [www.transhealth.ucsf.edu/protocols](http://www.transhealth.ucsf.edu/protocols). These protocols provide accurate, peer-reviewed medical guidance on transgender health care and are a resource for providers and support staff to improve treatment capabilities and access to care for transgender patients.

**Transgender Law Center** advocates in courtrooms, boardrooms and legislatures as the legal and policy heart of the grassroots movement to create a world where people who don't fit narrow gender stereotypes are free from prejudice and we can all live as our authentic selves.

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## 10 Tips for Working with Transgender Patients

*An information and resource publication for health care providers*



# 10 TIPS

for improving services for transgender people

Transgender Law Center recognizes that many health care providers are eager to provide a safe, welcoming treatment environment for members of the transgender community, yet may not have had the opportunity to access information about the needs and experiences of this marginalized population. With this barrier in mind, we have created this pamphlet to work in partnership with providers to improve quality of care and provider-patient outcomes.

**1. WELCOME TRANSGENDER PEOPLE BY GETTING THE WORD OUT ABOUT YOUR SERVICES AND DISPLAYING TRANSGENDER-POSITIVE CUES IN YOUR OFFICE.** You can use LGBT community centers, services, newspapers, and Internet resources to advertise your services. Posters, buttons, stickers, and literature about transgender people can demonstrate that you are transgender-friendly. You can rewrite your intake form to include “chosen name” in addition to “legal name,” as well as a third, blank option for “sex/gender” where someone can more accurately describe their gender. And single-use restrooms are a welcome addition for many, including transgender people.

**2. TREAT TRANSGENDER INDIVIDUALS AS YOU WOULD WANT TO BE TREATED.** You can show respect by being relaxed and courteous, avoiding negative facial reactions, and by speaking to transgender clients as you would any other patient or client.

**3. REMEMBER TO ALWAYS REFER TO TRANSGENDER PEOPLE BY THE NAME AND PRONOUN THAT CORRESPONDS WITH THEIR GENDER IDENTITY.** Use “she” for transgender women and “he” for transgender men, even if you are not in the patient’s presence.

**4. IF YOU ARE UNSURE ABOUT A PERSON’S GENDER IDENTITY, OR HOW THEY WISH TO BE ADDRESSED, ASK POLITELY FOR CLARIFICATION.** It can be uncomfortable to be confused about someone’s gender. It can also feel awkward to ask someone what their gender is. However, if you let the person know that you are only trying to be respectful, your question will usually be appreciated. For instance, you can ask, “How would you like to be addressed?” or “What name would you like to be called?” In order to facilitate a good provider-patient relationship, it is important not to make assumptions about the identity, beliefs, concerns, or sexual orientation of transgender and gender non-conforming patients.

**5. ESTABLISH AN EFFECTIVE POLICY FOR ADDRESSING DISCRIMINATORY COMMENTS AND BEHAVIOR IN YOUR OFFICE OR ORGANIZATION.** Ensure that all staff in your office or organization receive transgender cultural competency training and that there is a system for addressing inappropriate conduct.

**6. REMEMBER TO KEEP THE FOCUS ON CARE RATHER THAN INDULGING IN QUESTIONS OUT OF CURIOSITY.** In some health care situations, information about biological sex and/or hormone levels is important for assessing risk and/or drug interactions. But in many health care situations, gender identity is irrelevant. Asking questions about a person’s transgender status, if the motivation for the question is only your own curiosity and is unrelated to care, is inappropriate and can quickly create a discriminatory environment.

**7. KEEP IN MIND THAT THE PRESENCE OF A TRANSGENDER PERSON IN YOUR TREATMENT ROOM IS NOT ALWAYS A “TRAINING OPPORTUNITY” FOR OTHER HEALTH CARE PROVIDERS.** Many transgender people have had providers call in others to observe their bodies and the interactions between a patient and health care provider, often out of an impulse to train residents or interns. However, like in other

situations where a patient has a rare or unusual finding, asking a patient’s permission is a necessary first step before inviting in a colleague or trainee. Many transgender patients wish to maintain control over who sees them unclothed. Therefore, when patients are observed without first asking their permission, it can quickly feel like an invasion of privacy and creates a barrier to respectful, competent health care.

**8. IT IS INAPPROPRIATE TO ASK TRANSGENDER PATIENTS ABOUT THEIR GENITAL STATUS IF IT IS UNRELATED TO THEIR CARE.** A person’s genital status—whether one has had surgery or not—does not determine that person’s gender for the purposes of social behavior, service provision, or legal status.

**9. NEVER DISCLOSE A PERSON’S TRANSGENDER STATUS TO ANYONE WHO DOES NOT EXPLICITLY NEED THE INFORMATION FOR CARE.** Just as you would not needlessly disclose a person’s HIV status, a person’s gender identity is not an item for gossip. Having it known that one is transgender can result in ridicule and possible violence towards that individual. If disclosure is relevant to care, use discretion and inform the patient whenever possible.

**10. BECOME KNOWLEDGEABLE ABOUT TRANSGENDER HEALTH CARE ISSUES.** Get training, stay up to date on transgender issues, and know where to access resources.



For more information or to get help, please contact Transgender Law Center.