

Treat Us Like People

A Primer on Transgender Medical Ethics



MaineTransNet

ACCESSIBILITY. INCLUSIVITY. COMMUNITY.

A Quick Overview:

- Who we are
- A quick review of basic terminology
- Why Trans health matters
- Discussion of standards of care and ethics
- Case Discussions:
 - Autonomy
 - Non-maleficence
 - Benevolence
 - Justice

Who we are:

- Rickey Thorn, MSW: A recent graduate of the Smith College School of Social Work, Rickey completed field work at the Gender Clinic at Maine Med and chairs the MTN mental health committee.
- Quinn Gormley: A community organizer, nursing student, sexual health counselor, and current Executive Director of the Maine Transgender Network, Quinn has been working with and training medical institutions on transgender _____ care for the last five years.

Introductions:

- Name
- Pronoun
- Professional Role
- What is one positive experience you have had with a transgender person in your life?

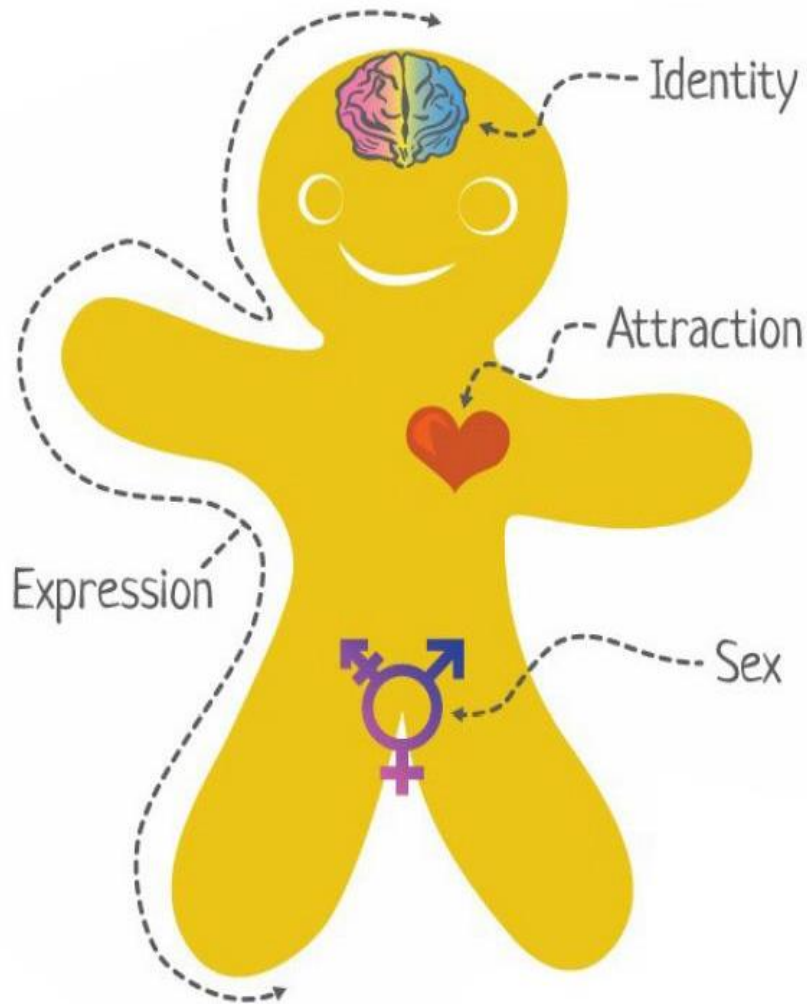
About MaineTransNet

- MaineTransNet is Maine's only organization dedicated to supporting transgender people.
- Our Mission is to support and empower transgender people to create a world where they can thrive.
- Our programs center around building a peer based support network involving more than 25 support groups across the state for transgender people and allies, as well as peer based community programming.
- MTN plays a leading role in transgender health advocacy in Maine, within policy writing, community mobilization, and fruitful technical assistance and training relationships with provider agencies and practices.
- With several hundred members and dozens of programs, MTN is the largest statewide transgender support organization in the United States.

Quick Review: Basic Terminology

Identities: Separate but related

- **Gender identity:** a personal sense of self informed by social, cultural, and psychological factors
- **Gender Expression:** how we communicate our identity to the outside world
- **Attraction:** who we are physically, sexually, emotionally, and romantically drawn towards. Includes sexual and romantic orientations.
- **Sex:** observable physiological characteristics including anatomy, genetics, and hormone levels that exists on a spectrum.



Put it another way....

Sexual Orientation is about who you want to go to bed with.

Gender Identity is about who you want to go to bed as.

Gender Expression is about the clothes you throw on the floor before you get into bed.

Sex is about what you have going on under the sheets.

Romantic Orientation is about who you want to wake up to the next day.

Transgender

Adjective

Adj. Describes someone whose gender identity does not match their sex assigned at birth.

Cisgender

Adjective

Adj. Describes someone whose gender identity matches their sex assigned at birth.

Nonbinary

Adjective

Adj. Describes someone whose gender or gender identity does not fit into traditional definitions of male or female.

Gender Nonconforming

Adjective

Adj. Describes anyone whose gender expression falls outside the range of typical cultural expressions of their assigned gender/sex.

Medical and gender specific terms:

- HRT= Hormone Replacement Therapy. Used to describe any hormone related care in the community
 - Gender Affirming or Confirming Surgery (GAS/GCS) not GRS, SRS, or “Sex Change”
 - Trans Woman = male to female
 - Trans Man = female to male
 - Assigned Sex/Gender, not “biological (or natal) sex”
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Why Trans Health Matters

23%

of respondents experienced a problem in the past year with their insurance related to being transgender, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.

43%

of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender. This included being refused treatment, verbally harassed, or physically or sexually assaulted.

23%

of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 36% did not see a doctor when needed because they could not afford it.

44%

of respondents experienced serious psychological distress in the month before completing the survey (based on the Kessler 6 Psychological Distress Scale).

12%

of respondents reported that a professional, such as a psychologist, counselor, or religious advisor, tried to stop them from being transgender.

The Problem with standards of care

Historically and currently, there are multiple, competing standards of care in transgender healthcare, as well as numerous activist models of transgender health justice. These models of care are at times contradictory, presenting divergent and sometimes incompatible approaches to the same situation.

Autonomy

Case One

A young man, JT, arrives at the clinic to establish care. The front desk staff is confused because his gender is listed as female in the chart. After several minutes of discussion, your assistant walks out and calls for “Ms T.” When you walk into the room, he is clearly upset with the process.

Case Two

Jay is an agender 16 year old who wants to start testosterone. They have been experiencing depression and suicidality for the last couple years. Jay's parents and providers are concerned that starting testosterone will cause more mental health problems.

Case Three

Catherine, a 68-year-old trans woman, comes to you seeking estradiol and hormone blockers. She is a lifelong chain smoker with hypertension and a family history of heart disease.

Non-Maleficence

Case Four

18-year-old trans woman, Gerri, comes to your mental health clinic seeking a consultation appointment for a letter of support for orchiectomy. She states clearly in the appointment that she wants to have children when she is older.

Case Five

16-year-old trans girl, Ella, comes to your clinic seeking HRT and blockers. A mental health evaluation leads to a gender dysphoria diagnosis. Parents are supportive of letting their daughter be who she is, but want her to preserve her sperm before beginning hormones. Ella doesn't want to but her parents won't consent to care until she does.

Case Six

You've been working with a 33-year-old trans man, Jack, for multiple years in therapy. Jack meets all the basic requirements for top surgery, and his other providers are in support of the surgery. Jack has an extensive trauma history. You are concerned about Jack's ability to care for himself after surgery, so you are reticent to write the letter of support.

Case Seven

Patient, Aiden, 43, is a construction worker who comes to the emergency room with a wound on his upper leg. Treatment might expose his genitals to those in the room. You ask only female ER staff to support you in the treatment. Aiden notices this and responds with anger.

Case Eight

Ty, a 22-year-old genderqueer person, goes to a free clinic to get a flu shot they need for school. Ty leaves the gender and sex fields on the intake form blank because they only offer binary options.

Case Nine

Fiona, a 25-year-old trans woman, comes to the family planning clinic looking for an HIV test. She shares that she is a sex worker, and was recently assaulted by one of her clients, who thought she was cisgender. She can't afford to pay, and the freecare option requires that you record her test as a "man who has sex with men."

Benevolence

Case Ten

You are in the break room and overhear a conversation involving one of the two psychiatrists at your agency. During the conversation, the psychiatrist refers to trans people as “having a mental illness.” Later that day, Cori, a 45 year old trans man who is a client of yours, requests a referral to a psychiatrist so he can try using anti-depressants.

Case Eleven

Alex is a genderfluid 39-year-old assigned female at birth who you've been working with for several months. At their most recent appointment, they shared that their partner, who has been abusing them, recently threatened to kill them. Alex really needs to leave the situation, but is afraid to call the police due to a prior negative encounter with them. You reach out to the local domestic violence agency, but they inform you their shelter services are only available for women.

Case Twelve

Alex is a 38-year-old trans woman you've been working with for several months. At her most recent appointment, she shared that her partner, who has been abusing her, recently threatened to kill her. Alex really needs to leave the situation, but is afraid to call the police because of how they handled a previous sexual assault allegation. You reach out to the local domestic violence agency, but they inform you their shelter services are only available for women.

Case Thirteen

Your clinic provides services to a number of transgender patients. You've worked hard to educate the other providers in the clinic on working with transgender patients, yet many transgender patients continue to complain that they are mistreated and misgendered frequently during their visits.

Case Fourteen

You work with a number of transgender clients/patients and have attended a number of trainings on cultural competency; however, after a recent appointment with Hayden, a 19-year-old nonbinary patient, a subordinate asks to speak with you. During this conversation they accuse you of being transphobic. They state that you have been misgendering Hayden, who uses singular they pronouns.

Case Fifteen

Your client, Ollie, a 14-year-old trans boy, has been in and out of crisis units over the last several months. He is struggling with significant gender dysphoria related to the onset of puberty. He is terrified to come out to his family, even though he thinks they will be supportive.

Case Sixteen

Your client, Ollie, a 14-year-old trans boy, has been in and out of crisis units over the last several months. He is struggling with significant gender dysphoria related to the onset of puberty. He came out to his family, but it went very poorly, resulting in another crisis unit visit. The family does not want their child to go on puberty blockers, though Ollie feels he really needs blockers.

Case Seventeen

Today is your first appointment with Dylan, a 20-year-old nursing student. Before the intake appointment, you notice that Dylan didn't indicate either their gender or sex, but did share that they are transgender.

Justice

Case Eighteen

You note that the transgender patient you have been working with on your psychiatric unit has been roomed with someone other than the gender the trans patient identifies with. When you ask their social worker about it, they shrug it off as if it is a non-issue, and say that there is enough of a problem finding any patient a bed, so they should just deal with it.

Case Nineteen

You work at a mid size teaching hospital. During one of your shifts, you work with a transgender man who needs a gynecological exam. One of your supervisors tells you he plans to use the exam as a teaching opportunity for some nursing students.

Case Twenty

You are sitting on a committee that reviews complaints against hospital medical providers. You notice that there are many complaints from trans patients about providers in the Emergency Department.

Case Twenty- One

You work at a Pediatric primary care clinic. You want to prescribe one of your patients, a trans child, puberty blockers, but the closest endocrinology clinic is four hours away.

Case Twenty- Two

You serve on the committee that oversees your hospital free care program. While reviewing annual reports on the patient population served by the clinic, you notice a large percentage of patients identify as transgender.

Case Twenty- Three

You sit on a quality assurance committee at the Federally Qualified Health Center where you work. At a meeting, the topic of Electronic Health Records and population data comes up. You know that the current EHR the FQHC uses does not collect gender identity or sexual orientation information, nor does it have an option to indicate chosen name or pronouns. You know the budget is tight, and that the administration will be reluctant to purchase any add ons to the EHR.
