

Ethical Issues in Care for Transgender Patients

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Why this topic now?



- Increasing awareness
- High Stakes
- Ethically laden topic

Note: The First recorded instances of transgender individuals was in ancient civilizations in Asia. (Stryker 2008)



Alberta's care for transgender kids a 'broken system,' say doctors

Physicians call for immediate funding to halt long waits for transgender care for kids

By Jennifer Lee, CBC | Posted: Feb 10, 2017 5:00 AM MT | Last Updated: Feb 10, 2017 8:12 AM MT

Health [Rate My Hospital](#)

Transgender patients face health-care discrimination, inadequate treatment

Health experts from around the world gather in Amsterdam for transgender summit

By Kas Roussy, CBC News | Posted: Jun 18, 2016 5:00 AM ET | Last Updated: Jun 18, 2016 5:00 AM ET

Alberta to study transgender surgery barriers before tackling years-long waitlists

"The first time my chest is revealed to me, I think I might cry," says one Albertan waiting for 'top surgery'

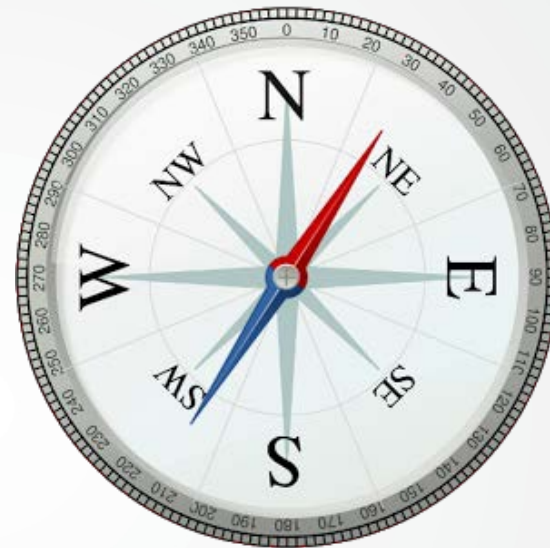
Jennifer Lee • Robson Fletcher • [CBC News](#)
[April 19, 2016](#)

Why me?

- Responsibility as an ethicist to ask:
 - What do we owe each other, how can we live up to this?
 - What do we value as an organization or society? What kind of organization or society do we want to be? Are we achieving this?
- As someone who is privileged to speak in front of others:
 - To consider how to responsibly make use of these platforms to promote discussion on important topics
- As a front-line care provider:
 - To continually try to uncover what I don't know, what I ought to know, and to work to know better and do better with all people I encounter

Waypoints

- Case
- Terminology
- Context
- Ethics
- What to do
- Resources



Case (adapted from Zunner 2012)

Tara is a 35 year old patient who was admitted to a medicine unit following a ruptured appendix which occurred while Tara was coaching her daughter's baseball game. She had an urgent appendectomy late last night and is now recovering. Tara is distressed, not only because of her unexpected medical condition, but also because she was planning to travel to Vancouver later this week to participate in a triathlon with her husband.

Case (adapted from Zunner 2012)

Tara has type 2 Diabetes, and is a male-to female transgender person. She hasn't yet had gender-reassignment surgery but is considering it in the next couple of years. She started estrogen therapy two years ago, and initially sought the help of a physician, but has since resorted to buying her hormones on the internet, as it has been difficult to find a physician who work with her on her hormone regimen.

Case (adapted from Zunner 2012)

Ayodele is a medical student, starting his second week on the unit where Tara is staying. Earlier that morning he was speaking with a nurse about the patients. In reference to Tara, she “warned” Ayodele, that Tara is “rude” and doesn’t listen. “He’s kind of a strange one”, she says. “His cross-dressing is purely attention-seeking behaviour.”

Case (adapted from Zunner 2012)

One rounds, the team gathers outside Tara's room. The attending physician, Dr. Bennett, announces quite loudly, "this is a 35 year old male, one day post-appendectomy, with type-2 diabetes. His surgical site is clean and looks to be healing well." He adds, "Oh, and *he* prefers the name Tara." Ayodele is surprised at the comments as Dr. Bennet is normally very respectful of her patients.

Terminology

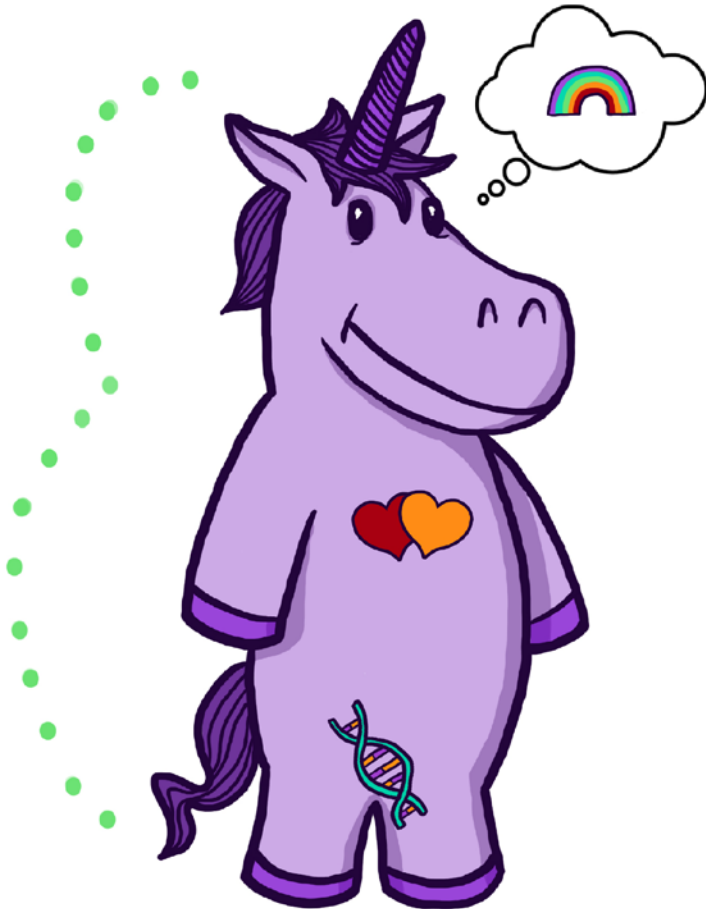
- **Sex:** refers to biologic sex assigned at birth. Includes male, female or intersex, and is determined by genetics and reproductive organs
- **Gender Identity:** ones' internal sense of one's own gender based on understandings of masculine, feminine, and other traits
- **Gender Expression:** one's external presentation of gender, expressed through one's name, preferred pronouns, attire, hair style, voice, behaviours, or bodily characteristics

Terminology

- **Transgender:** umbrella term which refers to people whose gender identity and/or gender expression differs from what is associated with their sex assigned at birth
- **Sexual Orientation:** refers to who one is physically, emotionally, and spiritually attracted to, based on their sex/gender, in relation to one's own
- **Transition(ing):** process of changing one's gender presentation. This can include changes in name/pronouns, expression (clothes, mannerisms, etc.), and/or physiology (through use of hormones or surgery)

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



 Gender Identity

-  Female/Woman/Girl
-  Male/Man/Boy
-  Other Gender(s)

 Gender Expression

-  Feminine
-  Masculine
-  Other

 Sex Assigned at Birth

Female Male Other/Intersex

 Physically Attracted to

-  Women
-  Men
-  Other Gender(s)

 Emotionally Attracted to

-  Women
-  Men
-  Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Diversity

Transgender individuals make personal choices about whether to:

- Alter gender expression
- Use garments/structure items to alter gender expression (e.g. padding)
- Use hormones to alter gender expression
- Pursue surgical interventions to alter gender expression



Population Data

- Trans people comprise roughly 0.5% of the population (Bauer 2015a) .
175,000 trans individuals in Canada; **21,000** in Alberta
- From the Trans PULSE Project out of Ontario (Bauer 2015b):
 - 59% knew their gender identity did not match their body before the age of 10; 80% knew by the age of 14
 - 44% are in committed relationships and 24% are parents
 - ~ 75% of trans people indicate that they need to transition medically (may involve different combinations of hormone and/or surgeries)

Social Context (Bauer 2015b)

- 13% have been fired for being trans (addnt 15% fired, but were unsure why)
- Though 44% of trans people have a post secondary and/or graduate degree, the median income reported in a 2011 study (Bauer 2012) is \$15,000/year.
- 20% have been physically or sexually assaulted for being trans; 34% have been verbally threatened or harassed but not assaulted

Social Context (Bauer 2015b)

- ~60% have avoided public spaces for fear of harassment, being perceived as trans, or being “outed”; 57% have avoided public washrooms due to safety concerns
- > 50% have depressive symptoms consistent with clinical depression, 43% of trans people have a history of attempting suicide, 10% within the past year

Experiences in Health Care – the Stats (Bauer 2015b)

- 10% of trans emergency room patients reported having care stopped or denied because they were trans
- 25% reported being belittled or ridiculed by an emergency care provider for being trans
- 20% have avoided the ED when they needed it

Experiences in Health Care – the Stats

(Bauer 2015b)

- Among those with family physicians ~40% reported discriminatory behaviour at least once. Experiences include:
 - Refusal of care
 - Refusal to examine specific body parts
 - Being ridiculed
 - Use of demeaning language

Experiences in Health Care – Common Anecdotes



- Being “outed” by using non-preferred name (or “dead name”) when addressing patient. Doing this in front of other patients
- Health care providers refusing to use preferred name/pronouns
- Obvious ridicule or scorn from health care providers
- Stares/double takes
- Refusal of care, either on principle, or because provider conveys they do not have the knowledge/skills

Experiences in Health Care – the common anecdotes



- Invasive questions
- Unnecessary physical exams
- Binary forms and other paper work
- Binary bathrooms
- Well-intentioned “othering” , e.g. putting trans patients in private room at end of hall

Cumulative Effects

- Threats to mental health
- Threats to physical health
- Decreased participation in society

These are of particular concern, and may be accentuated for trans people who also experience discrimination for other reasons, including race, disability status etc.

Engagement with health care



- As a person seeking medical assistance with psychological or physical aspects of transition. In this context, trans people are **well** people
- As a person seeking regular care for the parts of the body they have – this may include attention for parts of physiology that stem from assigned sex, rather than gender. (e.g. a trans man who has a cervix)
- As a person seeking care unrelated to sex or gender

Access to Resources in Alberta



- 3 psychiatrists in AB who can assess people seeking funded care for transitions
- Psychiatric involvement necessary to affirm eligibility
- 35 funded surgeries/year
- Wait lists
- Adults and children/youth

Ethical Spheres

- Public Health Ethics
 - Population Health
 - Access
- Organizational Ethics
 - Funding allocation
 - Policies/Guidelines
 - Response to gender in forms/procedures
 - Structure of space (bathrooms, showers, etc.)
- Clinical Ethics
 - Respect for individuals
 - Duty to provide beneficial care

Why act ethically?



- **For its own sake** – we have duties to others simply in virtue of their humanity
- **To achieve other important ends** – ethical treatment of others is good for them (and us). It enables flourishing and goodness.
- **To avoid undesired ends** – Failing to deliver on our obligations can lead to harm, trauma, and worse.

What the evidence shows..



- Trans people continue to experience embarrassment and humiliation in our health system
- Lack of knowledge about transgender people can lead to responses that are (sometimes unintentionally) disrespectful and stigmatizing
- There are serious and harmful consequences of failing to live up to our obligations

Ethics – Respect for Persons



- About recognizing the legitimate agency in others
- Responding to the patient's authority to determine their own gender identify and gender expression
- Respect the patient's journey and needs. Never dismiss the patient as being "difficult" or "attention seeking"
- Respect the medical needs you are presented with. Distinguish between circumstances where patient's sex/gender is relevant and when it is not

Ethics – Minimizing Harm

- About our duties to identify and minimize exposure to physical and psychosocial harms for our patients
- Expands to obligations to understand what constitutes harm from the patient’s perspective; we do not get to decide whether patients are being harmed, they do.
- Do not dismiss things you think are “small” or “no big deal” that the patient sees as significant. Recognize the cumulative effect of such experiences for the patient.
- Respond to the connection between stigma and marginalization, and mental health issues, including depression and suicidality
- Respond to the physical person in front of you.

Ethics – Privacy and Confidentiality



- Closely related to Respect for Persons, this is about recognizing the individual role in determining whether and how to share personal information
- Only seek the information you need to know of your patients. Explain why more information may be required.
- Respond to the sensitivity of patient information. It is crucial not to expose or “out” patients.

Ethics – Virtue of Humility

- About recognizing our own inherently limited perspectives
- Reminds us not to:
 - assume that we know what is important to others and why.
 - assume we know others' choices (e.g. assuming all trans people have chosen surgical options).
- Recognize if we are unfamiliar with the issues and recognize the importance of seeking out information on our own
- It is not necessary or appropriate to ask trans patients to educate you on all trans issues
- It is appropriate to ask how you can best provide care to them

Ethics - Trust

- Core to the fiduciary relationship, this is about building a safe space where patients and health care providers can work with shared commitment
- Enables clear communication and collaboration
- A trusting relationship with a care provider can be **protective** – it can enable trans patients to weather and be resilient to other negative experiences and systems issues they will likely endure because they are trans

Not just about patients

- Clients, patients, residents
- Family and loved ones
- Students/learners
- Colleagues

We cannot provide an authentically safe and accepting space for transgender patients if we do not also do this everyone, including colleagues.

Recommended Strategies (Ross & Bell

2016; Wagner 2016)

- Secure privacy for patient visits/encounters
- Empower trans patient to self-identify as preferred gender in early conversations
- Use correct gender pronouns and gender-inclusive language
- When you are unsure about the meaning of a term used by your patient, ask

Recommended Strategies (Ross & Bell

2016; Wagner 2016)

- Avoid imposing your own opinion about patient's trans status or their decisions related to their trans status
- Determine when trans identity is an important factor in the medical situation
- Do not extend the medical conversation beyond the scope of immediate issues

Resources

Trans Equality Society of Alberta - www.tesaonline.org

Safe Accommodations for Queer Edmonton Youth –
www.safqey.com (note: ID Bursary Program)

World Professional Association for Transgender Health –
www.wpath.org

NHS – Transgender Guide for NHS Acute Hospital Trusts

Lambda Legal - Creating Equal Access to Quality Health Care
for Transgender Patients: Transgender-Affirming Hospital
Policies

AHS – working on a Cultural Competency approach with many
resources and initiatives under development

To Sum



- Transgender people have faced significant marginalization and stigma, perpetuated by our health system
- Trans people are people. Trans ethics are people ethics
- While all ethical obligations are the same to all, we have a further obligation to understand the meaning and impacts of these values for trans patients

Thanks



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