Caring for the Transgender Patient in the Emergency Department

A Module from the ADIEM LGBT Curriculum
Disclosures

• No financial conflicts
LGBT CURRICULUM MODULES*

1. Introduction
2. Law, Truth, and Ethics
3. Double Vulnerable: Adolescents, Advanced Age, LGBT of color
4. Transgender Health

*To be published on ADIEM website
Outline

• Introductions
• Definitions and Terms
• Literature
• Cases
• PowerPoint Module
• Summary and Questions
The Genderbread Person

- Identity
- Orientation
- Sex
- Expression

**Biological Sex**
- Female
- Intersex
- Male

**Gender Identity**
- Woman
- Genderqueer
- Man

**Gender Expression**
- Feminine
- Androgynous
- Masculine

**Sexual Orientation**
- Heterosexual
- Bisexual
- Homosexual
TGGNC in US EM

A brief review of the literature

Makini Chisolm-Straker, MD MPH
Icahn School of Medicine at Mount Sinai
Mount Sinai Brooklyn
Search results

Items: 16

1. Mental health and psychosocial wellbeing of Syrians affected by armed conflict.
   PMID: 26829998
   Similar articles

2. LGBT Trainee and Health Professional Perspectives on Academic Careers-Facilitators and Challenges.
   PMID: 26788776
   Similar articles

3. Provision of Contraception: Key Recommendations from the CDC.
   Klein DA, Arnold JJ, Reese ES. Am Fam Physician. 2015 May 1;91(9):625-33.
   PMID: 25955737
   Similar articles

4. Health status, behavior, and care of lesbian and bisexual women in Israel.
   PMID: 25754520
   Similar articles

5. Improving Care for Lesbian, Gay, Bisexual, and Transgender Patients in the Emergency Department.
   PMID: 25748479
   Similar articles

6. Prehospital emergency care training practices regarding lesbian, gay, bisexual, and transgender patients in Maryland (USA).
Reported Emergency Department Avoidance, Use, and Experiences of Transgender Persons in Ontario, Canada: Results From a Respondent-Driven Sampling Survey

Greta R. Bauer, PhD, MPH; Ayden I. Scheim, BA; Madeline B. Deutsch, MD; Carys Massarella, MD, FRCPC

**Study objective:** Transgender, transsexual, or transitioned (trans) people have reported avoiding medical care because of negative experiences or fear of such experiences. The extent of trans-specific negative emergency department (ED) experiences, and of ED avoidance, has not been documented.

**Methods:** The Trans PULSE Project conducted a survey of trans people in Ontario, Canada (n=433) in 2009 to 2010, using respondent-driven sampling, a tracked network-based method for studying hidden populations. Weighted frequencies and bootstrapped 95% confidence intervals (CIs) were estimated for the trans population in Ontario and for the subgroup (n=167) reporting ED use in their felt gender.

**Results:** Four hundred eight participants completed the ED experience items. Trans people were young (34% aged 16 to 24 years and only 10% >55 years); approximately half were female-to-male and half male-to-female. Medically supervised hormones were used by 37% (95% CI 30% to 46%), and 27% (95% CI 20% to 35%) had at least 1 transition-related surgery. Past-year ED need was reported by 33% (95% CI 26% to 40%) of trans Ontarians, though only 71% (95% CI 40% to 91%) of those with self-reported need indicated that they were able to obtain care. An estimated 21% (95% CI 14% to 25%) reported ever avoiding ED care because of a perception that their trans status would negatively affect such an encounter. Trans-specific negative ED experiences were reported by 52% (95% CI 34% to 72%) of users presenting in their felt gender.

**Conclusion:** This first exploratory analysis of ED avoidance, utilization, and experiences by trans persons documented ED avoidance and possible unmet need for emergency care among trans Ontarians. Additional research, including validation of measures, is needed. [Ann Emerg Med. 2013;■:1-9.]

Please see page XX for the Editor’s Capsule Summary of this article.
TGGNC in the ED

Makini Chisolm-Straker, MD MPH; Logan Jardine, MD MPH; Cyril Bennouna, MPH; Nina Morency-Brassard, MPH; Lauren Coy, MPH; Maria Egemba MS, MPH; Peter L. Shearer MD

• National, qualitative survey
• 240 participants
• Examined:
  – Patient experiences in US EDs
  – Reasons for ED avoidance
  – Recommendations to improve care
• Largely white, female-assigned participants
In Patients’ Words

• ...I tried to use the woman’s restroom before I left, they threatened to call security on me. It was humiliating. I would die before I went back there again. (R21)
• I always remind them when I check in that I am trans (FTM)....the providers always ask me questions about my penis and fail to ask important questions pertinent to people with female anatomy...” (R123)
• Referred to as a woman even after I explained to the doctor that I was a transmale, they ignored my statement and proceeded to call me “she.” (R210)

• I have also had doctors/nurses call over other people on duty to come look at me for no reason. It made me feel like an animal in a zoo. (R208)
### Reasons for TGGNC Non-Use of US Emergency Departments

<table>
<thead>
<tr>
<th>Conceptual Frame</th>
<th>Reason</th>
<th>Frequency (n = 35)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal</strong></td>
<td></td>
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<tr>
<td></td>
<td>Lack of medical insurance</td>
<td>81.4% (n = 11)</td>
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<tr>
<td></td>
<td>Fear of beingouted, misgendered or experiencing discrimination</td>
<td>60% (n = 21)</td>
</tr>
<tr>
<td><strong>Provider Behavior</strong></td>
<td>Past witnessing of medical personnel gossiping, mocking or telling jokes about the TGGNC patients</td>
<td>43.7% (n = 16)</td>
</tr>
<tr>
<td><strong>Patient-Provider</strong></td>
<td>Past experience of being purposelyouted by healthcare professional</td>
<td>8.6% (n = 3)</td>
</tr>
<tr>
<td><strong>Encounter</strong></td>
<td>Past experience with visibly uncomfortable providers, and/or being asked inappropriate questions</td>
<td>34.3% (n = 12)</td>
</tr>
<tr>
<td></td>
<td>Past experience of staff refusal to use preferred pronouns</td>
<td>62.9% (n = 22)</td>
</tr>
<tr>
<td><strong>Systems Issues</strong></td>
<td>Medical facilities are unable to provide accommodations for TGGNC patients</td>
<td>42.9% (n = 15)</td>
</tr>
<tr>
<td></td>
<td>Providers are poorly educated in TGGNC health-related issues</td>
<td>40% (n = 14)</td>
</tr>
</tbody>
</table>

*Participants who answered this question could offer multiple reasons. Recommendations were included here if they resonated with responses to other questions, not based upon frequency to one question.*
### Participant Recommendations to Improve the ED Care of Persons with a TGGNC Experience

<table>
<thead>
<tr>
<th>Conceptual Framework</th>
<th>Recommendation</th>
<th>Frequency (n = 123)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Behavior</strong></td>
<td>Do not discuss gender identity or TGGNC experience with others, including healthcare providers, unless it is relevant to provision of care.</td>
<td>22.8% (n = 28)</td>
</tr>
<tr>
<td></td>
<td>Ask sensitive questions in private spaces only</td>
<td>5.7% (n = 7)</td>
</tr>
<tr>
<td></td>
<td>Call out last names only (no prefixes) in group-areas, like Mr./Ms.</td>
<td>2.4% (n = 3)</td>
</tr>
<tr>
<td><strong>Patient-Provider Encounter</strong></td>
<td>Standard practice of providers should be to ask patients' preferred pronoun and name and use these throughout care.</td>
<td>44.7% (n = 55)</td>
</tr>
<tr>
<td></td>
<td>Do not ask about gender and/or TGGNC experience if it is not relevant to ED care.</td>
<td>35.8% (n = 44)</td>
</tr>
<tr>
<td><strong>Systems Issues</strong></td>
<td>Systematic, required training of ED providers on TGGNC medical issues, including gender-affirming surgeries, potential postoperative complications, common hormone therapies and related side effects. Providers should also be trained on the social stigma and marginalization this population experiences generally and in healthcare settings.</td>
<td>13.8% (n = 17)</td>
</tr>
<tr>
<td></td>
<td>Incorporate pronoun and name preference in registration forms†</td>
<td>9.8% (n = 12)</td>
</tr>
<tr>
<td></td>
<td>Establish communication protocols for sensitive gender information.</td>
<td>4.1% (n = 5)</td>
</tr>
<tr>
<td></td>
<td>Offer gender-neutral spaces, including hospital rooms and restrooms.</td>
<td>2.4% (n = 3)</td>
</tr>
</tbody>
</table>

*Participants could offer more than one recommendation. Recommendations were included here if they resonated with responses to other questions, not based upon frequency to one question.
Case Discussions
MODULE 4: TRANSGENDER HEALTH
Overview

- Definitions
- History of disparity
- Communication
History of Disparity

• Chronic stress related to trans identity
  – Discrimination / bullying
  – Rejection of gender identity by family / friends
  – Pressure to hide identity (e.g., at workplace)
  – Facing wrong assumptions about gender
History of Disparity

• Chronic stress related to trans identity

• Lack of legal protections in workplace
History of Disparity

- Chronic stress related to trans identity
- Lack of legal protections in workplace
- Less access to healthcare
  - Less insured
  - Transphobic medical personnel
Statistics

- **42%** of people surveyed experienced verbal harassment, physical abuse, or denial of equal care by health providers

- **19%** were refused care completely

- **65%** reported not seeking medical care when they needed it due to fears of discrimination
History of Disparity

• Chronic stress related to trans identity

• Lack of legal protections

• Less access to healthcare

• Worse health outcomes
  – 56% of black transgender women have HIV
  – 41% with suicide attempt
Greeting Your Patient

- Mismatch of name / sex marker / expression?
- Elicit name & pronouns
- Inform your team
Asking About Pronouns

“What pronouns / words should I use when I’m talking about your health today ... he/his, she/hers, they/their?”
Gender Neutral Terms

- Partner / Spouse / Sibling / Child / Parent
- Pronouns
  - Patient name (ie “Jamie’s”)
  - They / their / theirs
- Mx (pronounced “Mix”)
27 yo genderqueer patient (assigned female at birth, pronouns they/their) presents with ankle pain after minor inversion injury. They report 10/10 pain to lateral aspect of ankle.
Medical Considerations

• Sensitively gather organ inventory

• Consider complications of gender-affirming therapies

• Patient-centered physical exam
What is your current gender identity?

What sex were you assigned at birth?
<table>
<thead>
<tr>
<th></th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MTF TRANSSEXUAL PERSONS</strong></td>
<td></td>
</tr>
<tr>
<td>Estrogen</td>
<td></td>
</tr>
<tr>
<td>Oral: estradiol</td>
<td>2.0–6.0 mg/d</td>
</tr>
<tr>
<td>Transdermal: estradiol patch</td>
<td>0.1–0.4 mg twice weekly</td>
</tr>
<tr>
<td>Parenteral: estradiol valerate or cypionate</td>
<td>5–20 mg im every 2 wk</td>
</tr>
<tr>
<td></td>
<td>2–10 mg im every week</td>
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<tr>
<td>Antiandrogens</td>
<td></td>
</tr>
<tr>
<td>Spironolactone</td>
<td>100–200 mg/d</td>
</tr>
<tr>
<td>Cyproterone acetate</td>
<td>50–100 mg/d</td>
</tr>
<tr>
<td>GnRH agonist</td>
<td>3.75 mg sc monthly</td>
</tr>
<tr>
<td><strong>FTM TRANSSEXUAL PERSONS</strong></td>
<td></td>
</tr>
<tr>
<td>Testosterone</td>
<td></td>
</tr>
<tr>
<td>Oral: testosterone</td>
<td>160–240 mg/d</td>
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<tr>
<td>undecanoate</td>
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</tr>
<tr>
<td>Parenteral</td>
<td></td>
</tr>
<tr>
<td>Testosterone enanthate</td>
<td>100–200 mg im every 2 wk or 50% weekly</td>
</tr>
<tr>
<td>or cypionate</td>
<td></td>
</tr>
<tr>
<td>Testosterone</td>
<td>1000 mg every 12 wk</td>
</tr>
<tr>
<td>undecanoate</td>
<td></td>
</tr>
<tr>
<td>Transdermal</td>
<td></td>
</tr>
<tr>
<td>Testosterone gel 1%</td>
<td>2.5–10 g/d</td>
</tr>
<tr>
<td>Testosterone patch</td>
<td>2.5–7.5 mg/d</td>
</tr>
</tbody>
</table>
## Hormone Therapy Risks

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Feminizing hormones</th>
<th>Masculinizing hormones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likely increased risk</td>
<td>Venous thromboembolic disease(^\text{a})</td>
<td>Polycythemia</td>
</tr>
<tr>
<td></td>
<td>Gallstones</td>
<td>Weight gain</td>
</tr>
<tr>
<td></td>
<td>Elevated liver enzymes</td>
<td>Acne</td>
</tr>
<tr>
<td></td>
<td>Weight gain</td>
<td>Androgenic alopecia (balding)</td>
</tr>
<tr>
<td></td>
<td>Hypertriglyceridemia</td>
<td>Sleep apnea</td>
</tr>
<tr>
<td>Likely increased risk with presence of additional risk factors(^\text{a})</td>
<td>Cardiovascular disease</td>
<td></td>
</tr>
<tr>
<td>Possible increased risk</td>
<td>Hypertension</td>
<td>Elevated liver enzymes</td>
</tr>
<tr>
<td></td>
<td>Hyperprolactinemia or prolactinoma</td>
<td>Hyperlipidemia</td>
</tr>
<tr>
<td>Possible increased risk with presence of additional risk factors(^\text{b})</td>
<td>Type 2 diabetes(^\text{a})</td>
<td>Destabilization of certain psychiatric disorders(^\text{c})</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardiovascular disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hypertension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Type 2 diabetes</td>
</tr>
</tbody>
</table>
Gender Affirming Surgeries

• Male to Female genital surgeries
  – Penectomy, orchietomy
  – Vaginoplasty, clitoroplasty

• Complications: Urethral / rectal fistula, tissue death, closed loop abscesses
Gender Affirming Surgeries

• Female to Male genital surgeries
  – Hysterectomy, salpingo-oophorectomy
  – Metoidioplasty: clitoral +/- urethral modification

  • Complications: urethral strictures & fistulas

  – Phalloplasty & scrotoplasty

  • Complications: tissue necrosis, implant failure, urethral complications
Patient-centered Physical Exam

- Explain why exam is relevant to care
- Use neutral words (e.g., chest, genital)
- Get patient’s consent for exam
- Attention to modesty
- Call support person
Module Summary

- Trans population is vulnerable within healthcare system
- Ask & use correct pronouns at all times
- Consider complications of gender affirming therapies
- Patient-centered physical exam
MULTIPLE CHOICE QUESTIONS
Which of the following statements about gender is correct?

A. Biological sex determines gender
B. Gender is determined by chromosomes
C. Gender identity is informed by social constructs
D. Sex and gender are synonymous terms
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A. Biological sex determines gender
B. Gender is determined by chromosomes
C. Gender identity is informed by social constructs
D. Sex and gender are synonymous terms
Which of the following represents a good practice in the care of TGGNC patients?

A. Call out first names when looking for patients

B. Take a detailed history of gender affirming surgeries for all TGGNC patients

C. Ask and use patients' chosen names / pronouns

D. Perform preliminary exams in non-private areas

E. Let the patient tell each person on the care team about their gender identity
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C. Ask and use patients' chosen names / pronouns

D. Perform preliminary exams in non-private areas

E. Let the patient tell each person on the care team about their gender identity
Which of the following contributes to more effective care for trans people in the ED?

A. Standardized collection of gender identity in EHR

B. Presence of gender neutral bathrooms

C. Specific training for ED providers / staff on caring for transgender patients

D. Hospital policies that specifically protect transgender patients

E. All of the above
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B. Presence of gender neutral bathrooms

C. Specific training for ED providers / staff on caring for transgender patients

D. Hospital policies that specifically protect transgender patients

E. All of the above
Which of the following is a correct pairing of gender affirming therapies?

A. Transgender woman and spironolactone
B. Transgender woman and testosterone
C. Transgender man and vaginoplasty
D. Transgender man and breast augmentation
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A. Transgender woman and spironolactone
B. Transgender woman and testosterone
C. Transgender man and vaginoplasty
D. Transgender man and breast augmentation
Concluding Remarks

• Heighten awareness & knowledge

• Communication is key & words matter

• Be an agent of change at your institution
Resources for Providers

• National LGBT Health Education Center

• WPATH “Standards of Care”

• Center of Excellence for Transgender Health
<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makini Chisolm-Straker</td>
<td><a href="mailto:makini.chisolm-straker@mountsinai.org">makini.chisolm-straker@mountsinai.org</a></td>
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<td>Anne Daul</td>
<td><a href="mailto:anne.m.daul@emory.edu">anne.m.daul@emory.edu</a></td>
</tr>
<tr>
<td>Thea James</td>
<td><a href="mailto:Thea.James@bmc.org">Thea.James@bmc.org</a></td>
</tr>
<tr>
<td>Paul Krieger</td>
<td><a href="mailto:PKrieger@chpnet.org">PKrieger@chpnet.org</a></td>
</tr>
<tr>
<td>Joel Moll</td>
<td><a href="mailto:joel.moll@vcuhealth.org">joel.moll@vcuhealth.org</a></td>
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QUESTIONS?