

A hand is visible in the bottom left corner, holding a wooden stick that supports a trans flag. The flag features horizontal stripes of red, white, and blue. The background is a solid, muted brown color. The title text is centered over the flag.

# Redefining Practice and Trans Health

Caspian Priest, St George's University of London

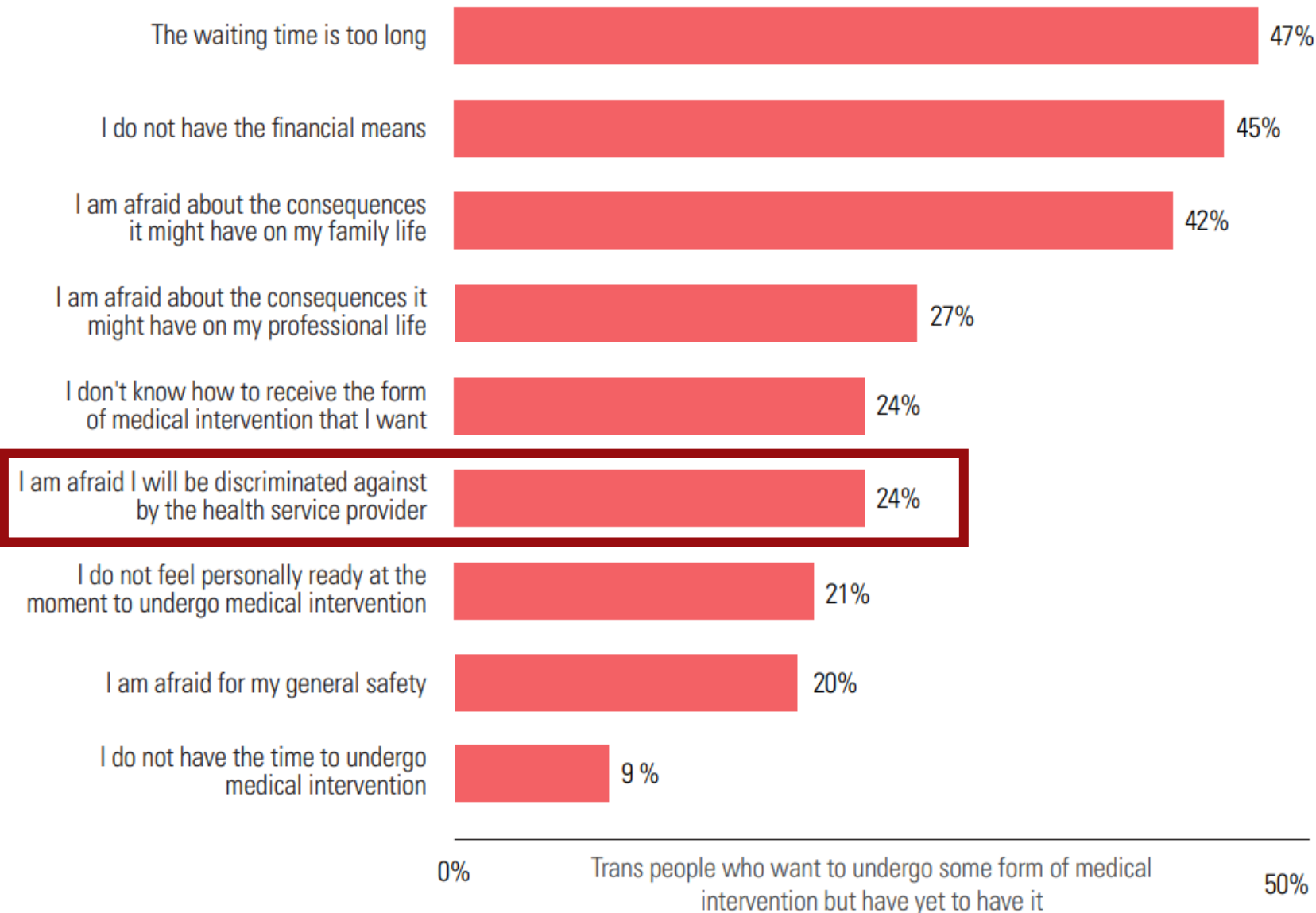




Training providers, medical and nursing schools and royal colleges should:

*“Review training and curricula to ensure that LGBT health inequalities, and the healthcare needs of all LGBT patients and service users, are included as part of compulsory and ongoing training.”*

## WHAT PREVENTS YOU FROM UNDERGOING THE FORMS OF MEDICAL INTERVENTION THAT YOU WANT?



**Seven** per cent  
of trans people said  
they have been  
refused care because  
they are LGBT

... while trying to  
access healthcare  
services  
**in the last  
year.**



# Negative experiences?

- Two in five trans people (41 per cent) said that healthcare staff lacked understanding of specific trans health needs when accessing general healthcare services in the last year.
- One in four trans people who have undergone or are currently undergoing medical intervention are unsatisfied with the support they have received from their GP (24 per cent) and their gender identity clinic (23 per cent).
- One in five BAME LGBT people have experienced unequal treatment from healthcare staff because they are LGBT, compared to one in eight LGBT people.
- Problems encountered include: Inappropriate gender pronouns, negative or inflammatory statements regarding patients' sexual experiences or lifestyle, and outright refusal of treatment.
- Survey respondents reported regularly encountering practitioners who refused to touch them or provide needed care, blamed them for their health status, or were physically rough or abusive.

# So what are we doing

- There is currently a huge push to get trans inclusive healthcare supported in UK medical curriculums – by students, staff and healthcare professionals
- St George's has recently introduced a transgender character in a PBL case and will be holding lectures as part of the MBBS curriculum
- Steps about being taken to include trans actors in OSCE stations

And...



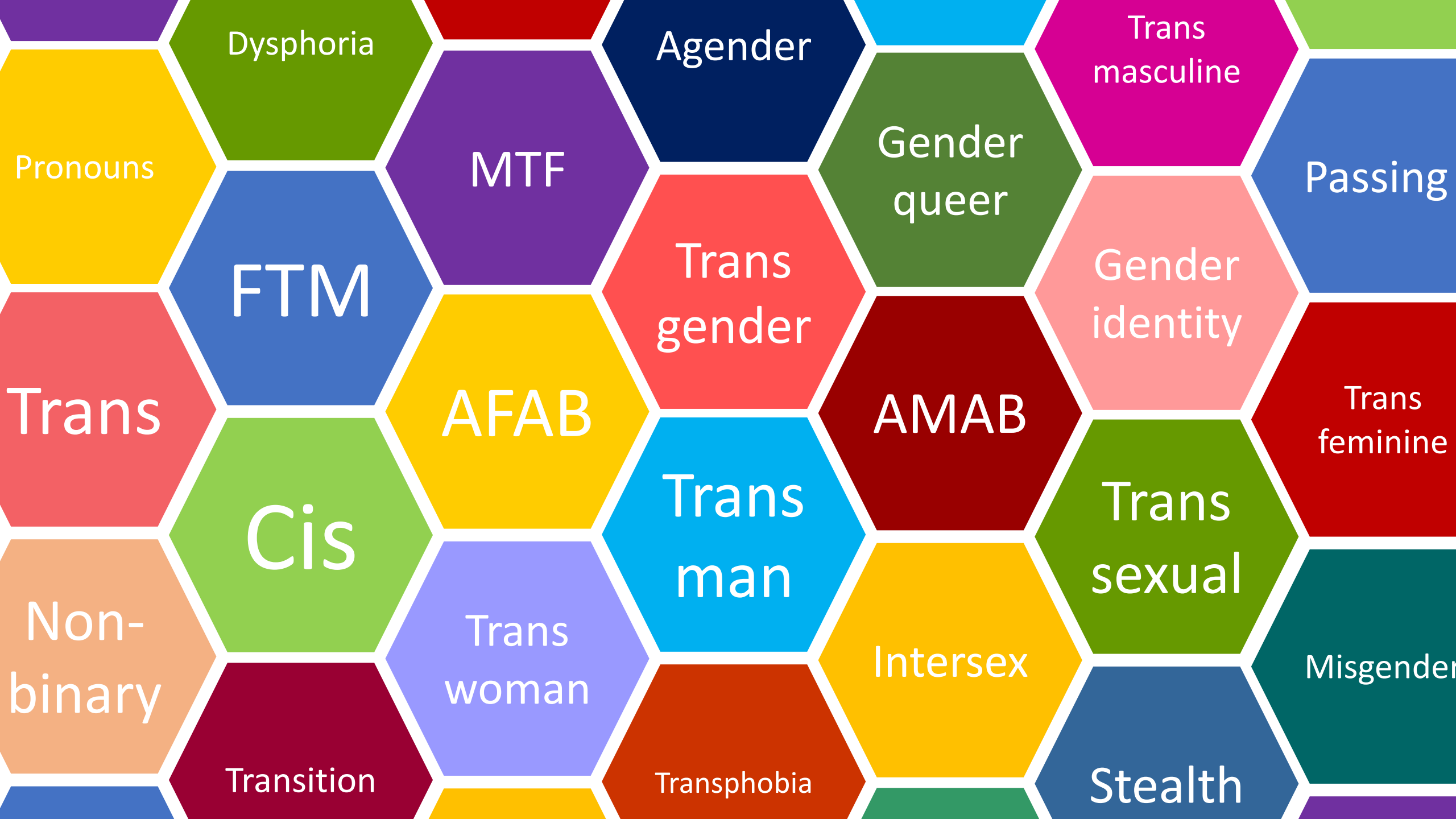
We are creating a Massive Open Online Course for healthcare practitioners to learn about trans aware healthcare and develop confidence and communication skills in supporting trans patients.

Terminology, definitions, and  
social and legal aspects

Trans specific healthcare

Communication skills





Dysphoria

Agender

Trans  
masculine

Passing

Gender  
queer

Trans  
gender

Gender  
identity

Trans  
feminine

Trans  
sexual

Misgender

Stealth

Intersex

Transphobia

Transition

Trans  
woman

Trans  
man

AMAB

AFAB

Cis

Trans

Non-  
binary

FTM

MTF

Pronouns



# The place of medical care

- One in ten trans people (10 per cent) don't want any form of medical intervention – this includes 16 per cent of non-binary people who identify as trans, 10 per cent of trans men and four per cent of trans women.
- One in eight trans people (13 per cent) are unsure if they want some form of medical intervention.
- More than one in ten trans people (11 per cent) have gone abroad for medical treatment to alter their physical appearance, including buying hormones over the internet from other countries, with many citing the barriers they currently face in accessing medical treatment in the UK.

# Social aspects

- Coming out
- Name change
- Gender change on health databases
- DBS – transgender people are NOT obliged to include details indicating a previous gender
- Passport, driving license, professional registrations
- Gender recognition certificate

## Deed of Change of Name

This change of name deed made this 10th day of October 2017

By me, the undersigned, New Name of House number, Street, Town in the County of County now or lately known as Old Name a British Citizen under section 1(1) of the British Nationality Act 1981,

Witnesses and it is hereby declared as follows:

(i) I absolutely and entirely renounce, relinquish and abandon the use of my said former name Old Name and assume, adopt and determine to take and use from the date hereof the name of New Name in substitution for my former name of Old Name.

(ii) I shall at all times hereafter in all records, deeds documents and other writings and in all actions and proceedings as well as in all dealings and transactions and on all occasions whatsoever use and subscribe the said name of New Name as my name in substitution for my former name of Old Name so relinquished as aforesaid to the intent that I may hereafter be called known or distinguished not by the former name of Old Name but by the name New Name only.

(iii) I authorise and require all persons at all times to designate, describe and address me by the adopted name of New Name. Notwithstanding the decision of Mr Justice Vaisey in Re: Parrott, Cox v Parrott, the applicant desires the enrolment to proceed.

In witness whereof I have hereunto subscribed my adopted and substituted name of New Name and also my said former name of Old Name and have affixed my seal the day and year first above written.

Signed, sealed and delivered

by the above-name  
New Name



formerly  
known as  
Old Name

in the presence of:

Witness name 1  
House number, Street,  
Town, County.

Witness name 2  
House number, Street,  
Town , County.





Binders



Make up



Hair removal





**Packers/STPs**



**Breast forms**





**What do we provide?**

# Gender Identity Clinics

- All GPs in England, Northern Ireland and Scotland may refer their patients directly to a GIC and do not need to refer them to a mental health service for assessment beforehand.
- GPs in England don't need to seek prior approval from their Clinical Commissioning Group (CCG).
- Treatment should be patient-led; no aspects of treatment should be imposed rigidly. The clinician will need to allow choices that were not necessarily foreseen at the outset to be made along the way.
- GICs are an invaluable resource and will be more than happy to advise and support.

“Conservative”

- Mental health support - counselling, peer support groups, family support, and sometimes psychiatric
- Speech and language therapy

Medical

- Endocrine support
- Facial and body hair removal

Surgical

- Surgery to alter secondary sex characteristics
- Surgery to alter primary sex characteristics

# Hormone treatment



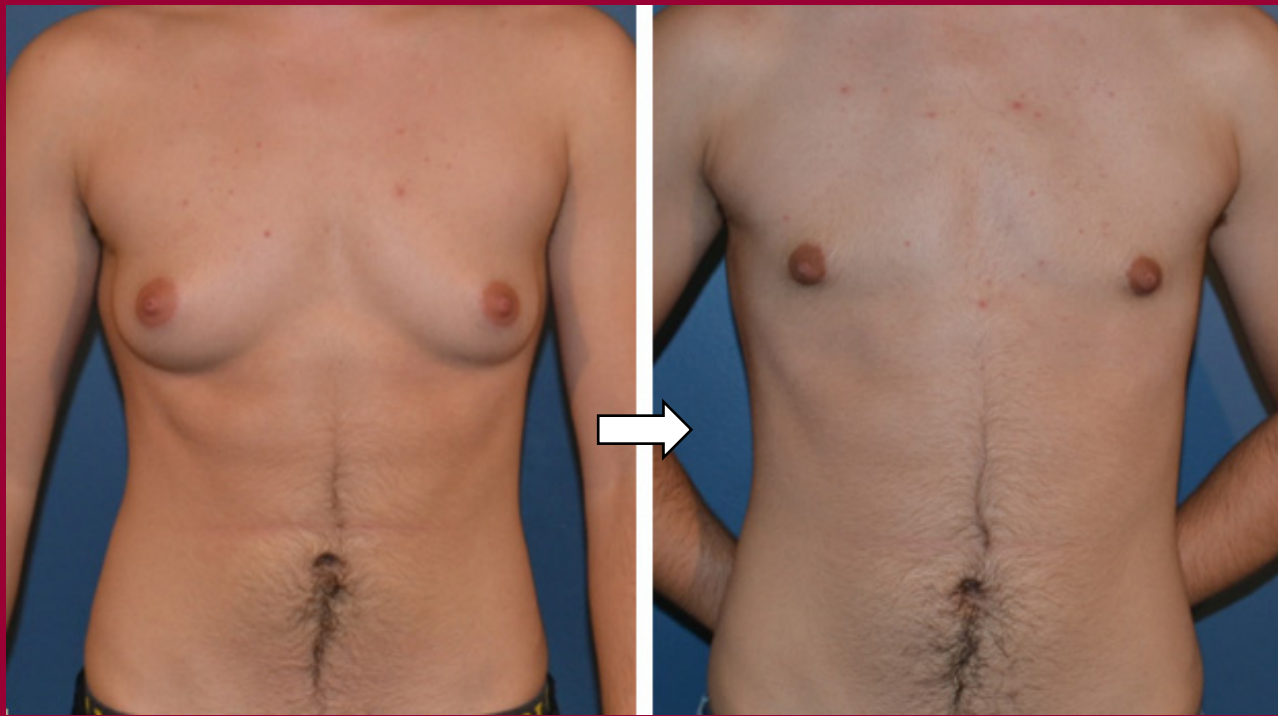
Medication	Reversible effects	Irreversible effects
Blockers	Pauses hormonal effects	Unknown developmental/psychological effects
Testosterone	Amenorrhea, skin changes (including acne risk increase), changes in fat redistribution, increased muscle mass, vaginal epithelium atrophy, increased libido	Voice deepening, clitoral growth, increased facial and body hair, potentially fertility
Oestrogen	Skin softening, muscle tone reduction, fat redistribution, reduced rate of hair growth, decreased erections, reduced libido	Breast tissue growth, potentially fertility



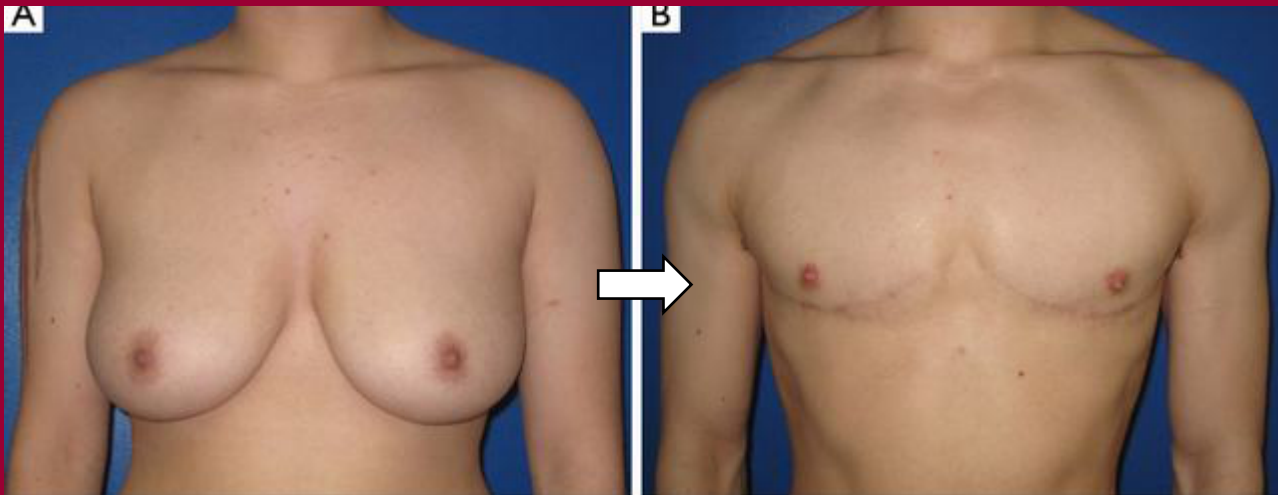
# **Surgical (AKA Gender affirming surgeries)**

- **Penectomy**
- **Bilateral orchidectomy**
- **Vaginoplasty**
- **Clitoroplasty and labiaplasty**
- **Bi-lateral mastectomy and chest reconstruction**
- **Hysterectomy**
- **Vaginectomy**
- **Salpingo-oophorectomy**
- **Metoidioplasty**
- **Phalloplasty**
- **Urethoplasty**
- **Scrotoplasty**
- **Placement of an appropriate penile prosthesis**
- **Placement of testicular prostheses**
- **Voice modifying surgery**





Peri-areolar mastectomy



Double incision mastectomy



Voice modifying surgery



# Genital surgery



Creating a vagina



Creating a penis #1



Creating a penis #2



# The healthcare landscape

# Specific health intersections

- Health risks from transgender specific practices.
- Hormone effects and screening monitoring.
- Self medication risks.
- Surgery complications and follow-up care.
- Transgender individuals living with long-term health conditions and/or disability.
- Physiotherapists and occupational therapists are essential for good surgery outcomes.
- You could treat transgender patients in any setting.

# Gendered facilities

- Trans individuals should always be directed to the facilities which accord with their chosen\* gender.
- It is offensive and unlawful to insist that a trans individual uses toilets or changing facilities designated for their sex assigned at birth.
- This includes patient bays in wards, but do check where the trans patient feels most comfortable.





# Legal matters

- If you acquire information about someone's trans status and then pass that information on to a third party without the express consent of the individual involved, you are liable for criminal proceedings.
- Confidentiality details relating to an individual's trans status are confidential and classified as one of the special classes of personal data under the General Data Protection Regulation.
- Incidents and threats against someone because of their disability, transgender identity, race, religion or belief, or sexual orientation are hate crimes and should be reported to the police.

# Unhelpful approaches

Not apologising for any mistakes with name/pronouns

“What is your *real* name?”

Referring to cisgender people as “normal”

Asking about genitals/surgery progress

"I never would have known"

Assuming sexuality from gender expression

Asking questions about a patient's transgender status out of curiosity

Demanding GRC or updated birth certificate before amending patient records



# Helpful approaches

“How would you like to be addressed?”

“What are your pronouns?”

Aware that trans patients may be wearing body contouring garments

Asking questions which are essential and relevant to the reason for referral

Continues to use correct pronouns and name even when the individual is not physically present

Sympathetic to any body image concerns/discomfort

Challenging transphobic behaviour

Using gender neutral language as a default



# A validating approach

- Understand the difference between gender identity and sexuality.
- Note that gender variations are not disorders and recognise that gender may be fluid (not always binary).
- Be mindful that sometimes a person's presentation may change due to circumstances and how someone identifies. Some people prefer to occasionally wear clothing not usually worn by the gender with which they identify for reasons of comfort.
- Take the individual's gender identity and expression seriously. You may be only person in their life to do so.
- If unsure, ask what the individual would like you to do to be a good ally. You may be the first person to ask this question.
- If you make a mistake—own it, quickly correct yourself, move on, and practice on your own time.

**But wait...**



Do we have space in the curriculum to be looking at all of these things?

We are in a Redefining Practice session?  
Shouldn't the focus be on race?

Do we have the resources to be supporting representation of people of colour AND trans people?

Thinking about both aspects...This sounds like a lot to be learning about and being mindful of...



# Is this overkill? What next...

A black gender-non-conforming trans woman with cerebral palsy in a wheelchair?

A neurodivergent HIV+ black trans woman who is a sex worker?

A Jewish-Chinese genderqueer trans man who is deaf?

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# And in fact...

- The current push in the curriculum for trans inclusive healthcare is owed to the Black Lives Matter movement
- During the discussions as part of the Curriculum Reviewers Project many shared feelings and experiences were not confined to solely race or gender/sexual identity
- It is only by being considerate and integrating all aspects of a person into our healthcare practice that we will be able to fully support patients – and our colleagues!



# Barriers for trans people of colour

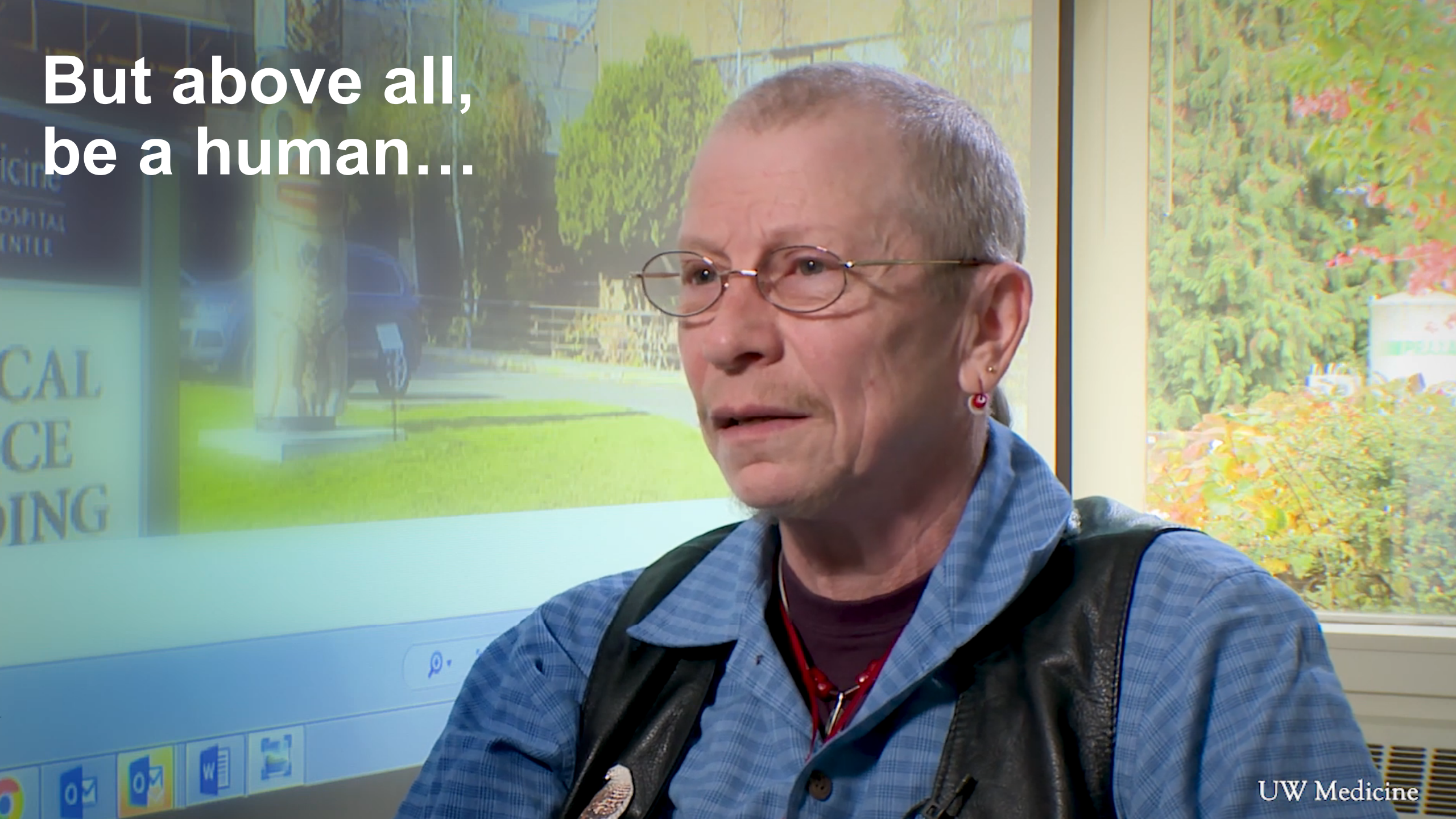
- Being a trans person of colour carries the weight of discrimination from both race and gender identity – which often compound each other
- People of colour can experience racialised dysphoria and racialised concepts of masculinity and femininity
- Trans youth face barriers to appropriate health care services due to their inability to consent to medical treatment in most countries
- Lack of **confidentiality** has been cited as a primary concern of trans people of colour, particularly those from rural or small communities and those who are diagnosed with HIV/AIDS
- Among migrant and refugee trans individuals, fears of legal struggles and cultural insensitivity are paramount in the avoidance of seeking treatment
- Older trans people of colour have been found to be avoidant of health care that they perceive will make them reliant on service providers who may be insensitive or discriminatory

# Improving the healthcare setting

- Challenge all forms of discrimination.
- Seek out and take part in gender, sexuality, and cultural specific training opportunities.
- Challenge cisnormative and ethnocentric norms in healthcare settings.
- Encourage options for non-binary, preferred pronouns and preferred name on patient intake forms.
- Provide opportunities for confidential disclosure of sensitive information – and affirm this!
- Have clues that the space is welcoming of trans individuals, and especially trans people of colour.







But above all,  
be a human...



A hand is visible at the bottom left, holding a wooden stick that supports a transgender flag. The flag features horizontal stripes of red, white, and blue, with a teal triangle at the top right. The background is a solid, muted brown color.

# Thank you.

And with thanks to Margot Turner, Niko Brenner, Bec Macgregor Legge, and my wonderful friends for their support in this work.

# Resources

- Inclusivity. Supporting BAME Trans People (GIRES) – [https://www.gires.org.uk/wp-content/uploads/2016/02/BAME\\_Inclusivity.pdf](https://www.gires.org.uk/wp-content/uploads/2016/02/BAME_Inclusivity.pdf)
- Stonewall LGBT in Britain; Trans Report - [https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_-\\_trans\\_report\\_final.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf)
- Interim Gender Dysphoria Protocol and Service Guideline 2013/14 - <https://www.gires.org.uk/wp-content/uploads/2017/03/int-gend-proto.pdf>
- Sussex Partnership NHS foundation trust; Supporting Transgender Service Users Policy - [https://www.sussexpartnership.nhs.uk/sites/default/files/documents/tpcl003\\_-\\_supporting\\_transgender\\_service\\_users\\_policy\\_v1.2.pdf](https://www.sussexpartnership.nhs.uk/sites/default/files/documents/tpcl003_-_supporting_transgender_service_users_policy_v1.2.pdf)
- Fair care for trans patients An RCN guide for nursing and health care professionals Second edition - <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2017/march/pub-005844.pdf>
- Preventing suicide among trans young people: a toolkit for nurses - <https://www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people>
- Barriers to health faced by transgender and non-binary black and minority ethnic people - <https://raceequalityfoundation.org.uk/wp-content/uploads/2018/02/Better-Health-41-Trans-NB-final.pdf>