INSTITUTE FOR QUALITY, SAFETY & INJURY PREVENTION

ENA Topic Brief

Care of the Gender-Expansive and Transgender Patient in the Emergency Care Setting

Key Information

An individual's gender identity—the inner sense of being female or male—may not always correspond to the sex assigned at birth.

There are many misconceptions about what it means to be transgender.

Transgender patients have the same fundamental needs as any other patient including dignity, respect, and privacy.

Being transgender is not associated with a diagnosis of mental illness.

"Gender dysphoria" replaced the diagnosis of "gender identity disorder" (GID) in the *American Psychiatric Association DSM–5* to focus on the emotional distress one may experience and shift away from the stigma associated with mental illness.

The prevalence of suicide attempts among transgender adults was 41% based on findings of the National Transgender Discrimination Survey (2011); this greatly exceeds the 4.6% of the overall U.S. population who have reported a suicide attempt.[2]

Gender-expansive and transgender individuals are faced with various barriers to receiving quality healthcare.

Frontline ED staff play a critical role in establishing a welcoming and gender-affirming environment.

Purpose

Every patient presenting to the emergency care setting has the right to be provided with a safe, equitable, knowledgeable, culturally sensitive, and accepting environment, free from discrimination.[3] No one should have to worry about receiving substandard or inequitable care specifically because of their gender identity status. However, many gender-expansive and transgender patients have these apprehensions, which are only intensified when health concerns force them to seek emergency care. Healthcare facilities and providers may be uncertain how to go about protecting gender-expansive and transgender patients from discrimination, and may also be unfamiliar with the healthcare disparities that this unique patient population may experience. The purpose of this topic brief is to provide an overview of the gender-expansive and transgender patient population, describe methods for creating gender-affirming and supportive environments, discuss some barriers to healthcare, and provide recommendations for caring for gender-expansive and transgender patients in the emergency care setting.

Overview

Newborns are classified using a binary system in which they are designated either female or male based on biology, anatomy, chromosomes, and hormones. Those who accept their assigned sex and its associated gender roles and identities are called cisgender.[4] Cisgender people make up a majority of the population. However, an individual's gender identity or inner sense of being female or male may not always correspond to the sex assigned at birth. Individuals who do not follow society's ideas or stereotypes about how one should look or act based on the sex they were assigned at birth are referred to as gender-expansive. Gender-expansive and transgender are umbrella terms, sometimes used interchangeably, to describe individuals whose gender identities differ from those associated with the sex they were assigned at birth.[5]

There are various misconceptions about what it means to be transgender. Some believe being transgender is about sexual orientation or how someone dresses, when in fact it is about how individuals feel internally about their own gender. Another misconception some may have is that being transgender is a mental illness. In 2012, the American Psychological Association (APA) amended the diagnosis "gender identity disorder" (GID) to "gender dysphoria" in *The Diagnostic and Statistical Manual of Mental Disorders (DSM)–5th edition*. Gender dysphoria is described as a condition in which an individual is overwhelmingly distressed or uncomfortable with his or her biological sex and strongly identifies with and desires to be the opposite.[1] This new terminology focuses on the emotional distress one may experience and shifts away from the stigma associated with mental illness. Some gender-expansive or transgender individuals are very comfortable dressing and acting according to their gender identity, while others may experience difficulties throughout their lives.

While some gender-expansive and transgender individuals live their lives expressing their desired gender identity without seeking sex-reassignment measures or taking hormones, others may find this insufficient. If a decision is made to transition anatomically, there are a variety of paths individuals may take, although many follow a series of guidelines (the Standards of Care [SOC]) established by the World Professional Association for Transgender Health (WPATH).[6] The SOC guidelines are evidence-based and were developed by a group of international expert professionals to assist gender-expansive and transgender people make a safe and effective transition.[6] The series of steps allows individuals to explore their options as each individual is unique and may require different steps to complete the transition. The SOC are not legally mandated, and each individual works collaboratively with medical and mental health professionals to determine the appropriate plan for transitioning. Some of the steps may include:

- Extensive counseling with mental health professionals
- Living with the desired gender identity for a certain period of time
- Exploring various medical procedures and treatment options
- Confirmation by healthcare practitioners from many different disciplines that the individual is ready to begin treatment
- Hormone therapy
- Various surgeries to become more anatomically congruent with their gender identity

In addition to the medical approach, there are a series of legal steps, which vary by state, for changing one's name and sex designation. Both the medical and legal approaches to the transition are extremely costly and may not be covered by health insurance.[7] Furthermore, there are the social costs of transitioning. Gender-expansive and transgender individuals often experience discrimination, violence, prejudice, job loss, and unemployment. Some are ostracized by friends and family and ending those relationships may render them homeless. Making the decision to let others know about the transition may be just as stressful.

On the other hand, the cost of not transitioning may also be significant. Living out of harmony with one's sense of self can cause depression, anxiety, drug and alcohol abuse, suicidal ideation, and suicide.[7] In one study, researchers found that the prevalence of suicide attempts among transgender adults was 41%, which greatly exceeds the 4.6% of the overall U.S. population that has reported a suicide attempt.[2] The risk is even higher for transgender individuals of color.[2,8] These numbers are most likely underestimates because not every gender-expansive or transgender individual wishes to be identified.

A 2011 study conducted by the National Center for Transgender Equality and the National Gay and Lesbian Task Force found that 71% of transgender people concealed their gender or gender transition to avoid discrimination.[9] It is therefore

difficult to quantify the actual transgender population in the U.S. More recently, the U.S. Census Bureau analyzed data on individuals who were likely transgender because they had changed their sex or name with the Social Security Administration.[10] Since the inception of the Social Security Administration in 1936, a total of 135,637 people have changed their name to one for the opposite gender, and 30,006 people also changed their sex.[10] According to the 2010 Census, 89,667 individuals had changed their name, and 21,833 had also changed their sex.[10] The Williams Institute on Sexual Orientation and Gender Identity Law and Public Policy estimates that approximately 0.3%—roughly 700,000 adults—identify as transgender.[11]

While these numbers provide some idea of the size of the transgender population in the U.S., they are unlikely to be an accurate estimate. It is extremely difficult to quantify the gender-expansive and transgender population in the U.S. for many understandable reasons such as fear of stigma, discrimination, and loss of privacy. Knowing more about the members of the gender-expansive and transgender population is important to have a better understanding of the health and socioeconomic disparities they experience, but it is also important in helping public policy makers remedy these disparities.

There has been enormous progress in gaining lesbian, gay, bisexual, and transgender (LGBT) equality, including considerable advances in equitable treatment and access to healthcare. Since 2011, the Centers for Medicare and Medicaid Services has required hospitals to respect the rights of patients to designate healthcare proxies and allow visitation privileges regardless of whether there is a legally recognized relationship.[12] Accrediting organizations have also taken action to promote more culturally competent services in healthcare facilities. For example, The Joint Commission requires that accredited healthcare facilities prohibit discrimination based on sexual orientation and gender identity.[13]

In addition, Section 1557 of the Affordable Care Act explicitly prohibits discrimination in healthcare on the basis of sex.[14] The U.S. Department of Health & Human Services' Office of Civil Rights and various other regulatory and legal offices have held that Section 1557 includes protections from discrimination on the basis of gender identity, including sex stereotyping. While these measures are important in reducing the healthcare disparities experienced by the transgender community, much more is needed to achieve equal access to vital healthcare services and improve healthcare delivery.

Creating a Supportive Healthcare Environment

Every interaction healthcare professionals have with patients is an opportunity to improve the patient experience. In the emergency care setting, the triage process is often a patient's first encounter. Frontline staff play a critical role in setting the stage for a welcoming and gender-affirming environment. It is important to address those in the gender-expansive and transgender community using their chosen pronoun, but it may not always be possible to correctly determine this from an individual's appearance or name. Inadvertently using the wrong identifier—sir instead of ma'am, miss instead of mister—can be embarrassing and in some cases offensive.[15] Therefore, when addressing patients, families, or visitors, it is best to avoid using gender terms or pronouns until it has been established what that individual prefers to be called. Simply asking, "How may I help you?" or "What brings you to the emergency department?" may be a better approach. Politely asking the individual, "What name would you like to use?" or "How would you like to be addressed?" can aid in gender-affirming communication. Another suggestion is to avoid asking for a person's "legal" or "real" name because this may imply that the patient's preferred name is not considered valid.[16] Making adjustments to better communicate with all patients can be challenging, but practicing scenarios and implementing additional cultural sensitivity training will assist in creating a respectful, supportive, and gender-affirming healthcare environment.

The registration process in the emergency care setting may cause some confusion, especially if patients have transitioned or are in the process of transitioning and have different identification cards from those previously recorded. Changing one's name and sex on documents such as insurance records can be a complicated and lengthy process.[15] One could ask respectfully, "Could your chart be under another name?" or verify names on current insurance cards or other identification cards. If healthcare providers or ancillary staff inadvertently address someone using the incorrect pronoun, it is best to simply acknowledge the mistake and apologize.

When gathering one's health information or performing a physical assessment, it is important to avoid asking probing questions about changes in gender expression that may not be relevant based on their presenting complaint. Given the heightened sensitivity of such a conversation, it may be more appropriate to wait until the patient is seen by a provider in a private setting, if their acuity level allows. Before asking what could be perceived as prying questions, it is prudent for healthcare providers to ask themselves, "Is this question really necessary for patient care or am I just being curious? What do I *need* to know and how can I ask for the information in a sensitive manner?"[16] As with all patients, health and personal information must be kept private, and that requires the participation of the entire healthcare team. Gossiping, making jokes, unnecessarily sharing patient information, and other inappropriate behavior should not be tolerated.[17] It is advised that hospitals and institutions establish zero-tolerance or other non-discriminatory policies, ensuring they are understood and readily available to all staff, patients, and visitors.[5,17] Such policies can also help to create consistent and culturally sensitive communication among all staff.

Additional measures that can help promote a gender-affirming environment include:[18]

- An actively engaged leadership
- Community outreach participation
- All-staff training on culturally-affirming care
- Revising current processes and forms to reflect language diversity
- Collecting data on patient gender identity and sexual orientation in electronic health records (EHR)
- Recruitment and retention of LGBT staff
- Physically welcoming environment:
    - Single-occupancy, all-gender bathrooms
    - Marketing material that includes images of same-sex couples or families
    - Waiting area reading material appealing to LGBT communities

Not every hospital or healthcare facility may be ready to make major adjustments, but smaller changes can be made to create an inclusive and affirming environment. Some changes may be made in small steps, but cumulatively they become significant strides towards providing equitable healthcare.

Barriers to Healthcare Access

Gender-expansive and transgender individuals are faced with various barriers to receiving quality healthcare. These are commonly related to reluctance to disclose, lack of experience or resources on the part of the provider, and structural, systematic, and financial barriers.[19] It is unfortunate when anyone fears or avoids seeking medical care because of concerns about discrimination, humiliation, or stigmatization, as this increases their reluctance to disclose important information. One study found that 48% of transgender adults delayed or avoided medical care compared with 17% of cisgender adults.[9] Previous negative interactions in emergency care settings can heighten apprehensions, causing gender-expansive and transgender individuals to place their health at risk by postponing or circumventing the necessary services entirely, seeking alternative treatment from nontraditional sources.[19] The prevalence of unsupervised hormone use in urban transgender

populations has been reported to range from 29% to 63%.[20] Previous negative experiences with healthcare providers, limited financial resources, and a lack of access to transition-related services all contribute to unsupervised hormone use as well as self-performed surgeries.[21] These behaviors pose significant health risks.

A further barrier is that many healthcare professionals have not been trained in the specific medical or behavioral issues of transgender patients. In fact, 50% of transgender individuals reported having to educate their own healthcare providers about transgender care.[9,15] Lack of resources, service access, and support are significant problems for the transgender population, particularly transgender youth. A recent study suggested that lack of adult awareness of available LGBT youth services was a significant barrier to accessing these greatly needed resources.[22]

Structural barriers include lack of access to private, unisex bathrooms, as bathrooms open to the public are typically restricted by gender. Not all hospitals or emergency care settings offer private, unisex restrooms, and transgender individuals may feel uncomfortable using public restrooms restricted by biological sex. In a study conducted by UCLA's Williams Institute, almost 70% of transgender individuals reported having experienced verbal harassment in a situation related to a gender-segregated restroom, and approximately 10% reported actually being physically assaulted.[23] Adverse health effects resulting from not having access to a safe, hygienic restroom facility include urinary tract infections and mental health issues.[24] The results of a national survey of transgender individuals indicate that denial of access to college bathrooms is significantly linked to suicidality.[24] Unisex, single-occupancy restrooms contribute to an affirming healthcare environment. If hospital admission is necessary, gender-expansive and transgender patients may experience difficulties with inpatient room assignment.[17] Ideally, private rooms should be assigned, but if none are available, transgender patients should be placed with a roommate of the same gender identity.[17,19]

Health Disparities Associated with the Gender-Expansive and Transgender Population

As with any definable group of people, transgender individuals have specific health disparities when compared with the general population. A health disparity is defined as a type of health difference that is closely associated with social, economic, and/or environmental disadvantage.[25] It is essential for emergency nurses to understand these disparities without assuming that all transgender patients have the same predisposition to health risks.

Transgender patients are at increased risk for some cancers due to lack of access to preventative healthcare services such as cancer screenings.[26] A transgender woman could be designated as female on her insurance, but might still have intact male organs and a prostate gland. In most cases like this, prostate cancer screenings would not be covered. The same is true for cervical screening of a transgender man with intact female organs. Several laboratory tests that are gender-specific may also have discrepancies in their reference ranges.[19] EHR systems can also present difficulties when ordering gender specific exams or there may be additional coding and billing problems.

Transgender people are also at high risk for sexually transmitted diseases, including human immunodeficiency virus (HIV). The Centers for Disease Control and Prevention (CDC) states that the high prevalence of HIV among the female transgender population in the U.S. can be attributed to various prevention challenges including lack of support, healthcare access, negative healthcare encounters, insensitivity to transgender identity, limited transgender-specific data, and lack of effective public health programs.[27] While there are limited data on the use of tobacco by the transgender population, researchers believe they are particularly vulnerable because of their high rates of substance abuse, depression, HIV infection, and social and employment discrimination, all of which are factors associated with higher smoking prevalence.[28]

As mentioned previously, hormone replacement therapy is a large part of the anatomical transition step, and this is associated with various adverse health outcomes. In a cohort study examining the long-term adverse effects of hormone

administration, researchers found an increased risk of cardiovascular death.[29] Other potential risks include polycythemia, weight gain, hyperlipidemia, hypertension, type II diabetes mellitus, venous thromboembolic diseases, gallstones, and impaired fertility.[26,30]

Overall, the transgender population experiences various health disparities and, without adequate access to equitable healthcare, this vulnerable population is potentially susceptible to a multitude of adverse health outcomes. In addition, transgender people are often victims of violence and frequently attempt suicide. The rates of suicide are alarming, and the percentage with suicidal ideation (approximately 78%) is staggering. Little is known about specific mental health service needs of transgender people, however.[31] Additional research is needed to better understand the mental and emotional needs of this patient population.

Caring for the Gender-Expansive and Transgender Patient in the Emergency Care Setting

As previously mentioned, the ED may be the first point of care for transgender patients, placing ED staff in a unique position to help decrease health disparities. It should be noted that almost 21% of transgender patients reported avoiding the emergency department because of a perception that their gender identity status would negatively affect the encounter.[32] Various suggestions to improvement to the care of the transgender patient have been presented (e.g., creating a gender-affirming environment). Additional measures include training in sensitivity and cultural competency to improve communication and increase understanding. In competency training, a review of common health concerns of the transgender population would make staff better able to anticipate potential presenting health concerns. For example, gender dysphoria, as discussed earlier, is a medical concern affecting many transgender patients that leads to increased risk for substance abuse and suicidal ideation. Safety screenings conducted by trained staff could help identify at-risk patients that require additional resources or care.

Hormone therapy can assist those transitioning or seeking to have an external appearance closer to that of their desired sex. On average, it takes 3–6 months to see any physical effects, with full effects taking up to 5 years.[26] The purpose of hormone therapy is to suppress the existing secondary sexual characteristics and enhance the desired ones. There are several important clinical considerations when caring for patients receiving hormone therapy. Those participating in male-to-female transitions who are over 40 years old are at an increased risk for thromboembolism due to estrogen use.[26] Estrogen also increases the risk of weight gain, hyperprolactinemia, cholelithiasis, cholecystectomy, and type 2 diabetes mellitus.[26]

Individuals being treated for female-to-male transition may be prescribed spironolactone to reduce balding, but this may put them at risk for hyperkalemia.[26] Testosterone use may also increase the risk of psychotic symptoms in individuals who are predisposed, and can contribute to acne, alopecia, weight gain, sleep apnea, and type 2 diabetes mellitus.[26]

Post-operative complications of gender-identity-confirming surgery may be a common presenting concern for transgender patients, with the issues to some extent depending on the direction of the transition. Complications include hemorrhage,[33] necrosis, infection, pulmonary embolism, recto-vaginal fistula, prolapse, urethral strictures, nerve damage, and tissue loss.[34] Tissue in these particular areas may be delicate, and excessive manipulation can cause additional damage to blood vessels, nerves, and tissue. Extra efforts should be made to help reduce stress and anxiety for the patient.

Conclusion

Overcoming barriers, eliminating health disparities, and creating a healthcare environment free from discrimination and judgement are difficult but achievable goals. Much attention needs to be focused on education and training of all healthcare professionals. Further research is needed to better understand care of the transgender patient population and to develop relevant, evidence-based practices for the emergency care setting. Not specifically explored in this topic brief is an even more vulnerable patient population, transgender youth. With the medical options available today, many children and adolescents are transitioning, but there is a lack of access to care, systemic support, advocacy, and research. The lack of access to equitable healthcare reflects not only the scarcity of knowledgeable healthcare providers, but also the lack of health policies specifically aimed at protecting this vulnerable patient population.

Emergency nurses have a variety of opportunities to positively impact the healthcare of gender-expansive and transgender patients. The collective effect of initiating simple measures in the ED can help eliminate barriers and progress to successful outcomes. When emergency nurses and other healthcare staff embrace an inclusive, affirmative environment within the emergency care setting and act as advocates for change, they can significantly promote equal treatment and access to healthcare for all patients.

Tools & Resources

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Definitions of Terms

Cisgender: Individuals whose gender identity is congruent with their biological sex.

Gender dysphoria: A condition in which an individual is overwhelmingly distressed or uncomfortable with his or her biological sex and strongly identifies with and has a desire to be the opposite. sex[1]

Gender expression: An individual's characteristics and behaviors, such as appearance, dress, mannerisms, speech patterns, and social interactions, that are perceived as masculine or feminine.[4]

Gender identity: A person's internal, deeply-felt sense of being male, female, something other, or something in between.[13]

Gender-expansive (gender nonconforming, gender variant, and gender creative): Gender expressions that fall outside of societal expectations for the sex one was assigned at birth.[35]

Health disparity: A specific type of health difference that is closely associated with social, economic, and/or environmental disadvantage.

Transition or transitioning: A process by which individuals begin living their true gender identity. The process may include social, medical, and legal changes, but not necessarily hormonal and surgical treatment.[13]

Transgender: An umbrella term used to describe individuals with an affirmed gender identity different from their sex assigned at birth. It applies to identity, appearance, and behavior, but not necessarily anatomy.[5,16,26]

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