Clinical Education Initiative
Support@ceitraining.org

TRANSGENDER AFFIRMING PRIMARY CARE

Kyan Lynch MD, MA
He/Him/His
Assistant Professor, Dept. of OB/GYN
University of Rochester Medical Center

1/30/2021

Transgender Affirming Primary Care
[video transcript]

00:11
So Dr. Kyan Lynch is our presenter today for Transgender Affirming Primary Care. Dr. Lynch earned his Medical Degree and Master's Degree in Medical Humanities, Compassionate Care and Bioethics at Stony Brook University School of Medicine. He is currently an OB/GYN faculty member at the University of Rochester Medical Center, serving as the Department's Education Specialist. In this role, Dr. Lynch designs, develops, and implements educational initiatives to benefit learners at all levels along the medical training practitioner continuum. In addition, Dr. Lynch provides his expertise on issues related to HIV prevention, LGBTQIA plus healthcare, and providing affirming care through the New York State Department of Health Clinical Education Initiative, and through private consultation. Ky currently serves on the State University of New York Transcending Gender Binary Violence Prevention and Response Impact Team and serves on the planning committee for the Annual Spectrum Conference. Ky is also a member of the New York State Department of Health TGNCNB Advisory Board. Thank you so much for joining us today, Dr. Lynch, and now I will turn it over to you.

01:25
Thanks very much, Mark. Good morning, everybody. My name is Kyan Lynch. My pronouns are he/him. And as Mark just said, I am happy to be a member of the University of Rochester OB/GYN department, and I'm also a content expert through CEI. And I love being able to educate other providers around New York State through CEI. So thank you very much for logging in on a Saturday morning to learn about this topic. It's near and dear to my heart. And it warms my heart to know that other people are willing to wake up early to learn more about it. So I have no financial disclosures. If there was some sort of big transgender or transnational corporation that could give me money, I'd probably take it. But as of right now, no one is paying me for these sorts of things.

02:06
Today, we are going to learn about how to ask questions of patients related to their transgender identities and their cisgender identities. We're going to talk about the importance of sexual history and having open lines of dialogue with trans patients. And we are going to identify or think about some preventive screenings that might be relevant for transgender patients as well.

02:29
This is the perspective with which I come at this. So, you know, Mark mentioned, I have some expertise in the medical knowledge realm of this topic, but I also come heavily from my own personal experience, I'm a trans man. And I'm open and out about it. And you know, a lot of what we are going to discuss today are things that I've experienced myself, in one form or another. And that informs how I give these talks as much, if not more, than the medical background. So that's the perspective I'm bringing today.

03:03

So this is what we're going to do, this is our blueprint for the first hour of this half day that you have, we're going to lay a lot of foundation for the talks that you're going to have after me. So we're going to make sure everyone's comfortable with language and concepts. We're gonna review some case studies to talk about how to have conversation with trans folks, how to talk about bodies, how to talk about the experiences that they've already had in healthcare and how that may or may not impact the conversation you have with the patient. And then I'll be giving you some resources that I recommend. And then you'll be in great shape to hear about hormone replacement therapy and surgery after we're done this morning.

03:39
We're going to meet our objectives, to some degree, even though we're in this sort of limited form of communication here. So like I said, we're gonna start with laying the foundation of language and concepts. This might be redundant for some of you who are really comfortable with this language, but it might be new for some, it's just really important that we're all using the same words to mean the same words and we're using them the same way so that we can have more advanced conversations down the line.

04:11
Okay we are at 90 out of 120. If you haven't yet responded, please try to do so. Okay, so this is what we're seeing. So it seems like we've got a pretty comfortable group here with these terms, maybe a bit advanced. I'm sorry, this got a little dimmer. So everyone is really comfortable with sexual orientation. For the most part, people are comfortable with gender identity, gender expression a little less so. And then pretty comfortable transgender and a little less comfortable the word cisgender which is a theme that I keep picking up on, on talks like this, and we'll probably talk about why that might be the case. Awesome. Thank you so much. Can stop sharing those results.

04:51
And let's talk about some of these words. So sexual orientation. Everyone's really comfortable with it, don't need to belabor it. This is a definition I like from the Trans Allyship Workbook, which is a book I like, it's really thin and nice to have around. It's just your pattern of attraction to other folks that you come across in your life, whether that be predominantly driven by your sexual attraction to groups of folks or romantic attraction, or both. Who do you find yourself drawn to, in terms of other people's gender? Gender identity is also a word that everyone is really comfortable with. So this is how you view your own gender. This is very personal. You can't know this about someone else without asking them. It's do you wake up in the morning and know yourself to be a man, and maybe you can't explain why you know yourself to be a man but you know that you are. Or maybe you wake up every morning and you feel like a woman. And maybe there are certain acts that you can perform, or hobbies, or things that make you feel even more manly, or even more womanly, and maybe you don't fully understand why, but you know that those things exist. All of that comes together to form your gender identity. And that's a really basic concept that we need to understand for everything that's going to follow today.

06:02

Here's a Venn diagram. Remember that Venn diagrams work that when there's overlap, there's another section that forms in the middle. And so this slide is to just reaffirm that these are separate concepts, right, these don't overlap somewhere in the middle, they're not kind of the same thing. They're separate and distinct. Every single person on this call has a sexual orientation. Every single person on this call has a gender identity. You might not have had to think much about your sexual orientation or your gender identity, if it's sort of what society expected of you, based on the body you are born with, but you have one of both. And so I belabor that point a little bit, just because I have come across some folks who think that if someone is gay, they can't also be trans. Or if that is someone who is trans and they say that they're queer, that those things kind of overlap, and they really don't. Sexual orientation and gender identity, distinct separate concepts. Gender expression seems to be the term that people were least familiar with. So gender expression, like the title suggests, is how you express your sense of gender to the world. So I woke up this morning, I put on a sweater that was made in a "men's department," I wear my hair short, I have a black watch instead of a pink watch. I'm trying to signal to the world, express to the world, through these adornments that I identify as a man, the way that I talk, the way that I walk, all of these things are ways of trying to express my own sense of gender to the world. The tricky thing about gender expression, and the thing that's really important to note as providers, is that gender expression doesn't always line up super neatly with gender identity. So there was a time in my life where I was pretty well aware that I actually was a man, but I didn't feel comfortable expressing myself in that way. I was the medical student, I was on the wards, there were attendings grading me and basically determining my future. So I was afraid to show up dressed and acting the way I knew myself to be inside, for fear that I would face discrimination. And so instead of showing up on the wards as a man, dressed as a man, I was showing up on the ward dressed as a masculine leaning woman medical student. So sometimes you might have a patient who comes in and they're dressed as if their gender identity is a certain way. But if you ask them, you might find out that it's actually there's a discrepancy there. So it's just important to keep that in mind.

08:38
Sex assigned at birth is a concept that just is really basic to understand, trans and cisgender folks. So sex assigned at birth is the term that we use to describe the sex that is given to all of us at birth, the sex that we get assigned by the medical system is based on the genitalia we are showing on ultrasound or after we are born, the chromosomes that show up on our karyotype, the hormones that tend to be most present in our body, and the receptors that tend to be most receptive to those hormones. So the biological features of sex. Just because this is assigned to you doesn't mean it actually represents how you feel later in life. Sex assigned at birth I kind of think of as a blender that I was given at my wedding. It was given to us in a good spirit with good intentions. It was very useful for a time, but just because I was given a blender at my wedding doesn't mean I have to use the same blender for the rest of my life. And so I switched it out for a model that fit me better as time went on.

09:48
And then we have the definitions of transgender and cisgender. Again, everyone seemed pretty comfortable with these. So I don't want to belabor the point. But the main way to think about this is whether or not you're sex assigned at birth, that sex that was given to you when you were

born, matches up nicely with your gender identity, or if they don't line up very well at all. So if your sex assigned at birth and your gender identity kind of line up, if you were assigned female at birth and 30 years later you identify as a woman, those things line up according to our common understanding of gender and sex assigned at birth, and so you'd be considered a cisgender individual. Cis meaning same. If, like me, your sex assigned at birth doesn't match who you find out you are later in life, then those things are across the gender spectrum, they don't line up super neatly. And so you might consider yourself a transgender individual, I find that the word cisgender is less commonly thought of than transgender, because we tend to think about other or things that stand out in society more than we think about how we define ourselves if we are part of the norm. But it's important to note that cisgender folks have this term, that we want to normalize the idea that your sex assigned at birth and your gender identity are two separate things. And sometimes they line up nicely, making you a cisgender person. And sometimes they don't, making you a transgender person. But all of this has been proven to be true for centuries, and so it's all just part of normal human diversity.

11:22
And then I'd be remiss if I didn't note too, that all of what I've been saying so far, kind of still is leaning on the crutch of the gender binary. The binary meaning two, assuming that humans come in two flavors, that that's it, there's only two types of human, male or female, woman or man. And largely, that's not the case now that we have a better understanding of these things. Gender is a lot more like a lot of different people all trying to understand who they are, with lots of different words, lots of different ways of expressing themselves. So the less we think about these in terms of binary, the more we can understand the great diversity that's out there among human gender.

12:05
I see that I've gotten a question in the chat. So I'm gonna take a look at this cause I love getting questions from participants. The question goes, 'I've always wondered, how does describing a gender expression as masculine or feminine work within the framework of removing gender from items or colors? Is it assuming the lens of larger society? For example, if I were to suit as a woman, does that mean my gender expression is masculine leaning, because larger society see suits as masculine? Even if I just enjoy suits?' This is a great question. And it goes into what I was just talking about with trying to get beyond the gender binary. It's sort of a nuanced question, and I love it. So when I say things shorthand, like, you know, I woke up and I picked out some masculine leaning elements from my closet so I could express myself as a man, that's all based on the assumption that society hasn't quite caught up to the idea that gender is just something we've all constructed, and that there's nothing inherent about this sweater that makes it masculine or feminine, right? Just because pink in our society has been ascribed to femininity or to womanhood, girlhood doesn't mean that's actually true. These are all things that we just made up, and we all just continue to buy into them. So we want to dismantle that idea that masculinity and femininity are inherent to colors, or to sweaters, to clothing, to hairstyles, none of that is really true. But I use it as shorthand, because until society catches on to that writ large, the way that trans folks who do identify in a more binary sense like myself, we end up having to display ourselves in terms of the masculinity that is described by society. So there's absolutely nothing wrong with a woman who just likes wearing suits. That doesn't mean that that

suit is masculine, and therefore the person wearing it is masculine. No suit is masculine, no suit is feminine. It's just the way our society has chosen to define these things. And so we can either play along or decide we don't want to, and that's really valid too. I hope that answers that question.

14:13
Okay. Off to a good start. So now, we're going to talk about some case studies. I think, people in the medical system, we all went into this field because we have some empathy and we like hearing stories. That's our founding principle, we really love stories. That's how we learn. And that's how we approach our patients. So we're going to look at some stories as a way of making sure we understand these concepts at a little bit of a deeper level. So first, I want to say these are not real patients. These are made up fictional characters, but they are imbued with a lot of realistic elements from a lot of my and my friend's real experiences. So I want to introduce you to our first patient. This is Darrow. Darrow is a 29 year old trans man who presents to an OB/GYN clinic for consultation on a hysterectomy-BSO. He's been on testosterone therapy for six years now. And had top surgery, which is the removal of breast tissue in creation of a masculine appearing chest, two years ago. So if you were to sort of close your eyes and imagine Darrow walking into an OB/GYN clinic, what kind of environment are you seeing in your mind's eye? What do you think Darrow is walking into? And if you feel comfortable, please send me your responses in the chat. I'd love to hear from you. Anyone want to share what what does an OB/GYN clinic look like? Pregnant women. Uterus posters. Lots of pink and butterflies on the walls. Lots of women, women's magazines in the waiting room, women friendly. Yes, exactly. Maybe receptionist assuming he's someone husband, he must be waiting for his partner who's a woman. Imagery will be predominantly female dominant. Pregnancy. Staff wondering which patient he's accompanying, language usage focus on women. Exactly. That's all what I was thinking as well. I was imagining this right, seeing women's health written on the door somewhere maybe, lots of magazines focused on pregnancy and babies and happiness associated with that, maybe an entire collage on the wall of babies that have been born through this office. This is sort of another way of looking at it. This is someone's dental office, they decided to really go into the idea that it is a dental office. And so you know, maybe another way of viewing his entry into an OB/GYN office is walking into a full blown vagina that he is now entering through the walls, that it's just very clearly this women's health friendly thing. And then someone else adding a point that I think is excellent that in COVID, which is the context we're all living in right now, if the receptionist think that he's there as a partner to a patient, he might be told, 'I'm sorry, we don't have partners allowed, there's no support people allowed with patients these days because of COVID.' And so he might actually be asked to leave the office before he even has a chance to express why he's there. I think that's a really smart and thoughtful response.

17:27
Alright, so we know what kind of milieu he's in. What kind of forms will Darrow get to fill out? If he gets past some of the barriers we've already listed in the chat. What kind of forms is he going to be asked to fill out? What kind of questions on those forms? Do you think?

17:44

Last menstrual period. For sure. Sexual partners, menstrual history, birth pregnancy history, pregnancy history, partners. Sure. Anything else? STI history. Sure. Birth control methods, demographics. I'm curious what we mean by demographics. What kind of questions are we going to ask to find out demographics? Sexual orientation might be on there. Anyone else? Sex, maybe not gender. Past medications. Sure. Yeah. Cancer screening specific to women, but not men. Insurance forms, exclamation point. Most forms don't ask about gender identity. Gender markers, maybe? Yeah, absolutely. So this is what I imagined when I thought about the forms. So first, you might have the person who's supposed to give him the forms looking at him and thinking, 'I have no idea what form to give you. What am I supposed to do here?' So there might just be confusion over the idea that this is a patient in this office. Often, there's a lot of confusion on forums about what sex is and what gender is. So you might have a question that says gender and the options are male, female, which are really sex assigned at birth terms, not really gender identities. But even if it does just have sex, then what is Darrow supposed to choose? If he checks off M, because he identifies as a man, and this is this form over here is asking about gender, then what do you think the nurse during the intake is going to say to him? Probably 'I'm sorry, we don't do that in this office, right?' But if he chooses F, does that mean that he now needs to be referred to as she and her and that it is going to be an entire visit built around the idea that he's not a man. So it becomes this sort of Mensa level question for him to figure out which box to check, because neither apply and either way could potentially lead to problems. And then I also note that a lot of the questions you were asking, last menstrual period menstruation, problem history, pregnancy history. All of those are very pertinent to Darrow. I mean, he's there for consultation on hysterectomy-BSO. So we can assume that he still has a uterus and ovaries, which means that he's still capable of getting pregnant even though he's on testosterone. Right? It means that, you know, we still need to know his sexual history, if he's having periods while on testosterone we can help him with that. If he doesn't want to have periods anymore, we can adjust this dose or make sure that we're doing what we need to do to get rid of his periods. So all of those are really relevant. But oftentimes on forms, particularly when it's in a sort of multi specialty form, where they print the same form, regardless of what context, those kinds of questions are listed under women only. And so again, should Darrow fill out that section or not? And then someone also noticed that there's going to be huge issues and discrepancy, potentially, between legal paperwork and his actual identity. So for insurance purposes, he's going to be asked to put down his legal name. If Darrow doesn't have the money or resources or hasn't gotten around to changing his legal name yet, then he's going to have to put down a name that doesn't actually represent who he is anymore, leading potentially, to people calling him by his dead name, or legal name, rather than the name he actually uses. I also see someone added to the chat. Also, trans men don't need to be on testosterone, so they can have entirely, quote, normal, quote, female reproductive systems. Right. So Darrow happens to be on testosterone, and he's been on it for six years. But if he wasn't on testosterone, he was a trans man who chose not to be on testosterone or couldn't be for medical reasons or a non binary person. It's possible he wouldn't be on testosterone, in which case, last menstrual period, menstrual problems, all of those questions would be still very relevant.

21:55

Okay. So how is Darrow gonna get called back? And what happens when he does? What do we think? How does that happen in offices? And what kind of room is he walking into when he gets back? They're calling out dead name. So if they read the legal name on the form, and it's different from Darrow, they're calling back his legal name, which is the wrong name. That's very possible. What else? Ms. so and so? Yep. That's a common practice I've seen in OB/GYN offices, that's meant to be a sign of respect. Ms. or Mrs. last name. Staff may stare. Yeah, I agree with that. What else? Get him the pink gown. Right? Again, even though pink is not in any way womanly, we've just decided that, we still just often have gowns with little storks on them, or flowers, or pink, to signal that you're in an OB/GYN office in case you forgot. Yeah, so I would agree with those things.

23:12
Twitter, though complicated for a whole lot of reasons, is also a great source of finding out the kind of experiences that trans people are having in their provider offices. If you search for hashtag trans health fail, you'll see a whole bunch but here's a good example, stepping into the gynecologists office for an appointment and the receptionist says you've got the wrong place. So may not actually be invited back, might be told something is wrong here. Again, we went over Mrs. or Ms. last name instead of using his first name or affirmed name. And then you know, he's sitting in this office with the stirrups out with a gown that is incredibly flimsy, and maybe feeling a little bit scared, misunderstood, unsure if he did the right thing by coming in to have this conversation.

24:03
So how could we improve this experience? If you were consulting for this office, what might you suggest to try to make the next time Darrow comes in or the next time a trans or non binary person comes in? What might you suggest for them? Preferred or affirmed name listed on form. Definitely. What else? Better forms, ask how you would like to be addressed. Absolutely. What else? Gender neutral posters and signage. Absolutely. What we say on our walls is a reflection of how we as an office view our patients and ourselves. Separate questions for gender and identity. Ask where would you like to wait. Training staff on biases. Yep, more than than just male female checkboxes and staff training. 100% agree with that. Anything else? Yeah. So I agree with a lot of that. There's a lot of different ways that you can write a form. And we could have an entire conversation just built around that. There's lots of different ways that you can ask these questions. Most commonly, there's a two step process, we have a question asking for sex assigned at birth so that you can get that question answered for your EMR or if that's part of your workflow. And then a question asking for gender identity, and making sure that you have the staff and providers who understand that someone's sex assigned at birth might be female, and then the next question asking about gender identity might be trans man or man, and that those things are perfectly consistent, and that they actually give us information on how to help someone. The other thing that you might consider on forms, when you're asking these questions that you have to ask, is just putting a little explanation next to it. Fenway Health has a really good example of this where you're asking for legal name and then right next to it, it says this is important for insurance purposes to make sure you're billed correctly, but this isn't the name that we will use, we will use your affirmed name. Training, you know, absolutely. So thank you all for being here and being part of a training. But it seems like this staff could use some

training on what to expect and what to do. You can do a transgender inclusion audit, you can take some time before the office opens or on a weekend and walk in with a worksheet and look around through the lens of trans inclusion. And you can also sort of pack that in by thinking about inclusion more broadly than that, you know, when you look at the walls, are trans bodies or non binary bodies represented in some of your posters. Are Black bodies represented? Right? Are brown bodies? Are different ability levels represented on the walls, or all the people on the walls able bodied? Taking a look at all of the sights and sounds of your clinic and trying to see how inclusive it is, and put yourself in the mind of a patient who comes in and doesn't look like the people that are present on the walls. And then some signage that actually says pronouns matter, tell us your pronouns, tell us your affirmed name, we see you and we want to take care of you. All of those things are really important. And as someone who's been in this situation, I walk into a waiting room, I walk into the exam room they put me in, and I immediately start scanning and trying to find some sign somewhere that the person who's about to walk in knows how to take care of me and my body. And it can be just as simple as say a pronouns matter sign, or we're here to take care of everybody with a little bit of a rainbow flag. So those are just some suggestions. This is not Darrow, this is Aiden Dowling, who's a trans activist and model. Are there any questions about this case before we go on?

27:57
So I'm seeing a couple of questions that were asked, would you advise to put AFAB and AMAB as separate categories on the form and a separate category for gender, and do most EMRs account for that? So AFAB and AMAB, AFAB being assigned female at birth, and AMAB assigned male at birth as separate categories and a separate category on the form. So I'm not 100% sure what this person was asking, but I usually would recommend because of the way our EMRs are built, which someone in the chat said don't get me started on EMRs and I'm going to echo that, we're not going to do a full roast of EMRs right now. But having a sex assigned at birth question is important for the way that we currently practice medicine using EMRs. But then having a separate category for gender is critical, so that you can take care of the patients the way they deserve to be treated. Are most EMRs accounting for this, I'd say not yet. My system uses EPIC and we do have a SOGI or sexual orientation, gender identity collection area, and that information then gets input to the rest of the forms, so you can use the correct pronouns and the affirmed name. But some EMRs don't quite have that yet. Can you address the legal name or dead name versus new name, you mentioned about the legal name versus new name that now represents him? Is the change of the name more symbolic since the new name can often fit into names that society deems more male or more female? So I think as everyone cisgender, transgender etc, knows, your name plays a unique role in your life. Some people feel a really deep connection to their name, some people less so some people are named after a member of their family and that means a lot to them. So names mean a lot of different things in our society. And they are also very gendered in our society. There are names that immediately if you get referred to by your legal name, the name that you were born with, and this is the case for me if I get called by my legal name or the name I was born with, people around me are going to look at me confused or immediately clock that I'm trans. And so that could potentially put me in a really dangerous situation. So I wanted to change my name, first and foremost, for safety reasons. But then also, you know, ever since I was a little kid and just coming to understand myself, I had this strange affinity for the name Kyan. I later came to find out that in another

language, it refers to the long awaited sun. And that felt so appropriate for me as someone who transitioned in adulthood. But names can mean a lot of things to people. So it can be symbolic on top of being a safety thing. Or it can be more about safety. Some people have more of what's thought of as a gender neutral name, and stick with that name. And some people have less of a gender neutral name and stick with that name, too. So it's really individual. But it's something to be careful of, because if you use a legal name that is gendered in our society, you could be potentially outing someone in an unsafe environment. Then there is one more general question, how do we account for intersex and other biological sex differences? And that, again, could be a talk in and of itself, we don't do nearly enough to recognize intersex folks and to discuss their needs. Anytime we think about human beings as being one of two different options, we are bound for failure and/or danger, right? We've learned this over and over again in our history, we other-ize people, we put them into two categories, and bad things happen. And this is true for everything about human biology, right, there's no such thing as tall people and short people. There's people who are all sorts of different heights, right? So the same is true for sex, there's not just female and male, there's a lot of different ways of presenting what we think of as biology. And it just so happens that the general population tends to gather around two separate sort of nodes, but it doesn't mean there aren't a lot of people in between. So there's a lot of people who don't quite meet all of our definitions for biologically female or biologically male, and we really need to be attentive to that as well. And the less we think of as biologically female or biologically male as two diametrically opposed, clear cut options, the less we think about that, the easier it will be for us to be respectful of intersex folks. Good questions. All right.

32:22
Just some facts. So I'm gonna review some data from the 2015 US Transgender Discrimination Survey, we were due to have another one of that in 2020. And unfortunately with COVID and everything, it got a little delayed. But so these are the latest data we have on a large group of trans and non binary folks living in the United States. And according to the US Transgender Discrimination Survey, what percentage of trans and non conforming patients experienced at least one negative experience related to being transgender in the previous year, if you had to take a guess?

32:59
So I think we have a bit of an informed and biased group here thinking that things are really bad. And so I appreciate that, in actuality, the number is 33. So you overshot it a little bit. But 33% of the respondents to that poll had experienced something negative last time they went to see a health care provider. And that could be verbal harassment, being refused treatment because of their gender identity, or having to teach their health care provider about how to care for them. All those things were considered to be negative experiences. And 33% said yes to that question.

33:35
Given the large amount of people who had really negative experiences, it's not surprising that then trans folks who had negative experiences didn't want to come back for more. So about a quarter of all the respondents on that said that they avoided seeking health care the next time they needed it, because of a previous bad experience. So this can be pretty striking. You know, there are people out there who are sewing themselves up after getting deep cuts, because

they're afraid to go into the emergency room. Or they will sit at home with a lot of symptoms, and that's obviously very relevant right now in the COVID era, where trans folks are experiencing symptoms, they are more likely to be working jobs where they're being exposed at higher levels, experiencing symptoms, and then afraid to go in to get a test, afraid to go in to seek care, and therefore developing worse COVID as a result.

34:30
All right, we're gonna move on to another case. So this is Cecilia. Cecilia is a 32 year old Latina trans woman who presents to her primary care doctor for preventive care. It's her first time engaging in care in over five years. At the very beginning of the visit, Dr. Jones, a white man accidentally uses Cecilia's legal name or dead name instead of her affirmed name because he read that EMR field first. Cecelia immediately stands up says 'I knew this was gonna happen and I'm not going to put up with this treatment.' Leaves the visit early and doesn't get any preventive care. At the end of the office session, Dr. Jones comes to find you and says, 'I made one mistake and she freaked out. I don't mind taking care of transgenders, but this is why it can be so frustrating. I hate to say it, but they're always so angry.' Okay, so we're gonna break this down a little bit. Dr. Jones is clearly feeling some strong emotions. But let's talk about what happened. So by mentioning some things in the chat, why do you think we're here? What do you think happened? Why does Cecelia respond the way that she did? Past experience, trauma response, likely had an emotional response due to traumatic stress, recurrent trauma from medical experiences, history of microaggressions. I saw someone catch that transgender the word is an adjective, not a noun. So Dr. Jones saying 'transgenders,' it definitely makes me kind of have a shake. The doctor didn't take time to review her chart. This has happened many times before, and she's frustrated. History of similar experiences and frustration. She had enough. Labeling. Yeah, I agree with all of that. Very good.

36:14
So some context. Here's what happened before Cecilia entered the exam room. So Cynthia had to take a day off of work to get to today's appointment because this office doesn't have evening or weekend hours. She's not a salaried employee so she will lose a day of pay. The last time Cecilia went to see the doctor, she was refused care because of her trans identity. While on the bus on the way to the appointment, a group of young men made suggestive comments towards her that made her feel uncomfortable. When they realized she was trans, they called her a freak, she was afraid that they might follow her and physically attack her. in the waiting room, she crossed out sex on the form and wrote gender. So you then checked the box next to F for female. Cecilia also gave her affirmed name on the form. Cecelia was told that she needed to redo the form, giving the correct answers this time. The MA insisted on using Cecilia's legal name when calling her back, which effectively outed her to the full waiting room. So with that context, I think we just further proved our theories that you all put in the chat that this wasn't a response necessarily to this one episode. Although it was definitely unfortunate that Dr. Jones use the wrong name. This is a sign that she's been dealing with discrimination for a long time. Based on her past experience the last time she went to see primary care and was refused it. She probably walked in with her shoulders metaphorically up here, just guarded against the moment when she was refused care again. And so this reaction wasn't necessarily about what Dr. Jones did, which was regrettable, but really a culmination of too much. And as someone is

correctly pointing out, she did everything that she could to play by the rules so she could be called by the right name, and the office refused to treat her the way she asked to be treated.

37:58
So I'm curious, people drop in the chat. How might you respond to Dr. Jones? Based on the role you play in your office environment, how might you try to take this on? He came up to you, he complained, he's clearly upset. How might you respond? I think we need to look at it from a patient perspective... Okay. You aren't doing her a favor, it's our mission as MDs. I think so and then explained further. So I think we need to look at it from the patient perspective as sort of a way of changing the conversation and then maybe look into this further. Mention that he didn't do his due diligence before seeing the patient, he should have apologized and used the right pronoun immediately. I hear what you're saying, have you treated trans patients before? So maybe recognize, reflect back that you hear him, he's upset, and also see if he has any experience with this before to figure out what level at which you can come at this. Explain to him what he did wrong and then educate them on how to respond next time. So different approaches, people are taking. Some of you are using some reflective language and trying to meet him where he is and some people being a bit more direct. Interesting, how much do you know about the intake process at your office? That's kind of an interesting response, finding out if he understands the process that happens before patients get to his exam room, because maybe that would help him understand it better. Suggest office wide training, explain the importance of names and effect of cumulative microaggressions. Interesting, so lots of different ways of approaching this but everyone kind of recognizing that something needs to be done here and explaining to Dr. Jones in some way the reason for this seems to be something that everyone has in common here.

39:57
I think this is also a good time to mention the word intersectionality, because we have to remember and intersectionality is a word coined by Kimberly Crenshaw to talk about, particularly Black women, and how being a woman in a patriarchal misogynistic society and being Black at the same time in a white supremacist society leads to this intersection that causes a distinct response from society. And a a distinct experience that needs to be understood. And so I think that's also relevant here. Cecilia is Latina, and she's probably experienced a lot of discrimination based on that, just given the last four years in this country. She's also a trans woman, she's of color. So all of these things are playing together. And that is playing a role in how she experiences the world and how other people respond to her, and it's also something to note here as well. And then it is important to remember that there are systemic issues here at play too. Why did the EMR have only her legal name in big, bold letters? Was there an option for an affirmed name field that the front desk staff refused to fill out? Or was the EMR just setting Dr. Jones up for failure, even if he was looking to do the right thing? And so in these moments, I like to remind people that it's a CIS-tem, rather than system, it is designed for people whose sex assigned at birth and gender identity match perfectly, and whose bodies match those definitions of our society perfectly as well. It's not designed for people like me or Cecilia. And so naturally, we walk into any patient care scenario and we're just waiting for the system to let us down in some way. Because it's meant to function in a way that will not help me get served. And so as a provider in this realm, you have to think about, what are

the ways that the CIS-tem are setting my patients up for failure? And what can I do or work with other people to do to course correct and try to inhibit that from happening. Are there any questions about Cecilia's case? This is not Cecilia, this is MJ Rodriguez from Pose, which is a great show if you haven't seen it yet. It's on Netflix. Having worked for an EMR these things can be 100% customized system wide for trans inclusive intake. This is someone who has worked for Cerner and can attest to that. And I agree, I have a lot of thoughts on how the EMR can be better. And I would like to see it be holistic rather than smaller patches, for sure. And someone says Pose is the best. Pose is the best. Okay, I agree with that.

42:37
All right, we only have 10 minutes left, but I'm really interested in getting to this next case. So this is Tai. Tai is a 26 year old non binary individual presents the emergency room with complaints of stomach pain. Tai's affirmd pronoun is they/them, though, throughout the process of checking in, being assigned a bed, and being seen by the nurse several different people use she or he when referencing Tai. Okay, so we're going to stop right there because that's not good. Right? Their pronoun is they/them and we should be using they/them not she or her interchangeably. So taking a look at this list, check all that apply for sentences that are using they/them pronouns correctly.

43:31
While people are voting, I'm going to respond to a great question that we got in the chat from the last case. Which is what are my thoughts on navigating cases like Cecilia's Dr. Jones as a medical student. And I have had medical students at my institution come to me with similar things, although not quite as egregious as Dr. Jones, fortunately, and it is very difficult as a medical student, or even as a resident, as maybe someone in the office over whom Dr. Jones has decisions about hiring, firing, promotion. There are power dynamics of play that can make it really difficult. So in those cases, if you feel like you are not safe, you know, psychologically or with your grading to directly address, Dr. Jones, there are often and there should be systems where you can anonymously lodge a professionalism complaint with your institution. The other thing that you may consider doing is going to your clerkship director or as someone who is an ally for medical students in your institution and talk to them about it and get their feedback on how you can best provide feedback without having any retaliation from back at you. I don't think that you want to be putting yourself in a place of danger to address this, but you definitely also don't want to be letting it go. And so it's okay to be aware of those power dynamics and to think about them before you act. That's a great question.

44:54
So can we share those results? So people for the most part realize that A is incorrect, right? We want to use they/them consistently when referring to Tai or a patient who uses they/them. I just saw the patient in room 23 they seem to be in a lot of pain. Absolutely correct. I'm concerned about them. Absolutely correct. They is wearing this beautiful blouse. So even though we're referring to an individual, we still just follow the the rules of grammar and use are when we use they, just because it makes it sound less awkward. But it's still perfectly fine to say they're wearing a beautiful blouse today. And then lastly, their previous experience in the ED was very negative is another correct use of them, perfect.

45:46
Alright, Tai was seen in the same ED two weeks ago when they complained of right lower quadrant pain. At that visit, Tai was diagnosed with an acute care appendicitis and an appendectomy was performed. The surgery went well, although Tai filed a complaint with the hospital shortly after, because they felt mistreated by hospital staff. They were particularly upset about the behavior of their surgeon who made jokes about their non binary identity in Tai's presence. The ED doctor, Dr. June, goes into the Tai and examines their abdomen. The doctor is professional and affirming. She asked for permission before laying hands on Tai, asked Tai for their affirmed pronoun and respects Tai's identity. When the doctor lifts up Tai's shirt, she sees that Tai's appendectomy incision is badly infected. Dr. June asks Tai when the pain started, they admit that they've been experiencing worsening pain for over a week and have also noticed swelling and drainage. Tai says that they decided to come in because they thought they had a fever and a nurse warned Tai that they really needed to come in if they got febrile.

46:47
So this is hammering home one point, but just someone drop me in the chat. Why? Why did Tai wait? Avoidant of medical experiences because of the past experience. Yeah, they're one of the 25% of people who had a really negative experience and chose to avoid getting medical care even when they are having significant pain and signs of infection. Right. So Dr. June comes to find you and tells you about the case. She's concerned that a routine procedure led to such a serious infection. She tells you that Tai became septic and is now on IV antibiotics. Dr. June expresses concern. She wonders of Tai's reluctance to come in for care reflects depression or even self harming behavior. She notes that Tai seemed checked out, apathetic during the exam. She says they just didn't seem to care about their health. Is Dr. June right to be concerned? What do you think? Okay, so some are concerned that maybe this is self harming behavior. People are concerned because this is a serious infection. People, the majority of people, the most commonly answered choice was yes, it seems as though they didn't feel it would be safe to come back, which is concerning. No, this doesn't seem like self harming behavior. Only a minority of people didn't think that this was self harming behavior. And about half of folks thought that Dr. June was right to worry because self harming behaviors in non binary folks are very high.

48:22
Alright, so let's let's talk about this a little more. So, yes, rates of suicidality, suicidal ideation, self harming behavior are high in the trans and non binary community. Again, these are data from the 2015 Trans Discrimination Survey. 40% of trans and non binary folks have attempted suicide in their lifetime, which is nine times higher than the US population, that is very high. 82% of all respondents have seriously thought about killing themselves at some point in their life. So the rates of suicidal ideation are huge, right? In addition to that, there's higher rates of HIV and higher rates of using non prescribed medications. That said, there's such a thing called trans broken arm syndrome. Trans broken arm syndrome is when a trans person breaks their arm or has a fall and thinks they've broken their arm goes in to get care, and instead of just getting an X ray and a HPI and some treatment, they get asked a whole bunch of questions about their genitalia and their sex lives. And there's all sorts of focus on their trans identity instead of just

focusing on the broken arm, which is clearly right in front of us. And so I think that might be at play here. Because instead of thinking about how Tai has this really serious infection, and last time they had this terrible experience, and it really is pretty easy to put together that they were avoiding coming back because they had been victims of this terrible episode, is more likely than jumping ahead and trying to assume that they are being avoidant of care because of self harming thoughts or suicidal ideation. And so, yes, I think it's always okay to worry and to ask questions, it's always better to ask if you are concerned about self harm or suicidal ideation. But I wouldn't make the assumption here that that's what's going on when we have a perfectly good other explanation for it. And so this is just a quote I really like, sexual orientation and gender identity are not risk factors for health problems. Stigma associated with those factors causes the problem, right? It's society's response to us that causes all of those higher rates that we saw earlier, not just being trans or non binary to begin with. And that's really important. So this is Alok V. Menon in who's a writer, performance artist, and speaker that lended their likeness for Tai.

50:47
So I hope that you took some good things away from this, I hope that it answered more questions than it raised for you. I'm available if you have follow up questions. And I really look forward to having the rest of the day to build on this knowledge as well. Here are some resources that I recommend for providers. And I also have a slide here for recommended resources for patients as well. So thank you very much for your time and attention on a Saturday morning, I really do appreciate it. And I really appreciate all of the call and response you are being willing to do.

51:31
Thank you so much, Dr. Lynch, for that presentation. We do have a few questions here in the q&a box. So the first one we received is, would you advise to put AFAB and AMAB as a separate category on the form and a separate category for gender and do most EMRs account for this?

51:50
Yes, I think I addressed that sort of live, which was breaking the rules, Mark, I'm sorry. Yeah, I do recommend having both sex assigned at birth and gender identity on forms and EMRs. Because the way the medical system is built, currently, you have to have a sex assigned at birth and populate all sorts of fields, make sure that you're doing the right preventive screenings, etc. But knowing people's gender identity and making sure everyone, regardless of whether they're trans or cis has a gender identity. I think I see a question from Gail Goodman that I haven't yet answered. Is it okay if I read that?

52:22
Sure.

52:23
In the body of the medical records, there's I think a little bit of a typo, but it's asking about legal or preferred name, and what about for children, adolescents? So I think maybe this is like a

legal question. You know, you have to use the name that the person has legally in order to meet qualifications for billing through insurance, and in order to just meet standards with your hospital. And not all trans folks have gone through the steps to legally change their names. I haven't, I have all of the resources and privilege in the world, and I haven't gone through the steps to change my name legally. Part of that, to be frank, was fear. Not to get political, but during the previous administration that if I was out protesting or something like that and I were arrested, if I had changed my gender marker from F to M on my driver's license, changed my name, that I would be put in jail or even in prison with other cis men, and that was obviously a big concern for my safety. So there can be a lot of reasons why people don't change their legal name, some of them don't have that access to a lawyer, you don't need a lawyer to change your name legally, but it is kind of a process, it costs money. If you don't have someone who can legally give you guidance, you have to publish your name change in the local newspaper, which obviously can cause safety issues. So, you know, there's lots of reasons why people don't change it. But the electronic medical record and insurances require the legal name, not affirmed name. And someone also asked me about the preferred name versus affirmed name question, which is a good one. So I can just address that quickly too. Preferred means preference. And so it's, in that case, it's similar to me saying, you know, I prefer chocolate ice cream to vanilla ice cream. Inherent in that statement is, but if you give me vanilla ice cream, I'll eat it, you know, it's ice cream. So it's a preference, but it's not an absolute right or wrong. And in this case, you know, it's not a preference that you call me Kyan, because if you call me the other name, legal name, that's gonna make me feel a lot of dysphoria and potentially is outing in front of other people, and it's just showing me that you don't respect me. So I don't prefer that you call me Kyan, I say you should call me Kyan. Right? So it's an affirmed name or name. We have to come up with all these different words to try to separate it from legal name until everyone is using terms like legal name, so that we can define name and legal name, but I like the term affirmed name because it's not indicating that's of preference. It's indicating that that is my name. I've affirmed it. It makes me feel affirmed please use it.

55:09
Would you like me to read this other one for you, Ky?

55:14
Oh, I see it now from Fei?

55:17
Yes.

55:18
Okay, so yeah, sure at this point, I don't find the terms homosexual or heterosexual as very helpful because it inserts gender identity into the answer when they are separate concepts isn't covered. So what's the best language to use your sexual orientation? Um, great question. I think, in general, the term homosexual is pretty outdated, and potentially offensive to some folks. Language is a fascinating subject. And it's constantly changing. And, you know, it means a lot of different things to different people. And in some ways it's generational, because things change over time. So there might still be people out there for whom homosexual is the term that

they used growing up, and it is the term they use. I'm currently working on the project with some elders in the trans community, and they still use the term homosexual to describe themselves. It is considered offensive to some more recent people, you'll also encounter something similar with the word queer, some folks really like that it's been reclaimed and it means something positive now, but there's still plenty of people for whom it means something really negative and an insult. So language is a bit difficult for those reasons. But I get Fei's main point here, which is that homosexual, heterosexual, inherent in that word is sexual, right? Implying that I am homo, I am attracted to people of the same sex, or hetero, I'm attracted to people of a different sex. So for that reason, it kind of ignores everything that we've learned about gender and the diversity inherent there. So, you know, the best thing to do is to reflect back the person's language to you, that's the only way you're going to know the best term to use for a given person sitting in front of you. But other more kind of recent language that is a little safer are words like gay, lesbian, in some cases, queer, although not always. Things like that, rather than homo or heterosexual and then straight, as an alternative to heterosexual. Wonderful. Yes. And then someone just asked me a question is affirm name better than preferred name? It's very much applicable. The same thing for preferred vs affirmed pronoun. So I would say my pronouns are he/him or my affirmed pronoun is he/him. Because preferred pronoun indicates the same thing. I prefer he/him but you can call me she/her. That's not the case. You can call me he/him. It's a great question.

57:45
All right. Wonderful. Well, if there are no more questions at this time, I would just like to give a great thank you to Dr. Kyan Lynch for your phenomenal presentation. And thank you so much for creating a space that is very welcoming for all our attendees to ask their questions and hopefully become more competent providers for their patients. So thank you so much for your time.

58:11
Thanks for inviting me.

[End]