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MEDICAL LEARNER

Tips for treating 2SLGBTQIA+ patients

TREAT THE PATIENT IN FRONT OF YOU[1]

Sex markers on medical documents may not reflect the patient. For transgender patients, treatment options may be better chosen based on gender rather than sex.

For example, when using glomerular filtration rate (GFR) for transgender patients, using sex assigned at birth may under or over estimate kidney function.

INTRODUCE YOURSELF WITH PRONOUNS[2]

By sharing your pronouns, you can signal to patients that you are an ally who will take their concerns seriously.

Misgendering can be very triggering for gender non-conforming or transgender patients. Opening a conversation with pronouns can help to avoid misgendering.

REFLECT ON YOUR BIASES[3]

Do you assume older female patients have children?

Do you automatically ask men about their wives and women about their husbands?

Reflect on how your language may be exclusionary to your patients' relationships and lifestyles.

TREAT THE ISSUE PRESENTED TO YOU[4]

"Trans broken arm syndrome" (AKA gender-related misattribution and invasive questioning) refers to asking inappropriate questions to transgender patients.

If a transgender patient comes in with a broken arm, unrelated questions about their gender-affirming care are invasive and unnecessary.

EDUCATION IS KEY[5]

Having open discussions with your patient is okay; there's a good chance they've done more research into their care than you have.

However, the burden should not be placed on the patient to teach you. Be aware of what you don't know, and where you can go for more information.

REFERENCES

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5. McPhail et al., 2016: Addressing gaps in physician knowledge regarding transgender health and healthcare through medical education