Title : Addressing the Relevance of Appropriate Linguistics with respect to Gender Diversity. Author : Rahul Rangan  
Affiliation : Krishna Institute of Medical Sciences, Karad.  
E-mail - rahul.rangan98@yahoo.co.in

Mailing Address - 1/563, Plot - 12, MCN Nagar Extn., Pilliyar Kovil Street,

Thoraipakkam, Chennai - 600097, Tamil Nadu, India.

Phone Number - 9404730188

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title :*

Addressing the Relevance of Appropriate Linguistics with respect to Gender Diversity.

*Abstract :*

There has been a dawdling response in the public opinion and thought process when it comes to rendering mutual respect to individuals of all gender identities. The groundwork for better protection laws from the discrimination shown by the public has improved marginally, yet there is a lag which is found to be caused by the major deficit in the translation of these enforcements into actuality. The unconscious bias shown by the communal marginalisation of the LGBTQ+ population in the nation manifests by negatively impacting their psyche. The very ethos of this article is to provide insight into the strife and peril that these individuals face on a daily basis and for us as health care professionals to develop an empathetic attitude towards patients so as to deliver the basic fundamental rights they deserve.

*Introduction :*

Over the years, we have seen multiple gender reforms being taken up by governments with the ethos to provide equal opportunity to every citizen so as to help them overcome the societal discrimination they face in turn delivering them the fundamental human rights they deserve. These improvements though a long time coming, haven’t yet transfigured into reality and haven’t manifested into the societal way of living. This gaping hole in the translation of these laws into living is mainly due to the major deficit in acceptance and the high prevalence of discrimination based on sexual orientation and gender identity (SOGI).

When we talk about how the medical fraternity is related to this, it touches on the core element of the doctor - patient relationship which is to develop a healthy connection with the patient where the patient feels safe enough to confide in the physician and entrust them with information regarding their current ailment. How is the patient meant to do that when the physician shows a lack lustred attitude towards addressing the patient with the appropriate gender?

With the rising awareness about gender identity in society, citizens are having a more holistic understanding about the gender they truly identify with, which might not necessarily be the gender that meets the eye. Many citizens are fortunate that their visible gender is the one they associate with. Yet, not everybody is as privileged. Patients who are referred to with the wrong personal pronouns can feel mocked, alienated and are less likely to open up to the doctor**[1]**. Therefore, building a wall between the doctor and patient leading to a communication gap in their correspondence.

Hence, by taking an active interest in using someone’s appropriate gender pronouns will not only reinforce the patients’ trust in the physician but also will help the patients’ in communicating better by creating a space where they feel safe enough to talk about their problems openly.

*Understanding Gender Pronouns :*

There is a dire need for the healthcare workers of today to develop a better understanding on the appropriate diction required when dealing with a patient. This comes in handy so as to not offend or make presumptuous assumptions about someone's gender. *Table 1* provides a means for this by tabulating the terms imperative for a health care professional.

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Term** | **Definition** |
| **1** | **Birth Sex or Sex** | Sex as determined by biology (male, female or intersex), is assigned at birth, based on the anatomy of the child. |
| **2** | **Intersex** | Intersex is a term used for a large number of conditions in which a person is born with a reproductive or sexual anatomy which doesn’t necessarily fit into the standard definitions of female or male. |
| **3** | **Gender** | The outlook, feeling, and behaviour that a given culture associates with a person’s biological sex |
| **4** | **Agender** | A term used for a person whose gender identity or expression does not align with the premeditated gender norms. |
| **5** | **Gender Identity** | A person’s inherent sense of gender, independent of the sex assigned at birth, sexual characteristics and the gender of whom the person is attracted to. |
| **6** | **Gender Expression** | An individual’s manner and style of display, including physical appearance, clothing choice, etc., and behaviour that conveys aspects of gender or gender role. Which does not necessarily conform to a person’s gender identity. |
| **7** | **Gender dysphoria** | The psychological conflict that may arise between a person’s gender identity and that person’s sex assigned at birth. |
| **8** | **Gender questioning** | The questioning of one's sexual orientation, sexual identity, gender, or all three who may be processing, questioning, or exploring how they want to express their gender identity and are concerned about applying a social label to themselves. |
| **9** | **Gender non-conforming** | An ambiguous term referring to people who exhibit behavioral, cultural, or psychological traits that does not conform to the traits typically associated with one's sex. |
| **10** | **Cisgender** | An individual whose sense of gender matches the sex they were assigned with at birth and their personal identity. |
| **11** | **Transgender** | A vague term used to delineate a difference in the gender identity and assigned sex at birth. |
| **12** | **Genderqueer** | A person whose gender identity or expression lies outside the premeditated gender binary. |
| **13** | **Transgender Man/Transman/FTM (female to male)** | A person whose assigned sex at birth was female, but whose gender identity is male. |
| **14** | **Transgender Woman/Transwoman/MTF (male to female)** | A person whose assigned sex at birth was male, but whose gender identity is female. |
| **15** | **Transitioning** | The medical, legal, or social process that a person may go through to live outwardly as the gender with which they identify with, by coming in accord with one's internal sense of gender identity. |
| **16** | **Gender-affirming care** | Treatments which are employed to alter bodily characteristics so as to better align with ones gender identity and expression. |
| **17** | **Sex reassignment surgery/Gender reassignment surgery** | Surgical procedures used to change the person's anatomical or physiological appearance and function to better align it with the persons identified gender. |
| **18** | **Transphobia** | It incorporates a range of negative attitudes, feelings or actions towards people whose gender identity or expression does not conform to their sex assigned at birth. |
| **19** | **Misgender** | Addressing a person using pronouns which might not correctly reflect the gender with which they identify. |
| **20** | **Sex stereotypes** | Stereotypical notions of gender expectations on how individuals represent or communicate their gender to others, such as behaviour, mannerisms, etc. based on expectations related to the appropriate roles of a certain sex. |
| **21** | **Sexual orientation** | It refers to the person's sexual identity in relation to whom the person is attracted to romantically or sexually. |

*Table 1 : Terms and their definitions for understanding gender diversity.****[2,3]***

The a line of reasoning for needing to know these terms is mainly since the drawback is about language and not gender. Health care professionals tend to see it as a change in the customary semantic but it rather is an empathetic attitude which needs to be adopted by us.

Titles play an important part in the linguistics which are required for improvement of transgender care. Many titles have been employed to provide a gender inclusive society. One such designation which was added to the Merriam-Webster Dictionary in 2016 is of “Mx.”**[4]** which is a gender-neutral honorific but could be misinterpreted for the word “Mix” but does not imply a “mixed” gender. Another such honorific “RP” which stands for “Respected Person” was proposed by *Alexander Ladenheim, et. al.* **[2]**with the reasoning that it did not define or imply the gender or the marriage status of the individual and could be used over a larger sector of individuals. Therefore, by adopting and implementing these titles in daily practice we can provide for a more healthful approach to improving transgender care for patients.

*Implementation :*

Despite it being a herculean task to change the current norms of medical practice, respect is one of the cornerstones of medicine and is a right which should be given to every patient. Therefore by adopting a compassionate outlook we can facilitate a comprehensive doctor patient relationship.

This starts by creating a welcoming environment that is inclusive for all patients - gender alike. By making certain that waiting rooms and common areas in hospitals have posters, pamphlets, etc. on LGBTQ+ can act as a stepping stone in reflecting a supportive surrounding.

Hospital databases should be upgraded to include data collection on self-reported gender identity during registration or admission. This information should not be coerced and should be given voluntarily by the patient. The appropriate staff should be trained in obtaining this information and privacy on these matters is paramount.

On approaching the patient, assumptions based on one’s appearance, behaviour and other superficial factors should be strictly avoided. The patient can be directly asked for their name and preferred pronouns or during introductions the doctor could themselves mention their affirmed pronouns and could ask the patient to reciprocate. It would be better to ask for the patient for their pronouns during the time when their parents/guardians are not in the room and the individual’s decision to provide information should be respected. The Health care professional should abstain from revealing the patients’ gender identity and pronouns in front of others without their consent.

Other gestures such as including gender pronouns to e-mail signatures could be small but powerful steps in improving inclusivity. It brings cognisance to matters that might be overlooked by individuals. Gender inclusive discussions via support groups are initiatives which can further educate individuals on the importance of self identity.

The recommendations discussed above can not only help improve the inclusivity provided by health care professionals but also will yield the fundamental rights that these patients deserve.

*Relevance to the current day situation :*

The juxtaposition that we have placed ourselves in is jarring. On one hand we want to bring about change while on the other we aren’t willing to make small changes in our everyday lives to bring this so called change into a reality. When a patient we know who identifies with a particular gender is being labelled according to what society deems fit to be a gender, directly violates the fundamental rights of liberty and freedom of expression of that person.

Medical record systems have been routed to charting individuals according to the gender binary and does not include the entire spectrum. Even a small slip up from the health care professionals on addressing the patient can be a vivid reminder of all the challenges faced by these patients who are trying to thrive with the gender they identify with.

Currently the course of action being taken up by health professionals lacks the required LGBTQ+ inclusivity, rendering these hospitals as hostile environments for them. Gradually we are attempting to detach ourselves from ignorantly labelling individuals to understanding the relevance of gender diversity.

*Critique :*

For most this exercise might seem whimsical and unnecessary. But in this day and age where people are fighting for their rights and freedom of expression, it is called for that a person has the right to identify with whatever gender they feel comfortable with and in turn should be worthy of respect from society.

The critique surrounding gender pronouns also emerges when health care professionals ask the patient for their specified pronouns. This is because it could make the patients feel prematurely judged (since they identify with the gender they were born with) and compelled to share the gender they identify with. An easy way out of this predicament is by sharing your own pronouns first, which leaves the patient with the choice to share theirs without making it obligatory.

*Summary :*

In the current healthcare system there is a lack of mutual respect. For maintaining a good and healthful clinical experience for the patient, every aspect of the patient should be held in high regard.

The ideal way to gather information on someone’s name and pronouns is by asking the patient directly or introducing yourself in such a manner you include your pronouns and give the patient the option to voice theirs in a setting comfortable to the patient (in some cases in the absence of the parents/guardians from the room).

Consent is another aspect which needs to be acknowledged. The patient decides the surroundings in which the appropriate pronouns should be used. This is in regard to patients who are still questioning their gender and are not comfortable with everyone knowing about it or have not informed their parents/guardians about the same.

By proper implementation techniques, the health care set up can be made a comfortable place for the patient to voice their problems. Simple methods such as adding pronouns to email signatures, business cards, etc. can bring out the importance of using pronouns and can set the doctor as an ally for LGBTQ+ patients and families making them feel more welcome.

Finally the matter boils down to it being a perception of ourselves and others with language laying the foundation. By making an effort to rectify our words and make it fundamentally correct by respecting ones beliefs and choices, we are displaying true equality.

*Conclusion :*

Gender-neutral pronouns if used accurately could help reduce the psychological burden faced by patients and is effortless to execute impacting the life of the patient in a positive manner making for a healthy environment.

*References :*

1. Moleiro C.; Pinto N.; Sexual orientation and gender identity: review of concepts, controversies and their relation to psychopathology classification systems. Front Psychol. October 2015; 6: 1511.
2. Ladenheim A.; Wormser G.P.; A New Gender-Neutral Honorific: 'RP'. The American Journal of Medicine. August 2019; 132(8) : 902 - 904.
3. American Psychological Association. Guidelines for psychological practice with transgender and gender nonconforming people. Am Psychol. December 2015; 70(9) : 832 – 864.
4. A Gender-Neutral Honorific - Mx: Words We're Watching. Merriam-Webster. <https://www.merriam-webster.com/words-at-play/mx-gender-neutral-title>.