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Health Care for Transgender Patients: Medical Education and Patient   
Access   
   
   
   
   
   
   
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 Background   
   
A transgender individual is someone who does not identify with the sex they were assigned at   
birth (1). Conversely, cisgendered individuals are those who identify with their natal sex.   
Anyone may experience gender dysphoria - discomfort or distress caused by the discrepancy   
between gender identity and natal sex, gender role, and primary and secondary sex   
characteristics (2). Trans gender persons may also be seen by society to portray gender   
nonconformity , referring to the extent to which a person’s gender identity, role or expression   
differs from prescribed cultural norms of a particular sex (2). Although gender dysphoria is a   
medic al diagnosis established in the Diagnostic and Statistical Manual of Mental Disorders   
(DSM -5) (3), the concept of gender nonconformity itself is a societal construct influenced by   
cultural perceptions and stereotypes of binary genders.   
   
It has been though t that transgender individuals comprise a small minority of the population.   
Unfortunately, there is a paucity of Canadian demographics on the prevalence of transgender   
people. However, two state -level population -based surveys identify 0.3% of adults as   
transgender in the United States, translat ing to approximately 700,000 individuals ( 4).   
Although not everyone may identify as transgender or have taken actions to transition, it is   
possible that 0.5% to 2% of the American population have strong feelings of be ing   
transgender ( 6). As a minority group, transgender individuals f ace many societal challenges   
that negatively affect their mental and physical health .   
   
The Minority Stress Model posits that social stigma from being a part of a minority group   
negatively affects mental health (2 7). A high prevalence of clinical depression (44.1%), anxiety   
(33.2%), and somatization (27.5%) were documented in a cohort of 1093 male -to-female   
(MtF) and female -to-male (FtM) transgender persons ( 7). Establishing a trans -positive   
atmosphere in health care is crucial as an estimated 36% of transgender Ontarians experienced   
suicidal thoughts over the past year, and 10% attempted suicide during that time ( 8). This   
disheartening rate of attempted suicide is further supported because 61% of MtF transgender   
individuals and 66% FtM transgender individuals report experiencing depressive symptoms at   
levels consistent with major depressive disorder ( 9-10). Two-thirds of transgender Ontarians   
will avoid public spaces for fear of harassment, prejudice, discrimination , and violence. H alf   
of transgender Ontarians have avoided three or more types of public spaces, most commonly   
washrooms (1 1). These data can be extrapolated to the remainder of Canada, and point to the   
danger and adverse consequen ces of social marginalization and stigmatization of this specific   
population.   
   
In addition to mental health, transgender individuals may also face additional physical illnesses.   
Many transgender individuals are at increased risk for HIV/AIDS and other sexu ally   
transmitted infections (STIs) (1 2). Transgender individuals are more likely than non-  
transgender individuals to be uninsured and to postpone medical care due to lack of insurance   
and health care practitioner discrimination (1 2); the greatest risk of postponing medical care is   
seen in FtM s.   
   
Since identifying oneself as transgender can be socially stigmatizing, many transgender   
individuals hide their gender identity from health care providers (1 3). Transgender individuals   
visiting the emergency depart ment encounter disproportionate discrimination, manifest as a

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 lower level of health care provision and invasive or insensitive questions regarding their   
genitalia, transition status, and sexual practices (14, 16). The Trans PULSE Project recently   
questione d 408 participants (195 MtF and 241 FtM participants) and found that an estimated   
21% of transgender Ontarians avoided emergency rooms during a medical emergency (15).   
Of the respondents who sought out medical treatment, 52% said they encountered a trans -  
specific negative health care experience (1 5). Negative experiences included the following :   
emergency physician s telling patients they do not know enough about transgender persons to   
provide care, postponement of care, refusing to examine certain par ts of a transgender   
individual’s body , and use of belittling or harassing language towards the transgender patient   
(15). Twenty -one percent of transgender adults report experiences of verbal discrimination ,   
and 8% of transgender adults report that health p roviders were “physically rough or abusive”   
(17).   
   
Physician education on the topic of transgender health can improve access for transgender   
patients. Hormone treatments for transitioning have been shown to be safe and effective when   
following an evidence -based -protocol (2 4), and it has been demonstrated that 43% of the   
transgender population in Ontario uses hormone therapy (2 5). Of those, a significant   
proportion reported using hormones obtained from a non -medical source, and around one   
quarter stated they had in the past used non -prescribed hormones (2 5). This suggest s   
inadequate access to treatments for transgender patients living in Ontario, leading patients to   
turn elsewhere for services they need (2 6). Lack of proper medical follow -up for patients   
taking hormonal therapy can lead to serious side -effects (2 5). A major factor contributing to   
this lack of access is inadequate physician education (2 6).   
   
Statistics from 11 Canadian medical schools show a median of 4 hours spent in pre -clinical   
education on lesbian, gay, bisexual and transgender (LGBT) topics, ranging from 0 to 13 hours,   
and a median of 0 hours spent in clinical education on LGBT topics, ranging from 0 to 3 hours   
(20). Furthermore, only 4 of 9 Canadian medical schools’ pre -clinical courses provided material   
on LGBT safe sex issues (21). Because such a small amount of time is dedicated to LGBT   
education in the curriculum, it seems unlikely that sufficiently comprehensive education and   
training is provided on the topic of transgender health care. Education on transgender health   
care is significant, as transitioning involves surgical and/or hormonal interventions, and the   
progression is often accompanied by psychological support therapies and programs, so   
transgender patients will have several interactions with medical professionals.   
   
It is extremely important to provide proper medical education and cultural competency   
training to medical learners around the topic of transgender health care. In August 2014, the   
Canadian Medical Association (CMA) passed resolutions advocating for comprehensive and   
high-quality care for transgender patients, supporting the position that all adolescent and adult   
persons have the right to define their own gender id entity, and amended a portion of the CMA   
Code of Ethics such that gender identity and gender expression are protected from   
discrimination when providing medical services (19). Additionally, they highlighted the need   
for sex and gender diversity education i n medical school curricula and programs (19).   
   
This is an area where advocacy must strive toward creating important and necessary changes   
for the future of transgender health care.

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 Principles   
   
1. All health is Global Health.   
   
2. Identifying as transsexual, transgender, or gender -nonconforming is a matter   
of diversity, not pathology.   
 It is important to note that gender nonconformity is not in itself a mental   
disorder.   
 The clinically significant distress associated with gender dysphoria is often a   
construct of the Minority S tress Model and cultural expectations rather than   
an inherent complication of identify ing as a transgender individual.   
   
3. It is unjust for transgender individuals to disproportionately encounter   
discrimination in health care setti ngs.   
 Transgender patients report invasive and insensitive questions,   
postponement of care, and health care providers with inadequate medical   
knowledge of transgender health care.   
 Data support the avoidance of emergency rooms by transgender patients due   
to the d istress of previous experiences.   
   
4. It is important to address barriers to health care for transgender patients .   
 The CMA calls for patients to be protected from discrimination based on   
gender identity and gender expression when providing medical service .   
 At a minimum, medical students should be aware of the barriers to health   
care for transgender patients .   
   
5. Medical Education can be improved to enhance specific medical knowledge   
and cultural competency skills to benefit the transgender community.   
 There is a dearth of content on LGBT health care in most undergraduate   
medical education (UME) curricula .   
 Educating pre -clerkship medical students on the barriers faced by   
transgender patients seeking health care will contribute to more positive   
interactions with transgender patients .   
   
Recommendations   
   
1. Include more pre -clinical and clinical hours addressing the specific medical   
needs of transgender patients in UME curricula .   
 Medical students should understand the possible surgical, hormonal and   
psychiatric needs of a patient who is considering transitioning, is undergoing   
transition , or who has previously transitioned.   
 All physicians should be educated about transition -related hormone   
treatment, because 2/3 of trans gender patients taking hormones receive   
them from t heir family doctor (24).

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  Clinical exposure to the LGBT community has reduced prejudice and   
discriminatory behaviour directed towards the LGBT community and should   
be encouraged .   
 Local advocacy at each UME office will help attain maximum efficiency to   
accomplish the goals of establishing a medical student body that is   
competent to address the needs of this specific population.   
   
2. Expand upon the informal education of medical students to further advance   
health care equity for transgender individuals.   
 Utilize the CFMS Vice President of Global Health, the National Officer of   
Reproductive and Sexual Health, and the Local Officers of Reproductive and   
Sexual Health to provide instruction to students outside the curriculum.   
 There are many online tools to provide edu cation seminars on the topic of   
transgender health .   
o The AAMC recently published a report titled, “Implementing   
Curricular and Institutional Climate Changes to Improve Health Care   
for Individuals Who Are LGBT, Gender Nonconforming, or Born   
with DSD” and pro vides education and case scenarios that can be   
used by student leaders to educate their peers (1 7).   
o The National LGBT Health Education Center published a public   
document entitled, “Affirmative Care for Transgender and Gender   
Non-Conforming People: Best Practices for Front -line Health Care   
Staff” which can also be used for seminar purposes (2 3).   
 Although clinical exposure and experience is the best modality to help   
students become competent in cultural sensitivity, didactic learning from   
presentations o r informal discussions organized outside the medical curricula   
can also help students develop skills to treat transgender patients with respect   
and knowledge .   
   
3. Establish the importance for all medical students, residents and staff   
physicians to become more transgender -friendly .   
 All health care workers can be educated about gender -neutral language and   
receive transgender -specific sensitivity training.   
 Make it known that there are anonymous reporting modalities to hold   
discriminatory health professional s accountable for poor care.   
 Train providers in provincial billing for trans -specific health procedures   
through the aid of online resources ; it is necessary to understand how to bill   
a legally documented male (FtM) for a pap smear or a legally documented   
female (MtF) for a prostate exam.   
 Intro duce the concept of hospital in take forms that allow patients to self -  
identify preferred gender status, which is shown to invite more transgender   
patients to reveal their transition history.   
 Encourage the development of trans -friend ly environments through posters,   
diversity statements , and ally buttons worn by health care providers, and   
support implementation of transgender -inclusive electronic medical records   
(28).

# Summary

Transgender individuals are more likely than non-  
transgender individuals to be uninsured and to postpone medical care due to lack of insurance   
and health care practitioner discrimination (1 2); the greatest risk of postponing medical care is   
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