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# 10 Patient-Centered Questions for Clinical Encounters with Transgender Patients

Blossom Kim, PA-S2

## Abstract

Transgender (TG) individuals face extensive barriers to care that result in detrimental health disparities and increased prevalence of certain medical conditions such as mood disorders, HIV, and substance abuse. Existing research details multiple approaches to aid healthcare providers in reducing these disparities, but they tend to either generalize the transgender community or provide a surplus of information that may potentially overwhelm healthcare providers. This best practices review aims to provide clinicians with an approach that includes 10 patient-centered questions in hopes of improving patient-clinician rapport and addressing the main disparities and health concerns a TG patient may have.

## Introduction

A transgender (TG) individual identifies as a gender that differs from their biological sex <sup>1</sup>. Because gender identity has not been widely surveyed, only estimates have been made regarding the prevalence of TG people. A 2017 meta-regression model approximated this number to be about 1 million people in the United States <sup>2</sup>. Despite this, TG individuals face extensive poverty, domestic and sexual abuse, homelessness, discrimination, and decreased access to health care. Additionally, they experience a plethora of detrimental health problems, including an increased risk of HIV, mood disorders such as anxiety and depression, substance abuse, suicide, and risky sexual behaviors <sup>2-11</sup>.

Misgendering, misinformation about transgender people, stigma in healthcare settings, and lack of understanding TG needs are several factors that contribute to the health disparities TG patients face. Research shows that misgendering TG patients causes subpar patient-clinician relationships <sup>10-12</sup>. Several studies have posed optimal ways in which to include gender identity into electronic medical records (EMR) in hopes to make TG patients feel more accepted in medical environments; unfortunately, implementation has not been widespread <sup>10-12</sup>. Likewise, bias against TG patients is common among healthcare professionals <sup>3-6</sup>. Of 6,450 TG and gender non-conforming participants, 16% and 25%, respectively, reported being harassed or disrespected in an emergency department and doctor's office or hospital <sup>4</sup>. Clinicians' lack of understanding TG culture also contributes to TG people opting out of health visits that could reduce the aforementioned health problems they disproportionately face <sup>3-4</sup>. For example, clinicians misclassify "transgender" as a sexual orientation rather than a gender identity and frequently require patients to educate them on TG identity <sup>2-3,6</sup>. Another disconnect between TG patients and their clinicians is that clinicians worry they will offend their TG patients if asked about their gender identity (GI), while most surveyed patients understood the importance of these questions <sup>13</sup>.

TG individuals in the United States are underrepresented, understudied, and face a multitude of health risks at greater proportions <sup>2-11</sup>. Therefore, it is crucial for primary care providers (PCPs) to not only be conscientious of TG health disparities but have effective tools to help combat them. This best practices review aims to use existing literature on TG health disparities to

support the clinical use of 10 patient-centered interview questions meant for healthcare providers to establish rapport, exhibit cultural competency, and address TG concerns.

## **Methods**

This best practices review was conducted using the database, PubMed, with supplemental literature from sources including Centers For Disease Control (CDC), UpToDate, and GLAAD. The CDC and UpToDate were included because both are commonly used by healthcare providers. GLAAD was included because it is an organization led by LBGT+ people, and was considered optimal for defining transgender terms for clinicians.

In PubMed, the keywords used were “transgender health disparities,” “EMR gender,” and “transgender stigma.” For the CDC, UpToDate, and GLAAD, the keyword “transgender” and “transgender health screening” was use.

All participant ages and geographic locations were acceptable. All study types with the exception of case studies were included.

## **Research**

Currently, studies exists that detail TG health disparities at length. Common themes include lack of proper gender representation and understanding of specific TG-related concerns, poor cultural competency, stigma in healthcare, increased risk for familial rejection, and a multitude of health problems. The following 10 patient-centered questions were created using existing research on TG disparities, health risks, and various posed approaches aimed at reducing them.

*“How would you like me to address you?”*  
*“Do you have preferred pronouns you would like me to use during this visit?”*

Unfortunately, many hospitals do not routinely ask for a patient’s gender identity, pronouns, or preferred name and rather, utilize identification cards (ID), i.e. driver’s licenses, to enter data into electronic medical records (EMRs) <sup>10-13</sup>. However, the process of legally changing one’s name and gender is arduous, so many TG patients’ forms of identification do not reflect their real identities <sup>10</sup>. In one survey, only 10% of participants had IDs that reflected their preferred names and genders while 16% who showed IDs that did not match their gender identity were denied services <sup>15</sup>.

The Joint Commission, Institute of Medicine, and the Health Resources and Services Administration all assert the importance of implementing social orientation (SO) and gender identity (GI) into EMRs to benefit the LGBTQIA+ community. Recommendations on how to include SO/GI include adding these questions into registration forms, having clinicians validate the data and update it as necessary (Ask, “How would you like to be addressed” <sup>16</sup>), and customizing EHRs to include SO/GI data fields <sup>10</sup>.

Benefits to proper gender representation include increasing visibility of TG patients<sup>10, 16</sup>. Russell et al showed that the ability to use chosen names in one additional setting, i.e. school, healthcare, home, was associated with 5.37 times less likelihood of depressive symptoms<sup>17</sup>. Additionally, many TG patients report their biggest fear is being called by the wrong name in health care settings<sup>12</sup>. Proper documentation in EMRs can provide an effective way to ensure correct pronouns and names are used during encounters, which may be simple for clinicians, but very meaningful for their TG patients.

*“I do not have many TG patients, but I want this clinic to be a supportive and safe place for my trans patients. Do you mind if I ask you how your experience has been thus far and, if negative, do you have any suggestions for how we can make you feel more comfortable?”*

Many TG individuals report being denied medical care due to being transgender<sup>3</sup>. In a study of TG and gender non-conforming participants (n=6,450), 16% reported being harassed and 25% reported being disrespected in an emergency department or doctor’s office<sup>4</sup>.

Cultural competency training for healthcare workers may prove to be a viable way of combating stigma against TG patients. A systematic review identified educational programs aimed to reduce bias against LGBTQ patients and found that the most effective methods were bias-focused educational interventions, intergroup contact, and experiential learning interventions<sup>18</sup>. The CDC also recommended hiring TG people as educators to expose health care workers to their perspectives as a marginalized group<sup>16</sup>.

Because many TG patients have experienced stigma in healthcare environments, ensuring one’s practice is TG-friendly is crucial. For example, the inclusion of all-gender restrooms may help TG patients feel more welcome<sup>10, 16</sup>. In one survey, 59% of respondents reported avoiding the use of public restrooms and 52% admitted to avoiding food or drink to accomplish that<sup>15</sup>. Similarly, the use of brochures, pamphlets, and images that showcase diverse people may aid in providing a safe environment for TG patients<sup>16</sup>.

Unfortunately, derogatory terminology against TG people is commonly used and clinicians are susceptible to integrating them into their own vocabulary. GLAAD and the CDC have glossaries filled with important terminology, misused terms, derogatory terms, etc. and recommendations on how to effectively speak to TG people without offending them<sup>16, 19</sup>.

*“Are you comfortable discussing your current anatomy so that I can best tailor this visit to you?”*

*“Are you interested in, or already on, any hormone therapy?”*

*“Have any of your prior PCPs discussed gender confirmation surgery with you?”*

One Philadelphia-based study (n=350) showed that 20% of TG participants needed to educate their PCP on their specific needs<sup>3</sup>. It is important to ask these questions, not only to establish

trust and rapport, but to open up a larger discussion on a TG patient's personal desires regarding utilizing therapy or surgery to confirm their gender. Additionally, the questions aim to not generalize, but individualize, TG patients.

In the 2015 U.S. Transgender Survey (n=27,715), 95% of TG respondents reported wanting hormone therapy while only 49% reported receiving it<sup>15</sup>. Importantly, this data illustrates that not all TG patients want hormone therapy and that not everyone who wants hormone therapy is able to receive it.

Posing a question regarding the use of hormone therapy is also crucial because individuals are at higher risk of VTE and breast CA with estrogen therapy and of erythrocytosis and dyslipidemia with androgen therapy<sup>23</sup>. Clinicians can offer further screening and monitoring with this knowledge.

*“The CDC recommends STI screening at least annually and more frequently if you have sex with multiple partners, share needles, or practice specific kinds of sexual acts<sup>22</sup>. Do you feel comfortable sharing your sexual history with me?”*  
*“If you currently have a partner, are you satisfied with your relationship?”*

Clinicians commonly use USPSTF guidelines for determining routine healthcare screenings, but an article in JAAPA argued that existing guidelines may not sufficiently apply to TG patients<sup>20</sup>. Because nearly 1 in 10 TG people have HIV, and in 2017, new HIV diagnoses reported to the CDC were 3 times higher in TG people than non-TG people, extra emphasis should be placed on screening TG patients for STIs<sup>21</sup>. As such, it may be necessary to personalize screening frequency based on an individual TG patient and their sexual behavior, especially with the understanding that TG patients are at a higher risk for STIs and substance abuse<sup>2-11, 20</sup>. Schmidt et al provided an STI risk assessment that can further aid clinicians in determining the need for more frequent or specific screening<sup>20</sup>.

Also, 40% of TG people have attempted suicide compared to 4.6% in the U.S. population, 47% reported being sexually assaulted in their life, 54% admitted experiencing intimate partner violence, and 29% have admitted to using illicit drugs<sup>15</sup>. Therefore, utilization of the various screening modalities for depression, SI, and domestic abuse is extremely important for this population.

*“Do you believe you have adequate social support?”*  
*“Are there any resources you would like that haven't been discussed yet, such as counseling?”*

Many TG individuals experience familial rejection in their lifetime, so it is important for clinicians to ask TG patients about the level of social support they endorse<sup>3</sup>. Specifically, sexual minorities with increased levels of family rejection have a higher prevalence of suicide attempts, depression, illicit drug use, homelessness, and risky sexual behaviors while those with family

support have higher self-esteem and better overall health <sup>6, 24-26</sup>. Additionally, one study found that high levels vs low levels of family acceptance were associated with almost 50% less prevalence of suicide attempts <sup>24</sup>. Similarly, 52% of respondents who reported supportive families vs. 38% who reported unsupportive families endorsed excellent health <sup>15</sup>.

Questioning TG patients about their desire for counseling/therapy is also crucial. Of nearly 28,000 survey participants, 77% reported wanting counseling or therapy, but only a little more than half (58%) reported receiving it <sup>15</sup>. The CDC recommends that clinicians have lists of available resources, such as employment and housing services, support groups, counseling, and community groups, available to their TG patients to meet these needs <sup>16</sup>.

### **Limitations**

A major limitation to this study is that the 10 patient-centered interview questions have not been studied in regards to their efficacy, but rather were compiled taking into consideration prior research on TG health disparities. Additionally, with the inclusion of numerous surveys, sample bias is present.

### **Conclusion**

Pre-existing research provides approaches for best serving TG patients in primary care setting, but not every TG patient will respond or request the same things out of their clinicians. Therefore, this questions-based approach is a patient-centered way of potentially bridging the gap between provider and patient. The goal of using these 10 questions is for a clinician to be able to showcase to their TG patient that they are culturally competent, educated in TG disparities and health risks, and want to tailor their care to the TG patient on an individual basis.

This is especially important because clinicians are only granted a limited amount of time with their patients, making it difficult to meet each concern a TG patient may have. TG patients may be less likely to seek medical care, so it is imperative for clinicians to maximize a single health encounter. Asking these questions as part of the interview with TG patients is one way for clinicians to ensure they have made the most of a single clinical encounter.

Future research should involve utilizing these questions in clinical settings to determine their quantitative efficacy and to obtain feedback from TG patients in regards to their sensitivity, relevancy, and diction.

## Resources

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