

# Trans ally, always: my commitment to patients, colleagues, and the community

## REFLECTIONS

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#### *Conflicts of interest:*

*I am a student representative for  
GLADD, The Association of  
LGBTQ+ Doctors and Dentists, who  
are working in partnership with BSDJ  
on this BSDJ LGBTQ+ supplemental.  
I am a Cardiff University medical  
student.*

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Over the past few years, I have become ever more aware of the need for trans allies to be visible and proactive in society. I believe that this is particularly pertinent within healthcare. However, it would be remiss of me to not acknowledge the limits of my allyship, and the importance of intersectionality. Although I am a bisexual woman, I am cisgender, white, and able-bodied, so cannot compare my experiences to those of people with disabilities, transgender people, and people of colour. Nor can I truly understand how the intersecting facets of such identities impact on peoples' lives and experiences of healthcare. (1, 2) What I can do, though, is reflect on how these people need me to optimise my allyship; I can use my privilege to uplift their voices and encourage others in healthcare to be passionate allies, too. As a patient, I have experienced the breakdown of a therapeutic relationship with a doctor because of my sexuality; for me, this was simply a minor inconvenience. The health disparities and discrimination in healthcare settings that my trans friends, colleagues and patients often experience, though, can have dire consequences. (3)

Since starting medical school, my circle of beautiful LGBTQ+ friends has widened; therefore, so too has my understanding, appreciation, and defence of trans identities. A series of fortunate events have allowed me to shadow inspiring gender clinicians and GPs with a special interest in the area, as well as attend a trans healthcare conference and local social groups. However, these were facilitated independently, as opposed to being part of the curriculum. I am extremely grateful for the generosity of the trans individuals that I have met for sharing their often-harrowing experiences in healthcare with me. My commitment to being a trans ally in my personal life has evolved into a professional aspiration to care and advocate for trans patients to the best of my ability, a view which a great many clinicians share. While healthcare students and professionals have a responsibility to strive to provide the very best care for all patients, this is especially important when caring for patients from

marginalised groups, who are frequently discriminated against. We should be far beyond a situation where trans people need to create and share a list of local GPs to trust and to avoid, as some individuals in my local area have resorted to.

There have been many studies which have explored trans people's experiences in healthcare. While these experiences have not been universally poor, common and concerning findings include healthcare professionals persistently misgendering or 'dead-naming' trans patients, and acting as gatekeepers to them receiving gender-affirming care. (4) This is compounded by the vulnerability that trans patients can feel when navigating a deeply cisnormative and gendered healthcare system. (5) Furthermore, the burden of teaching healthcare professionals about trans health is often placed on the shoulders of patients during their own appointments, (4) resulting in them needing to take on the role of an educator at a time when they are seeking help. Anecdotally, I have met trans patients that feel deeply frustrated and infantilised because it is not uncommon for their every presenting complaint to be related back to the 'psychological impact of being transgender', or the physiological effects of any hormone therapy. This is akin to the concept of diagnostic overshadowing, and research suggests that it is commonly experienced by trans people. (6)

Ben Vincent PhD is the non-binary author of 'Transgender Health: A Practitioner's Guide to Binary and Non-Binary Trans Patient Care', an insightful and easily-digested book that I believe should be a mainstay of all clinicians' bookshelves. (7) A particularly useful section explores how someone's trans status, or the specifics of their transition, may or may not be relevant to their care, specialty by specialty; this would be a useful reference point for clinicians who are not gender specialists but have some trans patients. I shared this book with others, and it was later included on the reading list for some equality and diversity teaching at my medical school. Sadly, infrequent and standalone equality and diversity sessions can be seen to exemplify the 'othering' of trans people and their healthcare, and I fear that these small pockets of teaching may suggest to students that such knowledge is unimportant, or for interest only, or to tick a box.

In my view, a culture change within medical curricula is needed for any widespread improvement in gender-affirming medical care to be seen. At present, some qualified doctors may describe their lack of knowledge as a barrier to providing optimal care for trans patients, (8) but the next generations of clinicians must be sufficiently educated and empowered to meet the needs of the gender-diverse patient population that they will care for. Current undergraduate and postgraduate teaching will likely feature basic content about gender identity and pronouns; perhaps a communication skills simulation will include a gender non-conforming patient. (9) But when the rest of the medical curriculum is cisnormative and adherent to a binary view of gender, it is easy for students to view patients according to these fixed categories perpetuated in the vast majority of their teaching. As a result of this, many students will likely

assume that any patient in front of them is cisgender and has certain pronouns and anatomy.

To help address these assumptions, instead of describing 'the male reproductive system', educators could use anatomical language and include caveats about transgender, non-binary and intersex individuals that may have these organs, as well as many cisgender men. It may be more accurate to say 'people that menstruate', or 'those with a prostate', seeing as gendered generalisations may not apply to cisgender people either. If we move towards using consistently inclusive vocabulary in medical education from day one, this will become second nature for students. As these students qualify to become healthcare professionals, their patients, transgender or not, would likely receive more specific and considered care. Such changes may mean our gender diverse colleagues find it easier to be their true selves at work, which will only be of benefit to trans or questioning patients. Why should it not become the norm to check a patient's name, date of birth, and pronouns? Everybody has them!

Medical competence and affirming communication, in every area of medicine, are the cornerstones of healthcare for trans people, but I believe that visible allyship should be, too. Students and doctors could display a trans or progress pride flag on their lanyard or in their consulting room. If safe for them to do so, they could include their pronouns next to their name, such as on their email signature. Other acts of allyship could include advocating for the use of inclusive language around screening programmes, and for gender-neutral toilet facilities in healthcare environments. Many of my trans friends, and patients that I have met, have described the positive impact of being in a visibly inclusive healthcare environment; they feel seen. However, it is vital that this allyship persists when trans people are not in the room, such as by correcting oneself or others when someone's incorrect pronouns or former name are used. Superficial, performative 'allyship' is self-serving and harmful to the trans community: we as cisgender allies need to prove that we care with tangible actions, especially when we are part of a healthcare system which trans people are often distrustful of. It is imperative that small signs of allyship are purely a foundation upon which a commitment to excellence in caring for trans people is built. Indeed, the mere existence of the need for healthcare professionals to display their allyship may be illustrative of the pervasive lack of support for trans people in our healthcare system; unless support is clearly displayed, people may assume that is not there.

No matter if we, as future clinicians, rarely care for trans patients or become gender specialists, we and our educators have a responsibility to demand and create positive change; I believe that medical schools are perfectly placed to be drivers of this. As individuals, we may not be able to shorten gender clinic waiting times, (10) but we can each take steps to show our allyship, increase our knowledge, and improve the experiences of trans individuals in healthcare; it is the very least that our patients, colleagues, and the trans community deserve.

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