



The aging population: Imperative to uncouple sex and gender to establish “gender equal” health care



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ARTICLE INFO

Article history:

Received 31 December 2014

Received in revised form 14 January 2015

Accepted 19 January 2015

Keywords:

Transgender

Gender nonconforming community

Transgender discrimination

Transgender healthcare

ABSTRACT

Aim: The transgender community has long been marginalized in society. As the world's population ages, gender-unbiased health services for this growing population, with age-related chronic illnesses, will be essential. To optimally eliminate hurdles that trans individuals often confront when requesting services, it appears judicious to eliminate the strict and antiquated definition of what constitutes “normal” female and “normal” male.

Methods: A review of literature on transgender medicine on PubMed over the last five years was conducted.

Results: Existing statistics indicate that unacceptable bias and discrimination are occurring, making trans patients less likely to seek care. There are emerging initiatives that address the transgender and gender non-conforming population. Ongoing needs include defining what constitutes “gender equal,” understanding the continuum of gender identity, and establishing and implementing guidelines for gender equal counseling and care.

Conclusions: With the routine practice of defining sex at birth and equating sex with gender in the health care setting, the transgender patient encounters multiple barriers to accessing and acquiring health care services. These strict gender labels appear to preclude the institution of gender equal care. Care templates on gender equal patient encounters should be implemented to better address transgender health needs in a non-biased manner.

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1. Introduction

Medicine is practiced in efforts to help people, maintain health, and manage disease, regardless of gender. However, medical teaching has long reinforced the gender binary, labeling individuals with non-conforming gender identities and non-conforming physical anatomies as “abnormal” [1]. The same was formerly true about sexual preferences: the heterosexual-as-the norm and homosexual-as-abnormal were once what the medical community recognized with regard to sexual orientation. Research suggests that sexual preference itself is not binary; bisexuality is being openly reported as a sexual option by more individuals and is gaining acceptance and visibility [2]. Clearly, neither sexual preferences nor gender identity are necessarily “one or the other,” [3] and that

the restrictive “male or female” binary as assumed and practiced by most health care providers must be reexamined.

As culture understands new definitions of gender [3] – that may or may not correspond to biological sex – clinical practice should also adapt to remove restrictive labels and optimally accommodate and support all patients. Creating and following standards of care for transgender and gender non-conforming patients that are inclusive across all specialties and practices, and not only trans specialty practices or specific practitioners that are geared to serving this population, should be implemented [4]. Since members of health care teams at many levels are entrusted with personal details about patients' bodies and experiences, it follows that evaluation, management, and follow up of each patient should stress the dictum of patient comfort and acceptance regardless of sexual preference and gender identity, and to provide comprehensive care that is not substandard [5]. This paper reviews current sex and gender definitions and existing health care delivery norms for transgender patients, proposes the term ‘gender equal’ as the standard of care for all individuals and summarizes possible options for improvement.

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2. Methods

A search and review of literature on transgender and gender nonconforming healthcare on PubMed within the last five years was conducted. Search terms used included “transgender,” “medicine,” “health,” “care,” “gender,” “nonconforming,” “electronic medical records,” “standards,” “Australia,” “Germany,” “India,” “international,” “Sweden,” “Bangkok,” “NIH,” and the combinations thereof. Reference lists of articles whose full text was retrieved also were searched to find additional relevant sources in the given time frame. Supplemental materials, such as government documents were retrieved through a Google search of the relevant term combination.

3. Barriers to trans-patient care

Data suggest that one of the major obstacles in trans patient care has been the limited education of practitioners in current definitions, concepts, terminology, and in clinical practice templates that addresses issues prevalent in the trans population [6–9].

As early as the 1940s Alfred Kinsey noted that a person’s sexual orientation and preferences could not be defined only as strictly heterosexual or homosexual. Rather, there was a continuum [10]. This same concept of a range of normal should be applied to gender identity.

4. Terms and concepts

There are several terms and concepts that surround the trans population. Health care facilities as well as the entire health care team should be familiar with current terminology and definitions (Table 1).

Gender equal is a new term introduced in this paper. This term is defined as a non-biased approach to persons (or patients) that considers all genders to be of equal status, regardless of gender identity and expression and regardless of sex at birth. Similar to “gender-unbiased,” but emphasizing the equality of recognition, treatment, and care for the entire range of male, female, and otherwise identified patients as well as between transgender and cisgender patients. Unconscious biases find their way into personal and professional interactions, but defining all clinical encounters as gender equal works to eliminate that bias in clinical-patient interactions.

The new DSM-5 also recognizes gender identity in individuals as an option and not a stigmatized mental illness [14]. No longer is “gender identity disorder” a diagnosis nor is gender nonconformity a diagnosable pathology in itself [15]. Now “gender dysphoria” refers to significant distress due to the difference between someone’s gender identity and biological sex. People who do experience gender dysphoria and desire intervention can be treated with psychotherapy, hormonal therapy, and surgical procedures solely or in combination to reach a point where they feel less of the identity-body disconnect. Not all gender nonconforming patients may be experiencing gender dysphoria, and therefore may need no interventions. As well, not all patients who experience gender dysphoria want to or are able to fully transition (i.e. have full gender reassignment surgery).

5. International considerations

In most countries trans persons have limited access to health care, which decreases their ability to receive adequate medical treatment. Reports suggest that transgender persons in Asia and the Pacific receive compromised care due to overwhelming prejudice, harassment, and violence directed toward them, as noted

Table 1a
Sex and gender terminology.

Sex vs Gender (i.e. Natal Sex vs Gender Identity):	Sex refers to the biological categorization of a person based on genetics and/or genitalia, while gender refers to how a person views how they fit (or do not fit) into society’s expectations and gender roles based on biological sex [11]
Transgender	Has many definitions, but is generally defined as someone who identifies as a gender other than the one they were assigned at birth. Often abbreviated trans or trans* (which includes anyone who “transcends” the gender binary) [11]
FTM or FtM	Female-to-male transgender person; someone whose natal sex was assigned female at birth who desires to transition (or has transitioned) to be male. Also: Trans man [11,12]
MTF or MtF	Male-to-female transgender person; someone whose natal sex was assigned male at birth who desires to transition (or has transitioned) to be female. Also: Trans woman [11,12]
Cisgender	Counterpart of transgender (from scientific “cis” meaning same), indicating a person’s gender aligns with the one they were assigned at birth
Gender nonconforming	an “umbrella” term that may refer to all persons who see themselves outside or between the gender binary or in any way not conforming to traditional gender definitions
Gender Neutrality	The concept that people can be referred to without gendered language in an effort to remove social stigmas and expected gender roles. Pronouns such as “he” and “she” are avoided, in favor of neutral pronouns such as “they” and terms such as “the patient” or “the client
Genderqueer or Genderfluid	Concepts that challenge the existence of a gender binary (male and female) and allow people to identify as a fluid mix of the binary genders or neither of them; some of the myriad ways people could identify under the “gender nonconforming” umbrella [13]

in a recent review “Lost in Transition: Transgender People, Rights and HIV Vulnerability in the Asia-Pacific Region” [16]. This report was released by the UN Development Programme and the Asia Pacific Transgender Network. As the report highlights, in Asia and the Pacific as well as many other parts of the world, trans people are caught on “the stigma-sickness slope” in which stigma and discrimination lead to inadequate health care and risky behaviors, eventually sloping toward vulnerability to sickness and possible death.

However, progress has occurred, as exemplified by legislation enacted in Australia, Germany, India and Pakistan. These countries have stopped the adverse and unwarranted intrusion into the personal rights of individuals and have given them the ability to identify their gender beyond female and male. On a related note, having the option for newborns with ambiguous genitalia to have indeterminate sex recorded on birth certificates, as enacted in Germany, will hopefully prevent ‘normalizing’ operations before the age of consent and allow these individuals to personally decide their gender and whether surgical intervention is warranted for them or is actually a mutilation of their body.

A recent example of guaranteeing the personal rights of every citizen regarding gender is noted in recent legislation from Australia. This country has overhauled its federal policies on gender identity and gender designation. In 2009, Australia’s Human Rights and Equal Opportunity Commission released a paper [17] giving its recommendations to Australia’s federal government following an inquiry enacted in 2008. Fifteen recommendations were reported, with supporting information for these recommendations that were based on research including online responses, consultations, and calls for responses to an issues paper. The paper urged the

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