

Assessing Transgender Patient Care and Gender Inclusivity of Breast Imaging Facilities Across the United States

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Abstract

Purpose: To evaluate transgender patient care, gender inclusivity, and transgender health-related policies at breast imaging facilities across the United States.

Methods: A survey on breast imaging facilities' policies and practices regarding transgender care was distributed to the membership of the Society of Breast Imaging, consisting of approximately 2,500 breast radiologists across the United States. The survey was conducted by e-mail in January 2018.

Results: There were 144 survey respondents. Responses showed that 78.5% of facilities have gender-neutral patient bathrooms, 9.0% have a separate waiting area for transgender patients, and 76.4% do not have dominant pink hues in their facilities, although 54.2% have displays with female gender content. Also, 58.0% of intake forms do not ask patients to provide their gender identity, although 25.9% automatically populate with female phrases. Within the electronic health record, 32.9% lack a distinct place to record patients' preferred names and 54.9% lack a distinct place to record patients' gender pronouns. The majority (73.4%) do not have explicit policies related to the care of transgender patients. Only 14.7% of facilities offer lesbian, gay, bisexual, and transgender training.

Conclusion: Our national survey demonstrates that many breast imaging facilities do not have structures in place to consistently use patients' preferred names and pronouns, nor provide inclusive environments for transgender patients. All breast imaging facilities should recognize the ways in which their practices may intensify discrimination, exclusivity, and stigma for transgender patients and should seek to improve their transgender health competencies and foster more inclusive environments.

Key Words: Mammography, breast imaging, transgender, LGBT, radiology facilities

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INTRODUCTION

The transgender population comprises approximately 0.6% of the total US population [1], and this number is expected to grow as society becomes more accepting of gender identities that do not align with one's biological sex [2]. However, transgender patients are often marginalized and face significant health disparities. Transphobia, social marginalization, violence, poverty, insurance coverage issues, homelessness, employment discrimination, and

other factors contribute to such health disparities [3-5]. One survey of 6,450 transgender patients found that 19% reported being denied medical care because of their gender identity and 28% had experienced verbal harassment in medical settings [6]. Transgender patients have described experiences ranging from medical staff using incorrect gender pronouns and nonpreferred names to assuming that these patients are sex workers because of their gender identity [7]. Experiencing transphobia, especially in medical settings, can lead to some transgender patients expressing fear and caution about discussing their transgender identities [8]. As a result of such discrimination within medical settings, 33% of transgender patients reported delaying preventive care [6].

Even though health disparities exist, there is limited research on transgender health, especially within radiology [9]. A review of all medical research involving

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transgender care before June 2016 found over 200 articles within the categories of surgery, endocrinology, and mental health, among others, but studies involving radiology were lacking [10]. Nonetheless, transgender patients, like cisgender patients, utilize radiological services throughout their lives.

Transgender patients may require breast imaging in particular, not just for breast cancer screening but also for gender confirmation surgeries, including masculinizing chest surgeries and breast augmentation [4]. The breast cancer rate within the transgender population is uncertain, given the presence of only case reports and limited retrospective studies within this population [11-23]. In part due to inadequate research, guidelines for breast cancer screening for transgender patients are varied and usually differ based on a history of gender confirming breast surgery, history of hormone use, and other risk factors such as genetic mutations and family history [4,24].

Besides the lack of medical consensus on proper guidelines of care, transgender patients face cultural barriers within breast imaging settings. Breast cancer is typically portrayed as a “women’s cancer,” which predisposes to gendered environments in breast cancer medical settings [25]. Transgender patients have described feelings of being unwelcome in these spaces, ranging from added distress to actually being asked to leave such spaces [26]. These environments can lead to inadequate cancer care for these patients and an erasure of the existence of transgender patients in medical spaces [26].

Addressing transgender barriers to care within radiology is crucial to create an inclusive environment and improve cultural competencies. Furthermore, awareness of a patient’s gender identity can be useful during image interpretation. For example, hormonal therapy may lead to changes in breast density and other radiographic findings [24,25] that radiologists should recognize when reviewing the images.

To inform recommendations for ways in which breast imaging facilities can be more inclusive and sensitive to transgender populations, we conducted this study to evaluate transgender patient care, gender inclusivity, and transgender health-related policies at breast imaging facilities across the United States.

MATERIALS AND METHODS

This study of breast imaging facilities’ policies did not entail human subjects research and therefore did not require oversight by the local institutional review board.

A cross-sectional survey was developed to assess breast imaging facilities’ policies and practices regarding transgender patient care. The survey consisted of multiple-choice questions, with a limited number of free response items. Certain questions were only displayed when a response of “yes” was given to a relevant prior question. Five breast radiologists completed draft versions of the survey and provided feedback regarding question clarity before actual implementation.

The survey was distributed by e-mail to the membership of the Society of Breast Imaging, comprising approximately 2,500 breast radiologists across the United States. Three subsequent weekly reminder e-mails were sent. The initial and reminder e-mails were sent in January 2018. Completion of the survey was optional, and individuals received no compensation for participation.

Survey responses were summarized descriptively using counts and percentages. Analysis was performed using Excel for Windows (version 16.10; Microsoft Corporation; Redmond, Washington, USA).

RESULTS

Respondents and Facility Characteristics

The estimated survey response rate was 5.8% (144 of 2,500). Tables 1 to 4 summarize the survey responses. Respondents’ facilities represented a variety of practice types (38.2% academic, 2.1% government or veterans affairs, 5.6% private practice, 54.2% other or unsure) and geographic locations (9.8% rural, 39.9% suburban, 49.0% urban, 1.4% other or unsure). The majority (90.2%) of facilities see more than 10,000 breast imaging patients per year, although 58.3% of all facilities see fewer than 10 transgender patients per year (Table 1).

Transgender Patient Experience

Regarding the patient experience for transgender patients undergoing breast imaging (Table 2), 78.5% of facilities have gender-neutral patient bathrooms, and 9.0% have a separate waiting area for transgender patients. Although a majority (76.4%) of facilities do not have dominant pink hues in their facility, most (54.2%) have signs, displays, and other graphics with female gender content.

Most intake forms (58.0%) do not ask patients to provide their gender identity. However, 25.9% of breast imaging facilities automatically populate the intake forms with female phrases. Furthermore, 19.0% of patient letters automatically populate with female phrases.

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