

Safe and equitable inpatient care for transgender, nonbinary and gender-nonconforming patients

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1 Transgender, nonbinary and gender-nonconforming patients face discrimination when accessing health care

Traumatizing and invalidating experiences can lead patients to delay or avoid care.¹

2 “Deadnaming” (using an incorrect name, often that assigned at birth) and misgendering (using pronouns or forms of address that do not reflect a person’s gender) occur frequently in inpatient settings²

Ensuring inpatient documentation includes fields for title, gender, pronouns and chosen names is a first step toward inclusivity. Providers must ensure that patients are not “outed” in unsafe circumstances — patients should be asked privately when and with whom their name and pronouns should be used.

3 Documentation alone is insufficient — using accurate names and pronouns, regardless of patient presence, is essential

Transgender patients are often misgendered or deadnamed during case discussions among health care workers because some see respecting gender as a courtesy to be indulged in the patient’s presence, rather than as an integral part of their personhood. Using accurate names and pronouns at all times is part of respectful communication. If deadnaming or misgendering occur, providers should correct themselves (and others, as long as patient discomfort is avoided), apologize sincerely but succinctly, and move on.

4 All inpatient team members, including clinical and clerical staff, would benefit from training in trans-affirmative care

Training should be integrated longitudinally³ and include trauma-informed techniques for physical examination; affirmative and gender-neutral approaches to pregnancy, gynecologic and urologic care; and respectful counselling on transition-related care.⁴ Emphasizing humility and vulnerability can allow providers to learn from their patients and apologize after making mistakes.

5 Deeper structural and cultural shifts are needed to build liberatory spaces that serve people who have been pushed to the margins⁵

Those most affected must have the most say, such as through trans care advisory councils and peer navigators, and by asking patients themselves: “How can this care be made better for you? What supports do you need?”

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Editors’ note: Malika Sharma is an infectious diseases physician who works with transgender patients. Navin Kariyawasam has lived experience as a medical student and transgender patient. Jordan Klein has lived experience as a transgender patient and as an emergency medicine resident.

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