Trans* patients — just as any other patients — may have a variety of health care needs that require the attention of a number of professionals. This overview is intended to assist health care professionals to establish a safe and welcoming environment for trans individuals.

A trans person could be anyone who:
- has a gender identity that is incongruent with the sex assigned at birth; or
- expresses their gender in ways that contravene societal expectations of the range of possibilities for men and women.

Trans is not:
- a sexual orientation;
- a sexual fetish; or
- a personal flaw.

“Primary care providers do not have to be experts in transgender medicine to meet the health needs of most transgender patients. With appropriate understanding of basic transgender issues and a little experience, non-expert primary care providers can offer health maintenance, acute illness and chronic disease management, and referral to specialists.”

— Vancouver Coastal Health, 2006, p. 1

*Trans is an umbrella term that includes but not limited to the following: non-binary, transsexual, intersex, transgender, two spirit, and genderqueer individuals. The term may be used by anyone who doesn’t fit entirely into stereotypical gender roles.
Trans individuals experience structural and interpersonal stigmas, which alter their affective and behavioural responses. Their anxious expectation of rejection and stigma avoidance may limit their access to health care services. Many strategies have been identified to facilitate trans individuals’ access to health care.

**Welcoming patients**

Trans patients are first and foremost patients. Please remember the following:

- respect the language used by your patient;
- all staff should refer to the patient by their chosen name and pronouns;
- trans patients may express their gender in ways that aren’t traditionally masculine or feminine;
- diverse identities and terms may be used within the trans community.
Please remember:

- you may be the only one who knows your patient is trans;
- discuss any information, omissions, or paperwork, including discrepancies in the patient's identification in a discrete, confidential manner;
- public disclosure or “outing” could endanger the individual’s wellbeing;
- use Release of Information consent forms;
- be upfront about how your patient's health information will be used;
- refer to applicable health information policies and legislation;
- refer to HIA/FOIP and your own institution’s policies on privacy and confidentiality.

“I went to a medical clinic for a blood test and showed my Alberta health care card and identification then went to sit down. The staff took me off to the side to square up my I.D. and it was promptly changed in the system.”
— Anonymous

“I let the person at the desk know about my name change but the nurse called me by my deadname [former name]. I didn't reply. The nurse called the former name again, I still didn't answer. Finally, the nurse shouted out Mister [female name]. The nurse blatantly refused to refer to me in a polite and professional manner.”
— Anonymous
• bathrooms that are gender-neutral or single-stall washrooms;

• washrooms that have menstrual products and baby changing tables regardless of gender;

• use forms that include space for chosen name and pronoun;

• signage to indicate the office is a trans-positive space if possible.
• regular, routine concerns related to gender.

Please remember:

• focus your care on the current issue, which could be some of the same services offered to the general population, hence, require no additional training;
• Some trans patients experience discomfort when they are asked to educate health care professionals;
• review your paperwork, policies, and procedures to ensure they are inclusive and respectful.

For example:

“Because so many people are impacted by gender issues, I have begun to ask everyone about it. Anything you say about gender issues will be kept confidential. If this topic isn’t relevant to you, tell me and I’ll move on.

“Out of respect for my clients’ right to self-identify, I ask all clients what gender pronoun they’d prefer I use for them. How do you prefer to be addressed?”

— Questions, Vancouver Coastal Health, 2006, p. 3
As health care access and equality continue to be a challenge for trans individuals, establishing a broader understanding of your patient’s health is prudent. Trans individuals are less likely to have had routine physical exams, checkups, and emergency care.

Please remember:

The following assessments should be based on the patient’s anatomy rather than their gender presentation:

- prostate, testicular, cervical, ovarian, and breast cancer screening;
- routine annual exams for both vaginas and neovaginas.

If in doubt and especially with patients who were born intersex, complete an organ inventory and screen accordingly. Many trans people are invested in their health but may exhibit stigma avoidance and dysphoria pertaining to physical examinations, which results in inadequate access to health care services.

Hormones are considered a medically-necessary part of the transition processes. Consider using an informed-consent model if hormone replacement therapy is requested. **NOTE:** not everyone who is trans may request hormone replacement therapy as part of their transition.
What should I consider?

“Transgender patients may be uncomfortable with their bodies and may find some elements of physical examination traumatic. Unless there is an immediate medical need, sensitive elements of the exam (particularly breast, genital and rectal exam) should be delayed until strong clinician-patient rapport has developed... Discuss with your patients when, where and how you might need to touch. When the purpose of the exam is explained clearly, most patients will understand.”

— Vancouver Coastal Health, 2006, p. 6
“Most requisition forms for laboratory tests ask for the sex of the patient to provide the primary care provider with normal ranges for the results (which are often sex-dependent) and to flag abnormal results... The primary care provider will need to balance consideration of the following issues: (a) the stress placed on the patient going into the lab with a sex on the form that doesn't match their name/appearance, (b) getting the lab values most appropriate to the patient’s physiology, and (c) minimizing lab error in performing the correct test in the correct manner. Interpretation of lab results is dependent on the patient’s physiology and the specific test being performed.”

— Vancouver Coastal Health, 2006, p. 7
“A physician’s criteria for selection must not include any prohibited ground of discrimination including age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation or socio economic status.”

— Standards of Practice, College of Physicians and Surgeons of Alberta, 2015

“The prohibited grounds of discrimination are race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, disability and conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.”

— Bill C-16, An Act to amend the Canadian Human Rights Act and the Criminal Code, 2016

“It is recognized in Alberta as a fundamental principle and as a matter of public policy that all persons are equal in: dignity, rights and responsibilities without regard to race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, age, ancestry, place of origin, marital status, source of income, family status or sexual orientation.”

— Bill 7, An Act to amend the Alberta Human Rights Act, 2015
To learn more ...

The following links contain a wide variety of information related to patient care for trans individuals.

CANADIAN TRANS HEALTH RESOURCES

Sherbourne Health Guidelines for Gender–Affirming Primary Care With Trans and Non-Binary patients:

Trans Care BC Clinical Resources:
http://www.phsa.ca/transcarebc/health-professionals/clinical-resources

Alberta Health Services Sexual Orientation, Gender Identity and Expression Toolkit:
https://www.albertahealthservices.ca/info/Page16191.aspx

Accelerating Change Transformation Team (Formerly TOPS) Clinical Guidelines:
https://actt.albertadoctors.org/CPGs/Pages/Transgender-Health-Care.aspx

TransPULSE Project (Ontario) Publications:
http://transpulse.ca/public_downloads.html

Trans Pulse Canada:
http://www.transpulsecanada.ca/

Institute for Quality Management in Healthcare: Care Considerations for Inclusion of Gender Diversity within Medical Laboratory Services:
https://iqmh.org/Portals/0/Docs/Resources/Education/White%20Paper%20-%20Care%20Considerations%20for%20Inclusion%20of%20Gender%20Diversity%20Within%20Medical%20Laboratory%20Services.pdf – or:

GRS Montreal
http://www.grsmontreal.com/

WPATH Standards of Care:
https://www.wpath.org/publications/soc

Transition-Related Information

Professional Organizations

Canadian Professional Association for Transgender Health
http://www.cpath.ca/

Rainbow Health Ontario:
https://www.rainbowhealthontario.ca/

Trans Care BC:
http://www.phsa.ca/transcarebc/

World Professional Association for Transgender Health:
http://www.wpath.org/
This overview was produced by the Trans Equality Society of Alberta.

TESA’s mission is to be a witness to and a voice for matters concerning trans-identified Albertans.

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