Purpose
To aid in the recognition of the unique needs and obstacles of transgender patients, and to encourage gender-affirming care.

Background

Gender versus Sex

Nonaccess to gender

A study of 6,450 transgender and nonbinary people found that 41% self-identified as transgender of color or those with disabilities. Transgender patients experience radically increased rates of substance use disorders, tobacco use, major depressive disorder, suicidality, and other psychiatric diseases. Studies show that up to 70% of gender minority adults self-identify as transgender when completing health insurance paperwork or medical forms. The binary construct of gender is one of Western culture and is not absolute. It is similarly important to recognize that gender expression, and may or may not correspond to their internal gender identity. For various reasons, including but not limited to comfort, safety, self-realization, law, institutional guidelines, and conformation to social norms, the gender expression of a person may not align with their identity.

Epidemiology and Health Disparities

• A 2016 systematic review by Collin et al. finds a prevalence of self-reported transgender identity as high as 0.1-0.7%; yet registration and intake forms typically provide only gender-binary options.
• Studies show that up to 70% of gender minority adults self-report a history of discrimination from health providers.
• Transgender patients experience radically increased rates of substance use disorders, tobacco use, major depression, suicidality, and other psychiatric disorders.
• Studies show that up to 70% of gender minority adults self-identify as transgender when completing health insurance paperwork or medical forms.

Gender is a social construct and is how a person behaves, presenting, and conforms to social norms, the gender expression of a person may not align with their internal gender identity.

Case Presentation

Case History

Hospital Day One

Physical and mental status exam limited due to somnolence, no focal neurologic deficits

Hospital Day Two

Alertness and orientation were significantly improved; quiet but pleasant affect; appropriate mood

Diagnosis and Hospital Stay

Diagnosis

Major depression and gender dysphoria

Hospital Day One

Physical and mental status exam limited due to somnolence, no focal neurologic deficits

Hospital Day Two

Alertness and orientation were significantly improved; quiet but pleasant affect; appropriate mood

Past Psychiatric History

None

Past Medical History

None

Past Psychologic History

None known psychological history or prior psychiatric treatment

Initial Psychosocial History

Joshua, a 10-year-old transgender male, was brought to the children’s hospital for intentional Tylenol overdose.

Family History

Parents live together in a single family home with the patient; no siblings

Significant and Stressful Events

· Reported that his peers and teachers refuse to use his preferred name and continue to refer to him as “a girl”, harassing him every time that he uses male restrooms or locker rooms

Diagnosis

Only 20% of medical students felt competent at treating transgender patients.

Intervention and Response

• Joshua’s senior resident was adamant to use Joshua’s preferred name and to consistently use appropriate male pronouns regarding Joshua, and to consistently present Joshua as a “10-year-old male”

• The senior resident insisted that the rest of her medical team know to refer to Joshua using these terms

• The children’s hospital used a standard electronic medical record system, which allowed for SOGIE (sexual orientation, gender identity, gender expression) data to be put into patients’ charts, but did not allow providers or staff to change patients’ names or genders.

• The senior resident and medical team were thus intentional about using accurate pronouns and Joshua’s preferred name in all of his notes, as well as on a “post-it” in his chart

• None the less, when running the list at the end of Hospital Day One, the senior resident incorrectly named Joshua as “Allison” and misgendered him when going through his information; despite the team’s best efforts, this was still the name and see printed from the patient list and chart.

References


