

How PCPs can meet needs of transgender patients

March 5, 2019

There are 1.5 million people in the U.S. who identify as part of the transgender population, and this number is expected to increase in the future, according to the *American Journal of Public Health* and The Williams Institute, a think tank that specializes in issues of sexual health.

Medical schools are now trying to catch up by offering courses and [training to treat the specific needs of transgender patients](#), but many clinicians who have been in practice for decades face a potential disadvantage when it comes to treating these patients, an expert in transgender health told *Healio Primary Care Today*.

“So many primary care physicians, pediatricians and family medicine doctors on the front line of patient care like me are in their mid-50s. We were never taught how to communicate with these patients and what these patients are at higher risk for,” **Morissa Ladinsky, MD**, a member of the AAP Section on LGBTQ Health and Wellness, told *Healio Primary Care Today*.

Stephanie Tran, MD, a HIV/transgender medicine and family medicine physician at Cedars-Sinai Medical Group in Los Angeles agreed, saying a PCP’s limited training can be in congruent to their good intentions.

“Many PCPs have the [desire to provide transgender-specific care](#), but they are often unsure of how to initiate this process,” she said in an interview.

Ladinsky and Tran’s concerns are being borne out in practice.

A 2018 survey in *Annals of Family Medicine* found only 31.4% of 140 PCPs [felt capable of providing routine care](#) to transgender patients.

To help PCPs meet the needs of their transgender patients, *Healio Primary Care Today* asked Ladinsky, Tran and other experts in transgender health to discuss creating an office environment that encourages transgender patients to be active participants in their well-being and [provide insight](#) into some of the common health conditions this population group faces.

Creating a welcoming environment

A study in *Annals of Family Medicine* cites that “a small but growing body of research” suggests transgender patients often encounter discrimination.

Many of the experts consulted for this story agreed that this discrimination makes [transgender patients less likely](#) to want to receive health care.

Therefore, word choice — both spoken and written — is critical to making the transgender patient feel comfortable, **A.C. Demidont, DO**, chief medical officer of LGBTQ care at the Anchor Health Initiative in Stamford, Connecticut, told *Healio Primary Care Today*.

“A PCP can be up-to-date on ways to screen, diagnose and treat patients for whatever condition brought the patient into the office in the first place, but if he or she does not make their patient feel welcome, it is all for naught.”

Demidont said PCPs and all of their colleagues should ask patients their preferred name and preferred pronouns at every visit. Intake forms should also be updated to reflect these questions.

PCPs should also offer all-gender bathrooms, provide areas where transgender patients can talk without shame, use gender neutral terms, and listen for patient cues on what other terminology is appropriate, according to “Providing affirmative care for patients with non-binary gender identities,” a publication published by the National LGBT Health Education Center.

Tran provided an example of how PCPs can address common medical procedures with their transgender patients.

“When you perform any physical exam maneuver, such as listening to a patient’s heart or lungs, explain why you are doing so and share your observations with them in real time. By explaining your rationale, and engaging them in step-by-step care, you put your patient’s worries at ease and gain their confidence and trust,” she said.

Studies also suggest using photos, videos or other visual representations to promote gender and bodily diversity and language that is respectful of the person's privacy, researchers wrote in the *International Journal of Transgenderism*.

“Training on these changes needs to start from the person at the top of your employee organization chart and work its way all the way down,” Demidont said. “Making these changes can be the difference between a patient returning for follow-up care and the person never coming back to the office again.”

Ladinsky and Tran said grasping the verbal, administrative and procedural changes that create a welcoming environment is critical to ensuring a long-standing, positive patient-physician relationship.

“If you have asked about the pronouns, made the changes to your forms, and correctly perform the exam, you have unlocked a massive door to letting your patients know you are there for them,” Ladinsky said.

“So long as the PCP provides genuine care and the willingness to apologize in instances of misunderstandings that can inevitable arise from time to time, regardless of practice, a transgender patient is often understanding ,and at times grateful for this acknowledgment, given the interpersonal nature of medicine, not necessarily limited to trans health,” Tran added.