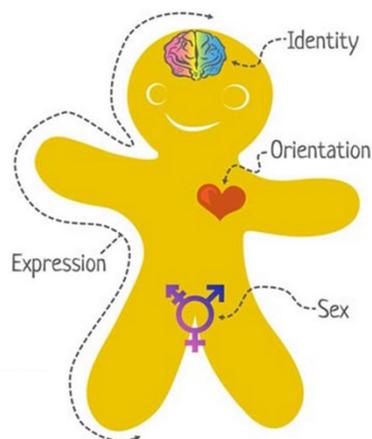


Improving Healthcare for Transgender Patients in Diagnostic Imaging Departments

Article written by Virginia Sanders, MRT(R) and Sidsel Pedersen, MRT(R)

In January, 2017, *National Geographic* dedicated an entire issue to the Gender Revolution suggesting the binary model of male/female is shifting to a more diverse landscape regarding gender identity.

Today, there are a multitude of genders and various LGBTQ organizations have listed at least 30 ways in which people may currently identify and express. In order to treat all patients with the respect and dignity they deserve, healthcare providers need to be aware of this shift. It is not necessary to discuss all of them in this article however, it is imperative that an understanding of the difference between gender and sex is established.



The Genderbread Person (Killermann, 2017) helps to gain a better understanding of how identity, expression, biological sex and orientation relate to one another.

Gender identity is how we think about ourselves.

Gender expression is how we express ourselves. Our clothing style and hairstyle are examples of expression.

Biological sex refers to the reproductive organs we were born with; male, female or intersex.

Sexual orientation is who we are attracted to, physically emotionally and spiritually.

As healthcare professionals we must provide equal care to all patients regardless of their sexual orientation and therefore we will not be discussing that aspect in this article.

It is important to be aware that these four factors are independent of one another. A biological male may identify as a female and express as a combination of feminine and masculine. As well as a biological female may identify and expresses with very masculine traits. As all these categories are on a sliding scale, you may also have someone right in the middle who does not identify as male or female. (androgynous/non-binary)

A transgender person is someone whose gender identity and expression does not correspond with their biological sex. The term transmale refers to a person who identifies and expresses as male and was born as a biological female. The term transfemale refers to a person who was born with male reproductive organs but identifies, expresses and wishes to live as a female.

Most government issued identification indicates only the assigned sex at birth. A formal process must be followed to have gender markers changed on government issued identification. This process includes mandating that a person must live as their desired gender full-time for one year. During that year the identification will not match the expression. In Ontario, provincial health cards no longer require a gender marker, and changes are also currently being discussed for drivers' licenses in other provinces to be gender neutral.

Healthcare providers may be faced with new situations when providing health services to a member of the transgender community. Some challenging situations may be a result of:

- Gender markersⁱ on identification may not be congruent with patient presentation
- Legal name may not be the preferred name
- Electronic medical records may inaccurately reflect the patients gender identity and/or expression

"We have a duty, bound by a Code of Ethics, to ensure all persons feel safe and respected."

Having incongruent gender markers, or no gender markers, on a healthcare card can cause some confusion for us in healthcare as we may not address the person by the name they prefer or know to shield them appropriately from radiation. In ultrasound we may call in a patient that presents as female for a prostate exam and not understand what is happening. The confusion and uncertainty that we feel will also lead to patients feeling uncomfortable.

We believe that technologists must be given skills to better prepare and handle situations where a patient either does not have gender markers on their identification or in the situations where the gender markers do not match the patient's expression and/or desired gender. We have a duty, bound by a Code of Ethics, to ensure all persons feel safe and respected.

"How can we make the transgender community feel safe, comfortable and respected?"

The transgender community is marginalized. A U.S. survey on the transgender population (2015) states that due to living as their desired gender, transgender people are nine times more likely to commit suicide than the rest of the population. Additionally, they are being bullied and harassed on a regular basis. They are unsafe every time they walk out of their house.

So how can we help make the transgender community feel safe, comfortable and respected in our department?

We have come up with the following ideas that we believe can help all technologists that are faced with a patient who's expression, identity and/or biological sex that do not align.

- Use preferred name and pronoun by asking them
- Explain why more personal questions are needed
- Don't make it weird

Use preferred name and preferred pronoun

This is the simplest approach for all technologists and can make a very impactful difference for the patient. Start your introduction with using your name and pronoun then ask the patient, "What can I call you?". This will serve to help the patient identify you as an allyⁱⁱ and start building patient rapport quickly. Once the patient has built trust with you, other potentially more personal questions will be more readily accepted.

Explain why more questions are needed

Next, it is important to explain why more questions are necessary to be asked.

Remember to only ask questions that relate directly to the exam. It is important that all *biological females* are asked of any chance of pregnancy. Again this can be a delicate topic, as some transgender males no longer identify as female or have female gender markers. Depending on the situation here are some examples of how to address the patient:

For exams that require choosing specific female/male gonadal shielding, it is important that the technologist inquires further "Are your reproductive organs internal or external?"

Don't make it weird

We can't stress this enough. Don't make it weird.

In healthcare, we work with a wide variety of cultures, genders, creeds and races. When we are with someone who we feel is different physically, mentally or spiritually, we do our best to make them feel as comfortable and safe as possible.

The transgender patient is no different. If you are uncomfortable in any given situation however, the patient will feel uncomfortable too. If you make a mistake, apologize and move on. Give all patients the same respect and dignity.

Try your best to work with the patient by asking them what name/pronoun they would prefer, and ask the right questions to get the right answers in a professional and respectful way just as we would anyone else.



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References

Killermann, S. (2017, 05 08). *It's pronounced metrosexual*. Retrieved from It's pronounced metrosexual:
<http://itspronouncedmetrosexual.com/2012/01/the-genderbread-person/#sthash.U771Lngb.dpbs>

Footnotes

- i - Gender marker refers to gender that is displayed on identification such as passport, drivers' licences and healthcare cards.
- ii - Ally refers to a person who supports the LGBTQ community 

MRT Week recognized at Alberta Legislative Assembly

Honourable Sarah Hoffman, Deputy Premier and Minister of Health introduced Karen Stone, CEO/Registrar ACMDTT; members of the University of Alberta Radiation Therapy program, Faculty of Medicine and Dentistry; and AHS medical radiation leaders to the Alberta Legislative Assembly on November 9, 2017 as part of MRT Week.

Hoffman stated, "The integral role of diagnostic and therapeutic care is often overlooked, so it's truly an honour to stand up with them and celebrate their hard work, dedication and expertise in making life better for Albertans."



Left to right: Susan Fawcett, Mona Delisle, Fiona Mitchell, Jackie Middleton, Honourable Sarah Hoffman, Cynthia Palmaria, Laura Grose, Karen Stone