

# It's the Parts that Matter

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*PRESENTED BY*  
SIDSEL PEDERSEN, MRT(R), BACHELOR OF  
RADIOGRAPHY  
VIRGINIA SANDERS, MRT(R), MSC

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Harriett

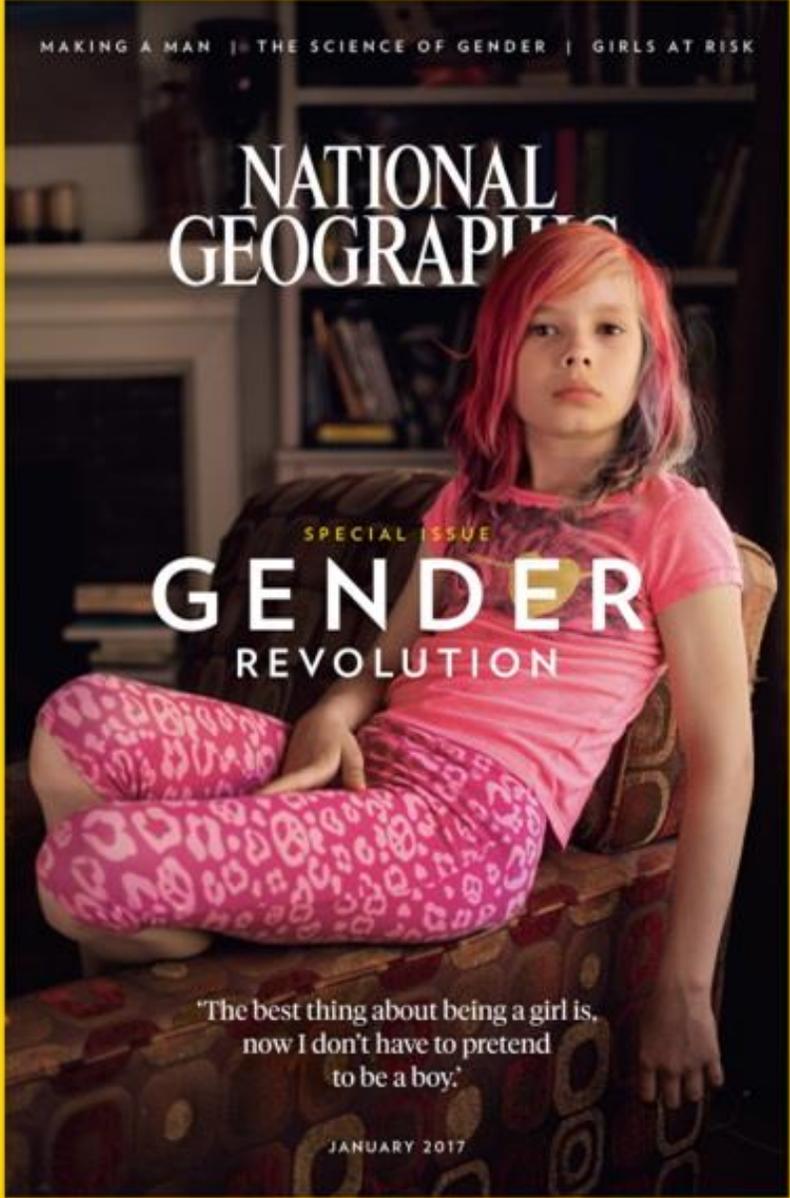
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# Topics

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1. The Gender Spectrum
2. Gender Documentation
3. Radiation Protection
4. Current Practices Regarding LMP
5. Marginalization of the Transgender Community
6. New Form
7. Coaching the Technologist



# LGBTQ+

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- ❖ ~5% Of the US population identifies as gay, lesbian, bisexual or transgender <sup>(1)</sup>
- ❖ Statistic Canada states there is no definitive number but they don't ask about orientation on their surveys
- ❖ Canadian Community Health Survey identified 3 in 10 marriages as same sex <sup>(2)</sup>

# The Gender Spectrum

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Bi-gendered

*HIJRA*

**TRANS-Spirit**

Transsexual

Gender Bender

- ❖ **Transfemale:** born male and transitioned to female
- ❖ **Transmale:** born female and transitioned to male
- ❖ **Cis-gendered:** gender identity and gender expression matches gender assigned at birth

**MTF**

*Androgyne*

**Intersex**

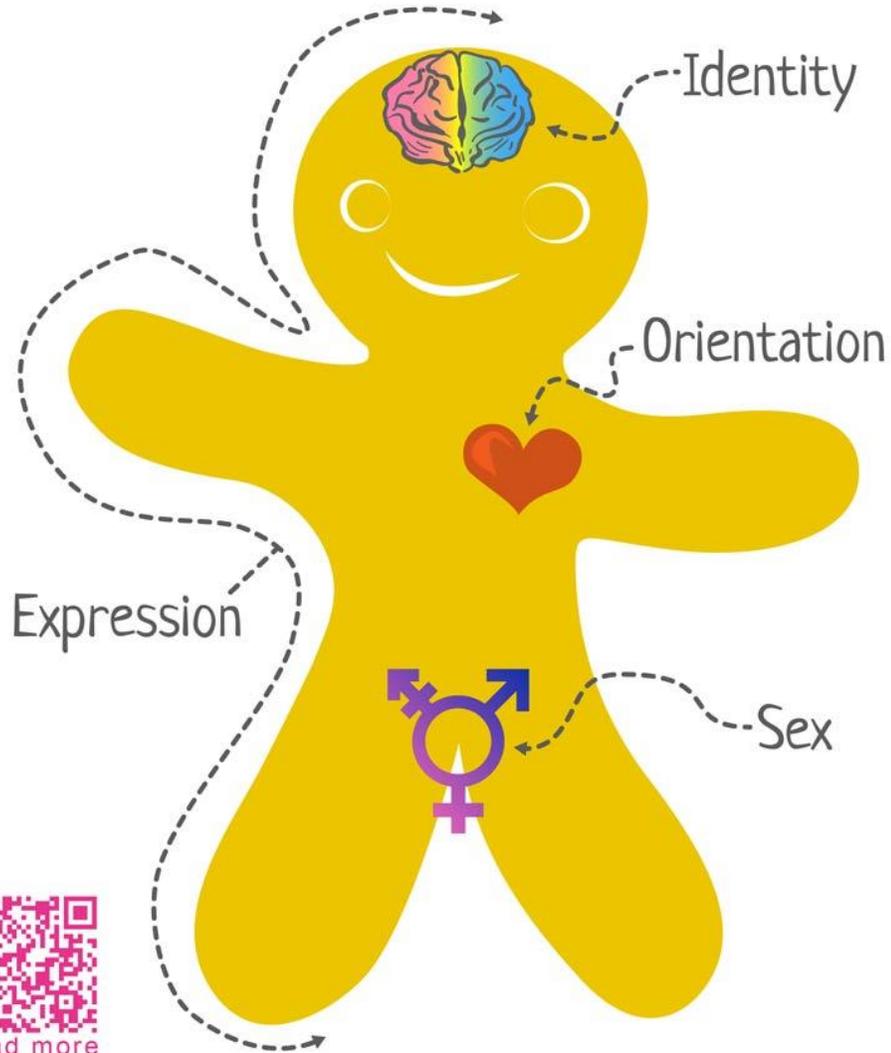
**Female-to-Male**

*Femme*

Pangender

# The Genderbread Person

by [www.ItsPronouncedMetrosexual.com](http://www.ItsPronouncedMetrosexual.com)



Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.



Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

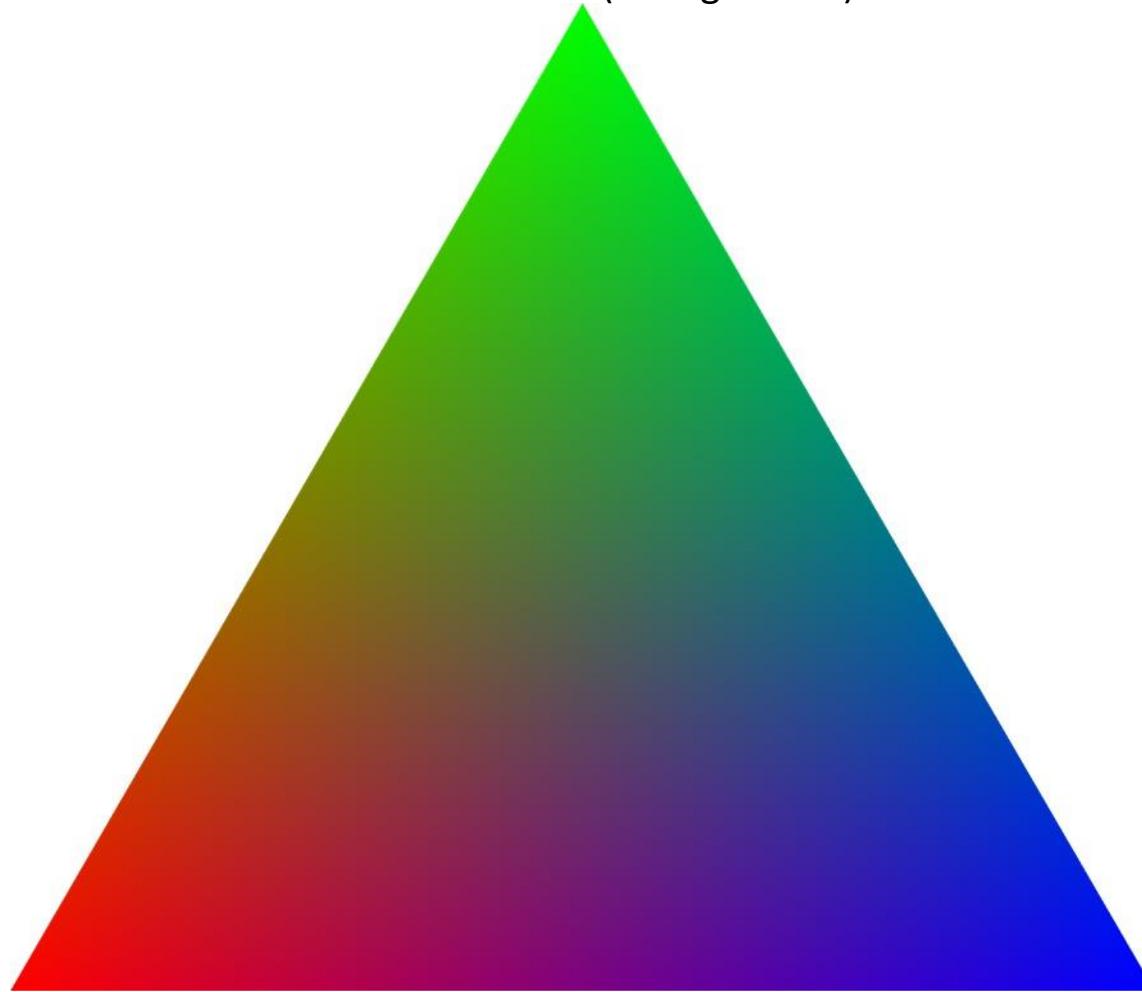


Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.



Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

**Sex** (biological sex)



**Gender  
Expression**

(outward gender presentation or behavior)

**Gender  
Identity**

(sense of being a man, a women, or a gender that is both, fluid, or neither)

# Transitioning in Alberta

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1. Approach family physician in regards to vocalizing the need for gender reassignment
2. The majority of family physicians do not provide services for transgender patients and they refer to a specialized psychiatrist. In Calgary there is only one; the waitlist is 2 years for an appointment
3. The psychiatrist starts hormone therapy treatment
4. The patient must live full-time for one year as the desired gender before gender markers can be legally changed
5. After the social transition, patients may or may not elect to have surgery
6. Bottom surgeries include phalloplasty and vaginoplasty which are only performed at one clinic in Canada with a specialist's referral. Once referred for surgery the wait time is up to one year

# Metta Clinic

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- ❖ Only clinic in Calgary that deals with transgender youth (ages 7-20)
- ❖ It's open ½ day a month
- ❖ The wait list is currently three years and growing

# Dedication

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- ❖ In Alberta it can take up to seven years from a person seeing their family physician to obtaining a surgical referral for gender affirming surgery
- ❖ In British Columbia and Ontario the process is more accessible as many family doctors undertake the role and start patients on hormone therapy treatment

# Gender Documentation

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# Changes to government issued identification cards

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- ❖ Trends towards gender neutral identification is growing rapidly in Canada
- ❖ Canada's *Electronic Travel Authorization* now allows travellers a third choice in the online application form under gender: Other
- ❖ In June 2016 the Ontario government started issuing Ontario photo health cards without indicating the cardholder's sex
- ❖ In early 2017 the Ontario government began offering the option "X" on a driver's license for those that do not identify as male or female

# Medical Records

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- ❖ RIS/PACS Systems often use the binary gender identifier Male/Female. This can create a preconceived idea of how the patient will present
- ❖ As changes to provincial health cards become widely used the Electronic Medical Records and associated programs may need to be adapted to include other genders
- ❖ Technologists may have difficulty seeing past the electronic gender marker and continue to use the patient's "deadname" or incorrect gender pronoun

# Accurate identification matters

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- ❖ 32% of transgender patients stated they were either verbally harassed, denied benefits of service, asked to leave, or assaulted when their ID did not match their presentation <sup>(3)</sup>
- ❖ Transgender people are at a higher risk for depression and anxiety when their ID doesn't match their expressed gender
- ❖ Having ID concordant with lived gender reduces exposure to violence as well as depression <sup>(4)</sup>

# Code of Ethics

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## **CAMRT**

### *Respecting patient dignity and rights*

- Treating all individuals with respect and dignity, providing care regardless of race, national or ethnic origin, colour, gender, sexual orientation, religious or political affiliation, age, type of illness, mental or physical ability

## **ACMDTT**

### *Diversity*

- A regulated member provides patient care and service with respect for human rights, regardless of, but not limited to, race, ethnicity, religion, language, sexual orientation, age and socioeconomic status, mental or physical abilities

### *Providing a safe environment (CAMRT)*

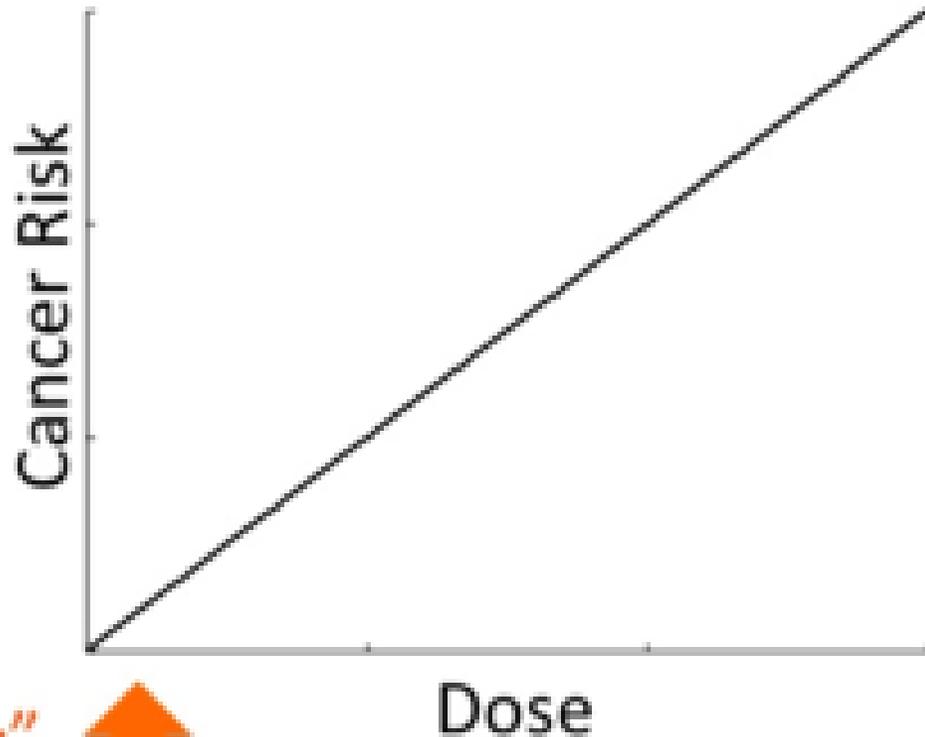
- Ensuring a safe environment and taking steps to minimize the exposure to potential risks (e.g., radiation exposure, strong magnetic fields, risk of infection)

# Radiation Protection

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# Radiation Matters

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There is no threshold dose below which genetic effects cannot occur

**CAMRT Best practice guidelines:**

Because risk increases with dose, there should always be an effort to perform procedures with a dose that is *as low as reasonably achievable* (ALARA)

# Gonadal Shielding

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Health Canada Safety Code 35 states:

Appropriate use of specific area gonad shielding is strongly advised when:

- the gonads lie within, or are in close proximity to, the X-ray beam;
- the patient is of reproductive age; and
- clinical objectives will not be compromised

ACMDTT Standards of Practice

- Utilize shielding in accordance with radiation protection principles without compromising the exam



Why are we focusing on the  
Transgender community?

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# Shielding Evan

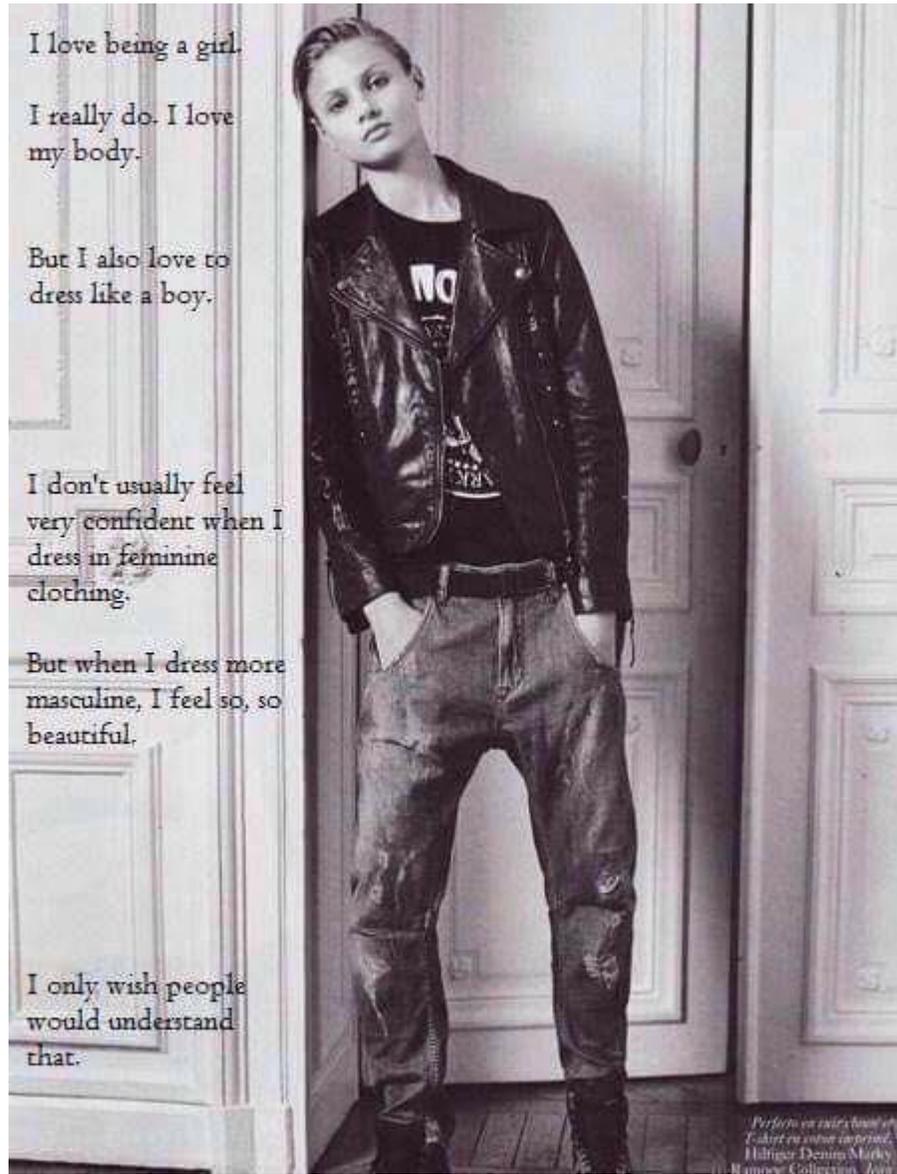
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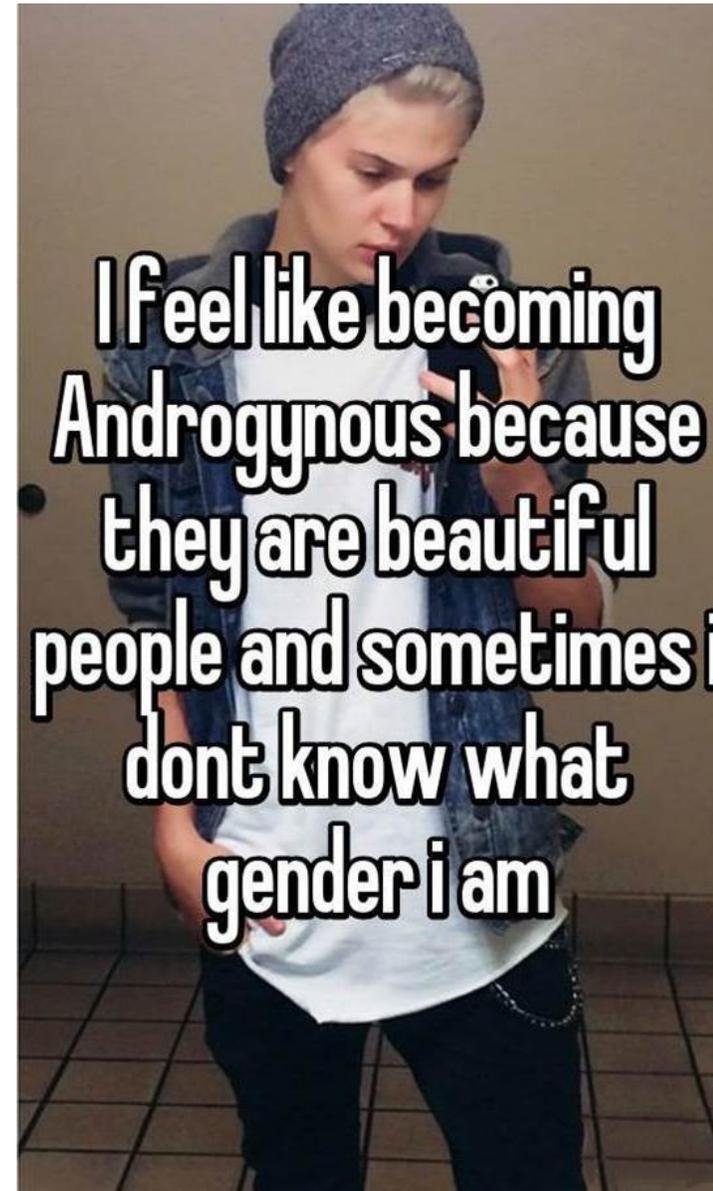
Time Magazine September 12, 2016 vol. 188



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<https://s-media-cache-ak0.pinimg.com/564x/10/36/75/1036750b249a6dd38c07f496fcbe11a0.jpg>



<http://whisper.sh/whisper/051a02064312808689924ff10b0d41bb2b0bfc/>

# Asking the right questions

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BIOLOGICAL MALE



Photo: rossparry.co.uk

BIOLOGICAL FEMALE



Photo: Monica Tischler

# Current Practices Regarding LMP

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**Diagnostic Imaging/X-Ray  
Pregnancy Consent**

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:  
FEMALE ONLY 12-55**

Are you pregnant or any chance you may be:  YES  NO

The exam your doctor has ordered uses ionizing radiation which can have a severe health effect during pregnancy to an unborn baby. The possibility of severe health effects depends on the gestational age of the unborn baby at the time of exposure and the amount of radiation it is exposed to. Unborn babies are particularly sensitive to radiation during their early development, between weeks 2 and 15 of pregnancy. Such consequences can include stunted growth, deformities, abnormal brain function, or cancer that may develop sometime later in life. You should contact your doctor if you believe you may be pregnant to discuss possible side effects and the risks and benefits of the procedure. If you feel that you may be pregnant, please inform the radiologic technologist before your exam.

To the best of my knowledge I am not pregnant or believe there is any possibility that I may be pregnant.

I know or believe that I may be pregnant and fully understand the risk and health effects radiation may cause to my unborn baby.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**X-RAY/ CT/ MRI  
PREGNANCY CONSENT**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

**MUST BE COMPLETED FOR/ OR BY ALL WOMEN BETWEEN THE AGES OF 11-50**

The radiation used in X-Ray/ CT may be harmful to an unborn child. To help prevent the accidental irradiation of an unrecognized pregnancy, and in accordance with national standards, we required the following information from female patients of childbearing age. If any of the information below indicated even the remote possibility of pregnancy, your referring physician will be asked to order a urine or serum pregnancy test prior to any imaging.

Please answer the following questions:

- 1.) Are you, or is it possible that you might be pregnant? Y or N or Unsure
- 2.) Are you currently breastfeeding? Y or N
- 3.) Method of Birth Control: \_\_\_\_\_  
\*\*If you are not currently on birth control, have you had sexual activity since your last menstrual period that may put you at risk for pregnancy\*\* Y or N
- 4.) First day of last menstrual period (LMP)? \_\_\_\_\_

I, (patient or responsible party) \_\_\_\_\_ have been fully informed of the risks involved in radiating a first trimester pregnancy and assume the responsibility for any consequences from the procedures I am about to have. I also will not hold Frederick Radiology & Diagnostic Center, the employees of the facility, and/ or American Radiologist Association responsible for any potential harm to my unborn child or myself.

\_\_\_\_\_  
Print name of patient or responsible party

\_\_\_\_\_  
Signature of patient or responsible party

\_\_\_\_\_  
Date

# Marginalization of the Transgender Community

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# Transgender Youth

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## Due to living as their desired gender:

- ❖ 54% had been verbally harassed
- ❖ 36% had been physically threatened
- ❖ 70% had been sexually harassment
- ❖ 17% had left school because of severe mistreatment <sup>(5)</sup>

# Adults and Mistreatment

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## Due to living as their desired gender:

- ❖ 34% had been verbally threatened or harassed
- ❖ 20% had been physically or sexually assaulted
- ❖ 57% avoided public washrooms due to safety fears
- ❖ 40% of Transgender people have attempted suicide - 9 times higher than the rest of the population <sup>(4)</sup>

# Medical Marginalization

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## Due to living as their desired gender:

- ❖ 49% of older youth reported missing needed physical healthcare <sup>(5)</sup>
- ❖ 25% had been belittled or ridiculed by an emergency care provider for being Transgendered <sup>(4)</sup>
- ❖ 21% did not see a doctor when they needed to because of fear of being mistreated <sup>(4)</sup>
- ❖ 40% of those who have a family physician experienced discriminatory behavior from their doctor <sup>(4)</sup>

# How can we help?

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The LGBTQ community needs support and to feel safe

# Support

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- ❖ Statistics from surveys identified that when there is support from family and various support groups: suicide attempts, depression and anxiety, and homelessness drop significantly
- ❖ Use preferred name and pronoun, create intake systems and forms that allow for transgendered status, and improve knowledge and sensitivity of LGBTQ patients (*Bolderston and Ralph, 2016*)

# My new name

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“It feels good when people use it, even if it is the only name they know. It feels like a signifier of respect. It is a signifier of respect. Although it seems very simple, having someone treat me as who I say I am (regardless of my drivers license or birth certificate) tells me that I will be safe enough accessing their services and support. This is particularly true when accessing medical and counselling services”

- **Kyle Taylor-Shaughnessy** excerpted from:

“The Remedy: Queer and Trans Voices on Health and Health Care”

Edited by Zena Sharman

# NEW FORM

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SIGE FORM



# SIGE FORM

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Sex

Identity

Gender

Expression

The SIGE form should be given to ALL patients that are having x-ray examinations

SIGE FORM

1. What is your preferred name \_\_\_\_\_
2. What is your preferred pronoun? He/him She/her They/their other \_\_\_\_\_

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Your doctor has ordered an x-ray.

We must use ionizing radiation in order to obtain the images your doctor has requested. As x-ray technologists, it is our professional duty to protect patients as best as possible from any unnecessary exposure. This includes shielding reproductive tissue whenever possible.

Please complete this form to help us determine how to best protect you during your x-ray today.

If you have any questions or concerns please feel free to speak with the technologist prior to your exam.

3. Where are your reproductive organs currently?

Internal (ovaries, uterus) \_\_\_\_\_

External (testes) \_\_\_\_\_

I do not have any reproductive organs \_\_\_\_\_

I am unsure of the answer \_\_\_\_\_  
(please speak to the technologist prior to your exam)

\*\*\*\*\*COMPLETE BELOW IF YOU HAVE INDICATED INTERNAL REPRODUCTIVE ORGANS\*\*\*\*\*

Ionizing radiation may be harmful to a fetus, therefore we must ensure that there is no possibility of pregnancy.

When was the start date of your last period? \_\_\_\_\_

If the start date is more than 10 days ago please answer the following:

How can you be certain that you are not pregnant?

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Please sign and date this form.

\_\_\_\_\_  
Patient name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sex Identity Gender Expression

# Patient Identification

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## SIGE FORM

1. What is your preferred name \_\_\_\_\_
2. What is your preferred pronoun? He/him She/her They/their other\_\_\_\_\_

# Patient Education

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Your doctor has ordered an x-ray.

We must use ionizing radiation in order to obtain the images your doctor has requested. As x-ray technologists, it is our professional duty to protect patients as best as possible from any unnecessary exposure. This includes shielding reproductive tissue whenever possible.

Please complete this form to help us determine how to best protect you during your x-ray today.

If you have any questions or concerns please feel free to speak with the technologist prior to your exam.

# Question 3

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3. Where are your reproductive organs currently?

Internal (ovaries, uterus)

\_\_\_\_\_

External (testes)

\_\_\_\_\_

I do not have any reproductive organs

\_\_\_\_\_

I am unsure of the answer

\_\_\_\_\_

(please speak to the technologist prior to your exam)

# Using the SIGE form

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“Hi Susan, my name is Virginia and I use the pronoun she. I will be taking your x-rays today. I see you are unsure about question 3 on the form. In order for me to use the appropriate type of shielding I need to clarify if you have had any surgeries related to your reproductive organs?”

# Pregnancy waiver

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\*\*\*\*\*COMPLETE BELOW IF YOU HAVE INDICATED INTERNAL REPRODUCTIVE ORGANS\*\*\*\*\*

Ionizing radiation may be harmful to a fetus, therefor we must ensure that there is no possibility of pregnancy.

When was the start date of your last period? \_\_\_\_\_

If the start date is more than 10 days ago please answer the following:

How can you be certain that you are not pregnant?

# Coaching the Technologist

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# Create a safe space

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- ❖ Use the name they want
- ❖ Use their desired pronoun
- ❖ If you make a mistake: apologize, correct it, and move on
- ❖ Don't make it weird

**“If you make a mistake you are not transphobic you are just figuring it out”**

–Lee Airton, Ph.D., University of Toronto

# No SIGE form

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**MTF – Expresses and identifies as female. Gender marker is male. We are confused.**

1. Be respectful of expression. Don't be weird
2. Introduce yourself using your name and pronoun
3. Ask their preferred name and pronoun
4. If they are having a wrist x-ray no more questions are needed
5. If not... “because we are doing an x-ray of your pelvis today, we need to know if you've had any gender related surgeries so we can provide appropriate shielding”

# Another example

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**FTM – 25 year old. Expresses and identifies as male. Gender marker female. We are confused.**

1. Be respectful of his expression/identity. Don't be weird
2. Introduce yourself and use your pronoun
3. Ask their preferred name and pronoun
4. Say, “because we are using ionizing radiation for this exam, we need to know if your ovaries have been removed”
5. If he says no, ask “is there any chance you could be pregnant”

# Androgynous

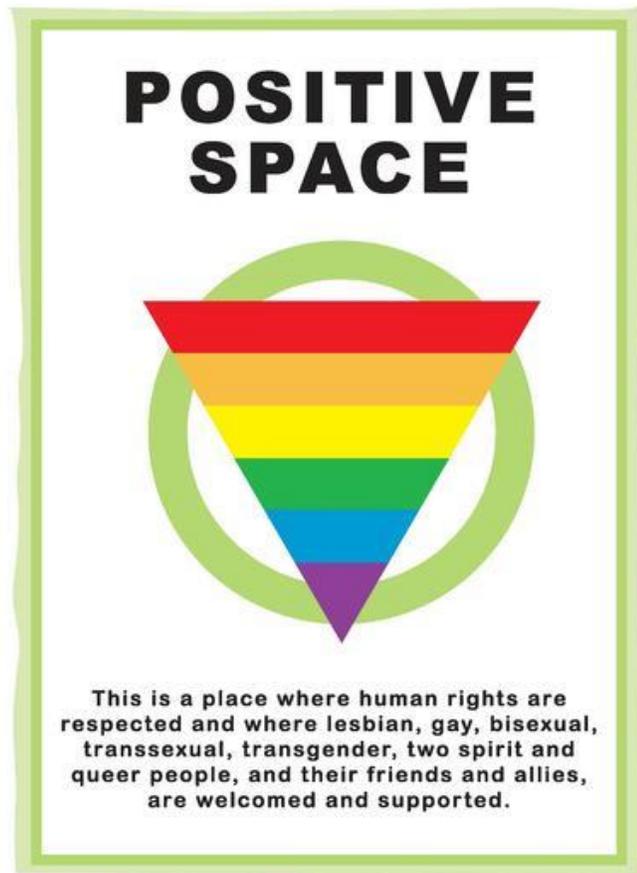
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**30 year old presents in a manner where we are unsure of biological sex. Name is Pat with no gender marker on ID. We are confused.**

1. Be respectful of expression. Don't be weird
2. Introduce yourself using your name and pronoun
3. Ask their preferred name and pronoun
4. Say, "because we are using ionizing radiation for this exam, we need to know where your reproductive organs are"
5. Their answer: internal or external. If internal, ask about possibility of pregnancy

# Establishing a Gender friendly practice

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# Summary

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1. The gender spectrum is broad and fluid
2. We must ask the right questions to obtain the right answers for the purpose of radiation protection
3. Transgender patients struggle to be accepted by others in public places as well as healthcare. Let's do what we can to support them
4. It is our job to treat Transgender patients, and the entire LGBTQ community, with professionalism and respect
5. Create a safe place for them
6. Don't make it weird!

# Questions

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# Glossary

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**MTF:** male to female transition

**FTM:** female to male transition

**LMP:** last menstrual period

**Deadname:** the birth name of a person who has since changed their name

**RIS/PACS:** radiology information system / picture archiving and communication system

**LGBTQ:** lesbian/gay/bisexual/transgender/queer

**Gender marker:** listed gender on identity documents

# Thank you

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## Contact information:

Virginia Sanders

[footers@gmail.com](mailto:footers@gmail.com)

Sidsel Pedersen

[Sidsel.Pedersen@sait.com](mailto:Sidsel.Pedersen@sait.com)

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