

The Ethics of Clinical Care for Patients with Diverse Gender and Orientation Experiences



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Disclosures



Dr. Smith, Ms. Aguila-Marquez and Mr. Zolobczuk have indicated that they have nothing to disclose and that their presentation will not include discussion of an unlabeled use of a commercial product or an investigational use not yet approved for any purpose.

Objectives



- Compare demographic data and health outcome trends across adolescent, adult, and senior populations who identify as gay, lesbian, bisexual, transgender, or gender nonbinary.
- Identify the primary medical and mental health conditions correlated with higher risk factors for patients impacted by anti-gay bias or gender-related stigma.
- Analyze institutional best practices recently implemented by South Florida healthcare organizations as compared to Joint Commission guidelines.
- Implement strategies to provide optimum patient-centered care, to achieve positive outcomes for this population of patients.
- Appropriately address common ethical dilemmas that arise when serving this patient population.

Open & Inclusive Dialogue



We invite you and welcome everyone to this conversation.

All personal values, religious beliefs, and cultural traditions can remain whole and included, as we focus on providing compassionate, high-quality, patient-centered care.



Why Does This Matter?



- Improves:
 - health outcomes
 - compliance with treatment plan
 - patient satisfaction
 - rapport
 - seeking future treatment
- Reduces risk management concerns

Transgender & Gender Nonbinary Care



- 23% did not see a doctor for fear of being mistreated
- 33% did not see a doctor because of cost
- 33% who saw a healthcare provider reported at least one negative experience, including:
 - being refused treatment
 - verbally harassed
 - physically or sexually assaulted
 - having to teach the provider to get appropriate care

2015 US Transgender Survey

Patient Trust & Safety



- Patients feel
 - Heard
 - Understood
 - Safe



Examining Unconscious Bias



Self-Reflection Exercise (Ms. Aguila-Marquez)

- 1) Close your eyes. Follow the prompts from the presenter.
- 2) Really allow yourself to reflect on your experiences.

The Community



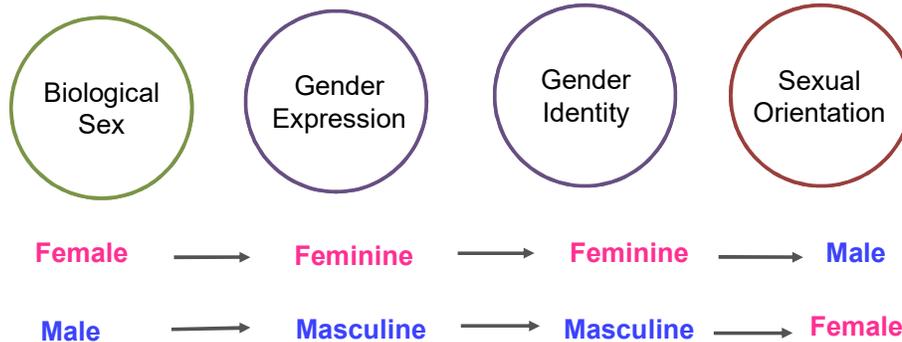
How to define?

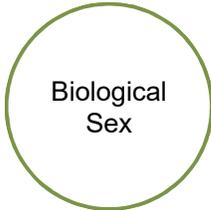
LGBTQ2SI+...



- It's about client choice, not about our opinions.
- Abide by their labels and definitions.
- Best practice: gender- and orientation- affirming patient care.

Binary Social Construct





Clinical term: **Disorders of Sexual Development**

Social term: **Intersex**

Prevalence estimates: **~0.5%?**

<https://www.karger.com/Article/FullText/442975>

Etiology: congenital conditions in which atypical development of chromosomal, gonadal, or anatomical sex occurs.

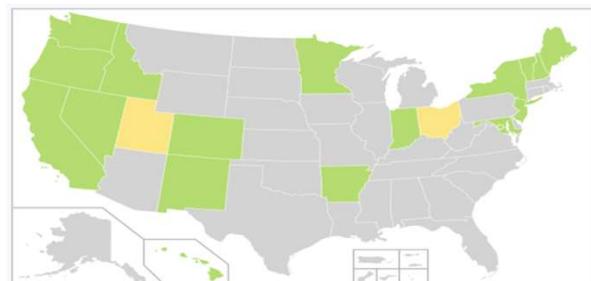
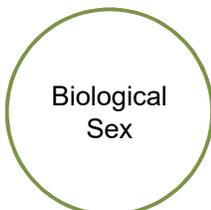
Late onset and classical adrenal hyperplasia (46,XY or 46,XX)

Klinefelter syndrome (47,XXY)

Turner syndrome (45,X)

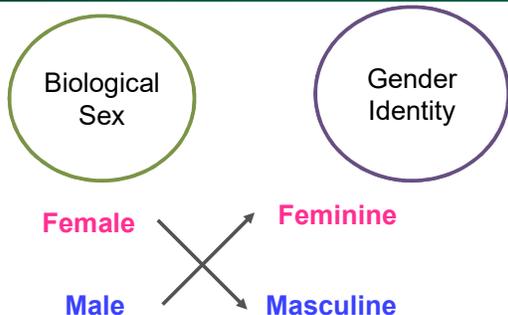
Androgen insensitivity syndrome (46,XY)

Idiopathic and Iotragenic



Jurisdictions that legally recognize a non-binary gender

- Recognition via statute or policy
- Recognition via court order only
- No legal recognition



Clinical term: **Gender Dysphoria** (DSM-5)

Social terms: **Transgender, Gender nonbinary, Gender queer**, etc.

Prevalence estimates: **0.6%–3.3%**

Flores, Gates, et al. (2016) <https://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf>

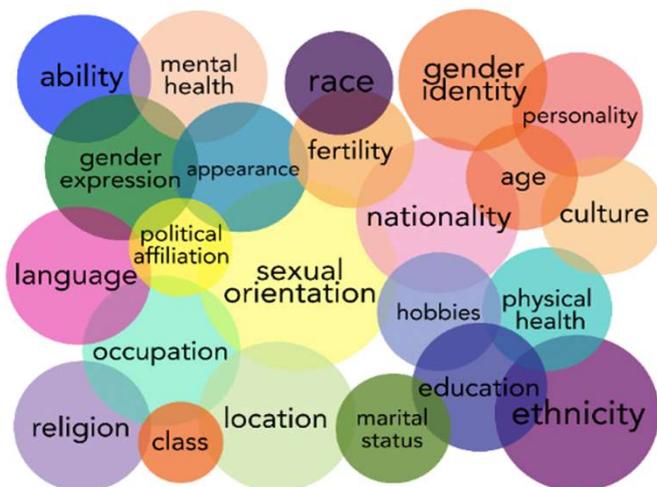
Broward County Public Schools YRBS (2018). <https://www.browardschools.com/cms/lib/FL01803656/Centricity/Domain/13726/BCPS%202017%20YRBS%20RESULTS.pdf>

Etiology: Unknown.

One study: "33% of identical twin pairs were both transgender, compared to only 2.6% of non-identical twins raised in the same family together."

Diamond (2013). "Transsexuality Among Twins: Identity Concordance, Transition, Rearing, and Orientation". *International Journal of Transgenderism*. 14 (1): 24–38. doi:10.1080/15532739.2013.750222

Intersectionality



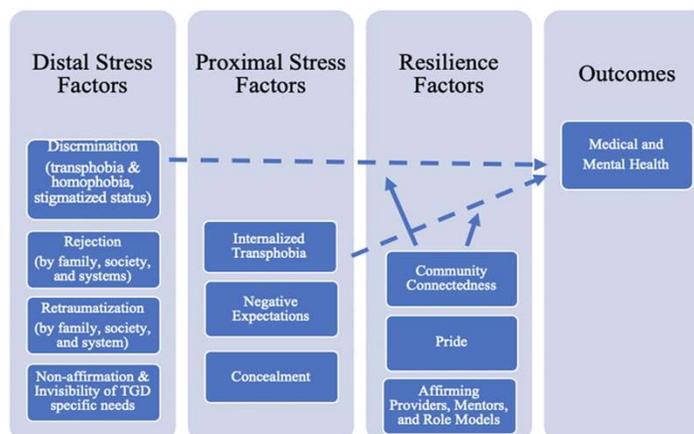
Minority Stress Theory & Intersectionality



•The three underlying assumptions. Stress is

- (1) unique,
- (2) chronic, and
- (3) socially based.

(Meyer, 2003)



Note: Figure 2 integrates Minority Stress Theory, as depicted by Testa et al., 2015, and integrates this with Intersectionality within systems. The dashed lines indicate inverse relationships.

Internalized Homo/TransPhobia



- Comes from chronic exposure to overt or covert Homo/transphobia
- Microaggressions
- Chronic stress -> poor health outcomes
- ACEs



Suicide attempt rates among transgender youth:

4% with strongly supportive parents;

60% with unsupportive parents.

<http://transpulseproject.ca/wp-content/uploads/2012/10/Impacts-of-Strong-Parental-Support-for-Trans-Youth-vFINAL.pdf>

Youth allowed to transition by parents:

- Increases mental health outcomes
- Anxiety and depression disparities vanish
- Relationships with others improve

Durwood (2017); American Academy of Child & Adolescent Psychiatry

Transgender & Gender Nonbinary Care



- 40% have attempted suicide
- 1.4% were living with HIV at nearly 5x the rate of the U.S. population (0.3%)
- 47% have been sexually assaulted

2015 US Transgender Survey

Broward, Miami-Dade, and Palm Beach County Public Schools



	Heterosexual	Gay, lesbian, bisexual, unsure
Student experience	84%	16%
Suicide attempt	6%	24% 4x
Alcohol before 13	16%	28%
Marijuana before 13	6%	16%

CDC Youth Risk Behavioral Surveillance Survey. (2018, June 15).

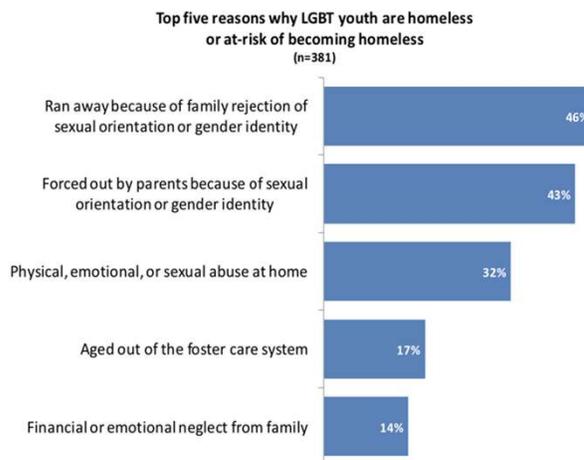
MMWR Surveillance Summaries Vol.67, No 8.

Youth Homelessness & Abuse



- Between 30-43% of homeless youth are LGBT. (Durso and Gates, 2012)
- Overrepresentation of LGBTQ youth in foster care (30.4%) and unstable housing (25.3) than in the community (11.2%). (Baams, et al. 2019)

Top Five Reasons Why LGBT Youth Are Homeless or at Risk of Becoming Homeless



Durso, L. E. and G. J. Gates (2012).



Clinical terms: **Homosexual, Bisexual**
 Behavioral terms: **MSM, MSTW, WSW**, etc.

Social terms: **Lesbian, Gay, Bisexual, Pansexual, Asexual, Questioning**, etc.

Prevalence estimates: **4.5%–16%**
<https://news.gallup.com/poll/234863/estimate-lgbt-population-rises.aspx>
 CDC YRBS (2018).
<https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>
 Etiology: Unknown.

Most recent study: "Authors estimate that genetics can explain between 8% and 25% of non-heterosexual behavior. Other influences may include environmental influences, ranging from hormone exposure in the womb to social influences later in life."
 Ganna, et al. (2019). *Science*, 30, Aug 2019:
 Vol. 365, Issue 6456. DOI: 10.1126/science.aat7693

Risk Management / Ethical Considerations



Langbehn v. Jackson Memorial Hospital (2008, FL)

Conforti v. St. Joseph's Healthcare System (2015, NJ)

Prescott v. Rady Children's Hospital–San Diego (2015, CA)

***“Miami surgeon says he quit after transgender advocates complained about his Instagram.”
(2019, FL) Miami Herald 3/16/2019***

<https://www.lambdalegal.org/in-court/cases/langbehn-v-jackson-memorial>

<https://www.lambdalegal.org/in-court/cases/nj-conforti-v-st-josephs>

<https://transgenderlawcenter.org/legal/youth/prescott>

<https://www.miamiherald.com/news/health-care/article228029564.html>

The Joint Commission



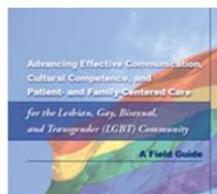
Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community

A Field Guide

April 3, 2014

Download This File 

This field guide from The Joint Commission urges U.S. hospitals to create a more welcoming, safe and inclusive environment that contributes to improved health care quality for lesbian, gay, bisexual, and transgender (LGBT) patients and their families. The Field Guide features a compilation of strategies, practice examples, resources, and testimonials designed to help hospitals in their efforts to improve communication and provide more patient-centered care to their LGBT patients. This monograph was developed with support from the California Endowment.



<https://www.jointcommission.org/lgbt/>

APA Guidelines



Guidelines for Psychological Practice With Transgender and Gender Nonconforming People

American Psychological Association

Transgender and gender nonconforming¹ (TGNC) people are those who have a gender identity that is not fully aligned with their sex assigned at birth. The existence of TGNC people has been documented in a range of historical cultures (Coleman, Colgan, & Gooren, 1992; Feinberg, 1996; Miller & Nichols, 2012; Schmidt, 2003). Current population estimates of TGNC people have ranged from 0.17 to 1,333 per 100,000 (Meier & Labuski, 2013). The Massachusetts Behavioral Risk Factor Surveillance Survey found 0.5% of the adult population aged 18 to 64 years

logical practice guidelines be developed to help psychologists maximize the effectiveness of services offered and avoid harm when working with TGNC people and their families.

Purpose

The purpose of the *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People* (hereafter *Guidelines*) is to assist psychologists in the provision of culturally competent, developmentally appropri-

<https://www.apa.org/practice/guidelines/transgender.pdf>

Affirmative Practice



Supportive and culturally sensitive behaviors that serve to strengthen and validate (instead of minimize or ignore) the experiences and needs of LGBTQ+ children, youth, and adults

(Austin, 2017; Hidalgo et al, 2013; Singh, 2016)

Affirmative Practice Constructs



- Diverse gender and orientations are not disordered
- Gender expression and norms are diverse across cultures
- Gender and orientation are fluid and on a continuum that may change over time
- Related pathology more often due to societal reactions of gender diversity
(Hidalgo et al, 2013)

Any Questions So Far?



Clinical Care Review



- Health disparities
- Barriers to care
- Medical knowledge
- Best practices

Gay, Bisexual & MSM



- Gay, bisexual and other cisgender men who have sex with men are affected by:
 - Higher rates of HIV and other sexually transmitted diseases (STDs)
 - Prevalence of HIV among sexual partners of gay, bisexual, and other men who have sex with men is 40 times that of sexual partners of heterosexual men
 - Receptive anal sex is 18 times more risky for HIV acquisition than receptive vaginal sex;
 - Gay, bisexual, and other men who have sex with men on average have a greater number of lifetime sexual partners.
 - Rates of human papillomavirus (HPV) higher among men who have sex with men
 - Tobacco and drug use
 - Depression

CDC, APA, ACOG

Lesbian, Bisexual & WSW



- Gay, bisexual and other cisgender women who have sex with women are affected by:
 - Great prevalence of obesity, tobacco use, and alcohol
 - May increase risk of type 2 diabetes, lung cancer, and cardiovascular disease
- Nullgravidity, low parity obesity, tobacco use, and less use of oral contraceptives -- which are potentially associated with breast cancer and ovarian cancer -- are more common in lesbians than heterosexual women
 - Many healthcare providers believe that lesbian patients do not require cervical cancer or STI screening because they are at low risk
 - Infections such as bacterial vaginosis, yeast, herpes, and human papillomavirus infections, can be contracted by lesbians
 - Tobacco and drug use
 - Depression

CDC, APA, ACOG

Barriers to Care



- Other factors that negatively impact health and ability to receive appropriate care:
 - Homophobia
 - Stigma
 - Discrimination
 - Lack of access to culturally and orientation-appropriate medical and support services
 - Heightened concerns about confidentiality
 - Fear of talking about sexual practices or orientation
 - Limited access to healthcare and health insurance
 - Not allowed to participate in their partners' employment benefits package in most circumstances

CDC, APA, ACOG

Breast Cancer Screening



- More at risk of breast cancer due to factors more prevalent among this population
- Risk factors:
 - less likely to undergo breast cancer screening
 - nulliparity
 - obesity
 - smoking
 - drinking
- Clinicians should recommend breast cancer screening

Cervical Cancer Screening



- Screening rates lower compared to heterosexual women
- Misperception that lesbians are not at risk
- Based on assumption that patient has not previously had sex with men
- Cervical dysplasia reported in lesbians who have not previously had intercourse with men
- Routine cervical cancer screening should be offered regardless of sexual preference or practices
- Onset and interval for testing based on ACOG recommendations
- Should be offered HPV vaccine in accordance with current guidelines

“If a doctor says you don’t need a Pap test because you’re not active with men, tell them they are wrong.”

ACOG

Cardiovascular Disease



- No proven increase in risk of cardiovascular disease among lesbian and bisexual women
- Women's Health Initiative data showed higher prevalence of MI, but lower prevalence of hypertension and stroke

Sexually Transmitted Infections



- Studies indicate lesbians rarely use protection as they believe they are not at risk
- Presence of certain STIs in women who report only female partners
- Transmission methods and prevalence require further study
- Use of shared sex toys or objects should be assessed
- **Proven transmission**
 - Herpes simplex
 - Genital warts associated with HPV
 - Trichomoniasis
- **Theoretical transmission (not studied)**
 - Chlamydia
 - Gonorrhea
 - Syphilis
 - Hepatitis B
 - HIV

Osteoporosis



- Insufficient evidence to guide recommendations for bone density testing
- Regardless of birth-assigned sex:
 - Should begin bone density screening at age 65
 - Screening between ages 50 and 64 should be considered for those with established risk factors for osteoporosis.
- Regardless of age and birth assigned sex
 - those who have undergone gonadectomy and a hx of > 5 years without gender-affirming hormone therapy (GAHT) should also be considered for bone density testing
 - Those without gonad and not on GAHT should follow screening and prevention guidelines for agonadal or postmenopausal women
- Advice should be given to modify risk factors for osteoporosis, including:
 - tobacco cessation
 - vitamin D and calcium
 - Weight-bearing activity
 - Moderation of alcohol consumption

Center of Excellence for Transgender Health Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People 2nd edition. Deutsch MB, ed. June 2016

Gender-Affirming Care



- Transgender people may or may not seek any one of a number of gender-affirming interventions, including:
 - Gender-affirming hormone therapy (GAHT)
 - Gender-confirmation Surgeries (GCS)
 - Interventions for the modification of speech and communication
 - Behavioral adaptations such as genital tucking or packing, or chest binding
- All of these procedures have been defined as medically necessary by the World Professional Association for Transgender Health (WPATH)
- Not everyone undergoes all components but does what is best to define their gender

World Professional Association for Transgender Health

Transgender & Gender Nonbinary Care



- 55% of those seeking coverage for transition-related surgery were denied
- 25% of those seeking coverage for hormones were denied

2015 US Transgender Survey

In practice medical transitions:

- considered elective
- arguably life saving as it gives hope to the hopeless
- Need WPATH MH evaluation and letter to report consent for approval to be conducted by a specialist

Gender-Affirming Care



- Diabetes
 - Recommendations for diabetes screening in transgender patients (regardless of hormone status) do not differ from national guidelines
- Heart disease
 - Cardiovascular risk is unchanged among transgender men using testosterone compared with non-transgender women
 - Evidence in transgender women is less clear.
 - Some studies found increased morbidity/mortality from MI and stroke compared with non-transgender men; however they did not adjust for other risk factors
 - For transgender women with cardiovascular risk factors or established CVD, using the transdermal route of estrogen may be preferred due to lower rates of venous thromboembolism, and lack of associated changes in lipid profile or markers of coagulation
- HIV
 - General guidelines for HIV screening, prevention, and care do not differ from national guidelines

Center of Excellence for Transgender Health Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People 2nd edition. Deutsch MB, ed. June 2016



Be cautious of making assumptions

Physical Exam



- The patient's gender should be affirmed during the visit
- Provide care in a sensitive and respectful manner
- Provide care for anatomy present, regardless of patient's identification or presenting gender
- Always address patient with correct pronouns and affirmed name
- An exam should be performed only on body parts relevant to the reason for the visit

Any Clinical Questions?



Ethics Cases – Disclaimers



- The purpose of these exercises is to engage in application of critical, ethics-focused thinking. Not a prescriptive or “you should do XYZ” discussion.
- Helpful tools: 1) Patient-centered care approach, 2) combining what we've reviewed about population disparities and barriers to care.

Case #1



- 35 y.o. Black female patient “Sally” requires an abdominal X-ray. She is accompanied by her unmarried 37 y.o. female life partner. You inform Sally a pregnancy test before sending her to radiology. The partner laughs and says, “There is absolutely no way she’s pregnant,” and glares at you.

What Could You Say?



- A. Keep going as if the exchange hadn’t happened
- B. Quickly change the subject
- C. Explain that this is a standard procedure
- D. Express your personal beliefs
- E. Explain that it may be highly unlikely and validate the couple’s concern, but it is a standard test that has to be performed before having the study

Case #2



- You overhear this conversation: a 67 y.o. Hispanic male is frantically searching the hospital corridors. He stops a hospital employee in the hallway and says, “My husband just had a brain cyst removed, and I’m lost. I can’t find the recovery unit to visit him?” The employee says, “What do you mean *husband*?” The male becomes dismayed and frustrated.

What Could You Say?



- A. I’m sorry I upset you
- B. Have the person sit down and discuss
- C. I apologize. How can I better assist you?
- D. Walk away

Case #3



- A 16 y.o. Hispanic natively born female admitted to ED for self-inflicted lacerations to both forearms and wrists. Patient is stabilized and awaiting transfer to an adolescent psychiatric facility. The Patient discloses that he identifies as male, and prefers “he” pronouns and a masculine chosen name. Patient is afraid to tell his parents due to rejection threat; suicide attempt is related to this conflict. When you return to check patient vitals, the patient’s parents are in the room saying, “We love you, daughter. We’re going to get you better help for your depression.”

How Do You...



...address the patient and the parents when you walk up to the bedside?

- A. Use the term “child” instead of using “son or daughter”
- B. Discuss the importance of not misgendering the patient
- C. Respect the confidentiality of the patient
- D. Talk about your personal opinions
- E. Avoid using patient’s name to avoid misnaming

If the Patient is 23 Years Old



... would your approach be different?

- A. No. The approach would be the same
- B. Yes. I would be more assertive about patient's wishes.
- C. Maybe. Depends if the family is in the room.
- D. I would ask the patient what they wanted me to do.

Case #4



- A 45 y.o. Black transgender female (naturally male transitioned to female) has sought urgent care treatment for a UTI. Pt. marked "F" on the intake form, and put an asterisk and the word "Trans" on the form. Patient has breasts and male genitalia, and ID states "F" on Florida driver's license. Patient takes *estradiol* and *spironolactone* for over five years.

What Could You Say?



1. How do you affirm the patient?
2. How would you handle the UTI take-home care instruction sheets?

Case #5



- You are the RN shift supervisor. A male trainee RN says to you, “Please don’t assign me to Room 3. I’m very uncomfortable with that patient and his visitor. Their lifestyle goes against my beliefs and my culture.” Room 3 has an HIV+ male patient and a male companion visitor. You happen to have a gay nephew who went through struggles coming out as gay in your own family.

How Do You Intervene With the Trainee?



- A. Have an open conversation
- B. Berate the trainee
- C. Have the person fired
- D. Ignore the situation

Case #6



A 28 y.o. patient with a thick beard and male-pattern baldness needs a pelvic ultrasound to investigate abdominal pain. Your patient intake form only has “F” or “M” for sex. The patient marked “M” on intake, and during the exam, you are surprised to discover a uterus and fallopian tubes.

How Do You Affirm the Patient?



- A. Ask the patient's preferred name
- B. Ask about the patient's preferred pronoun
- C. How else could you affirm the patient?

Any Other Questions?



Resources & Referrals



- Gilbert Smith, DO, Child & Adolescent Psychiatry,
 - Nicklaus Children's Hospital
 - gsmith01@nicklaushealth.org
- Noemi Aguila-Marquez, LCSW, IMH-E, PhD Candidate
 - Counsel & Connect, Inc. and SF Health Collaborative
 - nmarquez@counselandconnect.org
- YES Institute
 - Phone: **305-663-7195** email@yesinstitute.org
 - Public and private school contacts
 - Family & youth support
 - Affirming psychologists/therapists - referrals
 - Transgender affirming medical provider - referrals

Thank You!



References



Durso, L. E. and G. J. Gates (2012). *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless*. Los Angeles, The Williams Institute with True Colors Fund and The Palette Fund.

Baams, L., et al. (2019). "LGBTQ youth in unstable housing and foster care." *Pediatrics* **143**(3): e20174211.