

How Can Pharmacy Students Help Provide Culturally Appropriate Care for Transgender, Non-Binary, and Gender Diverse Patients?

Feature Article

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My first hospital placement. An inconsequential detail, yet one I will never forget. The education pharmacist was giving the students a tour of the pharmacy department and one of the pharmacists at the hospital wore a rainbow lanyard. I was hardly closeted at this point, but that subtle show of support meant everything to me. I do not know whether that pharmacist was a member of the queer community themselves, or whether they wore the lanyard as an act of allyship, but the relief I experienced when the thought that people like myself are welcome here rushed through my mind was unforgettable.

Providing healthcare for members of the queer community, particularly those who are transgender, non-binary, or gender diverse (TNG), is a topic for which I have developed a passion, both from my own experience and in learning from the experiences of others. As both a fourth-year pharmacy student and a gender diverse person, I hope that I can strive to improve health outcomes in the future for a group who sorely need it. I am aware that many articles around this topic have rather a negative tone, and this is not my intention with this piece — I hope to bolster the confidence of other TNG healthcare students or workers, and to educate and empower cisgender allies to work together with us to achieve this goal. Throughout the process of writing this piece I have consulted with five of my TNG peers so that this article can encapsulate a wider spectrum of experiences. However, I will not be using their names in this article in order to preserve their anonymity.

BACKGROUND

It is well documented that TNG people have worse physical and mental health outcomes than their cisgender peers.¹⁻⁴

This is speculated to be related to TNG people often not seeking healthcare in a timely manner, meaning that by the time they present in a primary care or emergency setting their condition can be worse and more complex.² A 2023 study by Lillemoe et al. demonstrated several reasons why TNG people avoid seeking healthcare, including the following: they believe they will be treated badly, not wanting to disclose their trans identity or background, and fearing that they will be misgendered.² Sadly, these worries are not unfounded — several of the individuals I spoke to in the process of creating this article had stories of being misgendered by healthcare providers.

Another aspect of TNG people's experiences which is pertinent for healthcare providers to be conscious of, is the concept of gender dysphoria and gender euphoria. Many, but not all, TNG individuals feel a strong sense of gender dysphoria, which can be triggered by situations such as using individuals' deadnames or making reference to a person's physical characteristics such as sex organs.⁵ Gender euphoria is an aspect discussed more rarely in the literature, but is described as a feeling of rightness in one's gender.⁶ Hence, being aware of these two concepts is beneficial when attempting to provide culturally sensitive care to TNG individuals.

Additionally, it has been demonstrated that TNG individuals are approximately three to six times more likely to be autistic than their cisgender peers.⁷ Hence, given the known difference in communication styles between those who are autistic and those who are neurotypical, it is clear why many autistic or otherwise neurodiverse individuals who are also

TNG struggle with the self-advocacy required to navigate situations that can arise when disclosing their gender identity to others.^{5,8}

GENDER AFFIRMING CARE

When those outside of the queer community hear of gender affirming care, their mind may jump to hormone therapy and/or the various surgeries that are performed. This is one aspect of it, but gender affirming care is not and should not be limited to these medical interventions.⁹ While rates of regret after gender affirming surgeries can be as low as 1% and most individuals who pursue hormone therapy are highly satisfied with the results, there are also other ways in which healthcare professionals are able to help TNG people feel affirmed in their gender.^{10,11}

As mentioned previously, the use of patients' deadnames is a trigger of gender dysphoria for many TNG people, which means that minimising the usage of deadnames where they are not legally required is an important step that pharmacists and other pharmacy staff can take to make TNG people more comfortable.¹² For example, most dispensing software allows users to input a name that is different to the name on the prescription in a patient's profile which can then be put on the dispensing label.¹³ Being in the habit of calling out surnames on prescriptions rather than first names can also reduce the chances of accidentally deadnaming patients.

Additionally, eliminating language that assumes the gender identity of people who you do not know can also help create a more inclusive environment. For example, rather than saying 'the woman' to refer to someone waiting to pick up a prescription, other descriptors such as "the person wearing the green jacket" can be used.¹³

HOW CAN PHARMACY STUDENTS HELP CREATE A MORE SUPPORTIVE ENVIRONMENT FOR TNG PEOPLE?

Out of the five TNG people I spoke to, two were currently on some form of hormone replacement therapy (HRT). However, one stated also that "if [they were] in a safe home environment to physically transition, [they] would be". The remaining two stated that while they are not currently on HRT, it is something that they have considered. It is important to note that while not all TNG people will pursue or want HRT, the provision of HRT is a major role that community pharmacists play in providing healthcare to this group. One person mentioned that they are misgendered

every time they go in to get their testosterone prescription filled:

"I go [to a community pharmacy] once a month to pick up my testosterone prescription and because of legal reasons my legal/birth name always gets called out or said, which sucks so much".

This highlights a missed opportunity for community pharmacy staff to clarify at 'scripts in' if the name on a prescription is the name that the patient wants to be referred to by. While it is necessary to have a person's legal name in the system for Pharmaceutical Benefits Scheme (PBS) claims, this does not have to be the name that staff use to refer to a patient or call out when prescriptions are ready. Asking a patient what their preferred pronouns are can be another way of helping patients who are TNG and/or gender-nonconforming feel more comfortable and safer in this environment.^{14,15} Additionally, documentation of such details in dispensing software (with patient consent) to alert colleagues can reduce the chance that other staff may accidentally misgender a patient.

In addition to hormonal or surgical interventions, it is important that pharmacy students and others in the pharmacy profession are aware that patients who have not accessed these interventions — either because they intend to in the future or because they do not intend to pursue these at all — can still be TNG. In many online or face-to-face communities this distinction is made by using the terms 'social transition' versus 'medical transition'.¹⁶ Medical transition can refer to any medical or surgical aspect of a person's transition such as HRT or various gender-affirming surgeries. Conversely, social transition encompasses other aspects such as going by a different name and/or pronouns, the use of makeup and/or hairstyles to change how one's gender is perceived externally or methods such as binding or tucking. Hence, it is important not to assume that patients who have come into a pharmacy setting who are not on hormone therapy or do not have any significant surgical history are automatically cisgender.

When asked to reflect on any positive experiences they have had with healthcare providers, one TNG person recounted how their psychologist helped put "Mx" as the honorific in front of their name on the prescription for their antidepressant. "The pharmacists haven't cared [about seeing Mx on there] which is lovely". They added, "they don't mention it but they also don't he/him me which is nice." While admittedly a small detail, it is often the more

subtle signs of support that take into consideration the experiences of this population which can really make a difference.

There is no single way for pharmacy students, pharmacists or other pharmacy staff to care for TNG people to the best of their abilities. Rather, it is important to think of it as multifaceted and remember that as with any other patient, you should be acting in the patient's best interests and treating them with respect. Whether it is clear at the time or not, it is almost certain that every pharmacist will come across at least a few TNG patients in their careers, if they choose to stay in the profession given the proportion of the population these people represent. From small signs of solidarity such as rainbow lanyards or pronoun pins, to educating oneself on the different forms of HRT so that you can help answer a patient's question, there are many ways in which we can help support TNG patients and I encourage all pharmacy students to do so.

REFERENCES

- Hughto JMW, Varma H, Babbs G, Yee K, Alpert A, Hughes L. Disparities in health condition diagnoses among aging transgender and cisgender medicare beneficiaries, 2008-2017. *Front. Endocrinol.* 2023;14.
- Lillemoie J, Holmstrom SE, & Sojar SH. Emergency care considerations for transgender and gender diverse youth: a review to improve health trajectories. *Curr Opin Pediatr.* 2023;35(3):331-336.
- Anderson KG, Garrison E, Clifton RL, Harper L, Zapolski TCB, Khazvand S, et al. Measures of self-reported identity associated with sex and gender: Relations with collegiate drinking. *Alcohol (Hanover).* 2023;47(3):501-511.
- Wang Y, Han M, Zhang Y, Wang Y, Li G, Huang Z, et al. A national transgender health survey from China assessing gender identity conversion practice, mental health, substance use and suicidality. *Nature Mental Health.* 2023;1:254-265.
- Strang JF, Powers MD, Knauss M, Sibarium E, Leibowitz SF, Kenworthy L, et al. "They Thought It Was an Obsession": Trajectories and Perspectives of Autistic Transgender and Gender-Diverse Adolescents. *J Autism Dev Disord.* 2018;48(12):4039-4055.
- Beischel WJ, Gauvin SEM & van Anders SM. "A little shiny gender breakthrough": Community understandings of gender euphoria. *Int J Transgend Health.* 2021;23(3):274-294.
- Warrier V, Greenberg DM, Weir E, Buckingham C, Smith P, Lai M. Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals. *Nat Commun.* 2020;11(1):3959.
- Milton DEM. On the ontological status of autism: The 'double empathy problem' *Disabil. Soc.* 2012;27(6):883-887.
- Boyle P. What is gender-affirming care? Your questions answered. Association of American Medical Colleges [Internet]. 2022 [updated 2022 Apr 12; cited 2023 May 19]. Available from: <https://www.aamc.org/news/what-gender-affirming-care-your-questions-answered>
- Bustos VP, Bustos SS, Mascaro A, Del Corral G, Forte AJ, Ciudad P. Regret after gender-affirmation surgery: a systematic review and meta-analysis of prevalence. *Plast Reconstr Surg Glob Open.* 2021;9(3).
- Siira M, Getahun D, Silverberg MJ, Tangpricha V, Goodman M, Yeung H. Satisfaction with current hormone therapy and goals of additional gender-affirming care in transgender adults. *J Sex Med.* 2023;20(4):568-572.
- Chaudhary S. Tips to providing culturally appropriate care to people who are transgender. *Australian Pharmacist.* 2022 [updated 2022 Mar 30; cited 2023 May 20]. Available from: <https://www.australianpharmacist.com.au/providing-culturally-appropriate-care-transgender-patients/>
- Hava C. Everything you need to know about transgender healthcare. *Australian Pharmacist.* 2023 [updated 2023 Feb 27; cited 2023 May 20]. Available from: <https://www.australianpharmacist.com.au/everything-you-need-to-know-about-transgender-healthcare/>
- Horisk K, Underwood E, Petch M, Johnson A. Considerations in the management of trans patients. *Br Dent J.* 2021;230(5):283-284.
- Valente PK, Paine EA, Mellman W, Rael CT, MacCrate C, Bocking WO. Positive patient-provider relationships among transgender and nonbinary individuals in New York City. *Int J Transgend Health.* 2023;24(2):247-262.
- Telfer MM, Tollit MA, Pace CC, Pang CK. Australian standards of care and treatment guidelines for trans and gender diverse children and adults. Melbourne (VIC): the Royal Children's Hospital. 2020.
- Binding [Internet]. 2021 [cited 2023 July 15]. Available from: <https://www.transhub.org.au/binding>
- Cisgender [Internet]. 2023 [cited 2023 July 15]. Available from: <https://www.merriam-webster.com/dictionary/cisgender>
- Deadname [Internet]. 2023 [cited 2023 July 15]. Available from: <https://www.merriam-webster.com/dictionary/deadname>
- Trans and gender diverse people [Internet]. 2023 [updated 2023 April 18; cited 2023 July 16]. Available from: <https://www.betterhealth.vic.gov.au/health/healthyliving/Transgender-and-transsexuality>
- LGBTQIA+ glossary of common terms. Australian Institute of Family Studies. 2022 [cited 2023 July 16]. Available from: <https://aifs.gov.au/sites/default/files/publication->

documents/22-02_rs_lgbtqiqa_glossary_of_common_terms_0.pdf

22. Mx. Cambridge Dictionary [Internet]. 2023 [cited July 16 2023]. Available from: <https://dictionary.cambridge.org/dictionary/english/mx>

23. Queer. Cambridge Dictionary [Internet]. 2023 [cited July 26 2023]. Available from: <https://dictionary.cambridge.org/dictionary/english/queer>

24. Tucking [Internet]. 2021 [cited 2023 July 15]. Available from: <https://www.transhub.org.au/tucking>

GLOSSARY

Binding: For people who have a significant amount of breast tissue, using methods such as specific garments (chest binders) or kinesiology tape to flatten and shape their breast tissue so that it looks flatter and closer to what would typically be associated with a cisgender man.¹⁷

Cisgender: Someone who identifies with the sex they were assigned at birth. For example, a cisgender woman would be someone who was born with a vagina and vulva and feels that they are a woman.¹⁸

Deadname: The name given at birth to a TNG individual who has changed the name that they go by socially. For many, this may still be their legal name.¹⁹

Gender Diverse: Gender identities that fall outside the binary of 'man' and 'woman'. This includes both people who do not identify as either, as well as people who may identify with both, or partially identify with one. Another term you may have heard for this is non-binary, but I will be sticking with 'gender diverse' in this article as it is generally the term used in academia.²⁰

Gender Dysphoria: A state of feeling unhappy, uneasy, or unsatisfied about one's perceived gender or gender expression. Specifically, the conflict between one's internal gender identity and that which is perceived by other people. Two of the main types are body and social dysphoria. For example, dysphoria about parts of one's body or about people using the wrong pronouns for you, respectively.²¹

Gender Euphoria: The opposite of gender dysphoria. Feeling affirmed, happy, and satisfied about your gender or gender expression. For example, a transgender man might feel gender euphoria when hearing people refer to or talk about him using he/him pronouns or after having top surgery to remove his breast tissue.²¹

Mx: Pronounced 'mix' – this is a gender neutral alternative to the titles/ honorifics, 'Mr', 'Mrs', or 'Miss'.²²

Queer: I use this as an umbrella term to mean anyone who is not straight and/or does not identify with the sex they were assigned at birth, i.e., an alternative to acronyms like LGBTQIA+.²³

Transgender: Someone who does not identify with the sex they were assigned at birth. I am using this term in a way that does include non-binary or gender diverse people but I acknowledge that not everyone who identifies that way feels that the label of transgender is accurate for them.²¹

Tucking: For TNG people who have a penis and testes, some may choose to hide the bulge that may be seen through clothing through manipulating the position of the penis and/or testes.²⁴

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DISCLAIMER

This article has not been peer-reviewed.