

‘Transcare’ – An Emergency Physician’s Challenge**Mohnish Chordia¹, Prasanth Ravinthiran², Waseem Ahmed M³**^{1,2,3}Department of Emergency Medicine, Sundaram Medical Foundation (Dr. Rangarajan Memorial Hospital), Chennai, Tamil Nadu, India

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Abstract:

Background: Transgender individuals face significant difficulties in obtaining high-quality, compassionate medical care, much of which has been attributed to inadequate provider knowledge. The following case discussion and review of the literature also seeks to improve the practice of Emergency Physicians who are inexperienced in this arena. This presentation aims to review the guidelines to ensure transgender care, including a review of relevant terminology; a few interactive tips and basics in medical and hormonal treatment and adverse events. Case report: This is a case based discussion of a 32 year old female who was brought to the emergency department for complaints of severe bilateral leg pain with dark urine for the last 2 days. Patient was evaluated in the Emergency Department and surprisingly turned out to be a transgender, later diagnosed to have Rhabdomyolysis. Patient was admitted to IMCU for further care. Conclusion: Transgender adults experience unwelcoming healthcare environments, non-affirming healthcare professionals, and institutional practices that inhibit the delivery of gender-affirming care.

Keywords: Transgender Care, Hormones, Sexual medicine.

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Introduction

Trans people experience multiple barriers to accessing health and social services. The top three reported barriers – financial expense of services, lack of service availability, and waitlist for services. Accordingly, the framework includes five recommendations related to clinical training:

1. Develop clinical guidelines for all practitioners to ensure professional competence in the various specialty transition/crossdressing services.
2. Encourage the adoption of a harm reduction approach to hormone prescription and maintenance
3. Educate primary care providers about cross-gender hormone use, and provide sample protocols.
4. Provide ongoing, continuing medical education in the area of transgender medicine.
5. Develop specific educational materials for family doctors.

Transgender definitions

Transgender people are defined according to their gender identity and presentation. This group encompasses individuals whose gender identity differs from the sex originally assigned to them at birth or whose gender expression varies significantly from what is traditionally associated with or typical

for that sex. The transgender population is diverse in gender identity, expression, and sexual orientation. Some transgender individuals have undergone medical interventions to alter their sexual anatomy and physiology, others wish to have such procedures in the future, and still others do not. Transgender people can be heterosexual, homosexual, or bisexual in their sexual orientation. Male-to-female transgender people are known as transgender females, or transwomen, while female-to-male transgender people are known as transgender males, or transmen.

Transgender care: A broken bridge

The ED should be designed to welcome patients and make them feel safe. Unfortunately, many EDs lack systems to adequately support transgender patients, and various structural factors may foster gaps in care. Registration is the first step in obtaining care, and negative impressions may lead patients to feel unwelcome.

At many institutions, patients are asked to state their sex or gender in a binary fashion, which can cause conflict with registration staff if patients fail to respond accordingly. Furthermore, requiring binary gender becomes problematic if there is a discrepancy among gender representation on a

patient's identification card, health insurance documentation, or medical chart.

In terms of other structural factors that can demonstrate affirmation for transgender patients, the institutions should amend policies to ensure that all patients are guaranteed to be welcome and safe. The following ways can be implemented including gender identity and expression in non-discrimination policies, creating all-gender restrooms, and constructing a supportive environment that encourages staff members to treat transgender patients with respect.

It is important to have access, when safe and feasible, to hormone therapy and personal items that assist them in expression of their gender identity, such as clothing and makeup. Although modifying electronic health record systems and institutional policies may seem daunting, taking these steps is essential in establishing a welcoming environment for transgender patients.

Two popular forms of communicating new policies to transgender patients in the community are disseminating flyers through local transgender advocacy organizations and posting signs in the ED waiting room guaranteeing non-discrimination on the basis of gender identity and expression. Affirming language, a healthcare personnel can use:

- 1) What name would you like me to call you?
- 2) What pronoun should we use when referring to you?

Trans care Sheet

- 1) Developed an Approach to Transgender Care - TRANSCARE SHEET
- 2) Offer gender-neutral restrooms
- 3) Assign patients to hospital rooms based on their self-identified gender, unless they request otherwise
- 4) Nursing Staff should be educated on the way of care for the trans genders
- 5) Promoting Our services by trans Positive material in the department
- 6) Collecting Feedback form
- 7) Documentation
- 8) Prompt Referral
- 9) Transgender CPR Training Programme – Association with Rotary club

Trans care Sheet contents

Key Questions

- 1) What name and pronouns do you prefer?
- 2) What sex were you assigned at birth?
- 3) I need to ask you some questions about your sexual health and sexual activity because it may relate to the problem you are here. Would this be okay?

- 4) Have you pursued any changes in your appearances or body to bring it closer to your sense of self?
- 5) Have you ever or are you currently taking exogenous hormones, or any other medications related to gender representation?
- 6) Have you experienced physical, sexual or emotional violence recently?

Sexual History

- 1) Are you sexually active? If not, when was the last time that you were?
- 2) Do you practice insertional sex? Receptive sex?
- 3) How many sexual partners do you have?
- 4) Do you use any protection for pregnancy or sexually transmitted infections? If so, what do you use and how often?
- 5) I would like to order a radiograph for you. If there any chance you could be pregnant, we need to check a pregnancy test before doing a radiograph. Is that okay with you?

Patient-centered physical examination

1. Genitourinary Exam (Clitoral enlargement, vaginal dryness- if on Masculinizing Hormones)
2. Evidence of Feminizing Procedures
 - a) Breast Augmentation and its implants risk (Any signs of Infection, Bleeding and Rupture)
 - b) Bottom surgeries (Penectomy, Orchiectomy, Vaginoplasty, Clitoroplasty, and Vulvoplasty)
 - c) Facial Feminization (Alterations to the jaw, chin, cheeks, forehead, nose, eyelids and adjustment to hairline)
 - d) Tracheal Shave (Any Scar, reduced/Resized Cartilage)
 - e) Silicone Free Injection (Contouring face, hip and chest and injections related complications - infection, necrosis, migration of silicone, allergic reaction)
3. Evidence of Masculinizing Procedures
 - a) Manusculture (Liposuction and its complication-Bruising, pain, bleeding and infection)
 - b) Hysterectomy
 - c) Phalloplasty
 - d) Scrotoplasty

Investigations

1. Feminizing Hormones
 - a) Estrogens -Some increased risk for DVT/PE (D-dimer, Chest x ray and CT-PA)
 - b) Anti-Androgen: Hyperkalemia, prolactinoma (ECG, S. Potassium, S. Prolactin)
 - c) Progesterone: DVT/PE (D-dimer, Chest x ray and CT-PA)

2. Maculinizing Hormones
 - a) Testosterone (Polycythemia vera/hyperlipidemia) – To do P. Smear/FBC/Lipid Profile)
3. Pregnancy test (UPT/Serum Bhq)

Documentation

E.g-A 32-year-old genderqueer patient (Assigned male at birth, Pronounced "She") presented with so and so...

Disposition

1. Involvement of Multi-Disciplinary Team (Endocrinologist / Plastic Surgeon / Gynaecologist / Urologist / Psychologist / Fertility Specialists)
2. Social Services Team Support
3. Referral to Rajiv Gandhi GGH (Runs-Every Friday)

Feedback Form

1. Have you ever avoided going to the ED when needed care because you are trans?
2. For each of the following, has an emergency care provider ever?
 - a) Doctor has refused to see you or ended ED care because you were trans
 - b) Used hurtful or insulting language about trans identity
 - c) Refused to discuss or address trans-related health concerns
 - d) Told you that you were not really trans
 - e) Refused to examine parts of your body because you're trans

Recommendation

1. Review of the medical curriculum and research for doctors for doctors to address their specific health issues.
2. Provision for coverage of medical expenses by a comprehensive insurance scheme
3. Setup separate HIV sero-surveillance centers in accordance with the guidelines issues by NACO
4. To facilitate access to hospital and other healthcare institution

Discussion

In addition to the usual care, transgender patients often require medical interventions such as hormone therapy and/or surgery.. The purpose of this manuscript is to briefly review the current literature characterizing barriers to high quality health care for transgender individuals and to propose research priorities to understand both the mechanisms of those barriers and potential interventions to overcome them. The biggest barrier both to safe hormonal therapy and to appropriate general medical care for transgender patients is the lack of access to care. Despite both guidelines and data supporting the current transgender medicine

treatment paradigm (1–6), transgender patients report that lack of providers with expertise in transgender medicine represents the single largest component inhibiting access (7). Transgender treatment is not taught in conventional medical curricula and too few physicians have the requisite knowledge and comfort level (8–12) Other reported barriers include: financial barriers (lack of insurance, lack of income), discrimination, lack of cultural competence by health care providers, health systems barriers (inappropriate electronic records, forms, lab references, clinic facilities) and socioeconomic barriers (transportation, housing, mental health). While some of these health care barriers are faced by other minority groups, many are unique and many are significantly magnified for transgender persons.

Conclusion

Transgender adults experience unwelcoming healthcare environments, non-affirming healthcare professionals, and institutional practices that inhibit the delivery of gender-affirming care. This leads to widespread adversity and barriers to safe and equitable healthcare. The integration of gender-affirming approaches in healthcare requires a standardised guidance and this has been implemented in our hospital.

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