



Trans Care

# Medical issues

## Getting trans-competent care:

### How to work with your nurse or doctor

Studies of trans people, our work with trans people, and our personal experience as trans people tell us the same thing: trans people often don't have access to basic medical care. Help finding a trans-experienced GP was the #1 referral request in the Transgender Health Program's first year.

Like everyone else, trans people need regular health checkups and care for general health problems. Trans people may also need care for trans-specific concerns. Lack of access to regular health care increases the risks of health concerns not being diagnosed or treated until they are serious problems. Finding a nurse or doctor who you respect, trust, and feel you can be honest with is one of the best things you can do for your health.

It would be nice if every nurse and doctor in BC was a trans health expert, but we're a long way from that. Realistically, most of us have to help our health care providers understand trans issues and figure out how to provide our care.

This booklet is intended to help you:

- identify what you need to feel that your nurse or doctor is being trans-positive (respectful and sensitive about trans issues)
- consider whether or not to come out as trans to your GP/nurse
- know what to expect if you switch to a trans-competent GP/nurse
- understand issues in coding “F” or “M” on medical charts and lab forms
- learn about professional resources that you and your health care provider can use to get more information about trans care

The goal is to be able to get trans-competent care for your basic health problems and questions. It’s also about building your confidence and knowledge, so that when you go to meet your health care provider, you have a clear idea about what to expect and can tell them what you want and need.

## What’s Involved in Trans Primary Medical Care?

*Primary medical care* refers to your main point of contact with the medical system – the GP, nurse, or community health centre you go to for general health problems or for health advice. In BC, 95% of this kind of care is provided by family physicians (usually abbreviated as GP, general practitioner). Street nurses, public health nurses, nurse practitioners, and community health representatives also provide some primary medical care services.

Primary medical care usually includes:

- health promotion: helping people do what they can to be as healthy as possible, and also addressing societal issues that contribute to health (shelter, safe water, nutritious food, etc.)
- screening: checking for early warning signs of common diseases (cancer, diabetes, etc.)
- assessing symptoms and diagnosing illness
- treatment of acute illness (short-term condition that can be cured)
- management of chronic disease (long-term conditions that can’t be completely cured)
- referral to other health professionals and health resources for comprehensive care

In trans care, standard medical practices may need to be changed to be *trans-relevant* – relevant to trans people’s lives and bodies. For example, information about safe sex needs to take into account the diversity of trans people’s bodies and the ways that transphobia makes it hard to negotiate safe sex. Similarly, information about cancer needs to reflect the ways that hormones and surgery affect trans people’s risks and treatment options.

As part of being trans-competent, medical professionals are expected to know how to find answers to trans health questions, and about community health options. This includes knowing how to find trans peer and professional resources, and providing advocacy if needed when making a referral.

The Transgender Health Program has detailed guidelines for doctors and nurses explaining how to look after trans people’s basic needs, and also how to look after patients who are taking hormones or having surgery as part of gender transition. Training is also being developed for health professionals who want to learn more about transgender basics.

## **Trans hormone therapy as part of primary care**

In BC, prescriptions can be written by doctors or nurse-practitioners (NPs), but NPs can only prescribe some kinds of medication. NPs can prescribe estrogen, anti-androgens, and progesterone, but only a doctor can prescribe testosterone. For more information, see the booklet *Getting hormones*, available from the Transgender Health Program.

Some GPs and NPs feel experienced enough with trans medicine to do all the work in hormone assessment, prescription, and monitoring. Other GPs and NPs refer their trans patients to one or more specialists – a mental health professional for mental health assessment, and/or an endocrinologist (hormone specialist) for the physical assessment and the actual prescription.

For trans people who get hormones from a specialist, the primary care provider still needs to understand the effects and possible side effects of the hormones, including:

- what changes are to be expected from hormones
- how to screen for and monitor general health conditions that can be affected by hormones
- how to evaluate general health problems or lab results

## Coming Out as Trans to Your GP/Nurse

*Coming out* – telling someone that you are trans – is a very personal decision. You may feel it is none of your GP/nurse’s business, or be afraid that if you tell them they will discriminate against you. Deciding whether or not to come out, and when/what to say, is a decision only you can make.

There are several reasons to consider coming out:

### 1. Accurate medical care

All aspects of health – physical, emotional/mental, sexual, spiritual – are potentially affected by being trans. Telling your GP/nurse that you are trans will help them work with you to figure out what kinds of care you need. It also gives you the opportunity to be clear with them about what being trans means to you, so they aren’t basing their care on assumptions or stereotypes.

If you are transitioning or have transitioned, your primary care provider needs to know about the physical structures of your body that have and haven’t been changed. They need to know what changes you have pursued (hormones, surgery, electrolysis, etc.), and whether you have had any problems or complications.

### 2. Not having to keep a secret

Some trans people prefer not to talk about being trans – it’s a part of their life that is deeply private. For other trans people it’s stressful to have to avoid accidentally revealing they are trans, lie about the past, or otherwise keep trans issues a secret.

### 3. Raising awareness about trans issues

It's not your responsibility to educate health care providers about trans issues. But by talking about your experience of being trans, you are providing information that could improve the quality of care for other trans people.

### 4. Knowing who you can trust

Trust is very important in health care. If you don't trust your health care provider, you likely won't want to talk with them about sensitive health issues (sexual health, drugs and alcohol, relationship abuse, etc.), and you may not feel comfortable with them having to look at or touch parts of your body. Trans people often have experiences of repeated discrimination or mistreatment that make it hard to trust people who are in positions of power or authority. If a GP/nurse responds positively when you tell them you are trans, it can help to build your confidence that you can talk with them about how trans issues affect your health.

Of course it is possible that your GP/nurse won't be supportive. Telling them you are trans gives you a reality check on what they can and can't accept, and gives you the chance to think about how important it is to you to have a GP/nurse you can be fully honest with. Some trans people decide to stay with a transphobic health care provider because they have good skills on another health issue or are the only local option, and they just decide not to talk about trans issues. When faced with a transphobic GP/nurse, many trans people want to find a new health care provider who is understanding. Ways to find a new health care provider are discussed on the next page.

As part of deciding whether to come out, or preparing to come out, you might want to try to get a sense of your health care provider's attitudes towards trans issues. While most health professionals would get defensive if asked directly about their attitudes to trans people, or just say "I don't discriminate," you can evaluate their trans-sensitivity in other ways. For example:

- Do they generally seem open to hearing your opinions and concerns?
- Do they generally seem to value diversity?
- How judgmental are they about other sensitive topics – sexuality, drug use, etc.?

# Finding a New Primary Care Provider

The ways people find a primary care provider they feel comfortable with is different for everyone. Some people choose a clinician who was recommended by another trans person, some try out a couple of professionals and pick the one they feel best about, and some people randomly select a name out of the phone book.

The Transgender Health Program keeps a list of GPs and nurses around BC who have said they are actively interested in working with trans people. This list is online at <http://www.vch.ca/transhealth/resources/directory/subjects/medical.html>. Alternatively, you can contact the program (see last page) if you want help with a referral.

Everyone is different in what they want from a primary care provider. Some trans people feel it is very important that their care provider has trans experience; others are satisfied if their health provider is trans-positive and open to learning. The Transgender Health Program can provide information and training if you find a GP or nurse who is open to working with you but lacks trans health experience.

As part of determining whether a GP/nurse is a good fit for you, it may be helpful to consider:

What is their experience working with trans people and their loved ones? Have they ever worked specifically with \_\_\_ (Two Spirit people, trans people of colour, MTFs, FTMs, intersex people, transsexuals, crossdressers, etc.)?

- Do they seem interested in learning about trans care?
- How comfortable do they seem talking about gender issues and being around trans people?
- What is their approach to gender and to gender diversity? Do they seem to perceive transgenderism as a mental illness, sexual deviance, or a type of pathology?
- What is their approach to physiological diversity? Do they seem to perceive intersexuality or disabilities as physical abnormalities?

- Do they seem to understand how societal issues (such as transphobia, racism, sexism, etc.) affect trans people’s health and well-being?
- Do they seem open to advocating if you are having difficulty with other service providers?

## Seeing a GP or Nurse for the First Time

Some trans people stay with the same GP/nurse their whole lives. But it has been our experience that many trans people switch to a different primary care provider at some point in their lives. For some trans people the decision to change is based on thinking their primary care provider will not be supportive, or worrying that despite the strict rules about medical confidentiality the GP/nurse might slip up and accidentally disclose information about you being trans. Other times trans people want to switch to a health provider who has more trans health training or experience, or because they haven’t had a primary medical care provider in many years, or just want a fresh start.

When you see a GP or nurse as a new patient, their first task is to get a sense of your overall health. It is helpful if you can bring medical records and any medication you are taking. You may be asked to sign a release of information form that gives your new GP/nurse access to your medical record from your last medical care provider. The health information you share is confidential, and it is legally and ethically wrong for a health professional to discriminate against you or to refuse you treatment based on your personal health information. We encourage you to be completely honest with your nurse/doctor at whatever pace you’re comfortable with. If they ask a question that you don’t feel comfortable with, you can tell them that you want to wait until you know each other a bit better before talking about that topic.

In the first few appointments, your new GP/nurse will do a health history, physical exam, and any lab tests they think are needed to evaluate your health. The information below explains what to expect.

### 1. General health history

It is standard practice for health professionals to do a general health history for new patients. This helps them to get a sense of your health over time – a context for understanding your particular health needs. When nurses and doctors do a health history, they are interested in

knowing about: health concerns or conditions you or your immediate family members have had in the past, any health concerns you have now, past and current medications or treatments, your general social and economic situation, and other factors that may have an effect on your health or well-being.

For both trans people and non-trans people, a health history involves questions about:

- any current or past illnesses, hospitalizations, surgeries, injuries, or allergies
- any medications, vitamins, or supplements you take now or have taken in the past
- the date of your last physical exam and vaccinations
- use of alcohol, tobacco, caffeine, and prescription or street drugs
- your day-to-day life: work, physical activity, diet

You will also be asked about your family health history – whether you know of any physical or mental health issues that have affected your parents, siblings, grandparents, or children. This is asked because some conditions tend to run in families. If you were adopted or don't know your family history, let them know this.

For all new patients (trans or not) a health history includes questions about sexual health. This might involve questions about sexual orientation, what kind of sex you have (oral, anal, vaginal, etc.), number of partners, and any medical treatment or testing you've received for sexually transmitted infections. It often feels weird to talk about something so personal with a stranger, but sexual health is an important part of health, and in the era of HIV, all health professionals are being encouraged to talk more with their patients about sex. Some primary care providers are still new at learning how to do this, and are embarrassed or shy or unsure how to ask the right questions. Trans terminology is new and it may be especially hard to figure out language that is relevant to trans people and their sexual partners. You can help by being direct with your nurse/doctor about terms you'd prefer they use when they're talking about sex with you.

The health history will also involve questions about your social environment and mental health. The degree of support you have and the day-to-day challenges you face can affect your health and well-being. You may be asked about sources of support and stress in your life –

relationships with family and friends, self-esteem, concerns about harassment or discrimination, feelings of isolation or rejection, housing and employment status, etc. This part of the health history will help your doctor determine the health services you need and consider areas where advocacy might be helpful in getting access to social benefits that you are entitled to.

## 2. Trans-specific health history

If the doctor/nurse knows that you're trans, they will probably ask whether you've ever taken hormones or had surgeries. If so, they will want to know the details (when you started hormones, what type/dose you took, when you had surgery, what surgeries were done, any problems or complications, etc.) Even if you have been taking hormones without a prescription or medical supervision, we encourage you to be fully honest. Knowing your history with hormones will give the nurse/doctor a better sense of side effects, risks, and drug interactions to monitor.

The Transgender Health Program recommends that health providers follow a harm reduction approach in all aspects of trans care. This includes:

- being non-judgmental with people who are using hormones without a prescription, have had silicone injections, or have otherwise gone outside the medical system
- doing regular checkups, blood work, and other tests to monitor side effects
- teaching you early warning signs of possible health problems
- helping you explore less risky ways to get what you need

You may be asked about any future plans you have for hormone therapy or surgeries, and if there are other changes you desire. This doesn't necessarily mean your primary care provider thinks all trans people should transition, or has another stereotyped idea of what it means to be trans. They may just be trying to let you know that they are OK with talking about hormones and surgery and helping you to explore your options if medical transition is something you want to pursue.

You might also be asked how you feel about being trans, and how it has affected important aspects of your life. Some trans people have internalized negative societal messages about trans people (internalized transphobia) and this can greatly impact health and self-esteem.

### 3. Physical exam

It is standard practice for health professionals to do a physical exam for new patients. The parts to be examined depend on whether you are coming in for a general checkup, or to get symptoms looked at, and also on your health history and risks for specific conditions. A basic exam involves:

- measuring your height and weight
- checking your blood pressure
- listening to your heart and breathing
- looking at your ears, eyes, and throat
- testing your vision
- looking at (and possibly touching) your head, arms, legs, back, breasts/chest, and stomach to get a general impression of health or problems in these areas
- MTFs: rectal exam (putting a finger in the anus/rectum to check the prostate)
- FTMs: pelvic exam (putting one or more fingers in the vagina to feel your uterus/ovaries; spreading the wall of your vagina with a speculum to look for sores and taking a small sample of cells to check for cervical cancer)
- if you have symptoms or are at risk for specific conditions, other exam tests may be added

Some trans people find physical exams traumatic. Unless there is an immediate medical condition requiring attention, the Transgender Health Program recommends that exams of sensitive areas (especially breast, pelvic, and rectal exams) be delayed until you have had a chance to get to know and trust the GP/nurse. If you don't feel you can do the exam on the first visit, it is OK to say that you find physical exams very stressful and that you need to wait until a later appointment. It is also helpful to consider strategies that might help you get through a physical exam. Some trans people feel best if a friend or loved one is there with them for support; others feel embarrassed or humiliated to have another person there. Some people like it to be done slowly, while others like to get it over

with as fast as possible. Your care provider may have suggestions based on their experience with other patients who find physical exams stressful.

## 4. Lab tests

Lab tests may be done if there is a health problem that needs to be evaluated, or to get a better picture of your overall health. The more common lab tests include:

- testing of body fluids (blood, urine, saliva, feces)
- X-rays or other scans used to get a visual image of internal structures of your body
- stress test: used to measure heart function
- swabs inserted into the body (e.g., throat, vagina, anus) to get a sample of fluids/cells
- using a scope to see inside the body

If you are taking hormones and haven't had your blood checked in a while, or have never had your blood checked, blood tests will probably be ordered to check both your hormone levels (to make sure they aren't too low or too high), and the functioning of your liver and other organs that are affected by estrogen and testosterone.

If you want to start hormones in the near future, you will likely need to have an assessment that includes additional examination and lab tests. The booklet *Getting Hormones*, available from the Transgender Health Program, explains the process.

## Coding “M” and “F” on Your Chart and Medical Forms

A basic principle of trans-sensitive care is that everyone has the right to define their own gender identity and to be addressed in a way that is respectful. When talking with you, the nurse/doctor should use whatever name you prefer (whether it's your legal name or not), and also the gender pronoun you prefer (whether you've legally changed your sex or not). This includes gender-neutral pronouns such as “sie” and “hir” if this is your preference.

Your medical chart is a legal record of your medical treatments. Because it is a legal document, there are rules about what must be included. For example, unless you are going to an anonymous clinic (where you don't have to give a name), your legal name must be on record. Many medical clinics now have two slots – one for legal name and one for preferred name. This takes care of the legal requirement while still being respectful of people's right to self-identify.

Recording "M" or "F" on your medical chart is less clear. On other legal documents it's considered fraud to say your sex is M if your legal sex is F, but medically there are some situations where it might be appropriate and important to record your sex as M even if your legal sex is still F (see the table below). Part of the purpose of a medical chart is to help maintain continuity of care if you transfer to another health provider, and from this perspective, it's important that whatever's recorded is an accurate description of your situation. Recording "FTM" or "MTF" may be best for some trans people, but even these terms are problematic for trans people who don't identify with being female or male (e.g., androgynous people, bi-gender or multi-gender people), and also for intersex trans people who have mixed physiology.

The M/F dilemma is particularly tricky in lab testing. Some lab tests can be done in the nurse or doctor's office, but for others you will need to go to a lab, hospital, or another place that has special diagnostic equipment. Typically the nurse or doctor will fill out a "lab requisition" form if you need to get tests done somewhere else. These forms include a box for "M" or "F" as some tests are done differently for males and females, and what is considered a normal result is also dependent on physical sex. This is very challenging for trans people who don't identify as male or female, or for people whose appearance doesn't match their identity. It's also very challenging for nurses and doctors to figure out how to do this in a way that is respectful but still accurate.

The Transgender Health Program recommends that nurses and doctors consider three things:

- a) How stressful will it be for the patient to go into the lab with a form that doesn't match their name/appearance?
- b) Is the patient's physiology closer to male or female? (This makes a difference in how to evaluate the results.)
- c) What do the lab staff need to know to do the test in the correct way?

Your feelings matter, and it is important to be honest with the doctor or nurse about what you can tolerate. If you won't go get tested because your form says "M" (or "F"), your care provider needs to know that it's too stressful to put you in that position. If lab accuracy is most important to you, the Transgender Health Program recommends:

Your situation	Most physically accurate category for lab form
Not taking hormones, haven't had surgery	Sex you were born (if you are intersex, talk with the doctor about how to record this; otherwise, use "F" for FTMs and "M" for MTFs)
In the middle of transition	Use F in some situations and M in others, depending on what kind of test you're having and how much your body has changed from hormones/surgery
Had ovaries/testicles removed, taking hormones	Sex you have transitioned to (use "M" for FTMs and "F" for MTFs)

These suggestions are **not** based on a belief that only people who have transitioned are "real" men or women – that would be transphobic and disrespectful. Recording "F" or "M" on lab forms is about estimating whether your body is physically closer to a male or female body to get a picture of your physical health that is as accurate as possible. Ideally, lab forms would be changed to give categories other than "F" and "M".

Whether it reads "F" or "M" on your form, you should still be called the name and gender pronoun that you prefer. If you want, you can ask your nurse/doctor to call the lab ahead of time to educate them about trans issues so you will be treated respectfully (but you don't have to do this if you prefer not to be out as trans).

## Ongoing Medical Care

Once you've found a health practitioner you trust and they have a good picture of your overall health, you'll see them when you get sick or have a health question, or on a regular basis if they recommend it (e.g., coming in every few months to get a chronic condition checked out, or every few years for preventive screening if you don't have any chronic problems).

To help with ongoing medical care, medical associations and government health programs create guidelines for care that give doctors and nurses steps to follow to check for, diagnose, and treat common conditions over time. Clinical guidelines provide a way to help nurses and doctors keep up-to-date on new research findings and new treatment strategies. They emphasize treatment that is based on a review of research evidence rather than the nurse or doctor's personal opinion. General BC guidelines are listed at <http://www.healthservices.gov.bc.ca/msp/protoguides/patguide.html>.

In BC, no formal guidelines exist for trans medical care. As part of the Trans Care Project (a partnership between the Transgender Health Program and Transcend Transgender Support & Education Society), a booklet has been written for medical providers that outlines suggested protocols for ongoing medical care of trans people. The recommended guidelines are based on research on trans health, the clinical experience of the health professionals involved in the project, and the ethical principles of the two sponsoring organizations (e.g., respect for the diversity of the trans community, harm reduction approach, and client-centred care).

The Trans Care Project has also created booklets about prevention, screening, diagnosis, and treatment of four conditions trans people are believed to be at increased risk for – cancer, cardiovascular disease, diabetes, and osteoporosis. There is also a booklet on trans issues in vaccination. These are written for trans people and loved ones, but can also be used to educate primary care providers who don't have the time to read the full set of clinical guidelines.

All of the Trans Care Project materials can be printed from the Transgender Health Program website, or you can ask the program to mail copies to you.

## **Questions? Contact the Transgender Health Program:**

Office: #301-1290 Hornby Street, Vancouver, BC V6Z 1W2

Phone/TTY/TDD: 604-734-1514 or 1-866-999-1514 (toll-free in BC)

Email: [transhealth@vch.ca](mailto:transhealth@vch.ca)

Web: <http://www.vch.ca/transhealth>

The Transgender Health Program is an anonymous and confidential free service for anyone in BC who has a trans health question or concern. Services for trans people and loved ones include:

- information about trans advocacy, medical care, hormones, speech change, and surgery
- help finding health/social services, and help navigating the trans health system
- non-judgmental peer counselling and support
- information about trans community organizations and peer support groups



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For more copies, email the Transgender Health Program at [trans.health@vch.ca](mailto:trans.health@vch.ca) or call/TTY 1-866-999-1514 (toll-free in BC) and quote Catalogue No. GA.100.G3351.