



Culturally Safe Care for Trans and Non-Binary People: Successes, Challenges, and Opportunities

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Objectives

- Explain key terminology and current challenges in providing culturally safe care for trans patients and donors
- Describe cultural competency and cultural safety principles and best practices to improve trans patient and donor care
- Describe efforts and future opportunities at Canadian Blood Services and in the transfusion medicine community to practice cultural safety and encourage diversity and inclusion



Under the Trans Umbrella

- **Trans-** Umbrella term for individuals whose gender identity differs from the sex assigned to them at birth
- **Trans men/male/masculine-** Assigned female at birth with a male/masculine gender
- **Trans woman/female/feminine-** Assigned male at birth with a female/feminine gender
- **Non-Binary bi-gender, gender fluid-** Individuals whose gender identity is not dichotomous or exclusively male or female
- **Cisgender-** Individual whose gender expression and identity are the same as the sex they were assigned at birth

Glossary of gender and transgender terms [Internet]. Boston: Fenway Health; 2010

Liszewski W, Peebles JK, Yeung H, Arron S. Persons of Nonbinary Gender—Awareness, Visibility, and Health Disparities. *New England Journal of Medicine*. 2018 Dec 20;379(25):2391-3.

Gender, Sex and Sexual Orientation

- **Sex-** Natal characteristics based on the external genitalia as present at birth
- **Sexual Orientation-** who a person is attracted to

Trans people can have any sexual orientation (gay, straight, bisexual)

- **Gender identity-** the intrinsic experience of being a man, woman, neither, both, or anywhere along the gender spectrum. It can be the same or different than sex assigned at birth

Glossary of gender and transgender terms [Internet]. Boston: Fenway Health; 2010

Liszewski W, Peebles JK, Yeung H, Arron S. Persons of Nonbinary Gender—Awareness, Visibility, and Health Disparities. *New England Journal of Medicine*. 2018 Dec 20;379(25):2391-3.

Gender Expression

- **Gender Expression-** the outward expression of gender identity¹

Not all individuals who identify as trans undergo some form of physical transition.

We can't assume that people are trans because of how they physically appear.

Glossary of gender and transgender terms [Internet]. Boston: Fenway Health; 2010

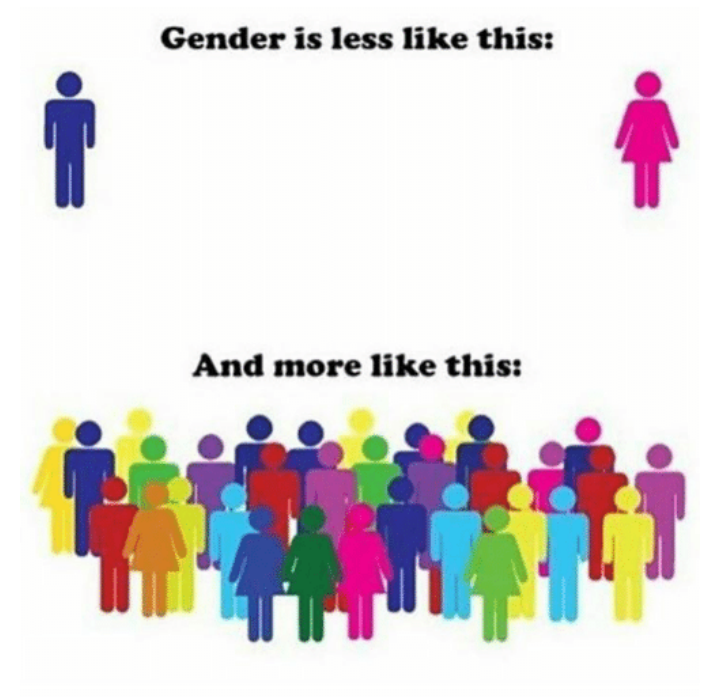
Liszewski W, Peebles JK, Yeung H, Arron S. Persons of Nonbinary Gender—Awareness, Visibility, and Health Disparities. *New England Journal of Medicine*. 2018 Dec 20;379(25):2391-3.

What is Cultural Safety?

- Cultural safety seeks to identify biases and sources of oppression. The aim is to address bias that contributes to oppression in order to transfer power to cultural groups.
- How does my understanding of gender, gender roles, and gender expression empower or oppress others that I communicate with?



- Trans individuals account for approximately 0.6% of the population and this is likely an underestimate
- 1/3 of trans individuals identify as non-binary
- Canadian Blood Services has more than 350 self identified trans donors and this number is increasing



Flores Ar, et al. 2016. How Many Adults Identify as Transgender in the United-States

James, S. E., et al. The Report of the 2015 U.S. Transgender Survey

A Medical Students Reflection on Transgender Care

- I was asked to see a gynecology consult in the emergency room on Saturday afternoon. The patient was an FTM (trans) man.
- He'd had his female pelvic organs removed two years previously, and had just returned from sex reassignment surgery two weeks previously
- Unfortunately, the phalloplasty attempted was unsuccessful and the infection was now spreading and had to be debrided

Reflection on Transgender Care

- He and his partner were dejected. He'd waited 5 years for this surgery, and was now facing complication after complication.
- Even worse, the healthcare providers he'd seen in the aftermath of the surgery were disrespectful to him given his FTM status.
- When I saw him in the ER, he looked broken. He was clearly in an impossible bind; he loathed the healthcare system given the way he'd been treated by his providers, but needed it given the severity of his post-op complications.

Reflection on Transgender Care

- I quickly realized that this consult was about much more than the management of wound care. It was about a man whose trust in the healthcare system had been broken. He'd been laughed at, gossiped about, and dismissed by some of his previous providers.

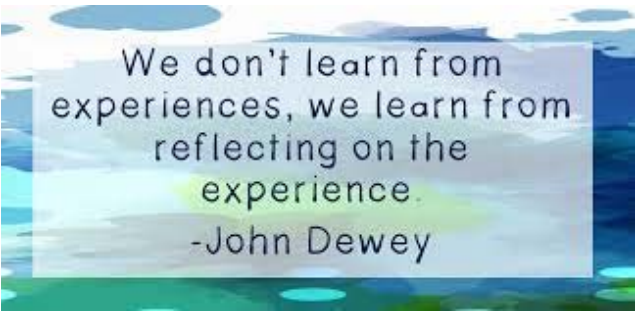
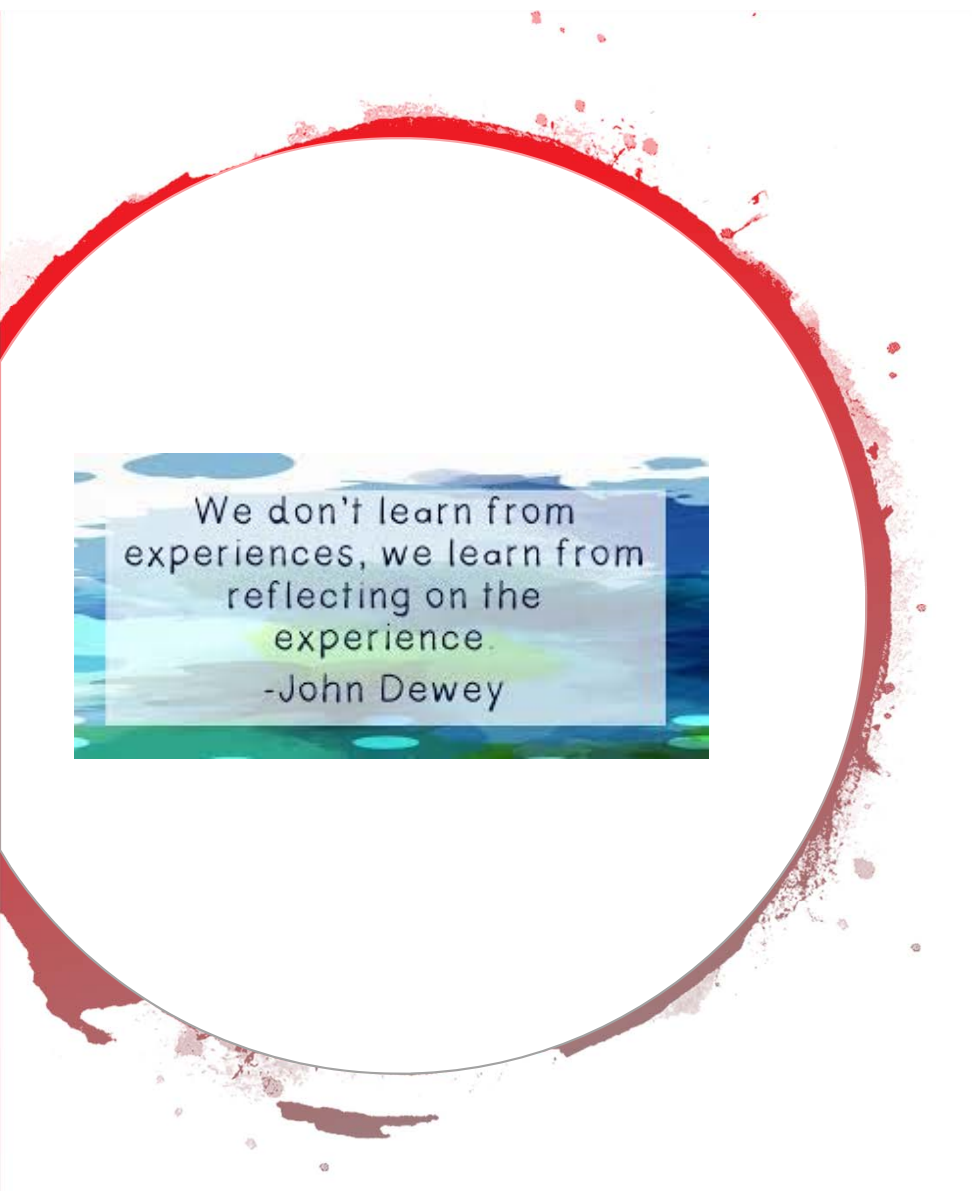
Reflection on Transgender Care

- Walking out of the ER, I thought about how this would be a moment in my training I would always remember.
- I have never felt as valued, as *necessary* to the healthcare system as I did after talking to this man. By virtue of being open, caring, and non-judgmental with him and his partner, I earned their trust. In turn, they were open to receive care from us.

Reflection on Transgender Care

- I felt a hand on my shoulder as I was about to walk up the stairs to the delivery room. It was this man's partner.
- She turned to me and said "Thank you, for being the first gynecologist to treat him with dignity." That, too, I will always remember.

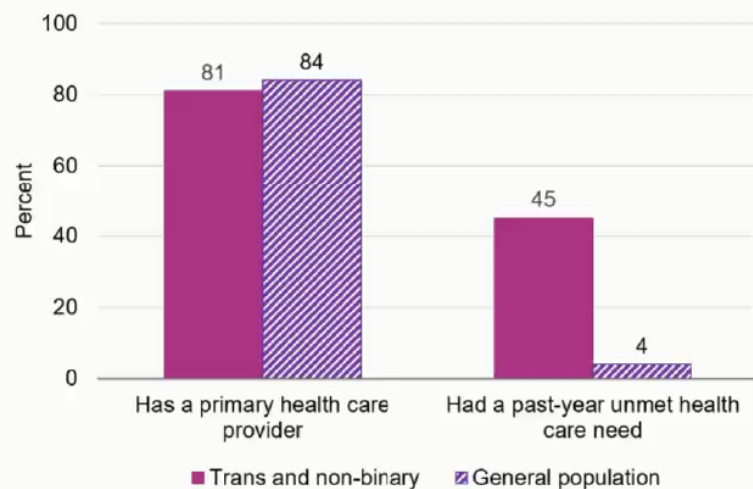
Reflecting on our own experience



We don't learn from experiences, we learn from reflecting on the experience.
-John Dewey

- How would I have responded?
- Are there encounters in the past where I have ...
 - *Felt awkward?*
 - *Uncomfortable?*
 - *Insensitive ?*

How does health care access for trans and non-binary people in Canada compare to the general population?



Cite this QuickStat: The Trans PULSE Canada Team. QuickStat #2 - Primary care and unmet health care needs. 2020-01-31. Available from: <https://transpulsecanada.ca/research-type/quickstats/>

General population data from Canadian Community Health Survey, 2015/2016. Accessed via ODESI.

"The experience of discrimination and stigma (whether intentional or not) in health care can strengthen the authoritarian divide between patient and caregiver and increase uncertainty about the ability of the health care system to meet their individual needs"

Poteat T. Managing uncertainty: a grounded theory of stigma in transgender health care encounters.

Scoping review

- *What is known about the knowledge and experiences in culturally competent care provision for trans individuals among healthcare providers?*



Key Themes

- Rigid binary intake processes and uncertainty regarding how trans individuals are identified in the practice setting
- Difficulties knowing when to ask and use pronouns
- Confusion and conflating of key terms and pathologizing trans patients
- Confusion regarding prevalence/desire to have gender affirming surgeries and when and how to discuss with patients
- Lack of understanding of stigma generated by the health care environment for trans individuals and how stigma can elevate patient health risks

Butler-Foster et al. Towards Understanding of Culturally Sensitive Care for Transgender Blood Donors

Recommendations

- Create inclusive environments and records
- Ask all individuals their pronouns at the outset of the therapeutic relationship
- Use a two-step intake process when trans patients must be identified. Ask all individuals **1)** sex assigned at birth **2)** their gender identity
- Institutional and purpose-built training regarding cultural safety and sensitivity

- **Blood center specific research is needed** which could further improve provision of culturally competent care for trans donors

Health and Social Disparities

- Physical violence
- Trauma from public harassment
- Increased rates of unemployment and homelessness
- Substance use and tobacco use
- Mental health/suicide attempts and self-harm
- HIV and other sexually transmitted infections

Wierckx K, et al. The Health of Lesbian, Gay, Bisexual, and Transgender People.

James, S. E., et al. The Report of the 2015 U.S. Transgender Survey

Grant JM, et al. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey.

It's important to recognize that **it's not gender identity or being a trans person that increases health and social disparities**

Poteat T, German D, Kerrigan D. Managing uncertainty: a grounded theory of stigma in transgender health care encounters.

How Can We Reduce Stigma

The way we communicate and interact with individuals can mitigate or increase stigma and marginalization

What we *do* matters!

Hughto JM, et al. Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions.

Pronouns

Early identification and proper pronoun usage has been recognized as a prudent first step to establishing effective communication and trust with trans individuals

Using your pronouns in introductions encourages others to identify theirs as well at the outset of interactions

“Hi I’m Terrie, I use the pronouns she/her, how about you?”

It’s ok to ask about pronouns!

Pronouns

Name	Example
She, her, her	She went to the store. I spoke to her. It was her apple.
He, him, his	He went to the store. I spoke to him. It was his apple.
They, them, their	They went to the store. I spoke to them. It was their apple.

Names

- Use the persons chosen name in conversation. Even if this is not the same as what is on the persons identification or record.
- If there are times you have to confirm the name as it appears on a record explain this but use the individuals chosen name as much as possible
- Don't put "quotations" around an individuals chosen name or pronouns

Culturally Competent Conversations

Phrase to avoid	Why this is problematic	Say this instead
<p>“born a man/woman”</p> <p>“when you were a woman/man”</p>	<p>Most trans people feel like they have been always been the gender they are</p>	<p>“Sex assigned at birth”</p> <p>“In the past”</p> <p>Explain why you are asking.</p>
<p>“Your <i>real</i> name (when confirming legal name)</p>	<p>Implies that the chosen name is less valid. Names an important part of identity</p>	<p>“Legal name”</p> <p>Explain why you are asking.</p> <p>Use chosen name as much as possible</p>
<p>“Sex Change” and asking about gender affirming surgery when you don’t need to</p>	<p>Overemphasizes the role of surgery in the transition process. Not all trans individuals have access to or want to have surgery</p>	<p>Gender affirming surgery.</p> <p>Don’t ask unless you have to. If you have to explain why you are asking.</p>
<p>Transgendered or transgenderism</p>	<p>Pathologizes trans identities</p>	<p>Trans</p>

Trans people just want to be treated like everyone else

What if you say the wrong thing?



- Don't make a big deal about it
- Apologize simply “pardon me”
- Repeat the correct pronoun or name
- Make a sincere effort moving forward

Inclusive Policy and Spaces

- Include trans people's voices
- Welcoming environment
- Welcoming and knowledgeable staff
- Include trans individuals in signage, advertising, stakeholder and focus groups etc.
- Gender neutral facilities where possible

Deutsch M. Creating a safe and welcoming clinic environment.

Providing Care for Transgender Community - Laboratory Role

Are we part of the problem or part of the solution?



When Gender Identity Doesn't Equal Sex Recorded at Birth: The Role of the Laboratory in Providing Effective Healthcare to the Transgender Community

Zil Goldstein,¹ Trevor A. Corneil,^{2*} and Dina N. Greene^{3*}

Table 5. Recommended laboratory best practices for transgender care.

Create a document that details your institution's protocol for identifying transgender patients. This document should specifically highlight the several systems that indicate sex assignments, examples of which include intake forms and IT^a interfaces (LIS and HIS)

Do not cancel laboratory tests based on assumed sex specificity (e.g., hCG, PSA)

Ensure proper flagging of tumor and pregnancy related markers are implemented without sex specificity

Provide diversity training to the phlebotomy team and ensure gender incongruence is a component

Recognize that reference intervals for transgender patients have not been established and therefore hormone status and clinical judgment must be used to assess abnormal laboratory values

^a IT, information technology.

Transfusion support for transgender men of childbearing age

James A. Mays,¹ Dina N. Greene,² Ryan A. Metcalf,¹ and Monica B. Pagano¹

Transfusion policies should include issuing type O, Rh negative blood to any individual with assumed ability to become pregnant.



BACKGROUND: To date, limited attention has been given to transgender recipients of blood components, particularly transgender men of childbearing age. Here, we highlight the essential information needed to provide transfusion support for this population.

CASE REPORT: A 40-year-old transgender man, who retained his uterus and ovaries, presented with severe vaginal hemorrhage following biopsies for a cervical mass. He was admitted to the Gynecology unit and emergency blood was ordered. Because the patient was listed as male in the electronic health record (EHR), the transfusion service prepared uncrossmatched type O, RhD-positive red blood cells (RBC). After the sex/gender incongruence was recognized, the units were switched for Rh-negative.

CONCLUSION: This case illustrates particular considerations when caring for transgender patients: gender/sex documentation, decision-making processes when gender/sex-specific care applies, and challenges to the pathology service.

LHSC Current State

- “normal” ranges and flagging is based on sex selected in the Cerner system.
 - *Options*
 - *remove “normal ranges” altogether*
 - *flag lower and higher values of the combined M & F*
 - *Put in both male/female ranges comment with explanation & ranges*
 - “As different demographic populations can be very physiologically diverse (e.g. non-binary gender individuals), reference intervals provided on this report may not apply to all patients.”

Laboratory Role – Problem 5

- Recognize that reference intervals for transgender patients have not been established and therefore hormone status and clinical judgment must be used to assess abnormal laboratory values



Transgender adult reference intervals taking shape

in 2019 Issues, ARTICLES, November 2019



Amy Carpenter Aquino



Highlights

- Hematology reference intervals for transgender adults have not been established.
- Cisgender male hematology reference ranges are appropriate for transgender men.
- Cisgender female hematology reference ranges are appropriate for transgender women.



'If you are a transgender man on stable hormone therapy, your reference intervals should look like cisgender men . . .'
Dina Greene, PhD,
DABCC

Providing Care for Transgender Blood Donors

Canadian Blood Services is committed to creating an inclusive culture, based on fairness, and equity. We are supporting and embracing diversity to better serve Canadians and to ensure that all people are treated with dignity and respect

Donation Criteria for Trans Individuals

- **TRALI risk**
- All plasma from known Trans donors is used for fractionation
- **HIV risk**
- Trans female donors are ineligible to donate blood for one year following sexual contact with a male sexual partner

TABLE 2. Screening, eligibility, and processing steps differing in donors registered as male vs. female

Donor questionnaire TRALI

- History of recent pregnancy (females)
- History of any pregnancy, miscarriage, or abortion (females)

Donor questionnaire TTIs

- Sex with a male partner in a defined time period (males)
- Sex with a male partner who had sex with another male in a defined time period (females)

Eligibility criteria to protect donor health

- EBV calculation to determine eligibility for younger donors (different height and weight tables)
- Minimum Hb 125 g/L (females), 130 g/L (males)
- Minimum interdonation interval may be longer for females
- Ferritin testing, different cutoff values, and deferral periods

Component production and testing

- Transfusable plasma, plateletpheresis – deferral or testing of female donors with a history of pregnancy for HLA antibodies
- Programming of apheresis collection based on male/female designation
- Use of plasma from female whole blood and apheresis donors for fractionation rather than transfusion
- Suspension of buffy coat platelet pools in plasma from male donors

EBV = estimated blood volume; HLA = human leukocyte antigen; TRALI = transfusion associated acute lung injury; TTI = transfusion transmissible infections.

Goldman et al, Trans people and blood donation

We engage with the Trans community through

- Consultations with trans and non-binary individuals in late 2016
- Syntegration Session in December 2018
- Attending PRIDE festivals in communities across Canada
- Formal and informal stakeholder discussions at various community venues

I C A R E
Integrity Collaboration Adaptability Respect Excellence



Consultations with Trans and Gender Non-Binary Communities — 2016 Summary Report. [Internet]. Ottawa: Canadian Blood Services; 2017 Mar [cited 2018 Aug 10]. Available from https://www.blood.ca/sites/default/files/ConsultationReport_May2017.pdf

In Summary

- Pronouns- its ok to ask
- Use your pronouns first in conversation
- Use chosen name
- If you need to know something about the past or sensitive information explain why you are asking
- If you make a mistake apologize quickly and move on
- As with all people who donate blood, trans individuals, are important contributors to the blood system and deserve to be treated with dignity and respect

Resources

- **Rainbow Health Ontario**
- **The Trans Pulse Project**
- **Centre of Excellence for Transgender Health**
- **Egale**
- **CPATH Canadian Professional Association for Transgender Health**
- **WPATH World Professional Association for Transgender Health**
- **Social Media**
- **Trans people**

What Questions Do You Have?



Together, we are Canada's lifeline

