

## Medical students reflect on Cultural Competence in Transgender Healthcare panel

Dom Moog and Alberto Sobrero, Washington University School of Medicine Class of 2025

On July 28th, the Washington University School of Medicine, Class of 2025, had the honor and privilege to hear from five panelists about their life stories and experiences with gender-affirming health care through a panel on Cultural Competence in Transgender Healthcare. The Class of 2025 is the second class to begin their education under the School of Medicine's new Gateway Curriculum, which emphasizes health equity and justice and highlights the ways in which personal, social, and systemic factors intersect to create and reproduce health disparities. One of the pillars of this educational aim is the inclusion of patient panels, where individuals share their experiences in their own words and answer student questions about their health conditions and interactions with healthcare providers and systems. Panel topics are matched to the body system that the medical students are studying in an effort to provide early exposure to the ways that health conditions affect real people, rather than postponing the exploration of that perspective to their clinical years.

The panel was assembled by Daiva Rutsch (she/her), who introduces herself as a volunteer committed to advocacy, education, and equity work for the benefit of the trans community and spends time volunteering for the Metro Trans Umbrella Group ([MTUG](#)) and St. Louis Queer Support Helpline ([SQSH](#)). Panelists from across the gender spectrum included: Michaela Joy Kraemer (she/her) [interim executive director for MTUG, advocate, and speaker], Jaimie Hileman (she/her) [Executive Director of [TES](#), the Trans Education Service, Trans and LGBTQ cultural competency education consultant], Rhea Echmann (they/them) [non-binary advocate, speaker, and SQSH volunteer], and Jordan Braxton (she/her) [HIV prevention supervisor for [Vivent Health](#) and drag performer, Dieta Pepsi]. MTUG and SQSH, are impactful, supportive, welcoming, and lifesaving 501(c)(3) organizations that provide services within the Greater St. Louis area; organizations committed to uplifting the lives of and creating safe spaces for their community. Vivent Health is a 501(c)(3) organization focused on creating a world without AIDS and through caseworkers and medical staff helping those with HIV live fulfilling and quality lives. Ms. Hileman is additionally a member of the World Professional Association for Transgender Health ([WPATH](#)), America Association of Sexuality Educators, Counselors, and Therapists ([AASECT](#)), board member of the St. Louis LGBTQ Chamber of Commerce and Planned Parenthood Great Rivers, and a lecturer at the Brown School of Social Work, Washington University in St. Louis.

The panel was led and moderated by the panelists themselves to promote autonomy and fidelity to their perspectives and ownership of their stories. From the medical school, course director, Amy Riek, MD, MSCI (she/her), worked with co-directors of the Washington University Adult Transgender Center, Cynthia Herrick, MD, MPH (she/her) and Thomas Baranski, MD, PhD (he/him), and panelists on the content and structure of the panel which occurred during the educational module on reproduction and endocrinology. Additional physician expertise during the panel included Chris Lewis, MD (he/him) (Co-director of Pediatric Transgender Health, Director of Differences of Sex Development Clinic at St. Louis Children's Hospital) and Marina Litvin, MD (she/her) (course director).

Historically, transgender identity has been medicalized and pathologized by the Western medical institution. Over the last two centuries, Western physicians focused on the diagnosis, classification, and “correction” of individuals who identified their experiences outside of a binary understanding of gender. While some of the developments in hormonal and surgical interventions may have helped some individuals feel more at home in their bodies, candidacy was based on a physician’s determination of the individual’s “true” biological sex under a framework of “correction” and “reassignment.”

Only in the last 10 years has the medical institution moved toward a more affirming and patient-centered approach to health care for trans folx. In 2013, the DSM-V changed its “diagnosis” from Gender Identity Disorder to Gender Dysphoria (1) in an effort to destigmatize the transgender lived experience; however, many barriers to receiving gender-affirming care persist. In the St. Louis region, the Washington University Transgender Center and Planned Parenthood are among the providers using an informed consent model to provide gender-affirming hormone therapy for those that seek it. Informed consent includes a thorough discussion of the risks, benefits, expected outcomes, and alternatives with a qualified provider, rather than requiring documentation and letters of referral that have been shown to decrease care access. WPATH encourages an informed consent approach as it is critical to preserving patient autonomy (2), but many health systems have yet to adopt these changes. “It takes a lot of time and courage to present for gender-affirming health care, and there are very few reasons for us not to prescribe it,” Dr. Baranski, co-director of the adult transgender center, notes.

With these persistent structural barriers, it is unsurprising that transgender persons face pervasive health inequities compared to their cisgender counterparts, with several studies showing a higher prevalence of negative health outcomes. While the health care system has the potential to be an immensely valuable source of support for this population, it consistently fails to do so. The ways in which we are failing transgender patients are many and complex, but discrimination within healthcare settings and a lack of access to providers knowledgeable about transgender health issues have emerged as two key factors (3,4).

Recent surveys indicate many healthcare providers report inadequate training and knowledge on gender-affirming health care (5), and trans folx indicate that finding a provider knowledgeable on trans health issues is a barrier to accessing quality care (6). Both of these issues find their roots in a stark lack of education in gender-affirming medicine during medical training, with a recent survey of 176 medical schools reporting that the median reported time dedicated to LGBT-related content in a standard 4-year curriculum was five hours (7,8). Hence, medical schools find themselves primely positioned to affect long-lasting and positive change if they are willing to transform medical education into a more caring and equitable framework that prioritizes the voices of historically minoritized patient populations.

The Washington University School of Medicine took a first step in this direction with the organization of the panel on Cultural Competence in Transgender Health. This panel was an opportunity for students to learn from the resilience, leadership, and activism of the St. Louis trans community.

Each panelist shared their unique journey through discovering their gender identity and navigating familial and social pressures related to living authentically at different stages of life. Panelists highlighted that, no matter how old one is when transitioning, acceptance from family and friends is extremely important. When this is received, it facilitates transition, but lack of acceptance from loved ones perpetuates suffering and increases the burden of anxiety and depression for trans folx. The relief provided by transition services, particularly hormone therapy, was especially emphasized. Panelists described them as life-changing; they reported stabilizing influences on mood, less related anxiety, depression, suicide ideation, and unhealthy dwelling on past trauma. They welcomed their newfound ability to finally feel comfortable in their own bodies, and greater security in expressing emotions and self-confidence--as if a veil or fog had been lifted. "Now that I can be me, what do I want to do?"

However, the panelists also discussed the discrimination and obstacles they faced on their journey to accessing gender-affirming medicine. One panelist discussed an encounter experienced by a trans friend during which their provider used the correct pronouns in the room, but then proceeded to misgender and mock them while talking with other providers, unaware the panelist's friend could still hear them. Experiences like these are devastating to trans folx's relationships with healthcare. The panelists urged physicians to cease performative allyship and commit to substantive allyship and advocacy. Trans patients should be treated with care and respect in and outside the exam room. Pronouns must be respected and honored, and providers who fail to do so should be called out and educated.

Additionally, it is important that providers commit to continued education on the structural barriers faced by transgender folx trying to seek care, including the costs of care and lack of health insurance, in addition to the paucity of knowledgeable providers and persistent discrimination in healthcare settings described by the panelists. This knowledge can help foster a trauma-informed approach to all encounters, a central tenet of gender affirmation in general. Furthermore, true allyship cannot end within the hospital confines; the panelists urged physicians to use their platform and the institutional power of the white coat to advocate for legislation to protect and codify transgender rights. Overall, the panel highlighted the many lessons we can learn by listening to our trans patients and the trans community.

"In listening to the lived stories of leaders in St. Louis' queer and transgender community, our medical student class was given the opportunity to reflect upon the nuances in our speakers' interactions with healthcare, to ask what our field could do to honor our patients' intersectionalities, and to hopefully commit to dismantling unjust systems that have historically harmed the LGBTQIA+ community (Isabella Gomes, Class of 2025 president)." Our journey as students cannot end here. These narratives have introduced us to the importance of gender-affirming health care from the trans community perspective. It is now up to us to build on these foundations.

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*Alberto Sobrero (he/him) is a second-year medical student from Bologna, Italy and one of the co-leaders of the School of Medicine LGBTQMed club. While he is unsure of which medical specialty he wishes to pursue, he is passionate about education and LGBTQIA+ advocacy, and he is committed to keeping them at the forefront of his professional development.*

## References

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
2. World Professional Association for Transgender Health. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* [7th Version]. <https://www.wpath.org/publications/soc>
3. Sanchez NF, Sanchez JP, Danoff A. Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in New York City. *Am J Public Health*. 2009 Apr;99(4):713-9. doi: 10.2105/AJPH.2007.132035. Epub 2009 Jan 15. PMID: 19150911; PMCID: PMC2661470.
4. Jaffee KD, Shires DA, Stroumsa D. Discrimination and Delayed Health Care Among Transgender Women and Men: Implications for Improving Medical Education and Health Care Delivery. *Med Care*. 2016 Nov;54(11):1010-1016. doi: 10.1097/MLR.0000000000000583. PMID: 27314263.
5. Vance SR Jr, Halpern-Felsher BL, Rosenthal SM. Health care providers' comfort with and barriers to care of transgender youth. *J Adolesc Health*. 2015 Feb;56(2):251-3. doi: 10.1016/j.jadohealth.2014.11.002. PMID: 25620310.
6. Puckett JA, Cleary P, Rossman K, Newcomb ME, Mustanski B. Barriers to Gender-Affirming Care for Transgender and Gender Nonconforming Individuals. *Sex Res Social Policy*. 2018 Mar;15(1):48-59. doi: 10.1007/s13178-017-0295-8. Epub 2017 Aug 4. PMID: 29527241; PMCID: PMC5842950.
7. Cherabie J, Nilsen K, Houssayni S. Transgender Health Medical Education Intervention and its Effects on Beliefs, Attitudes, Comfort, and Knowledge. *Kans J Med*. 2018 Nov 29;11(4):106-109. PMID: 30937150; PMCID: PMC6276966.
8. Rubin R. Minimizing health disparities among LGBT patients. *JAMA*. 2015 Jan 6;313(1):15-7. doi: 10.1001/jama.2014.17243. PMID: 25562250.