Journal of Radiology Nursing 38 (2019) 42–43

Contents lists available at ScienceDirect

Journal of Radiology Nursing

journal homepage: www.sciencedirect.com/journal/journal-of-radiology-nursing

Blowin' in the Wind – Another Study Reporting Shortfalls in Caring for Our Transgender Patients

Paula M. Neira, JD, MSN, RN, CEN *

Clinical Program Director, Johns Hopkins Center for Transgender Health, Instructor, Johns Hopkins School of Medicine, Department of Plastic and Reconstructive Surgery, Baltimore, MD

Keywords:
Transgender
Breast imaging
EHR
Chosen name
Pronouns

A B S T R A C T

The factors that contribute to persistent health disparities faced by the transgender community, such as lack of practitioner training and electronic health record deficiencies, are well documented. Yet, health-care leaders across settings and disciplines have not enacted the guidance provided almost a decade ago by organizations such as The Joint Commission to address the issues. This article summarizes a recent survey conducted by Goldberg, Moy, and Rosenkrantz (2018) which reported on policies and practices at breast-imaging facilities across the United States. In addition to summarizing the article that was published in the Journal of the American College of Radiology, this article discusses the relevance of Goldberg et al.'s findings. This commentary calls on health-care leaders to take action to address the festering shortfalls in care which contribute to the health disparities faced by the transgender community across all settings including radiology practices.

"Yes, 'n' how many times can a man turn his head, And pretend that he just doesn't see?"

Dylan, 1962.

Bob Dylan's lyrics came to mind immediately after I finished reading the article, "Assessing Transgender Patient Care and Gender Inclusivity of Breast Imaging Facilities Across the United States" by Goldberg, Moy, and Rosenkrantz (2018) in the *Journal of the American College of Radiology's* August edition. After reading the authors' findings, I asked myself, "How many times can we as health-care leaders turn away and continue to ignore the problems in providing safe, welcoming, clinically and culturally competent care to the transgender community?" The article reports the results of a survey conducted of 144 breast-imaging facilities across the United States in early 2018. While concentrating on facilities providing radiological services, the findings mirror well-known shortfalls that continue to impair the health care provided to transgender patients across all settings, including radiology practices.

Goldberg et al. (2018) developed a cross-sectional survey to assess breast-imaging facilities' policies and practices surrounding transgender care. The survey consisted primarily of multiple-choice questions with some limited free-response questions. Some of the questions were cascading questions based on a previous affirmative response. The authors distributed the survey via electronic mail to approximately 2,500 breast radiologists who were members of the Society of Breast Imaging across the United States. Participation in the survey was optional, with no compensation provided. After the initial e-mail with the survey, a series of reminders were sent throughout January 2018. The authors received 144 responses representing various practice settings such as academic settings, private practice, and many who were unsure about how to describe their facility. Most facilities were located in urban or suburban settings, and the majority of facilities see more than 10,000 patients per year. However, almost 6 out of 10 report that they have fewer than 10 transgender patients per year.

From their analysis of the results, the authors found that although most facilities had gender-neutral bathrooms (78.5%), the facilities were lacking in other basic areas that contribute to providing a welcoming, safe, competent environment for transgender patients. Only 4.2% had policies that explicitly

Conflict of Interests: The authors declare no conflicts of interest to disclose.
Financial Assistance: The authors received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

* Corresponding author: Paula M. Neira, Clinical Program Director, Johns Hopkins Center for Transgender Health, Instructor, Johns Hopkins School of Medicine, Department of Plastic and Reconstructive Surgery, 600 N. Wolfe Street, Carnegie 136A1, Baltimore, MD 21287. Tel.: 443-287-7161; Fax: 410-502-0465.
E-mail address: pneira2@jhmi.edu.

https://doi.org/10.1016/j.jradnu.2018.10.003
1546-0843/$36.00/

addressed transgender patients or staff. Approximately 15% provided training to their staff on handling lesbian, gay, bisexual, and transgender (LGBT) patients, and most did not make the training mandatory. Most intake forms did not include questions about gender identity, yet a quarter of facilities automatically populated intake forms with female phrases and almost 1 in 5 facilities autopopulated their patient letters with female phrasing. Electronic health records (EHRs) continue to be problematic. More than half of the respondents stated that their facility's EHR had no place to record a patient's chosen name (if different from their legal name) or were unsure if such a capacity existed. A majority had no place to document the patient's appropriate pronoun.

The authors, citing guidelines from the Center of Excellence for Transgender Care at the University of California, San Francisco, make several pertinent recommendations that organization leadership should implement in their settings:

- A clinical environment should include transgender content and (for breast-imaging facilities) not be exclusive for females.

It is important to remember that transgender men, at whatever stage of their transition, will continue to require mammograms. In addition, many younger individuals identify themselves as nonbinary, meaning they do not identify themselves as exclusively male or female (James et al., 2016). The clinical environment should be as gender-neutral as practicable.

- Gender-neutral bathrooms should be available for all patients.
- More research should be conducted to further develop our clinical knowledge.
- Facilities should provide training to all staff and health-care providers to address cultural and clinical competency in caring for LGBT patients broadly and transgender patients specifically.

Healthy People 2020, the latest in a series of United States Department of Health and Human Services (HHS) publications that provide science-based, 10-year-period objectives to improve health in the country, noted that a contributing factor to the health disparities faced by transgender patients is the lack of health-care practitioner education (HHS, 2013). In this study, 85% of facilities provided no LGBT health training to their staff. There are several free sites that provide online education about LGBT health care which organizations can use to address the lack of training. One example is the Fenway Institute's National LGBT Health Education Center (www.lgbthealtheducation.org).

- Paper forms and EHR should include patient data including chosen name and pronouns, gender identity, and sex assigned at birth. The patient's chosen name and pronouns should be visibly displayed in the EHR. This information should also be provided in any reports or patient communications.

As the authors noted, the Centers for Medicare & Medicaid Services Meaningful Use regulations require EHR systems to capture gender identity data and have it displayed for use by the staff as appropriate. Furthermore, The Joint Commission (2011) called for registration systems to collect chosen name and pronoun details for transgender patients. Asking a patient how they would like to be addressed (chosen name), which pronoun they use, how they describe their gender identity, and what sex they were assigned at birth provide health-care practitioners with information vital to delivering patient-centered care (Neira, 2017).

Most transgender people do not have identity documentation that matches their chosen name or reflects their gender identity (James et al., 2016). Beyond being respectful, using a patient's chosen name and pronoun is about patient safety. We may be contributing to the psychological distress of our patients. Misgendering a patient by using their former name is called dead naming; using the wrong pronoun may be perceived as invalidating their gender identity. Either may trigger an escalation of their gender dysphoria.

Including Goldberg et al.'s (2018) article in the leadership section of the journal was an appropriate way to share this worthwhile work. The fact that the authors found that much work is needed to improve care for transgender patients within breast-imaging facilities was not shocking. This article adds to the numerous examples in the literature of shortcomings in transgender health care across the board. It reinforces the need for leaders—in all disciplines—to implement guidance to address the lingering discrepancies that we have known about for almost a decade but have not seriously addressed.

For us, the answer is not blowing in the wind; it is right in front of our eyes. The need to train our staffs, sponsor research, and update our systems to care appropriately for the transgender community is well known and well documented. I hope that articles such as this one move us closer to the tipping point when health-care leaders can no longer look away and finally take action to improve care for the transgender community and reduce the health inequities it faces.

References

Dylan, B. (1962). *Blowin' in the wind. On The Freewheelin' Bob Dylan*. New York, NY: Columbia.

Goldberg, J.E., Moy, L., & Rosenkrantz, A.B. (2018). Assessing transgender patient care and gender inclusivity of breast imaging facilities across the United States. *Journal of the American College of Radiology, 15*(8), 1164-1172.

James, S.E., Herman, J.L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. transgender survey*. Washington, DC: National Center for Transgender Equality.

Neira, P.M. (2017). Caring for the transgender patient. *Journal of Radiology Nursing, 36*, 88-89.

The Joint Commission. (2011) Advancing effective communication, cultural competence, and patient- and family-centered care for the lesbian, gay, bisexual, and transgender (LGBT) community: A field guide. Retrieved from https://www.jointcommission.org/lgbt/.

U.S. Department of Health & Human Services. (2013) Lesbian, gay, bisexual and transgender health. Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25.