

- Recognize specific cultural and political challenges to developing palliative care clinical, educational and research programs.
- Describe roles of different health care providers practicing palliative care and how they meet the needs of their local populations.

Please join AAHPM's International Scholars for a panel discussion. Each scholar will present for 10-15 minutes on the state of the practice of palliative care in their home country, with an emphasis on the roles of physicians, nurses, and other healthcare providers; the status of education and research in the field; and the unique challenges facing patients and providers. There will be time allotted after each presentation to field questions and dialogue from the audience. Prepare to be educated and inspired by these accomplished individuals who are leading and advancing the field of hospice and palliative medicine in their countries of origin.

Transgender Health Literacy 101: Providing Whole-Person Care Without Assumption (SA501)



Ruth Thomson, DO MBA HMDC FAAHPM FACOI, Jack Byrne Center for Palliative and Hospice Care, Hanover, NH. Pat Starke, BSN RN CHPN, Over the Rainbow, Dover, DE. Denise Morris, EDD, Wesley College, Dover, DE.

Objectives

- Formulate transgender health literacy by understanding the physical, psychological, and social aspects of caring for transgender patients.
- Demonstrate respectful communication and care for transgender patients.
- Employ skills that foster moving past assumptions and bias to provide whole-person care for transgender patients.

Best available data estimates 0.6-0.7 percent of the U.S. population identify as transgender. Transgender people have not only faced societal discrimination, they have also endured discrimination in health care settings. A 2011 survey of 6,500 transgender individuals showed that 19% of respondents reported refusal of medical care, 28% experienced harassment in a medical setting, and 50% interacted with providers who had a complete lack of understanding of the care they needed. As a result of discrimination and other psychosocial challenges, transgender individuals experience high levels of postponing health care and suffer much higher rates of HIV infection, substance abuse, and suicide than the national average. Discrimination affects access to the continuum of healthcare, including serious illness and end-of-life care, for transgender people.

Most hospice and palliative care teams pride themselves on being inclusive to the needs of the wide variety of people they serve. While a robust body of

evidence in our field supports culturally competent care, there is still a paucity of literature addressing the nuances of caring for the LGBTQ population, especially transgender people. Many clinicians lack basic knowledge about transgender medicine and hold false assumptions. To be true to our intentions of whole-person care, we need commit to developing transgender health literacy across our interdisciplinary teams. Once this is achieved, hospice and palliative care teams can hopefully move past biases and provide care without assumption to their transgender patients. This session will provide a platform for all members of the interdisciplinary team to develop transgender health literacy. The session will also explore false assumptions and implicit bias, so we can transcend these to build trust with our transgender patients and provide whole-person care. Through didactics, case presentations, and audience participation, the learner will develop a skill set to provide inclusive, respectful care for their transgender patients.

Beyond The Device: Exploring the Psychosocial and Spiritual Aspects of the LVAD (SA502)



Peter Baenziger, MD MS, Indiana University School of Medicine, Indianapolis, IN. Shivani Martin, MD, Indiana University School of Medicine, Indianapolis, IN. Helen McClain, MSW, Indiana University Health Physicians, Indianapolis, IN.

Objectives

- Recognize the common psychosocial themes for patients living with serious illnesses and how these apply specifically to patients and their families who are considering left ventricular assist devices.
- Describe the sacred space of hardware treatments on the heart and how spirituality may play a role in decision-making.
- Demonstrate strategies to incorporate palliative care into the management of advanced heart failure patients by teaming with the heart failure specialists and support groups.

Heart transplantations are declining worldwide due to a lack of donors; however, the use of the left ventricular assist device (LVAD) is increasing in patients with advanced heart failure. As mechanical circulatory assist devices grow popular, it is imperative that clinicians are able to recognize not only the medical aspect of the LVAD but the psychological and social stressors that impact a patient and their caregiver. Accepting or denying an LVAD is a major decision for the patient as they may have it for the rest of their life (destination therapy) rather than a temporary measure (bridging therapy).

In this concurrent session, clinicians will discuss the common psychosocial themes in patients living with