

## Fear and Discrimination: Medical Professionals and Transgender Patient Complications

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### Abstract:

Transgender people, just like everyone else, encounter a variety of medical problems. However, many of the specific medical complications transgender people face do not emerge in the same way as they do with cisgender patients. There is an immense lack of education for students in medical professions about transgender people and their specific complications. This paper will address several transgender patient complications, both in emergency care and primary care situations. I will also explain why, without the necessary training about these complications for students going into the medical profession, transgender people will continue to receive substandard care and continue to die or be seriously hurt by easily treatable complications.



**Robert Eads woke up** in a large amount of his own blood and was then refused treatment repeatedly by doctors. When he did finally find somewhere that would treat him, it was three hours away from his house. It was there that he was diagnosed with ovarian cancer (Bader 2012). Furthermore, in the last year of his life over 20 doctors refused to treat him. This refusal to save his life was because he was a transgender man (Wilcox 2001). Robert Eads's case unfortunately is a reality faced by many transgender people across the United States. For transgender people like Robert, having some type of medical issue could prove fatal because of lack of care. This is the case because of nationwide discrimination towards transgender people. The concept of transgender refers to when sex and gender do not line up in conventional ways, e.g., biological sex is female but the person does not conform culturally to the gender identity of woman. Transgender people get sick and injured just like anyone else, but they are turned away from hospitals and refused care, simply because of how they personally view and feel about their own identity. One of the main reasons transgender people are experiencing substandard care is a lack of student training and education.

Students in the medical field are seemingly being prepared for everything they could possibly encounter. As an Emergency Medical Technician-Basic (EMT-B) student, I have been prepared for natural disasters, weapons of mass destruction, childbirth, and to expect the unexpected, including rare diseases and objects stuck in places where it is impossible to tell how they got there. As an EMT-B student, patient assessment was emphasized again and again. It was one of the biggest and most important things we learned to do. It is important for the EMTs to be able to get as much information and diagnostic analysis as possible before the patient arrives at the hospital. The specific health complications of transgender people, however, are never once covered. Students often know nothing about transgender people, what transgender means, or even why transgender people might have different health complications than a cisgender person (someone whose biological sex and gender identity lines up in a conventional way,

e.g., someone born female whose gender identity is of a woman). I have met professionals who laugh at the idea of transgender people and others who say degrading things about transgender people. When I asked an EMT instructor about treating transgender people he told me it would be obvious that they were transgender. I knew this was not the case and asked, "What if we do not know?" The instructor responded that it was their fault and if they wanted to live then they would tell the EMTs. However, one of the prime goals of any medical professional is to make the patient, no matter who it is, feel comfortable. Transgender people know mostly through experience, either their own experience or that of a friend, that if medical professionals know that they are transgender then they could be refused all treatment. It is often seen as safer for transgender patients to not disclose if they are transgender as it could eliminate their chance for survival. Transgender people are apparently seen as not as important as cisgender people as they are not given the same access to medical treatment or treated as respectfully as cisgender people.

Ambulances are constantly being dispatched to a variety of emergencies every hour. Often, the EMT's and paramedics have little knowledge of what they are going to be treating before they get there. They must be able to respond without hesitation in most cases to ensure their patient receives the best care possible and makes it alive to the hospital. Leslie Feinberg (2011) illustrates the importance of Emergency Medical System personnel's efficient, professional, and knowledgeable attributes. Unfortunately, these attributes were poorly executed if at all. Feinberg tells the story of paramedics' inability to be professional when treating a transgender woman:

In 1995, African American hair dresser Tyra Hunter was in a car accident in Washington, D.C. Eyewitness reported that rescue medics suspended treatment and made ridiculing remarks after they cut open her pants to treat her and discovered she had male genitals. Onlookers shouted at the medics until they took her to the emergency room, there she died. Hunter's mother won a wrongful – death lawsuit against the District, in which the jury also ruled against the emergency room physician for failing to diagnose Tyra's injuries and for not following nationally accepted standards of care (Feinberg 2011:898).

The paramedics supposed to be treating Tyra Hunter were inefficient when suspended care simply to make unprofessional, "ridiculing remarks" (Feinberg 2011:898). Gender expression and identity should not be a reason for well-trained paramedics to lose their ability to treat a patient. The paramedics and the emergency room physician had all of the medical training required to treat Tyra Hunter; it was their social and personal lack of training and understanding which lead to Hunter's death. Rebecca Callahan (2011) emphasizes that

[t]he future of health care needs to begin in the schools. Students need to be very aware of personal biases and try to

minimize them as much as possible...If upcoming generations of health care professionals can become comfortable with as many different populations as possible before they go out into the field, the health care system would be much more effective (2011:89).

If these “professionals” had been taught as students what to expect with transgender patients, how to treat them professionally and understand society from their perspective, Tyra Hunter might not have died. Students must be taught to leave their biases behind, similar to how almost all students going into medical professions are taught special ways to work with pediatric patients, bariatric patients, patients suffering from psychogenic emergencies and how to understand, be sympathetic, and best care for each group. Transgender people are a group that has their own set of particular challenges that students should learn about before they start to treat patients of their own.

Pregnancy and the complications which may accompany pregnancy are seen often in the medical field. Students are taught to ask female patients if they could possibly be pregnant for any type of abdominal pain or discomfort. Debra Moynihan (2011), a nurse and clinical director, states that ectopic pregnancy has become an increased risk in the last 20 years “from 4.5 cases to 19.7 per 1000 reported pregnancies” (2011:16). People who are more at risk are those “[w]ho have undergone in vitro fertilization, [u]sing an intrauterine device with progesterone, [t]aking the “mini” pill, [w]ho smoke cigarettes, [w]ho are at increased maternal age (34-44 years),” or “[w]ith ruptured appendix” (2011:16). Ectopic pregnancies are extremely dangerous and are “the leading cause of maternal mortality during the first trimester” (2011:16). This is a specific complication which could be more fatal for transgender men than any woman. The medical professionals are not trained to ask if a man is pregnant, but a man with working ovaries and uterus could easily fall victim to an ectopic pregnancy and not be diagnosed. Transgender men often can get pregnant even if they do not believe they can. This misconception of the possibility of being pregnant can also increase the chance of a transgender man being misdiagnosed, as he will not be able to voice the concern that it is possible. J Wallace (2010) discusses his experience being pregnant. He explains that no one ever thought he was pregnant: “It appears that if you’re a guy, pregnancy does not make you a woman: it just makes you fat” (2010:192). People he came across in his everyday life had no idea that he could possibly be pregnant. Wallace said, “Never once did a stranger put hir hand on my belly, gush about how I was glowing and ask how far along I was” (2010:190). He was able to get through his entire pregnancy without society knowing he was pregnant. While this inability for people to know he was pregnant may have kept him safe from the general public and the scrutiny that would have come with it, if he had a medical emergency, the medical professionals might not have checked the baby’s health. If Wallace had experienced an ectopic pregnancy, the doctors might not have been able to diagnose him correctly and both Wallace and his baby might have died.

During the last class of my EMT-B training before the Indiana State test, I placed a picture of an obviously pregnant man on a screen and gave the other students classic signs of eclampsia, a

disorder which can kill both the pregnant person and the baby. Out of the 15 students in the class, all of them were stumped and were unable to figure out that the patient was suffering from eclampsia. After everyone had given up one student asked if the man was pregnant. When I asked him how he came to that conclusion, he said, “I had figured it out earlier but was too embarrassed to say anything.” With the training the EMT students received from a local program they were unable to diagnose a fatal condition because of gender identity and expression. Without sufficient medical training, including a focus in transgender medical difference, any transgender man could potentially die simply because of a lack of easily received knowledge.

Transgender individuals are more likely to come into contact with violence in their lifetime than most cisgender people. Medical professionals need to be able to handle both the mental and physical trauma that the individual has encountered and not add to it. Viviane K. Namaste (2006) defines “the term ‘violence’ to refer to a variety of acts, mannerisms, and attitudes. It can range from verbal insults...to an invasion of personal space... to intimidation and threat of physical assault. ‘Violence’ also includes the act of attacking someone’s body- whether through sexual assault...beating or with weapons” (Namaste 2006:587). Unfortunately, transgender people experience violence both outside of professional medical establishments and inside them as well. Cisgender people, particularly men, can have strong reactions to finding out that someone is transgender. Kate Bornstein (1994) discusses the movie *The Crying Game* and the revulsion some cisgender people feel against transgender people. She states,

our mere presence is often enough to make people sick...To me, the telling aspect of the scene is not so much the revelation of the person as transgendered, as much as it was the nausea and vomiting by the guy who did the discovering. That’s a fairly strong reaction in any language, any culture. Many transgender people will tell you that’s an all-too accurate reaction; one usually followed, as in *The Crying Game*, by a physical attack on the transgender person... I don’t think *The Crying Game* is saying it’s good to throw up when you find out someone is transgendered; I think the movie is brilliantly showing us that it’s a common response (1994:237).

If violence and vomiting is a common reaction to the discovering of transgender people, then medical professionals should be trained to best help any transgender person. As transgender people are more likely to encounter violence inside the medical setting, whether that is in an ambulance, emergency room, clinic, or doctor’s office, they are more likely not to receive medical treatment. Physical attacks could cause a number of damaging injuries for transgender individuals that would need to be treated in order to be healed correctly. For transgender people to be treated correctly, the medical professionals must be willing and able to competently and compassionately diagnose and care for them.

Unfortunately, many transgender people are confronted with violence even when they enter medical settings. Leslie Feinburg (2011) tells the story of his time in the emergency room where

Five years ago, while battling an undiagnosed case of bacterial endocarditis, I was refused care at a Jersey City emergency room. After a physician examined me and discovered that I am female-bodied, he ordered me out of the emergency room despite the fact that my temperature was above 104°F (40°C). He said I had a fever “because you are a very troubled person” (2011:897-898).

Even though Feinberg was very ill, he was denied access to the treatment he needed and was exposed to physical violence as well as mental, in the sense that he could have died from bacterial endocarditis if left untreated. What is possibly worse is that, when Feinberg eventually did receive the treatment that he rightfully deserved, he was placed in a female ward against his wishes and subjected to even more hate: “I awoke in the night to find staff standing around my bed ridiculing my body and referring to me as a ‘Martian’. The next day the staff refused to work unless ‘it’ was removed from the floor. These and other expressions of hatred forced me to leave” (2011:898). Feinberg proves another case of violence inside of the medical facilities, the one place it should be safe to be treated when a patient’s body is too weak physically and mentally to self-treat. Medical staff should have been just as respectful and compassionate to Feinberg as any other patients they had on their floor. If a similar thing was done to a bariatric patient or a burn victim simply because their body was not the norm society expects, the staff at that hospital would have had severe consequences. The system of medical ethics specifically talks about the terminology used for bariatric patients, pediatric patients, burn victims, or any other potential specialty patient that are either harder to take care of or have a complication people do not see every day. “It” and “Martian” would be terms which could get medical professionals terminated with almost any other specialty patient, yet it is an acceptable form of violence in many safe places in the United States today.

Jason Cromwell (2006) discusses the verbal violence many transgender individuals receive at clinics throughout the United States when trying to receive safe hormones. The story of Margaux is indicative of how the medical professionals see transgender people all too often: “Margaux was told that she would ‘have trouble passing’ and was rejected as a candidate for hormones but the clinicians would help her accept herself as a homosexual. When she protested that she was not a homosexual she was told, ‘We’re not here to negotiate! You’ve heard our terms. Take them or leave them’ (2006:511, qtd. in Denny 1992a:15). The medical professionals once again refused to understand their patient and did not care to try to understand her. They verbally insulted her and left her in a situation no medical professional ever should. Dwight Billings and Thomas Urban (1982) relate the practices of a doctor in the early 1980s: “One physician who had performed approximately 100 sex change operations in private practice told us that he diagnosed male-to-female transsexuals by bullying them. “The ‘girls’ cry; the gays get aggressive” (1982:275). Violence towards transgender people has been acceptable in the eyes of society for decades. In many ways a lot of things have changed since the 1980s, but violence in the medical field because of the lack of adequate training and research is still very prevalent. Dean Spade (2000) reminds readers of this:

The recent proliferation of academic and activist work on trans issues has created the impressions in many people (mostly non-trans) that problems with access to services for trans people are being alleviated, and that the education of many specialists who provide services to trans people has made available sensitive therapeutic environments for trans people living in large metropolitan areas who can avail themselves of such services (2000:3).

Violence is something that transgender people are facing every day inside and outside of medical facilities. Students have biases that they may not even be aware of until they have to treat a transgender patient or until one is placed on their floor. Transgender people should not be facing the same discrimination in hospitals, ambulances, and clinical settings as they did thirty years ago. Students going into medical professions must be trained to adequately treat transgender patients without violence and to care for them like any other patient when they are brought in hurt, physically and mentally, from outside violence. The medical field should be a safe place for transgender people to go and receive treatment for both emergencies and primary care.

Adequate primary care for transgender people can be almost non-existent. This trend of not receiving primary health care starts during childhood. Kimberly A. Stieglitz (2011) communicates some of the main reasons why transgender youth feel unwelcome in primary care facilities. She states,

the youth reported that many transgender peers did not seek health care because of earlier incidents of discrimination. They also reported that waiting rooms with positive images of sexual minority youth and trans-friendly brochures would be viewed as a positive environment and that they needed supportive providers...Grossman and D’Augelli reported on focus group results in which transgender youth identified four problematic areas related to health care: safety issues, including the lack of safe environments; poor access to physical health services, including HIV and sexually transmitted diseases (STD) counseling and testing; inadequate resources to address mental health concerns; and a lack of caregiving by families and communities. Participants also reported that they feared discrimination by health care providers (2011:200; 204).

Doctors and nurses should be advocates for their patients and what is best for them; this becomes even more important with pediatric patients. If transgender youth do not feel comfortable receiving primary health care, the possibility of them going to get primary health care as adults decreases. Students need to be trained to successfully address all areas transgender youth face regarding healthcare. Without education, medical professionals will continue to be unsuccessful in any attempt to give primary care to transgender people. Some transgender people do not realize that they may need primary care based on the body they were born with. Nurse Jay Swanson (2011) discusses his work with transgender patients. He informs his audience that “GLBT patients can still be diagnosed with any cancer, even if they have undergone gender reassignment. In particular, it may be difficult to get a transgender male to believe that he still needs a breast exam or a transgender female that she needs a prostate exam” (2011:1). Transgender people need to be screened for medical

problems just the same as cisgender people. Health care professionals must be supportive and non-discriminatory so transgender people feel comfortable receiving that essential bit of primary care.

The American Cancer Society (2012) states that "Today, about 12 million people alive in the United States have had some type of cancer" (web). Transgender people should feel safe enough to have exams which could potentially save their life. Medical professionals must be trained to work with, understand, and convince transgender people that they need screening for all types of cancers. Transgender individuals could die from something easily treatable because medical professionals are under-educated and poorly trained. Too many people in the medical field focus on HIV and STDs and not enough on primary care and specific medical problems transgender people face. John Auerbach (2008) sums up the lack of research and commitment to primary care saying, "The current overly narrow focus on HIV and sexually transmitted diseases within the LGBT community reflects the continuing existence of homophobia and transphobia" (2008:970). Transgender people, like any others, need more than just sexual-related care. Transgender people have a greater risk or comparative risk for developing complications because of hormone use and surgery than for getting HIV or STDs. Medical professionals need to be trained on transgender specific medical complications in order to adequately treat their patients.

Students going into medical professions should be taught about transgender specific medical complications before they enter the medical field. It is important that they are able to diagnose and treat transgender people just as easily as cisgender people. Transgender women are exposed to serious risks when they take high doses of estrogen. These possible complications include, "hypertension, elevated potassium, dyslipidemia, pulmonary emboli, deep vein thrombosis, myocardial infarction, and stroke" (Williamson 2010:226). Medical professionals have to quickly diagnose and treat any of these complications before death incurs. Students who are trained to look for the symptoms of these complications from the beginning of their training will be more likely to figure out the problem than someone not looking for it. Similarly, transgender men who take testosterone can experience side effects such as, "hypertension, hyperlipidemia, acne, [and] elevated hemoglobin" (Williamson 2010:226). While the risks are not as severe for transgender men as for transgender women, medical professionals still need to be able to recognize the signs and symptoms and treat them accordingly. Transgender people are also more likely to get infections from adhesives and the binding of body parts. Catherine Williamson explains, "Excoriation, superficial infections, and rashes may develop beneath padded undergarments or under areas on the chest taped to create cleavage. Tight packing to conceal male genitalia can cause fungal rashes with severe excoriation in creases around the penis, buttocks, and scrotal sac" (2010:224). Infections and fungal rashes need to be treated by medical professionals. Those professionals must be able to not only make the patient feel comfortable enough to be able to patient assess them but they must also treat them. Understanding why it is essential for transgender people to wear padding and tape to help uphold their image is another key thing students should learn so they are sensitive and considerate in their treatment. Transgender women

can also be at risk for a number of serious complications due to liquid silicone: "Uncontained liquid silicone can shift, seep into surrounding tissues, and migrate into the lungs causing pulmonary embolism, pneumonia, renal failure, and death" (Williamson 2010:224; qtd. Center for Disease Control and Prevention). Transgender people are at high risk for many infections and serious complications that are very deadly. Students must be prepared to understand, handle, and efficiently treat any complication a transgender person may have. If students are taught to look for these types of issues and are caring, transgender people will feel more comfortable in medical facilities. Having a comfortable working medical professional/patient relationship makes treatment much easier for both the professional and the patient. The best way to accomplish this is through the education of medical students.

Invisibility of the transgender person in the medical field as seen thus far is very common. There is a distinct lack of research about transgender people in the medical field, rendering them almost completely invisible according to data. Ulrike Boehmer (2002) studies the amount of LGBT data in the medical field. He states, "The National Library of Medicine contains 3822822 citations of articles based on studies with human subjects and published in English between 1980 and 1999" out of all of those articles only "3777 articles" were found which represented "0.1% of all articles" (2002:1126-1126). In twenty years only 346 articles were written about transgender medical complications which broke down into 10 categories (2002:1129). These categories are: "Sexually transmitted disease, 20; Mental disorder, 8; Cancer, 9; Identity, 140; Etiology, 126; Health care, 14; Family, 2; Attitudes, 1; Risk factors, 8; Violence, 1" (2002:1128). Medical professionals have done very little research about transgender people in the medical field.

While more research has been done in the last ten years, transgender people are still largely invisible to the majority of the medical professionals. In addition, the quality of research is rather limited; too much research focuses on sexually transmitted diseases and not enough research is being conducted on the other obstacles transgender people face in the medical field. Heather L. Corliss, Michael D. Shankle, and Matthew B. Moyer (2007) "conducted a survey to examine the extent to which US schools of public health focus on lesbian, gay, bisexual, and transgender health through research and planned curricula" (2007:1023). When they received the surveys back (102 in total) it was discovered when asked "Did your department offer a course in the past 2 years that covered lesbian, gay, bisexual, or transgender health topics extending beyond HIV and AIDS? Yes 9 (8.8) No 93 (91.2)" (2007:1024). Only 9 of the public health schools taught courses on LGBT topics, which may not have even covered transgender complications. This further shows the lack of education students receive on transgender medical complications. The invisibility of this group of people in the medical field is astounding, as medical professionals are supposed to be experts in many types of medicine and understand human complications. Transgender people are rendered even more invisible as few medical professionals research the complications of transgender people.

Medical professionals have the obligation to understand and be able to treat transgender people. Violence in the medical field must be overcome, along with personal biases against transgender patients. Students need to be educated on transgender topics before they are allowed to be medical professionals, just as they must learn about other specific groups. Without the necessary training for medical professionals, transgender people will continue to receive substandard care and continue to die or be seriously hurt by easily treatable complications. Transgender people should have the right to be treated with the same diligence and efficiency as cisgender people. They will continue to be invisible until enough medical professionals are aware that a change needs to happen in the medical field. This will start with the students, those with a thirst for knowledge and hopefully a quest for equality in standard of care and practice. Someone once said, "The students of today, the leaders of tomorrow." Students in the medical field will be either gatekeepers or openers for transgender people in the future. Educating medical students on transgender topics could very well save lives later.

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