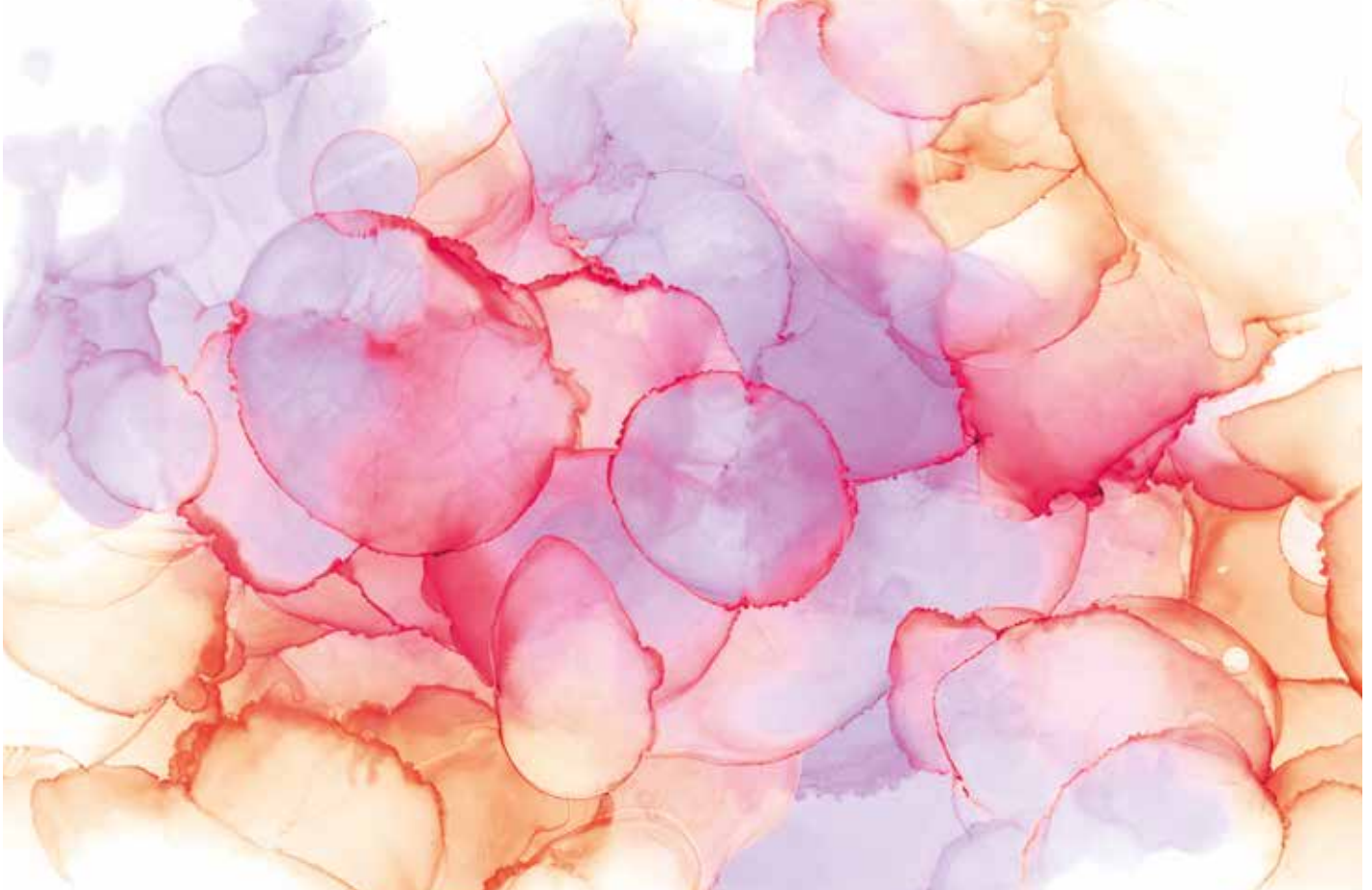


Opportunities and barriers to effective and accurate communication with transgender individuals accessing the radiology service.



TIME FOR CHANGE

EMILY WILSON

Research has shown that transgender individuals experience significant health disparities¹⁻³, stigma and discrimination^{4,5} as well as a greater risk of suicide^{6,7} in comparison to cis-gender individuals. Current literature states that transgender is an umbrella term used to describe any person, who experiences a discordance between their biological sex assigned at birth, male or female, and their gender identity^{1,8-11}. Whereas a cis-gender individual is described as someone whose gender identity aligns with their assigned sex¹⁰. A person's gender identity is considered their internal experience of being male, female, neither, both or any alternative^{1,9,11}.

Existing literature calls for more research into the

unique healthcare needs of transgender individuals^{3,12}. However, there is limited research into the care of transgender individuals in the radiology setting^{9,13}. This is problematic given the need for accurate information to appropriately and respectfully care for transgender individuals. This article will therefore utilise research from nursing and other transferable disciplines to explore opportunities and barriers to effective and accurate communication with transgender individuals in the radiology setting.

GENDER IDENTITY AND THE LAW

Under the Equality Act¹⁴ gender reassignment and sex are protected characteristics which constitute additional protections under the General Data Protection

Regulations (GDPR)¹⁵ and the Data Protection Act¹⁶ due to the potential for discrimination if disseminated. The Equality Act builds on the protections afforded through the Gender Recognition Act¹⁷ which came into force in 2004 and is currently under reform. Briefly, in order to legally change gender identity, and obtain a Gender Recognition Certificate (GRC), an individual over the age of 18 must live as their preferred gender for a minimum of two years¹⁷. An application is sent to a Gender Recognition Panel with supporting evidence and issuance of a GRC is not dependent on undergoing surgery¹⁷. The Scottish Transgender Alliance (STA) conference proceedings⁶ reinforces the need for confidentiality and accountability with regard to handling gender identity documentation and subsequent disclosures. Yet these conference proceedings date back to 2012 and so may not be fully representative of transgender health issues today. Despite this, it is clear that any disclosure of gender identity in the radiology setting needs to be documented and stored securely to respect confidentiality^{4,6}.

DEFINING GENDER IN HEALTHCARE

Recent publications conceptualise gender identity as a spectrum^{12,13} as opposed to traditional binary definitions of male or female. Yet, imaging request systems, such as radiology information systems (RIS) and healthcare information systems (HIS), used to collect personal data, are heteronormative as they only support binary options^{7,18}. This is supported by the World Professional Association for Transgender Health¹⁹ which suggested that transgender individuals experience a lack of visibility in healthcare due to a lack of space to self-disclose gender identity. Although potentially dated, this statement resonates with the systematic review findings of Redfern et al³ and Heng et al⁴ which called for changes to medical documentation systems for increased transgender recognition (Table 1).

Furthermore, a qualitative study conducted by Ross and Bell² identified that improvements to medical forms and electronic health records (EHRs) are needed to reflect gender diversity and create inclusion. A literature review conducted by Frangella et al¹⁸ suggested possible solutions to improve transgender inclusion in EHRs such as creating gender identity fields. Sanders and Pedersen¹² offer a considered, inclusive solution to capture sensitive data. Their proposed sexual identity and gender expression (SIGE) form echoes the factors that Maragh-Bass et al²⁰ (Table 1) cited would improve disclosure such as providing clinical reasoning as to why the demographic information is required. In spite of this, their method for developing the form is not explicit and they provide no pilot data or any responses to it in clinical settings (Table 1) rendering their findings less transferable to UK radiology. Hence it is clear that developments to EHR management systems are needed^{4,10,13} to provide space for or the option to disclose gender identity^{2,18,19} and aid in demonstrating that radiology services are inclusive and respectful in the UK.

LANGUAGE AND THE PATIENT EXPERIENCE

Clark et al⁹ found that transgender patients experience a lack of awareness to transgender health issues and culturally competent communication skills in healthcare encounters. These included a focus on transition even if not relevant to the clinical issue and a conflation of gender identity with gender expression and sexual orientation. Moreover, research shows that

“ Transgender individuals experienced positive healthcare interactions when they were treated like any other patient and the focus of the examination was not on their gender identity. ”

using the incorrect pronouns (Table 2) to address or refer to a transgender person, misgendering, can be discriminatory and reinforce perceptions of stigma^{2,3,11} even if unintentional. This is supported by Rossi and Lopez²¹ and Sanders and Pederson¹² who both reported that transgender persons might be subjected to discrimination and or violence if referred to by their previous name or pronouns in a public space, such as a waiting room.

Similarly, participants in the qualitative studies conducted by Westerbotn et al²² and Ross and Bell² reported that this experience could be upsetting and perpetuate negative experiences respectively. However, Westerbotn et al²² conducted their study in Sweden, where transgenderism is a psychiatric disorder, and therefore their findings may be bound in local context. Taking this into consideration, Ross and Bell's² study findings may be more transferable to UK radiology.

Conversely, existing research has identified that ascertaining and using preferred names^{20,23} and pronouns (Table 2)^{3,6,11,12} provides an opportunity for affirmative communication with transgender individuals. Neira¹³ stated that using preferred names and pronouns may help to engender trust in the practitioner-patient relationship. This is further substantiated by Rossi and Lopez²¹ who showed that affirmative communication, cognisant of diversity, can demonstrate cultural competence and professionalism. These clinical perspectives are further substantiated by the robust systematic review findings of Heng et al³ and collectively they contribute to research into Western transgender healthcare experiences (Table 1). These publications highlight the importance of adapting communication to the needs of an individual patient, through person-centred care (PCC), which forms part of the standards of proficiency of a radiographer²⁴. Therefore, identifying and using the correct pronouns to improve communication should be fully endorsed.

THE EVOLVING LEXICON

Rossi and Lopez²¹ identified that cultural competence is possible but that language used may change over time. However, definitions of cultural competence are varied^{13,21,25} making it hard to demonstrate and implement practically. In this context, cultural competence may include radiology staff understanding that gender identity and expressions are fluid and that continual professional development is needed to stay abreast of changes in language. Although this may be conceptualised as a barrier to effective communication, it also provides an opportunity to develop skills in PCC²⁵. Adopting and using preferred names and pronouns specific to each person

Author/s	Study Location	Methodology	Strengths	Limitations
Deutsch et al. 2013	United States	Recommendations from professional body	Steering group and large multi-disciplinary team lead study	Potentially outdated and not fully transferable to UK
Redfern et al. 2014	United States	Systematic review	Explicit and justified method	Not fully transferable to UK; only reviewed papers in English language
Cerebaz et al. 2015	United States	Qualitative study	Supporting evidence is relevant	Nurses' perspectives; research conducted by students but the research analysed by the academic staff; no member checking
Clark et al. 2017	United States	Systematic review	Clear aims and methods	No explicit inclusion and exclusion criteria
Maragh-Bass et al. 2017	United States	Mixed methods	Appropriate statistical tests, contextualised data	Not fully transferable to UK
Ross and Bell 2017	United States	Qualitative study	Rigorous methods with clear research aims	May not be fully transferable to UK public health system
Rossi and Lopez 2017	United States	Review article	Clear rationale for linguistic usage in healthcare	Findings not based on primary data; widely applicable due to LGBT focus
Westerbotn et al. 2017	Sweden	Qualitative Study	Rigorous methods with clear research aims; pilot interview technique ensured consistency	Different medical definitions of transgenderism to UK; may not be fully transferable to UK public health system; conducted in primary care
Frangella et al. 2018	Argentina	Literature review	Clear research aims; clear research implications identified	Exclusion of non-English language papers; no explanation for evaluative tool used; no justification for the selection of evaluative criteria used
Sanders and Pedersen 2018	United States	Clinical perspective	Sound rationale and clinical expertise	No clear and explicit methods; no mention of pilot data

Table 1: Synthesis matrix of literature.

Gender identity	Pronouns
Individual	They/them/theirs
Neutral	Ze/hir/heirs
Female	She/her/hers
Male	He/him/his

Table 2: Gender identities and their corresponding pronouns^{1,9,10,12}.

“ Transgender patients experience a lack of awareness to transgender health issues and culturally competent communication skills in healthcare encounters. ”

may circumvent issues associated with continual monitoring of accepted and used terms in the gender diverse community. The emphasis should therefore be on the creation of inclusive, safe spaces²¹ by proactive radiology services to enable individuals to self-identify. Implementation of visual communication aids with transgender representation such as posters and leaflets⁸ has been suggested to communicate that departments are safe and inclusive.

Westerbotn et al²² reported that transgender individuals experienced positive healthcare interactions when they were treated like any other patient and the focus of the examination was not on their gender identity. Similarly, asking questions to gain insight and not to quench curiosity was appreciated by participants. Thus, only discussing gender transition when necessary is seen as professional² and limiting questions to the nature of the individual's visit is appropriate^{2,5}. In addition, Cerebaz et al²³ recommended using a two-step method for ascertaining gender status. Asking for current gender identity before asking about sex at birth highlights acceptance and facilitates identification of transgender individuals^{13,23}.

Research shows that awareness of gender-neutral language is important to facilitate effective communication with transgender individuals once in the examination^{8,10}. Grossman⁸ emphasises that adopting gender neutral pronouns until preferred ones are established and asking for shared language for anatomical regions can facilitate respectful care interactions. This review article offers a nursing perspective from the US but no primary research to substantiate the claims. However, Ross and Bell's rigorous qualitative study² with transgender individuals identified similar strategies which support this evidence. Such techniques may facilitate dignified and respectful radiology examinations. In particular, radiographers and healthcare staff need to ascertain pregnancy status for examinations between the diaphragm and mid-thigh due to the risks of ionising radiation to developing foetuses^{26,27}. Previously, this was restricted to examinations of females of childbearing age but due to the increasing visibility of transgender issues in health²⁰ the Ionising Radiation Medical Exposure Regulations (IRMER)²⁸ have been suitably adjusted²⁷. Despite this, the guidance issued cited the SIGE form by Sanders and Pedersen¹² but this is yet to be used in clinical practice as previously discussed.

Furthermore, current methods to ascertain pregnancy status involve enquiring as to the first day of the last menstrual period (LMP)²⁶ and implementing the 10-day and 28-day rules as applicable to limit radiation exposure to a developing foetus. Yet, for transgender individuals, transitioning from female to male, and undergoing hormonal therapy evidence suggests that high doses of testosterone are not conducive to viable pregnancies⁸. Furthermore, the risks and benefits of the procedure must be shared with the patient prior to imaging²⁹. Therefore, more research is needed into transgender healthcare in radiology so that this protocol can be delivered in a sensitive and respectful manner. In addition, knowledge of biological sex and gender identity helps to ensure intravenous contrast agents given are appropriate to excretion rates, measured by estimated glomerular filtration rate (eGFR)¹³. Calculations for eGFR need demographic information and clinical data to be reliable¹³. Therefore, potentially uncomfortable questions need to be asked of the

patient given the propensity for harm to radiosensitive reproductive tissues, developing foetuses²⁶ and kidneys.

CONCLUSION

As previously discussed, transgender individuals experience significant health disparities in comparison to cisgender people. Affirmative and appropriate communication is necessary with this patient population to ensure respectful, dignified care suitable to their reason for examination. Recent research has shown that adopting gender neutral language until personal preferences are established can help to foster trust between patients and practitioners. Since gender identity exists on a spectrum, verbal communication must be tailored to the individual. Taking time to use and record preferred names and pronouns is also an effective strategy in delivering PCC. However, to enable this to happen considerable adjustments in EHRs are needed to reflect diversity within gender identity fields. Most of all, continuous professional development (CPD) is needed to enable radiographers and healthcare workers to provide a safe, inclusive radiology service for transgender individuals.

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ABOUT THE AUTHOR

Emily produced this article as part of her first year coursework. Since writing this article, she has progressed on to the final year of the Diagnostic Radiography MSc (pre-reg) at Queen Margaret University and hopes to graduate in 2020.

REFERENCES

<http://www.sor.org//learning/library-publications/itp>

This article has been prepared following local guidance relating to the use of patient data and medical images.

To comment on this article, please write to editorial@itpmagazine.co.uk

HOW TO USE THIS ARTICLE FOR CPD

- Research the support available for transgender individuals in your area?
- In light of the material discussed, consider if your departmental protocols reflect the diversity of your patient populations.
- What difficulties may your department face in making improvements?
- Discuss with colleagues communication tools which may promote inclusion.



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