

2019 Kinsman Bioethics Conference

Raising Voices:

The Ethics of Dialogue and Communication in Health Care

SESSION A2	
Theme	Obscured Voices in Healthcare
Title	Scrubs aren't Really Unisex: A Journey across Genders as a Patient, Nurse and Educator
Speaker(s)	Nicholas X. Luisi, MSN, RN, CCRN, U.S. Army CPT (Ret.)
Date	Thursday, April 11, 2019
Time	9:40 – 10:50 AM
Location	Directors

SESSION A2 OBJECTIVES
<ul style="list-style-type: none">• Understand the clinical importance of documenting gender identity.• Explore variances in perception of patients and the role of gender.• Learn methods to improve education of health care providers from the classroom to the workplace.

SESSION A2 SPEAKER
<p>Nicholas X. Luisi, MSN, RN, CCRN</p> <p>Having a passion for learning and teaching, Nicholas Luisi has been using his life experiences to enhance the learning and attitude surrounding transgender health care. A New York City native, he discovered a love for exploration which quickly expanded beyond the city limits. Having a fondness for medicine, he focused on a career in nursing, specializing in neonatal care. With a desire to serve, he expanded his knowledge and skills within the U.S. Army, and deployed to Afghanistan in 2013. After retirement, he stayed in Washington State and is currently a NICU nurse at PeaceHealth Southwest and an adjunct nursing instructor at Clark College.</p> <p>With lessons stemming from his own transition from female to male in 2016 he created an educational presentation centered on improving care for transgender and non-binary patients as his MSN capstone. He has two amazing daughters, one of which followed his path into nursing, and still lovingly calls him mom. Nicholas earned his BSN from Drexel University, MSN from Capella University, and is presently pursuing a Doctorate in Education from Concordia University with hopes of continuing a career in training and education.</p>

SCRUBS AREN'T UNISEX...

a journey across the genders as a patient, nurse, and educator

Nicholas Luisi, MSN, RN, CCRN, U.S. Army Captain (Ret.)

IN MY NURSING CAREER, I LEARNED

- Male privilege does exist
apparently (perceived) penis = M.D.
- It's a struggle to keep from sharing my childbirth and breastfeeding stories
- Fear of disclosing my gender identity to families
and some regret for sharing it with my coworkers
- Panic when conversations head toward stereotypical masculine topics

SEXUAL ORIENTATION AND GENDER IDENTITY

All people have a sexual orientation and a gender identity

- These identities can change
- Terminology varies

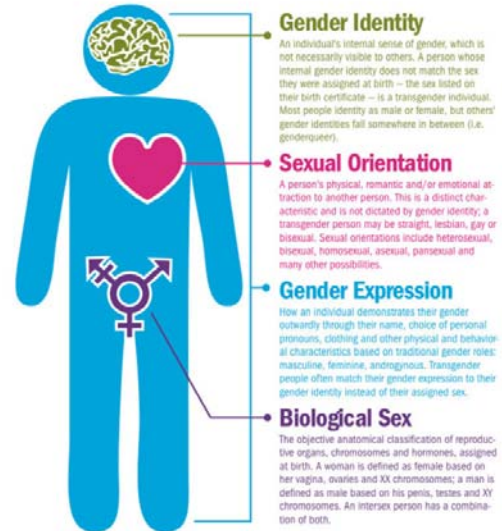
Gender Identity: internal sense

Sexual Orientation: attraction to others

Gender Expression: visible presentation

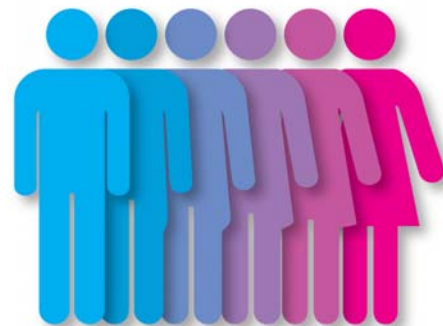
Biological Sex: chromosomal

GENDER IDENTITY, GENDER EXPRESSION, BIOLOGICAL SEX AND SEXUAL ORIENTATION SPECTRUM



GENDER TRANSITION / GENDER AFFIRMATION

- The process of coming to recognize, accept, and express one's gender identity
 - Most often refers to the period when a person makes changes that others can see (appearance, name, gender expression)
 - Involves social, medical, and legal components
 - Can include hormone therapy or surgery
 - Every person's transition is personal/unique to them
 - Hormones / surgery not always chosen



DEFINITIONS

- LGBT – Lesbian, Gay, Bisexual, Transgender
- Binary gender system – male or female
- Cisgender = non-transgender

Gender is less like this:



And more like this:



artivismproject.com

EXPERIENCES OF TRANSGENDER PATIENTS

- 61% reported avoiding care due to past experiences or resources
- 23% denied health care due to gender identity;
including 13% while attempting to access emergency care
- 24% experienced discrimination in a health care setting
- 27% experienced verbal harassment when seeking care
- 2% had experienced physical violence by a health care provider

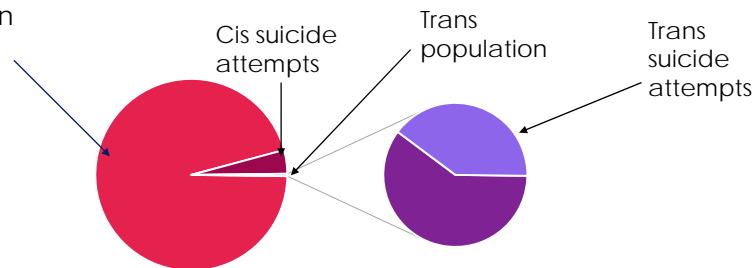
STUDIES EXAMINING TRANSPHOBIC ATTITUDES BY MEDICAL PROFESSIONALS FOUND THAT:

34% had witnessed discrimination of transgender/gender variant individuals in a health care setting

65% had heard derogatory, anti-transgender comments made by medical staff

TRANSGENDER MENTAL HEALTH

- Depression, anxiety, and psychological issues are significantly higher in trans people
- Twice as many having unmet mental health needs
- 40% of transgender people report attempting suicide in their lifetime compared to a rate of 4% of the general population



TRANSGENDER HEALTH ISSUES

- HIV rates over 4 times the national average; even higher in transgender people of color
- Increased cardiovascular risk factors
- Lab values – still uncertain as to what is “clinically normal”
- Many with history of physical or sexual abuse
- Substance abuse
- 50% of transgender patients report having to teach their doctors about transgender care

CONCERNS FOR OLDER PATIENTS

Transgender older adults higher level of depression (48%)
Estimated at 5% in older heterosexual adults

Loss of social support for transgender adults over 55

Estimated 44% of older transgender adults live alone
Compared to 18% of the general population



MORE CONCERNS

- Obtaining hormones when older
- Mistreatment by caregivers
- Police harassment for cross-dressing
- Inability to defend themselves from hate crimes


Some plan never to reveal their sexual orientation or gender identity, or only allow that after their death



HISTORICAL EXPERIENCES

- Criminalization
- Classification as a mental disorder
- Lack of legal rights

Cultural safety involves understanding histories, safety needs, power imbalances and understanding the influence of staff values and beliefs.



*"And I don't even want to see the inside of a hospital –
not unless I'm dying.*

*I don't want to go there unless it's life and death
because that's a gamble.*

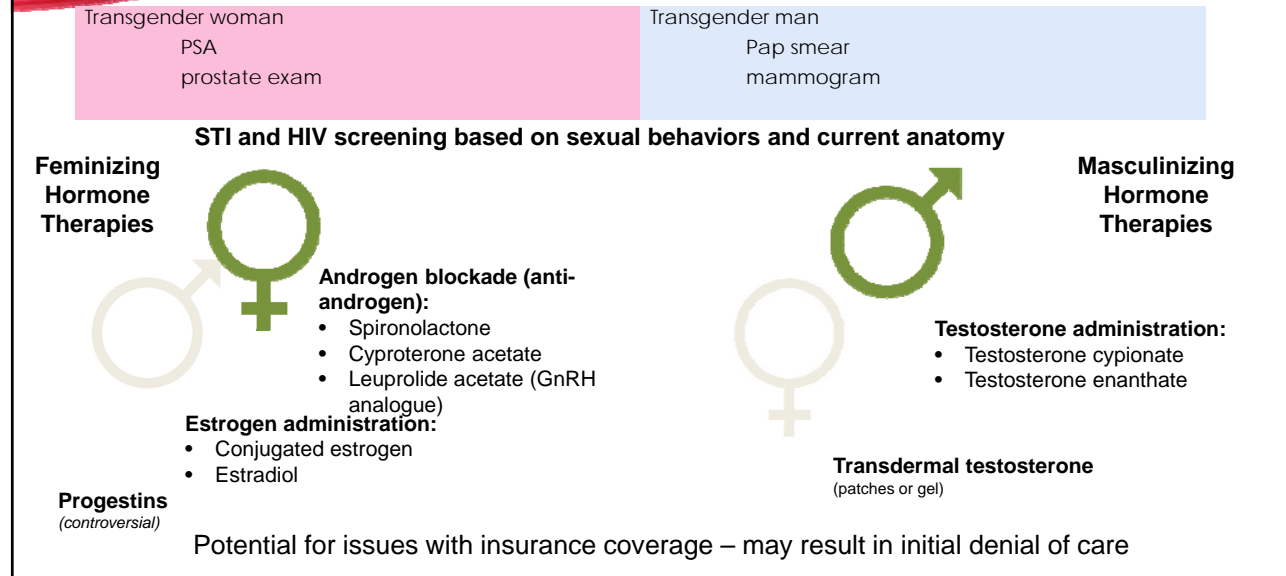
*I've had more medical malpractice
from doctors on down to orderlies
who got so distracted by my gender..."*



"The day that I need a caregiver,

I will implement my end of life suicide plan"

DIFFERENCES IN CLINICAL PATHWAYS



CREATING A SAFE SPACE

- Staff education and training
- Single occupancy / "all gender" bathrooms
- Designators for LGBT-friendly providers
- LGBT (or other form of inclusivity) safe-space sign



COMMUNICATION

Scripting for difficult situations

"I would like to be respectful, what name and pronouns would you like me to use?"

"Could your chart/insurance be under a different name?"

Be mindful of microaggressions

Use partner instead of husband/wife or "friend"

Understand that mistakes happen

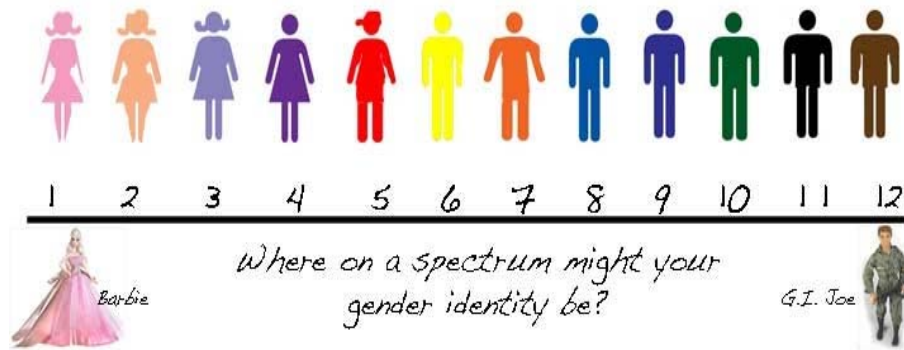
"I'm sorry. I didn't mean to be disrespectful."

THIS ISN'T A FAD, PASSING TREND OR FETISH...



...this is me

JUST FOR FUN...



Any
Questions?

REFERENCES

- Bradford, J. B., Cahill, S., Grasso, C., & Makadon, H. J. (2017). *Why gather data on sexual orientation and gender identity in clinical settings*. Retrieved from <http://fenwayhealth.org/care/medical/transgender-health/>
- Center of Excellence for Transgender Health, UCSF. Primary Care Protocol for Transgender Patient Care: <http://transhealth.ucsf.edu/trans?page=protocol-00-00>
- Deming, S., Kadlec, L., Kirby, A., & Munns, M. (2016, April). Treating LGBT status as a patient safety issue. *Journal of American Health Information Management Association*, 36-37.
- Dooling, J. P., & Prunette, M. (2017, July). Quality data reduce disparities for LGBT patients. *For the Record*, 8-9.
- Dowshen, N., Nguyen, G. T., Gilbert, K., Feiler, A., & Margo, K. L. (2014, July). Improving transgender health education for future doctors. *American Journal of Public Health*, 104(7), 5-6. <https://doi.org/10.2105/AJPH.2014.301978>
- Gittell, J. H., Godfrey, M., & Thistlethwaite, J. (2013). Interprofessional collaborative practice and relational coordination: improving healthcare through relationships. *Journal of Interprofessional Care*, 27(3), 210-213. <https://doi.org/10.3109/13561820.2012.730564>
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2013). *Injustice at every turn*. Retrieved from www.thetaskforce.org
- Kattari, S. K., Walls, N. E., Speer, S. R., & Kattari, L. (2016). Exploring the relationship between transgender-inclusive providers and mental health outcomes among transgender/gender variant people. *Social Work in Health Care*, 55(8), 635-650. <https://doi.org/10.1080/00981389.2016.1193099>
- Lewis, C. P. (2016). The road to trans-inclusive health care: policy implications and the critical role of social work. *Health & Social Work*, 42(1), 60-62. <http://dx.doi.org/10.1093/hsw/hlw056>