

## 6 things patients wish physicians knew about gender identity

JUN 25, 2021

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All people deserve access to high-quality, optimal medical care. That certainly includes patients who are transgender, nonbinary, gender-nonconforming or exploring their gender identity. Amid widespread discrimination, it is essential that doctors foster a welcoming environment for these patients to ensure they get the care they need, whether it relates to gender identity or more common, yet pivotal, matters such as blood-pressure control or type 2 diabetes prevention.

Creating the welcoming environment that enables a strong patient-physician rapport to develop often involves words, ideas and identities that are new to some. Properly using gender identity terms, including pronouns, is a vital way for physicians to show acceptance.

Four AMA members took time to discuss some keys that many patients wish their physicians knew about gender identity. They are:

- Adrian Jacques H. Ambrose, MD, (uses he/him pronouns), a child and adolescent psychiatrist and medical director of youth and family services at Beth Israel Lahey Health Behavioral Services system. Dr. Ambrose is also the AMA Young Physicians Section representative of the AMA Advisory Committee on LGBTQ Issues.
- Frank Dowling, MD, (uses they/them pronouns), a psychiatrist in Islandia, New York, and vice chair of the AMA Advisory Committee on LGBTQ Issues.
- Magda Houlberg, MD, (uses she/her pronouns), an internist and geriatrician as well as chief medical officer of Howard Brown Health in Chicago. Dr. Houlberg chairs the AMA Advisory Committee on LGBTQ Issues.
- Leanna Knight (uses they/them pronouns), a third-year medical student at the University of Rochester School of Medicine and Dentistry. Knight also previously served on the AMA Medical Student Section LGBTQ+ Issues Standing Committee and is currently conducting research in transgender health.

Here are some highlights of what they had to say.

## Using and asking pronouns matters

Asking about pronouns is “something that would be easy to incorporate in your greeting,” said Dr. Houlberg. “Another way to open up that conversation is to wear a pin with your pronouns, meaning: This is what I use. What do you use?”

“If doctors were in the habit of using their pronouns, it’s a powerful message,” Dr. Dowling said. “When a cisgender woman or a cisgender man uses she/her or he/him pronouns, just doing that really does say: I’m with you, I recognize that pronouns matter and that sends a message, not just to the trans or nonbinary person when they come in, but it sends a message to others that there is something here and it matters.”

“You’re trying to create this cultural shift where asking for pronouns or recognizing pronouns becomes normalized,” said Dr. Ambrose. “For those who are not traditional with their gender identity, it becomes a much easier window for them to say, ‘Oh, that person is saying their pronoun. I can now announce my pronouns.’”

## Trust that patients know themselves

Physicians need to trust their patients on matters of gender identity, said Knight, a medical student.

“Trust that they know who they are and are capable of defining themselves,” said Knight. “If they’re wanting to seek out gender-affirming care in whatever way they need it, trust that.”

Dr. Houlberg noted that “typically, the patient has had many years of contemplation by the time they disclose their gender identity to you.” The patient is “the authority because it’s in their brain,” she said. “They are the only one who knows, and the only one who could know.”

## Assuming is a bad idea

“People often think that gender identity has to be congruent with the ways that the person expressed their gender, and that’s not always the case,” said Dr. Ambrose. “Gender is how you’re presenting yourself to the world—like feminine, masculine, androgynous. And gender identity doesn’t necessarily have to correlate specifically with its gender expression, let alone your sexual orientation.”

“Everyone may have an image of someone who they believe is transgender and they may be right,

but they may be wrong,” Dr. Dowling said. “There are so many more transgender or nonbinary people who you can’t identify by their appearance. That’s the bottom line.”

## Be aware of culture’s role

“As a person of color and as a member of the LGBTQ family, I often find that those who carry multiple minority statuses—whether it be ethnic minority or gender and sexual minorities—it feels like a double whammy sometimes,” said Dr. Ambrose. “Within certain ethnic minority cultures and communities, the sexual minority and gender minority piece is significantly more impactful than what we in Western culture consider.”

For example, one of Dr. Ambrose’s residents asked why some patients don’t just come out. Depending on the patient’s cultural background, Dr. Ambrose said, there can be “extreme shame for the family.”

That’s why it makes sense for doctors to pay careful attention to cultural background as well as their gender identity, he added.

## Focus on patients’ priorities

When someone is transgender or nonbinary, “there’s an assumption made that they’re there for some part of their transition or some part of gender-affirming care and, in many cases, it may not be that,” explained Dr. Houlberg.

“It’s heartbreaking when someone needs a doctor’s help, and it may have nothing to do with their gender identity, and yet that issue becomes an obstacle for whether or not they will go through the trouble of seeing the doctor,” Dr. Dowling said.

“If I let you know that I’m trans or nonbinary, and that’s relevant to the medical issue we’re addressing today, then it’s fine to ask me about that,” Dr. Dowling added. “But keep it relevant to the reason I’m here. And if it’s not really relevant, then let’s just focus on the issue at hand and either address it or get me the right referral.”

## Misgendering happens—how to recover

Whether intentional or unintentional, misgendering a person has a long-lasting impact on their health

and well-being. Misgendering occurs when someone incorrectly refers to a person’s gender by assuming their gender identity or using the wrong pronouns.

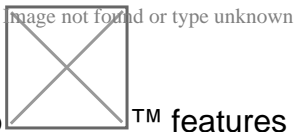
“We all are going to make mistakes ... but what's important is that you acknowledge that you made a mistake and apologize for it sincerely,” Knight said, adding that if a mistake happens to say, “I’m so sorry that I didn’t get your pronouns correct. I will do my best to get them correct from here on out.”

It’s about “acknowledging that this is the person’s identity and apologizing for not getting that correct this time and making a commitment to get it correct in the future,” Knight said. “I’ve had it happen in training and I will say that it is the most touching and heartwarming thing when someone apologizes for getting my gender identity wrong. It makes me feel very affirmed.”

Apologizing for misgendering someone “doesn’t have to take a lot of time,” said Dr. Dowling.

But taking a moment to make a simple, clear-cut apology “can really matter because one wouldn’t know if, for that person, that could be enough to dissuade them from coming back from the medically needed care and a chance to keep a relationship.”

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