

# Trans health care & gender-diverse patient considerations with Kameryn J. Lee, MD

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AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

## Featured topic and speakers

In today's episode of Moving Medicine, AMA Chief Experience Officer Todd Unger and Kameryn Lee, MD, discuss how to approach—and provide—equitable health care for gender-diverse patients and the transgender community. Dr. Lee is a fellowship-trained minimally invasive gynecologic surgeon and founder of a new consultancy called Radically Inclusive Consulting Collective. She is also a member of the inaugural cohort of the Medical Justice in Advocacy 2021-2022 fellowship—a joint venture of the AMA and the Satcher Health Leadership Institute.

For more information and resources, visit the AMA Center for Health Equity.

## Speaker

- Kameryn J. Lee, MD, MSPH, founder, Radically Inclusive Consulting Collective

## Transcript

**Unger:** Hello, this is the American Medical Association's Moving Medicine video and podcast. Today we're joined by Dr. Kameryn Lee, whose pronouns are she and her. Dr. Lee is a fellowship-trained, minimally invasive gynecologic surgeon and a founder of a new consultancy called Radically Inclusive

Consulting Collective in Rehoboth Beach, Delaware. She's also a member of the inaugural cohort of the Medical Justice in Advocacy 2021-22 Fellowship, which is a joint venture of the AMA and the Satcher Health Leadership Institute. Today, Dr. Lee will discuss what physicians need to know about providing gender-affirming care for their patients. I'm Todd Unger. My pronouns are he and him. And I'm the AMA's chief experience officer in Chicago. Dr. Lee, thank you so much for joining us. You've said that transgender and gender non-binary issues often get lost in the larger LGBTQ+ conversation. So let's just start by talking about some of the unique challenges that this population encounters that physicians should be aware of.

**Dr. Lee:** Thank you for having me, Todd. There are many challenges and I can think of maybe five right off the bat. Trans people encounter poor physician education. Nothing worse than sensing a doctor's discomfort and poor confidence when you're sitting in an exam room and then having to educate the doctor about yourself. It's a terrible feeling. Poor insurance coverage for gender-affirming medications and surgeries. Too often in our community, folks are self-medicating from hormones bought on the black market or in other countries. That's especially true for transfeminine folks who may want to use non-medical grade materials for body contouring. That is another big problem in the community. Violence, the question that's supposed to be asked at every visit, often that doctors skip because of time pressure, "Do you feel safe in your home and in your surroundings?" So that should always be asked.

In our community sometimes, a lot of the times, the answer is no. Politics and the miseducation of politicians. We've seen that happen, especially this year, with trans and gender non-binary youth being very vulnerable from political attacks, especially from the Right. And number five hits me very closely and that's the killing of trans folks, trans women, especially Black trans women. Last year over 50 murders were recorded in the United States, according to the Human Rights Campaign and the overwhelming majority every year are Black trans women. All the more reason for you to ask us how we're doing when you see us, not just physically, but what's happening at home, what's happening here.

**Unger:** Those are some pretty big questions and issues. What would you like your physician colleagues to know about the experience of transgender patients who receive care from physicians who don't have the training or education to treat them and deal with what you just brought up?

**Dr. Lee:** Yeah. Yeah. First of all, I would encourage everybody to try to learn more. I mean, we learn about everything else in continuing medical education. And although there may not be as much info out there about LGBTQ communities and especially trans folks, it is there. But I would say to my colleagues, remember that a significant number of us suffer from gender dysphoria, from depression and anxiety. Study suggested that 40% of us have attempted suicide and over 80% of us have thought about doing so and the youth are especially vulnerable. So in your oath, you promise to do your best to do no harm. So in doing so, educate yourself and if you don't know, ask. The AMA has done some

trans and gender non-conforming 101 CME courses and programs. And so educate yourself.

**Unger:** Kind of to that end, I think what you're implying a little bit is that for someone that really wants to deepen their understanding, they're kind of on their own to seek out those learning experiences and those resources. How do we change that?

**Dr. Lee:** Really, Todd, the change has to come from medical education early on. It's difficult for any of us to learn things after we finished our training, just because of how busy we are, because of the nuances of practicing, whatever else. But just like everything else that we've learned, a lot of it happens in medical school in the first couple years, during the clinical years. And that's where the initial change needs to happen. It should happen a little bit more downstream too, in terms of residency programs and board certification but the problem really lies in getting educated early. And if we're not doing that early then we're more unlikely to be able to catch up later.

**Unger:** Dr. Lee, I'm not sure if I'm going to ask this question correctly but how often would a physician expect to encounter a transgender patient in their practice? And is that something that is changing?

**Dr. Lee:** Studies and data from the U.S. Census Bureau in some of their Household Pulse Surveys over the last year suggest that 1% of the population is transgender or gender diverse. That is about 2 million people. So all of us in medicine are going to see trans folks. You have to be prepared to see us. Some of us will talk about our being trans upfront, some may not because we're afraid of how you're going to react. And so again, educationally, it's up to you. It's 2 million people, you're going to come across us in the emergency room, in your office, on your operating table. So the responsibility is still yours to be able to learn just some of the basic things first. And again, if you don't know, ask. And there are people to ask, there are organizations to join but we want you to be prepared to see us and see us for who we are.

**Unger:** Well, that issue of preparation then, it's an urgent one. And as a Black transgender woman who is also a physician, you have a really unique perspective to bring in this conversation. What would you like to share about navigating these issues personally? And how has that informed your work in this area?

**Dr. Lee:** Yeah, Todd, that question hits home. I mean, I'm a physician, so I understand the details and intricacies of our inefficient system of health care. So if I have problems navigating the system, which I have, finding educated providers, finding those who understand what it means to be gender diverse, problems with the miseducation of insurance conglomerates, then my trans and non-binary siblings definitely do. In terms of my being Black, every week when I'm informed of the death of a Black trans woman, a couple in Chicago recently, maybe Atlanta, rural North Carolina, Texas, I remind people that for me, my degrees in education don't matter. I'm not wearing those on my back when I'm going to Walmart. So that credibility isn't bulletproof and if it's not for me, it's not for any of my sisters either. All the more reason for you to make sure you ask, "How are you really doing?" When you find one of us

sitting on an exam table in your office.

But for now, I have earned an education and therefore been given a platform. And so one way or the other, I'll figure out how to use it to be able to get the message out on behalf of those who don't have the ability to get the message out.

**Unger:** Dr. Lee, you have been sometimes a singular voice in this particular discussion. How do we bring more voices, particularly those who have traditionally been pushed to the margins in this conversation?

**Dr. Lee:** I don't think of myself as a singular voice at all. There are voices. I may be in a strange place in terms of my education and intersections but voices are all around and many already have the platform. There are others like me who are looking to find the platform. People who are pushed to the margins of society, we always have something to say. It's about people opening their hearts and their minds to listen to what we have to say. This isn't the tree that's falling in the forest that may not make a noise if no one is around to hear it. The trees are falling and millions of people around to see and hear them fall, open your eyes and take you out your earplugs. We're here. The voices are here. Do you want to hear us? Do you believe us? Or are you going to hang on to what you thought that you knew about us, which is probably not right?

**Unger:** Dr. Lee, what role would you like to see the AMA or other organizations in medicine play in bringing about change?

**Dr. Lee:** The AMA Center for Health Equity has done an amazing job in its three years of existence. Progress has been made on helping physicians understand the concepts of equity and justice. The organizational strategic plan is now in its second year. A guide to language and narrative and concepts tell us better communicate about these issues as available. I'm one of 12 fellows in the Medical Justice and Advocacy Fellowship established this year. So all of these things are significant and can help make the AMA be the authoritative voice on health equity, as it should be.

Most organizations lose sight of the very specific needs and issues that face gender diverse folks and folks in our LGBTQ+ alphabet soup. Some people in the community live different lives and are on different ends of the spectrum. And that in itself can sometimes make organizations focus on the entire acronym and forget the T. So organizations in medicine, not only need to consider the entire community as a whole, LGBTQ+ but remember that the experiences of the T folks is markedly different than the LGB folks. And so I'd like to see other organizations, including the AMA, recognize that and make sure that the greater community in medicine is aware of the inequities that we face as a very specific community.

**Unger:** Dr. Lee, thank you so much for being here today and sharing your expertise and your experience on this important topic. That's it for today's Moving Medicine episode. We'll be back soon



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