

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 004  
(I-19)

Introduced by: Medical Student Section

Subject: Improving Inclusiveness of Transgender Patients within Electronic Medical Record Systems

Referred to: Reference Committee on Amendments to Constitution and Bylaws  
(\_\_\_\_\_, Chair)

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1 Whereas, Approximately 1.4 million individuals in the United States identify as transgender<sup>1</sup>;  
2 and  
3  
4 Whereas, 39% of transgender individuals reported experiencing serious psychological distress  
5 and 40% reported having attempted suicide in their lifetime<sup>3</sup>; and  
6  
7 Whereas, 33% of transgender individuals in a survey identified having at least one negative  
8 experience with their healthcare provider in the last year<sup>3</sup>; and  
9  
10 Whereas, 28% of transgender individuals reported postponing needed medical care due to fear  
11 of discrimination, which contributes to the significant health disparities they experience<sup>4</sup>; and  
12  
13 Whereas, A majority of transgender men prefer self-sampling, self-collecting vaginal or cervical  
14 samples at home, to screen for cervical cancer versus provider-administered Pap smear<sup>5</sup>; and  
15  
16 Whereas, Only 49.5% of transgender men have had a Pap smear screening within the past 3  
17 years and 31.9% of transgender men have never had Pap smear screening<sup>5</sup>; and  
18  
19 Whereas, Individuals in a study who classified their gender expression as “female” and sex as  
20 male were significantly more likely to have routine Pap testing compared with individuals who  
21 identified as “transgender,” suggesting a discrepancy in Pap smears provided to cisgender  
22 women versus transgender individuals<sup>6</sup>; and  
23  
24 Whereas, Transgender individuals may often require specific screenings and considerations,  
25 particularly if they have past or current usage of hormone therapy, such as monitoring for  
26 diabetes mellitus in transgender women, as they have an increased risk for development of  
27 diabetes mellitus while on estrogen therapy<sup>7</sup>; and  
28  
29 Whereas, In a transgender woman with an intact prostate, it is recommended to regularly  
30 screen for prostate cancer<sup>7</sup>; and  
31  
32 Whereas, The World Professional Association for Transgender Health (WPATH) states that sex-  
33 specific organ procedures and diagnoses relating to organs such as the penis, testes, vagina,  
34 prostate, uterus, etc., should be un-coupled, so that “(as an example) a prostatic ultrasound  
35 may be ordered on a patient registered as female, or a cervical pap smear ordered on a patient  
36 registered as male”<sup>9</sup>; and

1 Whereas, The US General Accountability Office's Health Information Technology (HIT) Policy  
2 Committee recommended the inclusion of gender ID data in electronic medical records (EMR)  
3 and recent research demonstrates current proposed Systematized Nomenclature in Medicine  
4 (SNOMED) codes do not reflect these recommendations <sup>9,10</sup>; and  
5

6 Whereas, the World Professional Association for Transgender Health (WPATH) executive  
7 committee in 2011 recommended demographic variables in EMR include assigned sex at birth,  
8 gender identity, and pronoun preference, but these practices remain uncommon in the United  
9 States <sup>11</sup>; and  
10

11 Whereas, In a study to determine the extent to which patients' notes in EMR contained  
12 transgender-related terms, where ICD codes specific to transgender experience could be  
13 verified as a transgender experience could be verified as a transgender patient's using free text  
14 searches in the note, 89.3% of patients defined as transgender were identified with transgender-  
15 preferred terms<sup>12,14</sup>; and  
16

17 Whereas, It was found that diagnostic codes alone were not a significantly sensitive identifier or  
18 transgender charts, supporting the need for increased demographic and organ inventory data<sup>15</sup>;  
19 and  
20

21 Whereas, Pap smears may be traumatic for transgender patients, and EMR indicating  
22 transgender identity and related history can allow the physician and healthcare team to properly  
23 care for the individual during a pap smear <sup>7</sup>; and  
24

25 Whereas, Research shows mis-gendering and misclassification are psychologically disruptive  
26 and are associated with negative affect, negative impact on mental health, and transgender-felt  
27 stigma <sup>13</sup>; and  
28

29 Whereas, The above data indicates that EMR can have a negative impact on the mental health  
30 of transgender individuals due to mis-gendering from EMR that is not fully inclusive of  
31 transgender patients; and  
32

33 Whereas, Based on data stated above, discrepancies in EMR system may contribute to poor  
34 health outcomes in transgender individuals; and  
35

36 Whereas, The World Professional Association for Transgender Health (WPATH) strongly  
37 recommends including "preferred name, gender identity, and pronoun preference, as identified  
38 by patients," to be included as demographic variables, along with providing a "means to  
39 maintain an inventory of a patient's medical transition history and current anatomy" <sup>9</sup>; and  
40

41 Whereas, Our AMA believes that the physician's recognition of patients' sexual orientations,  
42 sexual behaviors, and gender identities without judgement or bias optimizes patient care in  
43 health as well as in illness, and that this recognition is especially important in addressing the  
44 specific health care needs of people who are or may be LGBTQ (AMA Policy H.160.991);  
45 therefore be it

1 RESOLVED, That our AMA amend Policy H-315.967, "Promoting Inclusive Gender, Sex, and  
2 Sexual Orientation Options on Medical Documentation," by addition and deletion to read as  
3 follows:

## 5 Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical

6 Documentation, H-315.967  
7 Our AMA: (1) supports the voluntary inclusion of a patient's biological sex,  
8 current gender identity, sexual orientation, and preferred gender pronoun(s),  
9 preferred name, and an inventory of current anatomy in medical documentation  
10 and related forms, including in electronic health records, in a culturally-sensitive  
11 and voluntary manner and (2) will advocate for collection of patient data in  
12 medical documentation and in medical research studies, according to current  
13 best practices, that is inclusive of sexual orientation, gender identity, and other  
14 sexual and gender minority traits for the purposes of research into patient and  
15 population health; (3) will research the problems related to the handling of sex  
16 and gender within health information technology (HIT) products and how to best  
17 work with vendors so their HIT products treat patients equally and appropriately,  
18 regardless of sexual or gender identity; (4) will investigate the use of personal  
19 health records to reduce physician burden in maintaining accurate patient  
20 information instead of having to query each patient regarding sexual orientation  
21 and gender identity at each encounter; and (5) will advocate for the incorporation  
22 of recommended best practices into electronic health records and other HIT  
23 products at no additional cost to physicians. (Modify Current HOD Policy)

## Fiscal Note:

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## References:

References.

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3. James S, et al. "The Report of the 2015 U.S. Transgender Survey." *National Center for Transgender Equality*, Washington, DC; 2015.
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**RELEVANT AMA POLICY:**

**H-160.991 Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations**

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.
2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.
3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.
4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-date education and information to enable the provision of high quality and culturally competent care to LGBTQ people.

Citation: CSA Rep. C, I-81; Reaffirmed: CLRPD Rep. F, I-91; CSA Rep. 8 - I-94; Appended: Res. 506, A-00; Modified and Reaffirmed: Res. 501, A-07; Modified: CSAPH Rep. 9, A-08; Reaffirmation A-12; Modified: Res. 08, A-16; Modified: Res. 903, I-17; Modified: Res. 904, I-17; Res. 16, A-18; Reaffirmed: CSAPH Rep. 01, I-18

**H-65.967 Conforming birth certificate policies to current medical standards for transgender patients**

1. Our AMA supports every individual's right to determine their gender identity and sex designation on government documents and other forms of government identification.
2. Our AMA supports policies that allow for a sex designation or change of designation on all government IDs to reflect an individual's gender identity, as reported by the individual and without need for verification by a medical professional.
3. Our AMA supports policies that include an undesignated or nonbinary gender option for government records and forms of government-issued identification, which would be in addition to "male" and "female."
4. Our AMA supports efforts to ensure that the sex designation on an individual's government-issued documents and identification does not hinder access to medically appropriate care or other social services in accordance with that individual's needs.

Citation: Res. 4, A-13; Appended: BOT Rep. 26, A-14; Modified: Res. 003, A-19

**H-315.967 Promoting Inclusive Gender, Sex, and Sexual Orientation Options on Medical Documentation**

Our AMA: (1) supports the voluntary inclusion of a patient's biological sex, current gender identity, sexual orientation, and preferred gender pronoun(s) in medical documentation and related forms, including in electronic health records, in a culturally-sensitive and voluntary manner; (2) will advocate for collection of patient data in medical documentation and in medical research studies, according to current best practices, that is inclusive of sexual orientation, gender identity, and other sexual and gender minority traits for the purposes of research into patient and population health; (3) will research the problems related to the handling of sex and gender within health information technology (HIT) products and how to best work with vendors so their HIT products treat patients equally and appropriately, regardless of sexual or gender identity; (4) will investigate the use of personal health records to reduce physician burden in maintaining accurate patient information instead of having to query each patient regarding sexual orientation and gender identity at each encounter; and (5) will advocate for the incorporation of recommended best practices into electronic health records and other HIT products at no additional cost to physicians.

Citation: Res. 014, A-18