

It's just good care

A guide for health staff caring for people who are trans

As health staff, we have a responsibility to ensure all our patients are treated with dignity and respect. But this doesn't mean treating everyone the same. Trans people face considerable ignorance, prejudice and discrimination in their daily lives, which impacts on their general health and well-being. Informed and appropriate healthcare can make a significant improvement to their health outcomes.

This guide has been produced jointly by GIRES, the Gender Identity Research and Education Society, and UNISON, the public sector trade union. It aims to help health staff provide trans people with the respectful and appropriate care they are entitled to. Trans people work in the NHS and they rely on the NHS for their healthcare. Trans equality matters to us all.

Summary

- Trans people are a wide and very varied group of people: care should not be presumed but should be agreed with the individual
- People should be accommodated according to their presentation: the way they dress, and their current names and pronouns
- This may not always accord with the sex appearance of the chest or genitalia
- It does not depend upon their having a gender recognition certificate (GRC) or legal name change
- It applies to toilet and bathing facilities (pre-genital/chest surgery trans people should not have to share open shower facilities)
- Views of family members may not accord with the trans person's wishes: the trans person's view takes priority
- Privacy, confidentiality, dignity and respect are of the utmost importance
- Health records should protect the confidentiality of trans people's gender history while flagging for appropriate screening, diagnosis and treatment.

There is a 'jargon buster' and details of where to find out more at the end of this guide.

Who are trans people?

'Trans' is an umbrella term for a wide and very varied group of people whose own gender identity does not conform to the sex they were assigned at birth. Some trans people are intensely uncomfortable with the social role of the gender they were assigned at birth. They may also be intensely uncomfortable with their primary and secondary sex characteristics. This discomfort is known as gender dysphoria. Other trans people may be non-binary, with a gender identity that is anywhere on a spectrum between 'man' and 'woman'. Some people find the concept of gender does not apply to them at all and regard themselves as non-gendered. Gender issues are separate from those of sexual orientation.

Anatomical and functional brain differences are found in trans people, sometimes associated with genetic factors. These vary from person to person and cannot be regarded as diagnostic markers. However, research confirms that gender dysphoria has biological ingredients and is not a mental illness. Adjustment of gender role and gender expression is not a life-style choice, although a person's social environment almost certainly influences how they resolve their discomfort. Details of the research are on the GIRES website (see further information, below).

Some people who experience gender dysphoria adjust their gender role (transition) and their sex characteristics, with the assistance of medication and sometimes surgery, so that they fit with their gender identity. Diagnosis of gender dysphoria depends on the individual declaring their persistent gender discomfort.

"The expression of ...identities that are not stereotypically associated with one's assigned sex at birth, is a common and culturally-diverse human phenomenon that should not be judged as inherently pathological or negative" (World Professional Association for Transgender Health treatment guidance 2011).

NHS principles and values and legal context

The NHS Constitution for England, endorsed by the NHS in the devolved nations, sets out the commitment to promote equality, put patients at the heart of everything, and ensure respect and dignity for all. This is strongly backed up by the Departments for Health and NHS organisations are expected to evidence how they address health inequalities. It is central to the business case for how services are commissioned and delivered.

The 2010 Equality Act entitles people considering, undergoing, or having undergone gender reassignment to non-discriminatory health services that have regard for their dignity, privacy, and personal autonomy. This legal protection extends to those associated with the service user, such as family and friends. The Human Rights Act gives similar protections to all people. Unlike the Equality Act, human rights principles do not depend on showing that a person has been treated worse than another. It is enough that the person has, for instance, been treated with disrespect for their dignity, personal autonomy, choice, or privacy.

Some trans people obtain Gender Recognition Certificates under the Gender Recognition Act 2004. This recognises their gender for all legal purposes and provides those whose birth was registered in the UK with a new birth certificate. It gives people an even higher right to privacy about their trans history (s22), on top of the privacy all people are entitled to under the Data Protection Act 2018. There is more about privacy below.

What does good care look like?

Some trans people depend on the NHS for gender reassignment treatments. All trans people rely on the health service for their general health needs.

Progress has been made in tackling discrimination towards trans people in the NHS with some organisations taking systematic steps to meet the needs of trans service users and trans staff. These are beacons of good practice. However, recent UK research found that 65% of trans people reported one or more negative interactions when receiving general healthcare. Details of this research available from Scottish Transgender Alliance - see further information below.

Health staff can make a significant difference by their knowledge, attitudes and behavior towards trans service users. It will have a profound, beneficial effect on the individual and influence the attitudes and behavior of other colleagues and service users.

Good nursing care of trans people is simply good care. Some of the key issues are:

Person-centred care: Care should never be presumed. Assumptions should not be made about the treatment that a trans person seeks or needs. An individual care plan should always be developed in partnership with the service-user, though flexibility may be needed as circumstances change. Trans people often find themselves subjected to intrusive questioning: questions should always be relevant to the planned nursing care. Some people may be extremely self-conscious about their body or parts of their body and not like being touched. Consider whether it is relevant to the care being provided before asking about e.g. scars, hair

removal, or use of mental health services.

Names, titles and pronouns: To provide person-centred care, names, titles and pronouns must be consistent with the service user's wishes and gender presentation – gender-related clothing and behaviour. Using the wrong names and pronouns undermines dignity and may be regarded as harassment. It is good practice to use a person's preferred name even if this is different from the one in the notes. . If necessary, patient notes may record more than one name for unofficial use. It may be safer, for instance, to use their preferred name when rousing an anaesthetized person.

Single sex facilities: Trans people must be accommodated in line with their full-time gender expression. This applies to toilet facilities, wards, outpatient departments, accident and emergency or other health and social care facilities, including where these are single sex environments. Different genital or chest appearance is not a bar to this. Privacy is essential to meet the needs of the trans person and other service users. If there are no cubicles, privacy can usually be achieved with curtaining or screens. Any compromise must be temporary, taking account of the wishes of the trans person rather than the convenience of nursing staff. An unconscious patient should be treated according to their gender presentation. Absolute dignity must be maintained at all times.

Privacy: Observe strict privacy about a person's gender history unless relevant to treatment. Those who have Gender Recognition Certificates (GRC) are accorded their post-transition gender status 'for all purposes'. The GRC is available to those who have lived for at least two years, and intend to live permanently, in the 'new' gender role. Surgery is not a pre-requisite for obtaining a GRC. The possession of a GRC has little or no relevance to treatment, and should not be requested. Breaching privacy about a person's GRC or gender history without their consent is a criminal offence. A medical emergency where consent is not possible may provide an exception to the privacy requirements.

Anatomical differences: Given the broad spectrum of trans people, it is vital to care for the individual and not make assumptions. Many people change gender role without having genital surgery. Do not presume that a trans woman who has not had genital surgery will wish to use a bottle to urinate. If a bed-bound trans woman needs to or chooses to use a bottle, the bottle must be covered so other patients do not see it.

Do not presume that a trans man can urinate into a bottle. Some trans men who have had genital surgery will also have the urethra extended and be able to urinate into a bottle, but this is

not necessarily the case for all trans men whether they have had genital surgery or not.

Caution is therefore required with catheterisation; the procedure must be adjusted to the individual. Trans women post-surgery sometimes have a urethra that tilts upwards. In all cases, check with the service user discreetly, not in the hearing of others.

Trans men may still need cervical smear tests. If the uterus is still present and they come off hormones, they may become pregnant and give birth. Trans women still have a prostate gland and may be at risk of cancer, especially if their treatment started late in life so a prostate specific antigen test may be appropriate.

Dress: Trans men who have not undergone chest surgery, may wear a 'binder' around the chest area. This is restrictive and can lead to breathing, back and rib problems. It usually has no fastenings and has to be put on over the head. Sometimes, trans men use a prosthetic penis or 'packer' worn in the underpants to give a more convincing outline when dressed. 'Stand to pee' devices may be used.

Trans women may use padded bras, and restrictive pants to hide the genital bulge. Many trans women wear wigs. They may need help to keep them in place, adjust or wash them during an extended stay in hospital or care home. If they have had genital surgery, they may need to use a vaginal dilator on a regular basis. This requires absolute privacy.

During surgery, trans men will have to remove any binders and packers and trans women will have to remove any wig (a head covering should be provided). Staff in recovery areas should be made aware of the individual's gender identity so they are not referred to as their birth gender.

Medication: Trans men and women are often on continuous hormone treatment. Many self-medicate. Trans women may be prescribed oestrogen and, prior to gonadectomy, hormone-blockers to limit testosterone. Trans men may be prescribed testosterone and/or take hormone blockers. These medications are routinely prescribed 'off-licence' to trans people. They should not be interrupted unless contraindicated owing to, for instance, conflict with other medication, and before and after any surgery requiring an anaesthetic. Cessation of hormones may cause physical discomfort and mental stress.

Children and young people: Gender variant children and young people should be given the same respect for their self-defined gender as an adult, using their preferred name and pronoun. In some cases, parents or those with parental responsibility may take a different view from the

young person. If possible, the child's preference should prevail. Extra privacy measures may be required where gender role or expression does not match the sex assigned at birth. Young people may be referred to the Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust and/or to the local child and adult mental health service (CAMHS).

Older people: Dignity, compassion and respect are more important than ever for older people, particularly as their care needs increase or with the onset of dementia. Health staff should make every effort to assist older trans people to continue living as they wish, whether this is at home or in a residential care setting.

Putting it into practice

A number of trusts and regions have already developed good practice on promoting equality for trans staff and service users and on providing care to trans patients.

Practical steps include:

- Naming trans equality in the equality and inclusion strategy
- Identifying a specific lead or champion
- Publicising the commitment to trans equality and zero tolerance for transphobic prejudice and discrimination
- Training staff on trans patients' care, privacy and dignity
- Agreeing a safe protocol for managing trans patients health records, included in the multi-disciplinary record keeping policy
- Getting feedback from trans patients to improve the service

Yorkshire and Humber regional equality and diversity leads have agreed a protocol to support the provision of high quality care to trans people using NHS services in the region. The protocol provides information for clinical staff, managers of clinical services, governance leads and trans patients.

Royal Liverpool and Broadgreen University Hospitals NHS Trust has consulted with the trans community on the management of health records to inform a new protocol. They have also amended the Trust's dignity and privacy policy with trans-specific content and introduced

staff training on caring for trans patients.

South East Coast Ambulance Service has published guidance on looking after trans people in the care of SECAmb and has introduced training for staff.

London Ambulance Service has established a national LGBT ambulance forum and are launching an LGBT Ally scheme within the Trust.

In brief

Do

- Make sure you talk to the person first
- Use appropriate names and pronouns
- Ensure privacy of gender information
- Try to arrange gender appropriate accommodation before the patient arrives on a ward
- Ensure dignity, helping with wigs or binders if the patient is incapacitated;
- Remember that trans patients have specific protection in law
- Remember that physical sex characteristics may not absolutely match dressed-appearance.

Don't

- Make assumptions
- Act surprised
- Revert to birth names and pronouns, even if the person is unconscious or relatives ask you to
- Gossip or pass on sensitive information

Jargon buster

Gender identity: a person's internal sense of where they exist in relation to being male or female.

Transgender or trans person: a person whose own gender identity does not conform to the sex they were assigned at birth. These are inclusive, umbrella terms, including people who describe themselves as transsexual, transvestite or cross dressing people, and people who have a more complex sense of their own gender than either 100% female or 100% male.

Transsexual person: legal/medical term for someone who lives (or wishes to live) permanently in the opposite gender to that assigned at birth.

Gender dysphoria: medical diagnosis of a consistent and overwhelming desire to live in the opposite gender to that assigned at birth.

Gender reassignment: the process of transitioning from the gender assigned at birth to the gender the person identifies with. This may involve medical and surgical procedures.

Gender expression: a person's external gender-related clothing and behavior, including interests and mannerisms

Legal sex: The sex recorded on your birth certificate.

Gender Recognition Certificate: issued by the Gender Recognition Panel – signifies full legal rights in acquired gender and allows the issuing of a replacement birth certificate.

Further information

- Gender Identity Research and Education Society (GIRES) gires.org.uk
- World Professional Association for Transgender Health (2012) Standards of Care for the Health of transsexual, transgender and gender nonconforming people.
www.wpath.org/publications/soc UK standards of care are under development.
- Trans mental health study 2012 www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf
- Equality and Human Rights Commission www.equalityhumanrights.com/en
- UNISON the public service union www.unison.org.uk/out
- Gender Identity Development Service, Tavistock and Portman NHS Foundation Trust
www.tavistockandportman.nhs.uk/childrenyoungpeoplegenderidentityissues