Gender Diversity: It’s the Parts that Matter

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Photo courtesy of GLAAD

Topics
1. Gender awareness
2. Stages of Transition
3. Radiation Protection
4. Current Documentation Practices
5. Marginalization of the Transgender Community
6. New Form (SIGE form)
7. Coaching the Technologist
Transsexual, Intersex, Androgyne, HIJRA, Woman, Gender Bender.

- **Transfemale**: sex assigned at birth male transitioned to female
- **Transmale**: sex assigned at birth female transitioned to male
- **Cis-gendered**: gender identity and gender expression matches gender assigned at birth
- **Intersex**: born with ovaries and testes
- **Non-Binary**: does not identify as any gender and may express in an androgynous manner

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**The Genderbread Person**

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Sex assigned at birth

- **Gender Expression**: (behaviors, gender presentation or behavior)
- **Gender Identity**: (sense of being a man, a woman, or a gender that is both, fluid, or neither)

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http://itspronouncedmetrosexual.com/2012/01/the-genderbread-person/
Stages of Transitioning

Legal Transition

State or Government issued ID

- Drivers License
  - Washington, Oregon, Colorado, Maine and as of January 1, 2019 California and New York have an option for a neutral ‘X’ on drivers licenses.

- Birth Certificates
  - Birth certificate change varies from state to state. Some states do not allow any changes. California now offers ‘nonbinary’ as an option.

It is a very costly and laborious process to get these ID’s changed. Many people cannot afford the process and therefore must live with their “deadname” (legal name they no longer identify with).
❖ 68% said their ID's did NOT match how they Identify/Express
❖ 32% of transgender patients stated they were either verbally harassed, denied benefits of service, asked to leave, or assaulted when their ID did not match their presentation
❖ Transgender people are at a higher risk for depression and anxiety when their ID doesn’t match their expressed gender
❖ Having ID concordant with lived gender reduces exposure to violence as well as depression and anxiety

Healthcare regulations in the USA
❖ The Joint Commissions (2011)
  ▪ Accredited Facilities are now required to allow visitation without regard to sexual orientation or gender identity.
  ▪ A field guide is issued to help hospitals create a welcome, safe and inclusive environment for LGBT patients and families.
❖ Affordable Care Act
  ▪ Section 1557 Prohibits sex and gender discrimination in any hospital or health program that receives federal funds.

Healthcare regulations (California)
❖ Gender Recognition Act
  ▪ It is this act that allowed the ‘nonbinary’ to be on Birth certificates and the ‘X’ or ‘nonbinary’ on the DL
❖ California Education code
  ▪ All persons shall be afforded equal rights and opportunities in postsecondary educational institutions regardless of disability, gender, gender expression, gender identity, race or ethnicity, religion, sexual orientation.
Code of Ethics

ARRT – Standards of Ethics #3

The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other

Radiation Protection

Radiation Matters

Best practice guidelines:
Because risk increases with dose, there should always be an effort to perform procedures with a dose that is as low as reasonably achievable (ALARA)

Title 21 FDA:
Shielding required when the gonads will lie within the primary x-ray field, or within close proximity (about 5 centimeters), despite proper beam limitation
Why are we focusing on the Transgender and non-binary communities?

Shielding Evan

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Asking the right questions

Current Practices for establishing pregnancy status

❖ All female patients ages 12-55 are asked about their current pregnancy status
❖ This information is documented in various ways depending on site protocol
❖ LMP forms/stickers
❖ RIS documentation
Marginalization of the Transgender Community

US Transgender Survey 2015

MMWR: Transgender Teens Need Safe & Supportive Schools
Adults and Mistreatment
Due to living as their desired gender:
❖ 46% had been verbally threatened or harassed
❖ 19% had been physically assaulted
❖ 47% had been sexually assaulted
❖ 60% avoided public washrooms due to safety fears
❖ 40% of Transgender people have attempted suicide in their lifetime - 9 times higher than the rest of the population

Medical Marginalization
Due to living as their desired gender:
❖ 49% of older youth reported missing needed physical healthcare
❖ 25% had been belittled or ridiculed by an emergency care provider for being Transgendered
❖ 23% did not see a doctor when they needed to because of fear of being mistreated
❖ 40% of those who have a family physician experienced discriminatory behavior from their doctor

HIPAA
A person’s transgender status is private medical information that is protected under HIPAA laws. You cannot out them in public without their permission. The reason for this is:

Under the DSM (The Diagnostic and Statistical Manual of Mental Disorders) 5th edition; Gender dysphoria is a treatable medical condition
It’s not our fault! (Medical Records)

- RIS/PACS Systems often use the binary gender identifier Male/Female with no other alternative.
- Electronic Medical Records (EMR) may only have the ability to use Male/female gender status.
- Different software intake systems can be different in ER and Radiology therefore information is not passed along.
- Technologist may have no other choice but to call people by their legal name and pronoun due to the information inputed into the requisition.

How can we help?

The gender diverse community needs our support to feel safe
My new name

"It feels good when people use it, even if it is the only name they know. It feels like a signifier of respect. It is a signifier of respect. Although it seems very simple, having someone treat me as who I say I am (regardless of my drivers license or birth certificate) tells me that I will be safe enough accessing their services and support. This is particularly true when accessing medical and counselling services"

Kyle Taylor-Shaughnessy excerpted from:
"The Remedy: Queer and Trans Voices on Health and Health Care"
Edited by Zena Sharman
Patient Identification

Name:
Legal name if different:
Pronoun:

Patient Education

Your doctor has ordered an x-ray.
We must use imaging radiation in order to obtain the images your doctor has requested. As x-ray technologists, it is our professional duty to protect patients to the best extent possible from any unnecessary exposure. This includes shielding reproductive tissue whenever possible.

Please complete this form to help us determine how to best protect you during your x-ray today.

If you have any questions or concerns please feel free to speak with the technologist prior to your exam.

Question 4

What are your reproductive organs?
- Internal (ovaries, uterus)
- External (testes)
- Both (Intersex)
- I do not have any reproductive organs
Pregnancy waiver

*****COMPLETE BELOW IF YOU HAVE INDICATED INTERNAL REPRODUCTIVE ORGANS*****

Ionizing radiation may be harmful to a fetus. To ensure that there is no possibility of pregnancy please answer the following questions:

When was the start date of your last menstrual cycle (period)?

_____________________

Is there any chance you could be pregnant? Please explain

___________________________________________________________________

Signature

Signature_______________________________________________________

Date___________________________________________________________

Coaching the Technologist
Create a safe space

❖ Introduce yourself using your name and pronoun
❖ Ask patient what their name and pronoun are
❖ If you make a mistake: apologize, correct it, and move on
❖ Don’t make it weird

“If you make a mistake you are not transphobic you are just figuring it out”
—Lee Airton, Ph.D., University of Toronto

Shielding the patient

1. Be respectful of expression and identity. Don’t be weird!
2. Introduce yourself using your name and pronoun
3. Ask their name and pronoun
4. “because we are using ionizing radiation for this exam, we need to know what your reproductive organs are internal or external”
5. If internal reproductive organs then proceed with LMP questions as per site protocol.

Don’t make it weird

There are many situations where we must adapt and adjust our patient care skills based on various circumstances:

Physically disabled patients
Developmentally delayed patients
Nervous/anxious patients

We are trained to establish patient rapport in a short period of time. This is no different when providing care to a transgender patient. Should be no different than others.
Establishing a Gender friendly practice

Summary
1. Gender is broad and fluid
2. We must ask the right questions to obtain the right answers for the purpose of radiation protection
3. Transgender patients struggle to be accepted by others in public places as well as healthcare. Let’s do what we can to support them
4. It is our job to treat transgender patients as well as the non-binary community with professionalism, respect and dignity like we would anyone else
5. Create a safe place for all
6. Don’t make it weird!

Thank you!
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Glossary

Cisgender: Someone who identifies/expresses the same as their sex assigned at birth
Transmale: A person who is or has transitioned to male from a female assignment at birth
Transfemale: A person who is or has transitioned to female from a male assignment at birth
Non-binary: An individual who does not identify as male or female.
LMP: last menstrual period
Deadname: the birth name of a person who has since changed their name
RIS/PACS: radiology information system / picture achieving and communication system
LGBTQ: lesbian/gay/bisexual/transgender/queer
Gender marker: listed gender on identity documents