



Royal College of Nursing

Fair care for trans patients

An RCN guide for nursing and health care professionals





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In memory of Dominic Walsh, LGBT role model and champion for equality.

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Introduction

This resource is designed to help you respond to the needs of patients and clients who identify as ‘transgender’ or simply as trans. Initially created in response to an RCN Congress resolution, this guidance has been updated following further research from other organisations.

The Royal College of Nursing (RCN) recognises that trans people frequently experience prejudice and discrimination. The nursing community can, through its professional actions and interests, work to eliminate and significantly reduce this at both an individual and a societal level in partnership with a range of organisations, including those that represent the needs of trans people.

Why is this important?

In January 2016, the House of Commons Women and Equalities Select Committee published its *Transgender Equality* report, which found:

“Trans people encounter significant problems in using general NHS services, due to the attitude of some clinicians and other staff who lack knowledge and understanding — and in some cases are prejudiced. The NHS is failing to ensure zero tolerance of transphobic behaviour.”

Research undertaken by the Equality and Human Rights Commission in 2015 has also identified that transgender people, as a group, experience severe and persistent disadvantage in accessing appropriate health care in a timely way.

The NMC’s Code of conduct *The Code* (NMC, 2015) highlights the role of nursing in promoting dignity and the need to prioritise people:

“You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.”

Finally, equality legislation in England, Northern Ireland, Scotland and Wales prohibits discrimination against individuals and groups because of their gender identity.

Providing health care to trans people and communities

As a nurse or health support worker, you will provide care for people from diverse backgrounds and it is important that you help to create a safe and welcoming environment for all your patients and clients. As some trans patients have reported poor experiences of health care settings, your approach has a significant impact in ensuring better health outcomes for trans patients.

The following tips are recommended:

- be positive and proactive in your approach to welcoming trans patients to your care
- always treat trans patients in a respectful way, as you would any other patient or client
- if you are unsure about a person's gender identity or need more clarity about how they would like to be addressed, then ask politely and discreetly
- avoid disclosing a patient's trans status to anyone who does not explicitly need to know
- discuss issues related to a patient's gender identity in private and with care and sensitivity.

What is gender dysphoria?

Gender dysphoria is described as the experience of dissonance between the physical appearance and the personal sense of being a man or woman. According to the NHS Choices definition, gender dysphoria is 'a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity.'

There are many variations of gender experience between the traditional binary definitions of being exclusively a 'man' or a 'woman', some of which cause both psychological and physiological discomfort and may need some medical intervention; others may need little or none.

Nurses and health care support workers should bear in mind that gender identity is not necessarily fixed and can be fluid over time. It therefore may take a great many years before an individual feels sufficiently confident and capable of describing their true gender identity to others. For that reason, it is sometimes relatively late in life that the patient is diagnosed.

Some patients may feel pressure to conform to the expectations of others about how to live their lives and may spend many years searching for a way to authentically describe their feelings.

Starting points in the trans journey

Although in some parts of the UK, individuals are able to self refer to gender identity clinics (GIC), some of which are nurse-led, generally speaking GPs tend to refer patients to their nearest/preferred gender identity clinic.

Accommodation and environment

Where trans patients are cared for in an inpatient setting, care should be taken to meet their needs for privacy and dignity whilst an inpatient. Patient placement should be based on both asking the patient for their preference, and on gender presentation.

Psychological support

The role of counselling or psychotherapy by the counsellor, psychotherapist, psychologist or psychiatrist should be to facilitate the process of exploration for the patient.

Therapy should not be provided as a vehicle to change the trans person's mind about their true gender.

Psychological therapies should be used as part of a patient's treatment programme. This will enable people, through a variety of approaches, to be clearer about their gender identity and to determine whether they want to start, continue or alter their treatment.

Nurses and health care support workers have a powerful role to play in affirming the true gender identity of trans people. This can be demonstrated by using pronouns of the patient's choosing when referring to them.

Nurses and health care support workers may also wish to signpost their trans clients and patients to the wide range of voluntary and community-based trans support groups that exist. Full information can be found in the advice and support section of this document.

The good practice guidelines for the assessment and treatment of adults with gender dysphoria state that some of the key factors for ensuring positive health outcomes for trans patients include peer support and mentoring, family support, their image in their new social gender role, speech and language therapy.

Transitioning to the true gender role

Transitioning refers to the social, psychological, emotional and economic processes that a trans person undergoes as they move from their assigned gender role into their true gender. The time this takes is variable and depends on the individual's ability to embrace significant change in their life. If requiring genital surgery, the individual will have to undergo a preoperative 12-month experience as well as other treatment where they live in their true gender role.

When trans patients begin to transition to their true gender, their physical appearance may not always be consistent with some of the cultural norms traditionally held about the appearance and behaviours of their true gender role. Through asking the patient about their preferences in a dignified and respectful way, nurses and health care support workers have a powerful role to play in affirming the gender identity of trans people.

Masculinising hormone therapy

Hormonal therapy is one of the key treatments provided to trans patients as part of their transition to their true gender. The aim of treatment is to get the testosterone levels into the normal male range. It can produce permanent changes in the way the body looks. Hormone treatment is safe when medically supervised, but there are side effects.

These include

- increased risk of polycythaemia (high haemoglobin levels)
- increased cholesterol and liver test abnormalities
- slight increase of veno-thrombotic events (blood clots)
- thickening of the womb lining.

The key message for patients is to stop smoking and maintain a healthy body weight.

Menstruation usually stops rapidly following testosterone administration, as the doses used effectively suppress ovarian function.

Thickening of the womb lining can be screened for with serial ultrasound scanning but it is usually recommended that the patient has a hysterectomy after two years of testosterone treatment to prevent this happening. Alternatively, scans can be scheduled at two-yearly intervals due to risk of endometrial hyperplasia.

Risks associated with taking unprescribed medication

Nurses need to advise patients to stop taking unprescribed medication and ensure that the patient accesses gender identity and other appropriate services as quickly as possible to prevent harm.

Feminising hormone therapy

Hormonal treatment is essential in the treatment of trans people. It can produce permanent changes in the way the body looks. Hormone treatment is safe when medically supervised, but there are side effects.

These include:

- increased liver test abnormalities
- increase of veno-thrombotic events (blood clots) at a rate of 2-3%
- increased risk of hyperprolactinaemia (increased blood prolactin levels).

The key message for patients is to stop smoking and maintain a healthy body weight.

Breast development generally occurs over the first two years of initial hormone therapy and treatment. Continuing hormone therapy beyond this timeframe is unlikely to produce further breast development.

The doses of hormones used will commonly be much larger than those employed in HRT treatment for the menopause.

Risks associated with taking unprescribed medication

Nurses need to advise patients to stop taking unprescribed medication and ensure that the patient accesses gender identity and other appropriate services as quickly as possible to prevent harm.

Urological care

Trans women can be catheterised as with other women, although do bear in mind that the physiological markers may be less evident than in other women.

Trans men will need to be catheterised based on their genital presentation. Trans men with a phalloplasty can be catheterised, as with other men.

Ongoing surgical care (trans women)

Trans women may undergo breast enlargement, facial feminisation surgery, tracheal shaving, laryngoplasty as well as vaginoplasty. Some trans women may also undergo a labiaplasty instead of a vaginoplasty.

Information about caring for trans women who have had a vaginoplasty is also provided.

Trans women are required to dilate their vaginas regularly. Most patients will be able to do this for themselves and it is important that staff enable and support their privacy and dignity in this respect. The requirement to dilate should be accommodated wherever possible. It is suggested that trans women should ideally dilate three times per day for eight weeks post-vaginoplasty, and then twice daily afterwards.

In situations where a patient has been receiving critical care and has not been able to dilate for some time, this will cause a contraction of the neo-vagina. The patient's GP can generally refer them for surgery to restore it.

In the case of critically-ill trans women, dilation is not the priority but should be resumed as soon as possible once the patient has recovered.

Bleeding

Vaginal bleeding is not normal in trans women and, if not related to a post-operative recovery period, should be investigated as quickly as possible.

Ongoing surgical care (trans men)

Surgical care for trans men consists of chest reconstruction surgery in the first instance, followed by hysterectomy and salpingo-oophorectomy. Some trans

men may go on to have phalloplasty (creation of a penis) and/or metoidioplasty.

Health promotion/healthy choices for trans patients

Trans women

- **Prostate cancer** – although trans women tend to have a lower risk of contracting this form of cancer, it is important to note that not all gender reassignment surgical procedures involve removing the prostate. Therefore, some trans women may need to be aware of a continued risk of prostate cancer.
- **Bone protection** – hormone replacement therapy for trans women can, in some instances, increase the risk of osteoporosis. Nurses and health care support workers should remind trans women to consider their bone protection options.
- **Breast awareness** – breast cancer can be hormone-related. Therefore trans women should be breast-aware and examine their breasts at the same frequency as other women. Changes in breast tissue and appearance in trans women should be treated in the same way as for other women.
- **Smoking cessation** – trans women are at increased risk of veno-thrombotic events as a result of hormone therapy. Smoking cessation advice should be offered at every opportunity.
- **Healthy drinking** – trans patients may suffer social isolation, which can place them at an increased risk of excess alcohol consumption. Guidance on healthy drinking should be recommended to patients.
- **Sexual health** – trans patients are at the same risk of sexually-transmitted infections as other sexually active individuals in the population.

Trans men

- **Cervical cancer awareness** – where trans men still retain their uterus, they will share the same risk profile of women in relation to cervical cancer.
- **Breast awareness** – trans men, following breast reduction surgery, do have a lower risk profile than women. However, breast awareness remains important and changes to breast tissue should always be considered abnormal and an early GP consultation should be sought.
- **Smoking cessation** – trans men may have a lower risk profile in relation to veno-thromboembolic events. However, smoking cessation should be offered at every opportunity.
- **Healthy drinking** – trans patients may suffer social isolation, which could place them at an increased risk of excess alcohol consumption. Guidance on healthy drinking should be recommended to patients.
- **Sexual health** – trans patients are at the same risk of sexually-transmitted infections as other sexually active individuals in the population.

Children

Gender-variant children and young people should be accorded the same respect for their self-defined (or true) gender as trans adults are, regardless of their genital sex.

Where there is no segregation, as is often the case with children, there may be no requirement to treat a young

gender-variant person any differently from other children and young people.

Where segregation is needed, then this should be in accordance with the dress, preferred name/and or stated gender identity of the child or young person.

Confidentiality

Disclosing someone's trans status or history without permission or cause is, in some cases, a criminal offence. You should always gain consent before disclosing this information, with permitted exceptions only when it is not possible to gain consent and is

essential for the delivery of services, for example the emergency care of an unconscious person, and only to the staff who need to know to effectively deliver relevant care.

Advice and support

The following organisations provide advice, information and support to those individuals who identify as transgender.

- The Beaumont Society is a national self-help body run by and for those who identify as trans. See www.beaumontsociety.org.uk
- DEPEND provides free advice, information and support to all family members, spouses, partners and friends of transsexual people in the UK. See www.depend.org.uk
- The Gender Trust provides support to those affected by gender identity issues. See www.gendertrust.org.uk
- The Gender Information Research and Education Society (GIREs) seeks to improve outcomes for people who identify as trans or as gender non-conforming. GIREs also maintains a directory of local and national support groups. See www.TranzWiki.net and www.gires.org.uk
- Mermaids is a support group for families, children and young adults who are affected by gender identity issues. See www.mermaidsuk.org.uk
- LGBT Health and Wellbeing (LGBT Healthy Living Centre) promotes the health, wellbeing and equality of lesbian, gay, bisexual and trans (LGBT) people in Scotland. It provides support, services and information to improve health and wellbeing and reduce social isolation. See www.lgbthealth.org.uk
- Gendered Intelligence works mainly with the trans community and those who have an impact on trans lives. Gendered Intelligence specialises in supporting young trans people aged 11-25. See www.genderedintelligence.co.uk
- The LGBT Foundation supports trans people through their helpline, sign-posting, groups, befriending and counselling. Its website also contains resources for health care professionals caring for lesbian, gay, bisexual or trans clients or patients. See <https://lgbt.foundation>
- Gender Jam NI is a community group for young trans, non-binary, questioning and intersex people in Northern Ireland. See www.genderjam.org.uk
- The Unity Identity Centre (formerly known as Transgender in Wales) provides support and social inclusion activities for transgender individuals throughout Wales through centre activities, drop-ins, online forums and social meetings. See www.unitygroup.wales

Additional resources

The RCN and Public Health England have collaborated to produce two toolkits: *Preventing suicide among lesbian, gay and bisexual people: a toolkit for nurses* (PHE, 2015) and *Preventing suicide among trans young people: a toolkit for nurses* (PHE, 2015). Both toolkits are available to download at www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people

The toolkits were developed primarily for nurses who work with children and young people, whether in community or hospital settings, including:

- school nurses
- practice nurses
- accident and emergency nurses.

The toolkits aim to:

- develop skills and knowledge and enable recognition of the wider context of mental health in relation to LGBT sexual orientation and identity
- provide a general outline for health professionals looking to increase their skills and knowledge about suicide prevention strategies with LGBT young people.

Your continuing professional development and revalidation

This guidance may help you to meet your requirements for revalidation with the Nursing and Midwifery Council (NMC). You could write a reflective account and use this as part of your reflective discussion with another colleague who is also on the NMC register.

Consider some of the questions below.

- What did you learn about providing care for trans patients?
- What impact did this have on you?
- How might you change your practice as a result?
- How is this relevant to the Code?

The NMC's revalidation website has more information about this. See <http://revalidation.nmc.org.uk>

The RCN also has dedicated information to support you with revalidation. See www.rcn.org.uk/professional-development/revalidation

Glossary

The language, labels and terminology used by trans people to describe their experience and their true gender identity remains dynamic and highly contextual rather than static and fixed. This list is not exhaustive but intends to provide a brief overview of some of the terms that you may encounter in your role as a nursing and health care professional.

Asexual: this describes the absence of (or low level of) sexual attraction to others and/or a lack of interest or desire for sex or sexual partners. Asexuality exists on a spectrum from people who experience no sexual attraction or have any desire for sex, to those who experience low levels and, generally, after significant amounts of time have elapsed.

Cisgender: describes a person whose gender identity and biological sex assigned at birth align (e.g. man and male-assigned). If a person does not identify as trans, they are cisgender.

Female-to-male (FtM, F2M): describes individuals assigned female at birth who are changing or who have changed their body and/or gender role from birth-assigned female to a more masculine body or role. A common term to describe this is trans man.

Gender dysphoria: distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics).

Gender fluid: views gender identity as a changing mix of male and female. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more masculine during some periods and more feminine during others.

Gender identity: a person's intrinsic sense of being male (boy or man), female (girl or woman) or an alternative gender, for example transgender, girlboy, boygirl, eunuch, genderqueer.

Genderqueer: refers to a term that may be used by individuals whose gender identity does not conform to a binary understanding of gender as limited to the categories of exclusively a man or a woman, male or female; or as an umbrella term for many gender non-conforming or non-binary identities (e.g. agender, bigender, genderfluid). Genderqueer people may think of themselves as one or more of the following, and they may define these terms differently:

- may combine aspects of man and woman and other identities (bigender, pangender)
- not having a gender or identifying with a gender (genderless, agender)
- moving between genders (genderfluid)
- third gender or other-gendered; includes those who do not place a name to their gender, having an overlap of, or blurred lines between, gender identity and sexual and romantic orientation.

Gender-neutral pronouns: these are used to avoid referring to someone as 'he/him' or 'she/her'.

Gender non-conforming: describes someone whose gender presentation, whether by nature or by choice, does not conform or fit 'traditional' or binary gender-based expectations.

Gender reassignment surgery: refers to genital reconstructive surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity. Genital reconstructive surgery can be an important part of medically necessary treatment to help realise a person's true gender identity. This process is often referred to as gender confirmation.

Gender role or expression: these terms are used to describe characteristics in personality, appearance and behaviour that, in a given culture and time period, are designated as masculine and feminine (that is, more typical of the male or female social role). Whilst most individuals present socially in a clearly male or female

gender role, some people present in an alternative gender role such as genderqueer or specifically transgender. All people tend to incorporate both masculine and feminine elements in their gender expression in varying ways and degrees.

Gender variance: tends to be used (often in respect of children or adolescents) to refer to behaviour and interests that are outside what is considered ‘normal’ for a person’s assigned (biological) sex. The abbreviation ‘trans’ is sometimes adopted, to emphasise that the full spectrum of gender-variant, gender non-conforming, gender-diverse or gender-atypical identities is being referred to.

Intersex: a term that describes individuals who are born with ambiguous primary physical sexual characteristics.

Male-to-female (MtF, M2F, MTF): describes individuals assigned male at birth who are changing or who have changed their body and/or gender role from birth-assigned male to a more feminine body or role. A common term to describe this is trans woman.

Non-binary gender: refers to individuals who do not fit within the two distinct categories of exclusively male or female. This term may also be used by people who identify as falling outside of the gender binary of exclusively male or female without being any more specific about how they identify.

Trans or transgender: terms used to describe a diverse group of individuals who cross or transcend culturally defined categories of gender. The gender identity of transgender people differs to varying degrees from the sex they were assigned at birth.

Trans feminine: describes individuals who are assigned male at birth who are proposing to change, or are in the process of changing or who have changed their body and/or gender role from birth-assigned male

to a more feminine body and gender role. This includes trans women and people assigned male at birth who are genderqueer or have another non-binary gender identity.

Trans masculine: describes individuals assigned female at birth who are proposing to change, or changing or have changed their body and/or gender role from birth-assigned female to a more masculine body and gender role. This includes trans men and people assigned female at birth who are genderqueer or have another non-binary gender identity.

Transition: the period of time during which individuals change from the gender role associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in the ‘other’ gender role; for others, this means finding a gender role and expression that is most comfortable for them. Transition may or may not include feminisation or masculinisation of the body through hormones or other medical procedures. The nature and duration of transition is variable and individualised.

Two-spirit: is an umbrella term traditionally used by Native American people to recognise individuals who possess qualities or fulfill roles of both traditional genders.

Ze/hir: these are alternate pronouns that are gender-neutral and may be preferred by some trans people. Pronounced /zee/ and /here/ they replace ‘he’ and ‘she’ and ‘his’ and ‘hers’ respectively. Alternatively others may use the plural pronouns ‘they/their’ as a gender-neutral singular pronoun to replace ‘he/she’.

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