TRANS INCLUSIVE HEALTHCARE?

Trans people's experiences accessing healthcare in the UK

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EXECUTIVE SUMMARY

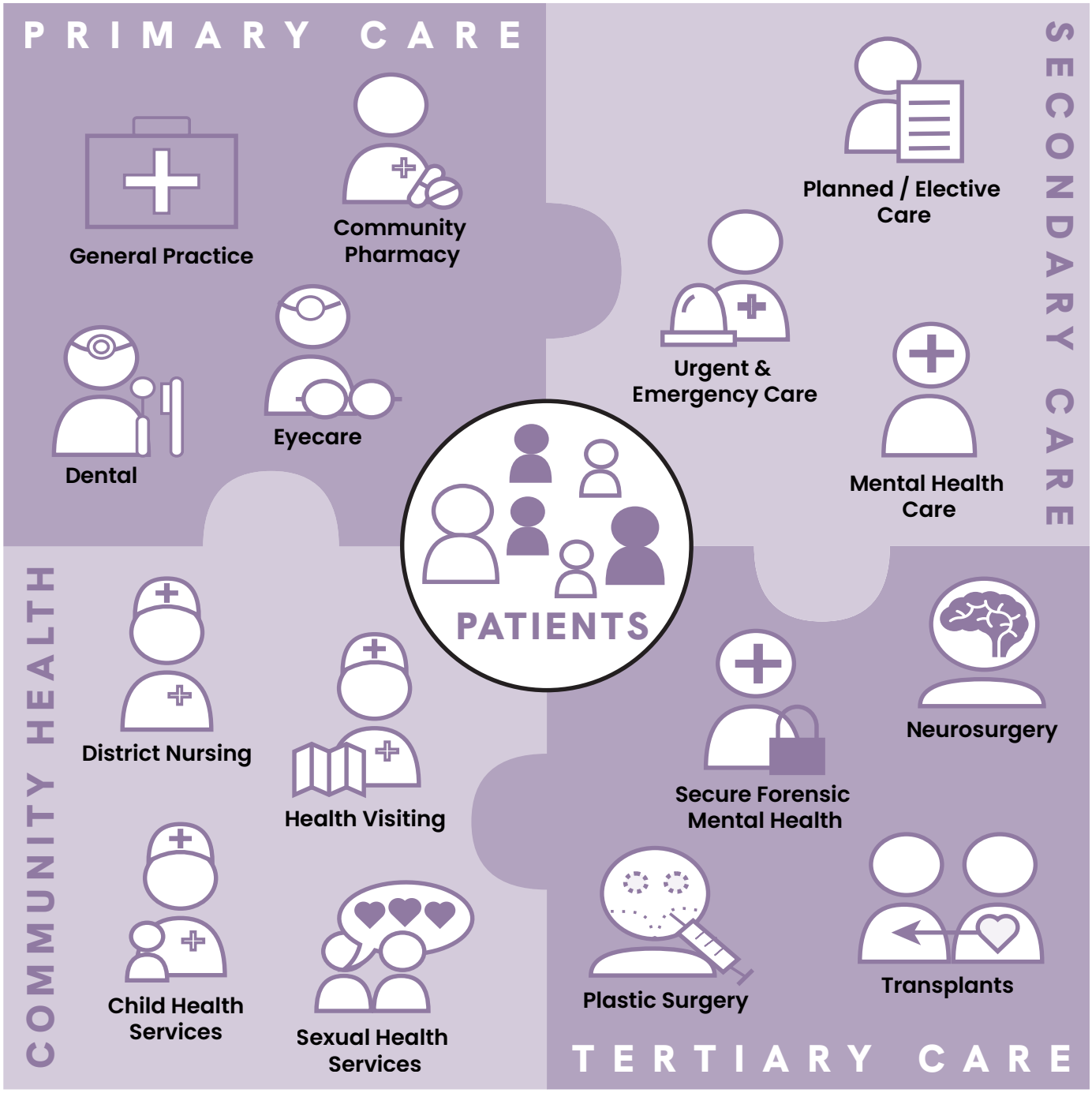
Transgender and non-binary individuals face unique challenges and disparities in accessing healthcare services, including barriers related to discrimination, lack of understanding among healthcare providers, and limited availability of transgender-affirming care. In the United Kingdom, despite progressive policies and guidelines aimed at promoting inclusivity and equality in healthcare, transgender individuals continue to encounter obstacles in accessing appropriate and respectful care.

This research aims to capture the lived experience of trans and non-binary patients accessing the NHS ecosystem of primary, secondary, and community services. The in-depth interviews conducted for this research reflect the themes found in the existing literature. This demonstrates that very little has changed in healthcare practice and service provision over the last two decades.

Moreover, existing research tells us trans people's experiences are common across countries where being transgender is heavily pathologized yet little understood or present in medical/clinical education. However, the positive patient narratives arising from these interviews also highlight how gender-inclusive healthcare practice is often achievable through small and cost-effective changes in education and general awareness.

INTRODUCTION

Transgender and non-binary (here to referred to as Trans+) individuals face unique challenges and disparities in accessing healthcare services, including barriers related to discrimination, lack of understanding among healthcare providers, and limited availability of transgender-affirming care. In the United Kingdom (UK), despite progressive policies and guidelines aimed at promoting inclusivity and equality in healthcare, transgender individuals continue to encounter obstacles in accessing appropriate and respectful care. This research aims to capture the lived experience of trans and non-binary patients accessing the NHS eco-system of care providers (as shown below).



Source: Digital.nhs.uk

LITERATURE REVIEW AND MAIN THEMES

This scoping review aims to explore and synthesize existing research on transgender individuals' experiences of healthcare services, with a focus on identifying prevalent themes that guide the primary research questions. Due to a paucity in UK healthcare system focussed research in this area international studies for countries with comparable primary and secondary healthcare services have been included in the criteria.

Themes from literature scoping review:

1. Discrimination and Stigma:

Trans+ individuals in the UK frequently encounter discrimination and stigma when accessing healthcare services. National and international studies highlight instances of disrespectful language, misgendering, and discriminatory attitudes from healthcare professionals, leading to feelings of alienation and reluctance to seek care. This discrimination can manifest in various healthcare settings, including primary care, mental health services, and emergency departments. Discrimination can also differ dependent upon age and gender of the patient.[1]

Using a nationally representative sample of trans+ adults who responded to the 2021 GP Patient Survey, evidence indicates that trans people in England are more likely to be living with long-term health conditions, but at the same time, they are much less likely to be satisfied with their GPs. Trans+ people are more likely to need care, and to have co-morbidities with specialised care needs, while also less likely to receive it.[2] It is worth noting that co-morbidities in the trans and non-binary population are not due to the fact that people are trans or non-binary, rather social stigma and inequalities born out of societal discrimination can contribute to worsening health outcomes across the lifecourse.[3] Compared to cisgender adults, trans+ adults overall are found to have lower incomes with less education; more likely single with fewer children; and have several elevated health risks, including poor physical and mental health, and higher rates of chronic conditions and disability.[4]

TransActual's 2021 **Trans Lives Survey** of 700 trans people in the UK found:

- **14% reported that they were refused GP care on account of being trans on at least one occasion.**
- **When accessing general healthcare services, 70% or respondents reported being impacted by transphobia.**
- **45% said their GP did not have a good understanding of their needs as a trans person, rising to 55% for non-binary respondents. 23% of respondents said this has impacted them 'very much'.**
- **57% of trans people reported avoiding going to the doctor when unwell; 16% did so "often"**
- **29% of respondents reported having been refused care from gender or sex-specific NHS services because they are trans.**

[1] *TransActual 2021; Kattari et al 2015; James et al 2016; Pearce 2018; Hobson 2023; Grant 2017 Hobster & McLusky 2020; Lefkowitz &Mannell 2017; Benbow & Kingston 2022*

[2] *Saunders, et al. 2023*

[3] *Zeluf et al 2016; de Blok et al 2021; Smith-Johnson 2022; Cheung 2018; Kearns et al 2023*

[4] *Fredriksen Goldsen et al 2022*

2. Lack of Provider Knowledge and Training:

Healthcare providers in the UK frequently lack adequate knowledge and training regarding transition related health issues, including gender dysphoria, hormone therapy management, and surgical options. This deficit contributes to suboptimal care experiences and perpetuates disparities in healthcare access and outcomes. Efforts to enhance provider education and training on transgender healthcare are crucial to addressing these gaps.[5]

In addition, the literature highlights that the lack of healthcare provider competency results in Trans+ patients' expectation of a poor experience as the norm. Patients' expectation of poor treatment sets the bar low so that when provided with the most basic of services they deem this as a high standard. Pearce (2018) notes in her ethnography of trans health care experiences:

'The implication here is that a large proportion of trans patients do not *expect* to be treated well: rather, they anticipate being treated poorly, and adjust their expectations and views of what might constitute a notably 'positive' experience accordingly'.[6]

This is supported by other research in this literature review. One article notes "sometimes providers made a large impact on participants simply by using a participant's correct name and pronouns", with one participant stating their experiences "sort of conditioned me to accept the bare minimum from medical professionals".[7]

A systematic review of literature on trans healthcare experiences also noted that participants consistently describe their interactions with healthcare professionals as good when their identities are respected or affirmed, and greatly appreciate having their medical documentation changed to reflect their gender.[8]

[5] *Kattari et al 2019; Saunders et al 2023; Stroumsa et al 2019; Benbow & Kingston 2022*
[6] *Pearce 2018:77*
[7] *Knutson et al 2016:37-38*
[8] *Heng et al 2018*

3. Trans Broken Arm Syndrome:

Trans people have frequently complained that doctors have blamed unrelated symptoms on their gender identity or medical transition. It has happened frequently enough that the term 'trans broken arm syndrome' was coined to describe it.

A Pink News article, '**The Dangers of Trans Broken Arm Syndrome**'[9] alongside the 2015 Twitter trend #transdocfail brought the term to the attention of people outside the trans community. The Pink News Article defined the term as "when healthcare providers assume that all medical issues are a result of a person being trans. Everything – from mental health problems to, yes, broken arms."

The phrase 'trans broken arm syndrome' first appeared in the academic literature in a 2016 US study on trans healthcare in rural areas. However, the theme of having every medical issue being related to being transgender appeared in the literature frequently prior to that..[10]

In Ruth Pearce's (2018) ethnography of trans health in the UK, she quotes from online conversations with other trans people about their medical experiences, which frequently include descriptions of 'trans broken arm' style experiences:

"Routine appointments about non-trans stuff turn into chats about my gender even when I just wanted help for a hurt back or [whatever]."

"An individual posts about poor treatment they have received at a local hospital after going in to see a doctor about a recurrent bladder problem, saying they are thinking about making a complaint. They were misgendered three times and asked what genitals they had in spite of the doctor having their gender history available to him. (Fieldwork diary: 18 April 2013)"[11]

4. Gender Identity and Non-binary Recognition:

The process of legally recognizing gender identity remains complex and bureaucratic in the UK, posing additional challenges for transgender individuals seeking healthcare services. Delays and obstacles in obtaining legal gender recognition can exacerbate feelings of marginalization and vulnerability. There is a gap in the literature regarding the experience of trans and non-binary people who have not changed or cannot change their gender marker on NHS records.[12]

5. Psychological Well-being:

Transgender individuals frequently experience mental health challenges, predominantly brought on by social stigma and discrimination, including depression, anxiety, and suicidal ideation, which may be exacerbated by negative healthcare experiences and barriers to accessing gender-affirming care. Culturally competent mental health support services are essential to addressing the psychological needs of transgender individuals and promoting overall well-being. Yet mental health support is an area of healthcare that trans and non-binary adults struggle to access.[13]

[9] *Payton 2015*
[10] *Knutson et AL 2016*
[11] *Pearce 2018:76, 109*

[12] *TransActual 2021; Tholin & Broström 2018; Burgwal, A., Motmans, J. 2021;*
[13] *Grant 2017; Saunders et al 2023; Delaney & McCann 2021; Ellis et al 2015*

Conclusion

Transgender individuals in the UK encounter significant challenges and disparities in accessing healthcare services, including discrimination, access barriers, provider knowledge deficits, and obstacles relating to updating their records.

Addressing these issues requires a multifaceted approach, including provider education, policy reform, improved service provision, and greater community engagement. Efforts to promote transgender-affirming healthcare environments are essential to ensuring equitable access to care and improving health outcomes for transgender individuals in the UK.

Further qualitative research is needed to better understand the complex interplay of factors influencing transgender healthcare experiences and to inform targeted interventions and policy initiatives. There is a priority need for research on the healthcare experiences of trans and non-binary people in later life, when accessing palliative care, and in relation to mental health and other types of co-morbidities.

METHOD

The study was conducted in three stages:

1. **Literature Review and Scoping**
2. **Semi-structured pilot interviews x3**
3. **A further 8 semi-structured interviews with a representative sample**

All interviews were conducted online, participants completed a brief criteria and identity check by email. The identity check became necessary due to high numbers of false applicants via the public recruitment strategy. Whilst all participants were self-identified as trans+ or non-binary, residency in the UK and access to primary and secondary NHS services were obligatory factors to take part in the research. For the latter, an additional pre-interview screening and use of cameras was deemed a necessary safeguarding precaution for both researcher and participants.

Online interviews were recorded for transcribing purposes, with recordings being destroyed after transcription. An AI recording programme was used to captured initial summaries and themes of the conversations. Taking lead from the literature review and pilot interviews, guiding questions in the semi-structured interviews focussed on non-transition related healthcare and best practice experiences. Despite a focus on non-transition related healthcare, participants were also free to discuss transition-related care they had received if they too felt this appropriate.

Eleven UK based adults were interviewed for between 40mins to 1hr on average. Open demographic questions were asked to allow participants to self-identify gender, ethnicity, social class and health status as detailed below:

No.	Pronouns	Gender Identity	Ethnicity	Age	Social Class	Disabilities
1	ze/they	Gender chaotic	White British			Rare bone Disease, ND
2	they/them	TMNB	Black			OMH
3	they/them	TNB	South Asian	26		ND
4	they/he	TM	Black			
5	they/them	NB	White British	43	MC	
6	she/her	TW	White British	19		CP, ND
7	she/he	NB	White British	22	MC	OMH
8	she/her	W	White British	Over 75	WC	
9	they/them	NB	Black African	20		ND/ASD
10	he/him	M	White British	28	WC	MH/ND/ASD/UM
11	he/him	M	White British	31	WC	ND/ASD

KEY

ASD - Autism Spectrum
CP - Cerebral Palsy
M - Man
MC - Middle Class
NB - Nonbinary
ND - Neurodiverse
OMH - Other Mental Health Condition
TM - Trans Masculine
TMNB - Trans Masculine Nonbinary
TNB - Trans Nonbinary
TW - Trans Woman
UM - Undiagnosed Mobility
W - Woman
WC - Working Class

MAIN FINDINGS

Primary care (GP, Pharmacy, Dental, Eyecare)

Participants had mixed experiences with GP practices ranging from poor to excellent and with little consistency.

> ***The GP that I came out to, on the flipside was actually very nice, very accepting. But that was while I was at uni. So, I think it also depends on the environment. (P4)***

Participants that had access to GPs connected to their university tended to have more positive experience than others. It is possible that the GPs situated near to universities have more trans+ or LGBTQIA+ patients accessing their services as young people are more likely to be open about their identity or exploring their identity whilst away from home and away from their family GP.

A consistent theme throughout interviews linked to positive practices were where GPs might not have been knowledgeable of gender identity issues or transition-related health, but were willing to be led by the needs of the patient. Respecting the patient as an expert in themselves was an important factor to positive experiences:

> ***I have another practitioner that I see at my GP who is very sensitive, but in an appropriate way. If it's an intimate examination, but it's not expected, I'm not going in there obviously to get an intimate examination but they've sussed out my symptoms and been like, "Okay, this actually going to require an intimate examination," they'll just be very sensitive but realistic about it. They'd be like, "Oh, do you want me to do it? Do you want someone else to do it? What makes you most comfortable?" (P2)***

> ***I've been pleasantly surprised throughout that whole process. Not necessarily with the level of knowledge that the medical people in the NHS and beyond have around trans people. But the obvious progress that's been made in how the NHS deal with marginalization is of all kinds. I found quite a lot of people being led by my language. People will start sentences, stop and wait for me to finish them. And then, they would reflect the language I use in the sentence. (p5)***

The quotes above highlight the fact that gender/trans+ inclusive care can be inclusive by taking a patient centred approach, rather than the professional necessarily being an expert in trans and non-binary lives. Instead, participants report that having their identity respected without question and feeling like they are listened to meant they were more trusting in the process and more likely to engage. Interestingly, one participant felt that being too aware of trans+ identities, to the point of othering, could be detrimental or lead to unconscious bias:

> ***I find that as troubling as I do the idea of trans visibility, which is it's a hugely double-edged sword. Because when people feel that they're well informed, it comes with a set of assumptions. One thing that's really, really apparent or is becoming a lot more apparent is that there's a lot more [gender] diversity than has previously been allowed to bubble to the surface. And I would rather medical professionals were curious and open to the self-description of their patients, then once again, trying to come to us with a set of expertise around subject. (P5)***

The above participant was referring to the importance of individual patient centred care that is knowledgeable of all the various transition-related options available to trans and non-binary patients without connecting those options to assumptions about the person's gender and vice versa. Healthcare professionals' assumptions appear to cause more issues for non-binary patients over binary trans patients, partly because of recording systems being binary male or female and partly due to a lack of understanding of what it means to be trans and nonbinary:

> ***[The GP] just asked me to explain how I was feeling and like what I was describing to them was my experience of being non-binary. I didn't really have the terminology at the time. But they were just like, "oh, no, okay, I'm sorry. This isn't what I'm not seeing. I think it might just be autism making you a bit confused. Um, you know, so yeah, sorry, you know, you can just be like a feminine man". (P3)***

Having intersecting identities and lived experiences such as a non-binary gender, non-white ethnicity, neurodiversity, physical disability or mental health issues can impact on patients' experiences of primary healthcare:

> ***In general would, it would just be more of an individual approach and things would stop being like, categorized into boxes as in female and male… if you take hormones it's really hard to figure out which one you go in, and it invites a debate on your sex, and your gender and the relevance and your lifestyle, when realistically everything should just be taken into consideration for that individual person and the gender or the sex doesn't actually matter. (P9)***

> ***It says I'm a trans man, which I'm not I'm just on testosterone and non-binary, which I can understand why they've assumed but again, they've assumed that and I've never said the words that's on there. But cuz my name is my birth name on there, it doesn't matter how many times they read the words, they'll always just misgender me… I just always find the experience very uncomfortable. (P2)***

> ***I can just personally sense when there's sometimes a racial element to things. It's just something I've learned to pick up on and I do you feel that when it comes to my gender. It's just an uncomfortable experience all round. I get a lot of when I when I was on hormones are like, Oh, I don't actually know this, how this affects people of colour. And I'm like, are you expecting this to affect me differently? … the fact that I'm Black has nothing to do with the fact that I'm non-binary, in fact, and non-binary has nothing to do with the fact I'm Black. (P2)***

> ***If the GP doesn't feel like a welcoming environment, I will not declare my gender [is non-binary]. I don't want to put myself at risk of discrimination or bias by stating that I am not a woman. I'm already Black, and with sexism I don't want to throw any more chance of further discrimination. (P9)***

There were numerous mentions across interviews of participants not feeling safe to disclose their gender identity, either as non-binary or trans, when accessing GP practices. This highlights the problem with assuming that individuals will be forthcoming in disclosing gender identities, and therefore it being at the fault of the patient if they are misgendered or mistreated. Services and systems should begin with inclusivity at the outset in terms of record keeping and broader environment that fosters openness and invites disclosure:

> *I think trying to get people to respect pronouns and to even attempt, because I think half of it is showing willing. So, if people show willing with me then I can usually get them to play ball, because I'll respond so positively to their attempts. Even though it is the very least that they can do, I will still be super happy and super positive, and very smiley if they even attempt it. (P1)*

Even where there are excellent examples of primary health professionals the recording systems that are in place cause barriers to patient experience:

> *[My GP is] always really good with pronouns. And if there's something on my record or he has to send a letter, and there's no option for they/them, he'll always be like, "I'm sorry. I can't, there's no option. I've put 'she' but like, I fully know how frustrating is for you," which I always appreciate. Because really, it's not their fault … Sometimes it's necessary because the boxes, you can only put male or female, but he's very good at always making sure they're using they/them pronouns and then if they're doing referral, and there's no other way he'll just be like, "Sorry! There's no other way around." Which I appreciate. (P2)*

> *But when I go to System Online, for example, my system online account, my username is my dead name and my date of birth and I can see my gender marker. And because I don't think about my dead name, like very much at all anymore stuff like that catches me by surprise, and it's quite jarring in a way because it's sort of it's those feelings that I think I experienced a lot more at the beginning of my transition than I do now. Where it's like, I'm a fraud, someone's gonna find out because there's that that little worry in the back of your mind when you're in different situations like social situations or work situations. or something, you know, you become aware of something and then you get that feeling of oh, they're gonna realize that I'm not who I say I am, which is obviously not true. Yeah, but that's not how dysphoria works. Dysphoria does not do logic. (P11)*

The problems within complex and intersecting recording systems in the NHS (and with shared care private systems) can cause additional stresses across primary and secondary care services. This includes the stress of trans and non-binary patients having to constantly assess safety and decided who and when to come out to service providers:

> *I have genuinely never been to one doctor's appointment without my gender or my sexuality being mentioned, as if it was related to any of my diagnosis which I'd come to the doctor's for. Which I found odd and annoying because I feel like a part of me is like what's the point in coming out if— a part of me is kinda like "oh, I wish I hadn't come out" because I don't really like this being the centre of it. At the same time, coming out was imperative to getting hormones. (P2)*

> *When I was hospitalised in the ward, I don't know if it was meant to be like, respectful or what, but they kept overly using gendered terms. And in the ward, I was too scared to tell them that I was trans because I was essentially trapped. (P1)*

> *A lot of time when I go into NHS appointments they can see that I'm trans. There's a lot of hesitation and sort of attitude of like, well this person is trans, we have to treat them differently because we don't want to upset them. You see that reflected in doctors not wanting to have to deal with you because they think it can get complex. (p7)*

One of the largest causes of stress for trans+ patients in primary healthcare is a lack of consistency in terms of attitudes and education of professionals, this in itself becomes a driving factor of individuals avoiding day to day health issues, which can then escalate into more serious undiagnosed conditions and further likelihood of co-morbidities:

> ***I would say that it because I've seen a lot of different GPs because I've moved around a lot. My experience of it I would say that it's really inconsistent across regions. It's a bit of a postcode lottery as far as how well trained people are, and how well funded and how well serviced we are as well. But yeah, definitely a lack of training across the board. I've had issues with GP surgeries in the past, I've even, you know, filed complaints, sent letters requesting that they do training, and they've never, they've never followed up on it. It just seems to be a total lack of consistency because the GPs can make their own decisions as well about people's care. (P11)***

Less day-to-day primary services such as pharmacists, dentists and optometrists provided participants with similar issues based upon gendered assumptions and clashes with binary birth sex record keeping:

> ***Like going to the dentists and most of it just involves either normal or a little bit awkward conversations where they'll be like, "hello *deadname*" which is a bit funny sometimes if I'm dressing in a stereotypically feminine outfit, but it'll just kind of be "Hey, I use this name and pronouns can you please use them? And if so, can you please change on your system?" And most of the time I receive a comment that's like, "oh, yeah, we shall, we'll put it in a note but that note will probably be displaced by other notes. So, you'll probably have to tell each individual person that you see about this. Sorry". At worst people will use my name but avoid saying pronouns, which is a bit weird, and I don't like that. Even if people use 'they' pronouns for me, like instead of using 'she' because those still aren't my pronouns. (P6)***

Secondary care (Planned/elective, A&E, Mental Health)

Secondary care experiences and barriers mirrored those of primary care in terms of confusions over record keeping, gender markers and assumptions/ignorance around trans+ bodies and health. Even where trans+ patients are well advanced in terms of medical/social transition and age, problems continue to arise with record keeping.

> ***I went to see about my heart. And I'm sat in the waiting room for the to see the consultant and he comes to call out my name. There was nobody else in the waiting room. The nurse had checked me in with my you know, with my name, and with the everything. So, the consultant shouted, Mr. ***. So I didn't go in. And then he came to the door. I said, Well, I'm *** **** ****, I'm not Mr. ***. So got his big file and he's going through it. And he went to the bottom of this thick pile like that. And he said, "Well, I've gone by these old address labels" with my name on going back 25 odd years. (P8)***

Concerns over records, misgendering and being unsure of attitudes or awareness often lead to patients avoiding healthcare appointments altogether, particularly with traditionally gendered areas of health:

> ***The NHS fertility service consistently misgendered me. They did book me in another appointment and I emailed and cancelled it, because I just couldn't face the constant misgendering, and the overuse of a name that I don't even respond to. (P1)***

> ***The cervical screening is one thing that I avoid like the plague. Because I think most of the time once you start to settle into your transition, you do feel like quite comfortable. You know, you're starting to feel like happy in yourself and this feels good. And then just little things that you have to deal with, they become huge, because it it takes you out of that state of comfort for a moment because with things like cervical screening it's really gendered. And that sort of forces you into a box that you don't fit in. Yeah, much the same as having to select an F when you're not an F, but you have to select it because you have to be honest. (P11)***

> ***What they wanted to do is give me puberty blockers, the fertility team, because it would stop the blood flow to certain organs, or lessen it so that it would basically preserve it better. And they'd had good results with this with cancer patients. I wanted to go ahead, but my leukaemia consultant wasn't keen. And when I was explaining to her about, you know, I want to be the one that gives birth, she just she referred to the fact that I had a wife and said, "Well, why can't your wife give birth?" And I said, "Well, my wife's the trans woman." And she just said, "So?" I just said, "My wife's transgender." And she said [as though this made no difference], "OK." My mum was with me in this consultation, and we were both just sat there like [open mouthed]. So in the end, I just said, "Look, my wife has a penis, there's nothing coming out of that that's going to be a baby." Like, I didn't know how else to explain it to her, but I put it in really base terms. (P1)***

A further issue with secondary services is a lack of consistency amongst clinical teams so that a positive experience can quickly change to a negative one dependent upon the healthcare professional:

> ***I had, I had to go for some investigations into my bladder. And one of the one of the issues, the consultant was brilliant. And he said, "Because you're a trans woman, I have to get the camera into your bladder, I've got to expand the top of the, the tube that goes into your bladder". He says it's tight, you know, to really deal with it. So, I said, that's not a problem, you know, do that. Anyway, to do all that stuff, they sedate you. You're not asleep, but you're sedated. And they put me on the trolley. After the done the everything. There's two nurses. And I'm laid there that kind of half in a daze. And you're making all these jokes and saying all kinds of stuff about me, really. And because I was coming round, I was awake. But I thought I can't be arsed dealing with this so at the time I just let it pass but it has stayed with me. (P8)***

Another participant described a very positive urological surgery experience that provides a great example of communication and understanding towards gender inclusive and neutral practice:

> ***I had to go through like the whole process of like, two nurses, a surgeon, and the surgeons assistant, all coming in and asking you the same questions on the day of the operation. But but all completely respectful. I realized at the at the end of the day, I turned to my partner, and said, if you realized no one has said the word penis from, like, the time I turned up here, to the time of discharging. And we've had reasons to talk about that area of the body throughout the whole day, including how to look after and maintain a catheter, all sorts of things, descriptions of what the what actually occurred in the operation, all of these things. They had just been led by my language and what I wanted to say, because I didn't say it, they didn't say it's just really impressed by that.***
>
> ***I was having a conversation with the surgeon afterwards and the surgeon was saying, you know, it's been a successful operation. We've done what we needed to do and you will have to do some things to maintain it and sometimes we need to repeat the operation. He was again using the language that I was comfortable with, talking about the part of the urethra outside the body, and things like that, instead of naming actual body parts. So yes, overall, I was, I think, surprised and pleased by the experience. (P5)***

Community Care

Sexual health clinics and community mental health services were mentioned across interviews as mainly predominantly positive experiences for the participants and for indicators of inclusive practice:

> ***I think with sexual health stuff even I've been quite impressed. I had to deal with sexual health clinics and they've been really respectful. I've not been misgendered I've not had anyone refer to me as female or referring to my anatomy that way. Any resources and advice I've been given is very distinctly not been gendered. And they even have a specific LGBT, like, leaflet thing, this sexual health clinic that you can read and also you can give specific feedback. So I did because I thought that there, you know, they treated me with a lot of respect, and I really appreciated. I went in for a smear recently and I was really worried about how they were going to navigate me but they were completely fine. So that's been that's been really good. (P10)***

Interestingly, sexual health appointments at GP services were not described so positively and were attached to stigma or ignorance around hormones:

> ***When I came out to the GP about my gender identity, he was like we need to get you an HIV. Even though like at that point, I'd only ever had sex with one person. Like, ever. And it felt like 'you're like queer must be HIV. High at risk.' (P3)***

> ***I've always been able to get the contraceptive pill and then I came out and they were like, "Oh, uh, I don't—Can you be given this on hormones? I'm not sure if you're allowed to take this anymore. I don't know enough about being trans and prescribing hormones so I don't feel comfortable prescribing to you," and then they wouldn't give me my contraceptive pill because they weren't comfortable prescribing it. (P2)***

RECOMMENDATIONS FROM PARTICIPANTS

There were common themes across all eleven participants and gender identities on what a more inclusive, safe and comfortable healthcare provision would look like. None of the suggestions require huge amounts of resources, most are based on existing good practice and available NICE guidance. All suggestions reflect what has often been recommended in the international literature and therefore questions arise as to what the barriers to implementation and progression are – systemic or political? The recommendations arising from this research can be summarised as:

- **Adapting systems to have preferred name/pronoun/lived gender clearly identified on patient records and notes.**
- **LGBTQIA+ awareness incorporated into all healthcare and medical curricula and CPD.**
- **Improvements to environments and communication materials that signal LGBTQIA+ people are both welcome and understood.**
- **Better use of inclusive language across all services.**
- **An understanding that beings trans+ identities do not need to be discussed for health issues that are not related to being trans+ (trans broken arm syndrome).**
- **Better education and support for GPs and community nurses.**
- **Greater LGBTQIA+ representation in the workforce and on patient voice panels.**
- **A greater evidence base on experiences of targeted secondary care services such as oncology.**
- **Research on experiences of UK tertiary care services.**
- **Pronoun and rainbow badges and/or rainbow lanyards are small indicators that make a big difference.**

Ultimately, all participants expressed a similar sentiment:

> ***The perfect experience would be to just exist in the world as a human being who just happens to be trans accessing health services.*** (P11)

BIBLIOGRAPHY

Benbow S. M. & Kingston P. (2022) Older trans individuals' experiences of health and social care and the views of healthcare and social care practitioners: 'they hadn't a clue', Educational Gerontology, 48:4, 160-173, DOI: 10.1080/03601277.2022.2027642

Biggs, M. (2023) 'Gender Identity in the 2021 Census of England and Wales: What Went Wrong?', SocArXiv [Preprint]. Available at: **https://doi.org/10.31235/osf.io/yw45p**.

Burgwal, A., & Motmans, J. (2020). Trans and gender diverse people's experiences and evaluations with general and trans-specific healthcare services: a cross-sectional survey. International journal of impotence research, 33(7), 679–686. **https://doi.org/10.1038/s41443-021-00432-9**

Cheung, A. S., Ooi, O., Leemaqz, S., Cundill, P., Silberstein, N., Bretherton, I., . . . Zajac, J. D. (2018). Sociodemographic and Clinical Characteristics of Transgender Adults in Australia. Transgender health, 3(1), 229-238. doi:10.1089/trgh.2018.0019

Delaney N, & E. McCann (2021) A phenomenological exploration of transgender people's experiences of mental health services in Ireland. J Nurs Manag. **https://doi.org/10.1111/jonm.13115** 29: 68–74

de Blok, C. J. M., Wiepjes, C. M., van Velzen, D. M., Staphorsius, A. S., Nota, N. M., Gooren, L. J. G., . . . den Heijer, M. (2021). Mortality trends over five decades in adult transgender people receiving hormone treatment: a report from the Amsterdam cohort of gender dysphoria. The Lancet Diabetes & Endocrinology, 9(10), 663-670. doi:10.1016/S2213-8587(21)00185-6

Ellis SJ., L. Bailey & J. McNeil (2015) Trans People's Experiences of Mental Health and Gender Identity Services: A UK Study, Journal of Gay & Lesbian Mental Health, 19:1, 4-20, DOI: 10.1080/19359705.2014.960

Fredriksen Goldsen, K. I., Romanelli, M., Hoy-Ellis, C. P., & Jung, H. (2022). Health, economic and social disparities among transgender women, transgender men and transgender nonbinary adults: Results from a population-based study. Preventive Medicine, 156, 106988. doi:**https://doi.org/10.1016/j.ypmed.2022.106988**

Government Equalities Office (2018) Trans people in the UK. Available at: **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf** (Accessed: 4 December 2022).

Grant, M. (2017). How do trans people experience healthcare and psychological services during transition?. (Unpublished Doctoral thesis, City, Universtiy of London) Available: **https://openaccess.city.ac.uk/id/eprint/19878/**

Guimaoutdinov, N. and Tram, J.M. (2022) 'Transgender People's Perceptions of Medical Treatment: Implications for Providers and Loved Ones', The Family Journal, 30(2), pp. 236–241. Available at: **https://doi.org/10.1177/1066480721105230.**

Heng, A. et al. (2018) 'Transgender peoples' experiences and perspectives about general healthcare: A systematic review', International Journal of Transgenderism, 19(4), pp. 359–378. Available at: **https://doi.org/10.1080/15532739.2018.1502711.**

Hobson, E. B., (2023) "Transgender men's accounts of normalisation of maltreatment in healthcare: 'you're not treated like a human; you're not treated like everyone else'.", Fields: journal of Huddersfield student research 1(1). doi: **https://doi.org/10.5920/fields.1270**

Hobster, K., & McLuskey, J. (2020). Transgender patients' experiences of health care. British journal of nursing, 29(22), 1348–1353. **https://doi.org/10.12968/bjon.2020.29.22.1348**

Hospice UK (2023) I Just Want to Be Me: Trans and Gender Diverse Communities Access to and Experiences of Palliative and End of Life Care. London: Hospice UK.

Howard, S.D. et al. (2019) 'Healthcare Experiences of Transgender People of Color', Journal of General Internal Medicine, 34(10), pp. 2068–2074. Available at: **https://doi.org/10.1007/s11606-019-05179-0**.

James, S.E. et al. (2016) The Report of the 2015 US Transgender Survey. Washington, DC: National Center for Transgender Equality.

Kattari, S.K., Walls E.N., Whitfield D.L. & Langenderfer-Magruder, L. (2015) Racial and Ethnic Differences in Experiences of Discrimination in Accessing Health Services Among Transgender People in the United States, International Journal of Transgenderism, 16:2, 68-79, DOI: 10.1080/15532739.2015.1064336

Kearns, S., O'Shea, D., & Neff, K. (2023). Transgender and non-binary demographics, referrals, and comorbidities among young Irish adults (2014–2020). Irish Journal of Medical Science (1971 -), 192(4), 1679-1685. doi:10.1007/s11845-022-03163-y

Knutson, D. et al. (2016) '"Trans broken arm": Health care stories from transgender people in rural areas', Journal of Research on Women and Gender, 2016, Vol. 7, No. 1, pp. 30-46. [Preprint]. Available at: **https://digital.library.txstate.edu/handle/10877/12890** (Accessed: 12 June 2023).

Lefkowitz, A.R.F. and Mannell, J. (2017), Sexual health service providers' perceptions of transgender youth in England. Health Soc Care Community, 25: 1237-1246. **https://doi.org/10.1111/hsc.12426**

Malnick, E. (2023) 'Census "hugely overstated" trans population', 23 September. Available at: **https://www.telegraph.co.uk/politics/2023/09/23/census-hugely-overstated-trans-population/** (Accessed: 26 September 2023).

Meads, C. et al. (2009) A systematic review of lesbian, gay, bisexual and transgender health in the West Midlands region of the UK compared to published UK research. Available at: **birmingham.ac.uk/Documents/college-mds/haps/projects/WMHTAC/REPreports/2009/LGBThealth030409finalversion.pdf** (Accessed: 25 September 2023).

O'Hara, M.E. (2015) 'Trans Broken Arm Syndrome' is even more real than we thought. Available at: **https://www.dailydot.com/irl/trans-broken-arm-syndrome-healthcare/** (Accessed: 18 September 2023).

Office for National Statistics (2023a) Collecting and processing data on gender identity, England and Wales: Census 2021. Available at: **https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/methodologies/collectingandprocessingdataongenderidentityenglandandwalescensus2021** (Accessed: 26 September 2023).

Office for National Statistics (2023b) Further update on research into gender identity data in Census 2021. Available at: https://www.ons.gov.uk/news/statementsandletters/furtherupdateonresearchintogenderidentitydataincensus2021 (Accessed: 26 September 2023).

Payton, N. (2015) The Dangers of Trans Broken Arm Syndrome, PinkNews | Latest lesbian, gay, bi and trans news | LGBTQ+ news. Available at: https://www.thepinknews.com/2015/07/09/feature-the-dangers-of-trans-broken-arm-syndrome/ (Accessed: 18 September 2023).

Pearce, R. (2018) Understanding Trans Health: Discourse, power and possibility. Bristol: Policy Press.

Saunders, C. L., Berner, A., Lund, J., Mason, A. M., Oakes-Monger, T., Roberts, M., Smith, J., & Duschinsky, R. (2023). Demographic characteristics, long-term health conditions and healthcare experiences of 6333 trans and non-binary adults in England: nationally representative evidence from the 2021 GP Patient Survey. BMJ open, 13(2), e068099. https://doi.org/10.1136/bmjopen-2022-068099

Saunders, C.L. et al. (2023) 'Demographic characteristics, long-term health conditions and healthcare experiences of 6333 trans and non-binary adults in England: nationally representative evidence from the 2021 GP Patient Survey', BMJ Open, 13(2), p. e068099. Available at: https://doi.org/10.1136/bmjopen-2022-068099.

Smith-Johnson, M. (2022). Transgender Adults Have Higher Rates Of Disability Than Their Cisgender Counterparts. Health Affairs, 41(10), 1470-1476. doi:10.1377/hlthaff.2022.00500

Stroumsa D, Shires DA, Richardson CR, Jaffee KD, Woodford MR. (2019) Transphobia rather than education predicts provider knowledge of transgender health care. Med Educ.;53(4):398-407. doi: 10.1111/medu.13796.

Tholin J.P. & Broström L (2018) Transgender and gender diverse people's experience of non-transition-related health care in Sweden, International Journal of Transgenderism, 19:4, 424-435, DOI: 10.1080/15532739.2018.1465876

TransActual (2021), Trans lives survey 2021: Enduring the UK's hostile environment report, available: https://transactual.org.uk/trans-lives-21/

Wall, C.S.J., Patev, A.J. and Benotsch, E.G. (2023) 'Trans broken arm syndrome: A mixed-methods exploration of gender-related medical misattribution and invasive questioning', Social Science & Medicine, 320, p. 115748. Available at: https://doi.org/10.1016/j.socscimed.2023.115748.

Wiegand, A.A. et al. (2023) '"It's probably an STI because you're gay": a qualitative study of diagnostic error experiences in sexual and gender minority individuals', BMJ Quality & Safety [Preprint]. Available at: https://doi.org/10.1136/bmjqs-2022-015629.

Wright, T., Nicholls, E. J., Rodger, A. J., Burns, F. M., Weatherburn, P., Pebody, R., McCabe, L., Wolton, A., Gafos, M., & Witzel, T. C. (2021). Accessing and utilising gender-affirming healthcare in England and Wales: trans and non-binary people's accounts of navigating gender identity clinics. BMC health services research, 21(1), 609. https://doi.org/10.1186/s12913-021-06661-4

Zeluf, G., Dhejne, C., Orre, C., Nilunger Mannheimer, L., Deogan, C., Höijer, J., & Ekéus Thorson, A. (2016). Health, disability and quality of life among trans people in Sweden–a web-based survey. BMC Public Health, 16(1), 903. doi:10.1186/s12889-016-3560-5

TRANS INCLUSIVE HEALTHCARE?

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