Office Care of Transgendered and Transsexual Clients

The very presence of transgendered and transsexual persons can have an impact on other clients and office staff. What should a clinician know about how to address the client, how to prepare billing records, what to tell receptionists and nurses, and which restroom to direct the client to? In other words, what is proper office protocol?

In addition to needs caused by or related to their gender issues, transgendered and transsexual clients suffer from the same range of physical and mental illnesses and conditions that plague the rest of mankind, and their needs for treatment are the same as any other patient. Surprisingly, many transsexuals and transgendered individuals are routinely refused treatment, even when gravely ill — and when they do obtain treatment, their gender presentation may lead to a lesser standard of care than they would otherwise have received. In fact, the focus can easily change from their medical needs to their manner of dress, even under emergency conditions. Confidentiality considerations, professional ethics, and simple human decency are too-often forgotten as what started out as a request for treatment quickly becomes the Ricki Lake Show. Staff may ignore the client, ask rude questions, make their moral and religious views known, or converse loudly and publicly about the individual, using disparaging terms (Jonas, 1976). In extreme cases, the medical needs of the individual may be ignored, even to the point of death (Bowles, 1996).

Ideally, the client should be looked at in a holistic manner, with the transgender or transsexual issue factored into treatment in the same way as other physical and behavioral characteristics would be. This does not mean the clinician must specialize in transsexualism in order to treat transgendered clients. Often, the client will seek treatment not directly related to his or her gender issue — for a cold, for example, or because of heart disease or diabetes. It's important to consider symptoms in light of gender-related treatment the client may be receiving — for instance, hormonal therapy. At other times, the client may be seeking masculinizing or feminizing medical procedures, or presenting with problems related to such treatments. Some clients will have the bulk of such treatments behind them, and some will be just starting out.

It does not require any special knowledge or training about gender dysphoria to set a bone broken in an automobile accident or fill a tooth when that bone or tooth happen to be attached to an individual who challenges our notions of what a man or woman is. A little common sense in the treatment setting can go a long way. However, individuals with gender identity issues have special needs related to being transgendered. For example, those on hormones need to have their blood levels monitored periodically, and both female-to-male and male-to-female postoperative clients are at risk for osteoporosis and should be on small doses of hormones; additionally, they should have periodic bone density measurements. Many of their medical procedures have to do directly with altering their bodies: hormonal therapy, electrolysis, breast implants or breast reduction, facial plastic surgery, and sex reassignment surgery, and aftercare of such procedures.

Many transgendered and transsexual individuals lead middle-class lives, but many others don't. Individuals who live on the street will be likely to have issues with sexually communicable diseases, including HIV, and alcohol and substance abuse problems, and will be at risk for physical abuse, malnutrition, hepatitis, and other conditions. There may also be negative effects from liquid silicone which male-to-female individuals have had illegally injected in order to create "instant curves."

Other clients and office staff can be impacted by transgendered and transsexual clients. The two most common reactions are curiosity and disgust. In most situations, these feelings will be kept private, but it's possible that something may be said. Staff should of course be instructed to behave in a professional manner. The situation is a bit more thorny when other clients are involved. A non-transgendered client who is acting grossly inappropriate can be asked to leave the office or moved to the front of the line and hustled into an examination room. If the situation in the waiting room becomes tense, either the transgendered client or the client with problems with him/her can be shown to a private area. It's unlikely that there will ever be a need for this, but it doesn't hurt to have a contingency plan.

It's more likely that office staff will communicate their personal feelings in a passive-aggressive manner, for instance, by loudly calling a client dressed as a female by a male name, or vice-versa. The former "Mrs. Smith" will assuredly be highly embarrassed by being called by that name. Medical records should be kept current, reflecting the client's proper name and gender presentation. A brief in-service will teach staff proper procedures and make it clear when a staff member is being deliberately offensive.

There is a protocol for name and pronoun use. It is based on common sense: transsexuals and transgendered clients who have permanently crossed gender roles should be addressed in the same way as other individuals of that gender. If a client presents sometimes as a male, and sometimes as a female, s/he should be addressed in public according to how s/he is dressed. In private, you should use the client's preferred name and pronouns, and ask what name to use for mailings and telephone calls. If you're not sure which name or pronoun to use, it's not considered impolite to ask.

It's important to learn about other resources, so clients can be referred to other professionals. Fortunately, there are a variety of materials which can help to bring yourself and your staff up to speed on transgender and transsexual issues. AEGIS, the American Educational Gender Information Service, P.O. Box 33724, Decatur, GA 30033-0724 [770-939-2128; aegis@gender.org] can provide you with referral information and with educational materials.

References

Bowles, S. (1996, 10 December). A death robbed of dignity mobilizes a community. *Washington Post.*

Jonas, S.P. (1976). Transsexualism and social attitudes: A case report. *Psychiatria Clinica,* 9(1), 14-20.