

# Medical attitudes towards transgender patients

## Abstract

**Background/Aims** Those identifying as transgender make up a significant and growing number of individuals. They face discrimination in healthcare and have been known to have adverse physical and mental health outcomes because of stigma. A study was carried out to ascertain how doctors perceive and interact with their transgender patients.

**Methods** The attitudes of doctors, working in mental and physical healthcare settings in a borough in south-east England, towards transgender patients were evaluated by administering a standardised questionnaire.

**Results** The response rate was 22%. Most doctors who responded had encountered a transgender patient, but consultants were more likely to identify and interact with them comfortably, used their preferred pronouns, and knew about policies relating to their care than trainee doctors.

**Conclusions** These findings add to the growing data regarding the perceptions about transgender patients in healthcare settings.

**Key words:** Doctors; Healthcare; Stigma; Transgender

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Seher Bashir<sup>1</sup>

Maximillian Fend<sup>1</sup>

M Aamer Sarfraz<sup>2</sup>

Author details can be found at the end of this article

**Correspondence to:**

M Aamer Sarfraz;  
aamer.sarfraz@nhs.net

## Background

Transgender is a term used for people whose gender identity, expression or behaviour does not match the sex they were assigned at birth. Those identifying openly as transgender make up a significant and growing number of individuals in the world. There is a scarcity of data in this domain but approximately 1.5 million transgender people live in the European Union and 200 000–500 000 in the UK, comprising up to 0.3% of the population (The Economist, 2017; Government Equalities Office, 2018).

There is no single explanation for why some people are transgender, as genetic predisposition, prenatal hormone levels, and childhood experiences contribute to the development of transgender identities (Faye, 2022). A US Task Force report (Grant et al, 2011) confirmed that transgender people face severe discrimination in employment, housing, healthcare, education, legal system and even within their own families.

Transgender people have adverse health outcomes as a result of stigma (Hughto et al, 2015). Increasing number of transgender people are seeking treatment for depression, anxiety and autism (Cheung et al, 2018). A Williams Institute study highlighted that 41% of transgender people had attempted suicide (Haas et al, 2014). Notwithstanding, the validity of diagnoses related to gender identity and their proposed classification in the International Classification of Diseases (ICD-11) has been a subject of much discussion, and the Diagnostic and Statistical Manual (DSM-V) only refers to gender dysphoria (Robles et al, 2022).

Gender reassignment and sex are now characteristics protected by the UK Equalities Act 2010. The ways that transgender people are talked about in popular culture, academia and science are also changing. Therefore, transgender patients stress the importance of their gender identity being acknowledged when they are seen by health practitioners (Urquhart, 2018).

Some healthcare professionals know little about transgender issues. Very little information is included in clinical training about the care of transgender patients, which produces clinicians who are not equipped to work with this population (Sue and Sue, 2013). Those who seek help from such professionals often end up educating the professionals instead of receiving help from them (Pearce, 2018).

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More information is required about how clinicians perceive and interact with their transgender patients. This study evaluated the attitudes of doctors towards transgender men and women who attend mental and physical healthcare settings.

### Methods

A questionnaire was devised to assess doctors' attitudes towards transgender individuals in clinical practice, based on the Attitudes Towards Transgender Men and Women Scale (Billard, 2018) (Figure 1). Following approval from the ethics committee (MERF017), it was sent electronically to all doctors ( $n=326$ ) working in physical and mental health

Dear Participant,

This is an ethics committee-approved study, being conducted to understand our own perceptions of, and attitudes towards, transgender individuals. Not only this, but also to explore our experiences with transgender patients and how comfortable and competent we are at managing this particular patient cohort. We invite you to complete this anonymous questionnaire. It should take no longer than 5 minutes to complete.

- 1.Age: 24-40 / 40-70
- 2.Sex: Male / Female
- 3.Grade: Consultant / Trainee doctor
- 4.Do you personally know a transgender individual? Yes No
- 5.Do you agree with the following statements:
  - 'Transgender men are only able to look like but not be men' Yes No
  - 'Transgender men/women are unable to accept who they really are' Yes No
  - 'Transgender men/women cannot just 'identify' as the opposite gender' Yes No
  - 'Transgender men/women are unnatural' Yes No
  - 'There is something unique about being a woman that transgender women cannot experience' Yes No
- 6.Have you professionally encountered a transgender patient? If not, go to question 9. Yes No
- 7.Did you feel comfortable during the consultation? Yes No
- 8.Did you feel comfortable to ask about their gender identity? Yes No
- 9.Do you think that you use the correct terminology? (For example, regarding pronouns for members of the LGBT community) Yes No
- 10.In your daily practice do you ask patients their preferred pronoun? Yes No
- 11.Have you ever forgotten and then used the incorrect pronoun? Yes No
- 11a.If so did you: Correct yourself / Apologise / Carry on / N/A
- 12.Did you feel as though you were thinking/overthinking about wording during the consultation? Yes No
- 13.Do you think the patient felt comfortable? Yes No
- 14.Did you feel there were any difficulties or barriers to communication or understanding? Yes No
- 15.Do you know the NHS policy about how to correctly refer to transgender patients in written notes? Yes No
- 16.Any further comments regarding your experiences working with transgender patients that you would like to share?

Figure 1. Questionnaire to assess attitudes to gender identity in clinical practice.

settings in the same borough in south-east England. The results of the questionnaire were summarised overall, and separately for the trainee doctors and consultants. Numbers with percentages were used to summarise the data, with percentages calculated out of the total number of participants who had answered each question.

## Results

The overall response rate was 22% – 27% of trainees (46 out of 170) and 17% of consultants (26 out of 156) responded. The results are summarised in [Table 1](#). Consultants were more likely to identify having knowingly encountered a transgender individual during consultations than junior doctors (82.6% vs 80%); however, most of those sampled (81.7%) had professionally encountered a transgender patient and felt comfortable during the consultation (81.0%). Consultants felt more comfortable asking patients about their gender identity than trainee doctors did (85.0% vs 57.9%). Of respondents, 28% felt that transgender people were unable to accept who they are, and 30% of the trainees felt that ‘transgender men are only able to look like but not be men’. Only around 1 in 5 (22.5%) of those surveyed asked patients their preferred pronoun in daily practice and around 2 in 5 (41.4%) had forgotten and used the wrong pronoun when talking to a transgender patient. Consultants were more likely than trainee doctors (44.0% vs 17.4%) to know about NHS policy on how to refer to transgender patients in the notes.

## Discussion

This study examined local attitudes and knowledge of a small sample of junior doctors and consultants involved in the care of transgender individuals in a suburban locality in England. Consultants were more confident in treating a transgender patient and were more likely to think that they had used the correct terminology. Several factors might explain these observations, including the fact that they are in a consultant position, which may give them more self-confidence associated with their seniority and enhanced clinical experience. These findings are similar to those of other studies that found shortfalls in identification of and communication about transgender patients in healthcare systems (Benson, 2013; Hughto et al, 2015).

In this study, 28% of respondents felt that transgender people were unable to accept who they really were, and 30% of trainees agreed with the statement that transgender men are only able to look like but not be men. It is not possible to draw firm conclusions from this small sample, but these observations may reflect stigma, and gaps in medical education and training. They also suggest that, despite claims about global acknowledgment of lack of relevant clinical training, remedial measures might be inadequate, and that more research is needed about specific problems faced by the transgender community in healthcare settings (Cicero et al, 2019).

Lack of awareness of patients’ gender identities (eg use of appropriate pronouns) is discrimination, which interferes with healthcare delivery (Hughto et al, 2015; Rowan et al, 2019). Many members of the trans community choose not to disclose their sexual orientation or gender identity to health practitioners as a result of either real or perceived negative attitudes. Therefore, the transgender community is more likely to avoid or delay seeking treatment, leading to overall poorer health outcomes (Coutin et al, 2018).

A lack of inclusion of trans-related curricula at undergraduate and postgraduate levels has been identified as one of the causes of poor healthcare for people in the trans community (Obedin-Maliver et al, 2011; MacKinnon et al, 2016). Medical education has the potential to improve awareness, attitudes and skills to deliver competent care and help to address transgender health inequities, but there are barriers including lack of educational materials, faculty expertise, time and cost constraints, and challenges in recruiting transgender guest speakers (Dubin et al, 2018; Van Heesewijk et al, 2022).

This study is limited by its small sample size and the fact that it was conducted at a single location. However, it added a new dimension to the research by studying attitudes to transgender patients simultaneously in mental and physical healthcare settings. While the findings of this study will not modify practice, they will hopefully help guide future

<b>Table 1. Summary of questionnaire results by grade and overall</b>				
		<b>Trainee doctors (n=46)</b>	<b>Consultants (n=26)</b>	<b>Total (n=72)</b>
Age	20–40 years	38/46 (82.6%)	3/24 (12.5%)	41/70 (58.6%)
	40+ years	8/46 (17.4%)	21/24 (87.5%)	29/70 (41.4%)
Do you personally know a transgender individual?		13/45 (28.9%)	14/25 (56.0%)	27/70 (38.6%)
Do you agree with the following statements:	‘Transgender men are only able to look like but not be men’	14/46 (30.4%)	2/25 (8.0%)	16/71 (22.5%)
	‘Transgender men/women are unable to accept who they really are’	13/46 (28.3%)	7/25 (28.0%)	20/71 (28.2%)
	‘Transgender men/women cannot just “identify” as the opposite gender’	5/44 (11.4%)	7/25 (28.0%)	12/69 (17.4%)
	‘Transgender men/women are unnatural’	4/46 (8.7%)	2/25 (8.0%)	6/71 (8.5%)
	‘There is something unique about being a woman that transgender women cannot experience’	25/46 (54.4%)	9/23 (39.1%)	34/69 (49.3%)
Have you professionally encountered a transgender patient?		38/46 (82.6%)	20/25 (80%)	58/71 (81.7%)
If yes did you ...	Feel comfortable during the consultation?	30/38 (79.0%)	17/20 (85.0%)	47/58 (81.0%)
	Feel comfortable to ask about their gender identity?	22/38 (57.9%)	17/20 (85.0%)	39/58 (67.2%)
Do you think that you use the correct terminology?		26/46 (56.5%)	19/24 (79.2%)	45/70 (64.3%)
In your daily practice do you ask patients their preferred pronoun?		8/46 (17.4%)	8/25 (32.0%)	16/71 (22.5%)
Have you ever forgotten and then used the wrong pronoun?	Yes	19/45 (42.2%)	10/25 (40%)	29/70 (41.4%)
	No	10/45 (22.2%)	10/25 (40%)	20/70 (28.6%)
	Unsure	16/45 (35.6%)	5/25 (20%)	21/70 (30.0%)
If so, did you:	Correct yourself	5/19 (26.3%)	2/10 (20.0%)	7/29 (24.1%)
	Apologise	11/19 (57.9%)	8/10 (80.0%)	19/29 (65.5%)
	Carry on	3/19 (15.8%)	0/10 (0%)	3/29 (10.3%)
Did you feel as though you were thinking/overthinking about wording during the consultation?	Yes	25/45 (54.4%)	9/25 (36.0%)	34/71 (47.9%)
	No	14/45 (30.4%)	12/25 (48.0%)	26 (36.6%)
	NA	7/45 (15.2%)	4/25 (16.0%)	11/71 (15.5%)
Do you think the patient felt comfortable?		28/42 (66.7%)	15/23 (65.2%)	43/65 (66.2%)
Did you feel there were any difficulties/barriers to communication or understanding?		11/43 (25.6%)	3/23 (13.0%)	14/66 (21.2%)
Do you know NHS policy on how to correctly refer to transgender patients in notes?		8/46 (17.4%)	11/25 (44.0%)	19/71 (26.8%)

Results are shown as n/N (%) where n is the number who gave the specific answer and N is the total number who answered the question. Where the answer options are not stated, the numbers reported are those who answered yes with the remainder answering no

## Key points

- Transgender patients experience negative perceptions in physical and mental healthcare settings.
- Consultants identify transgender people more easily, are more likely to use their preferred pronouns and are more comfortable asking questions about gender identity.
- More research into medical education and training about gender identity is required to determine and influence medical attitudes.

research into transgender healthcare to improve patient outcomes, professional development and organisational performance (Grant et al, 2011; Cahill and Makadon, 2014).

## Conclusions

Medical attitudes towards transgender patients who present in acute and mental health settings reflect doctors' limited knowledge and ineffective engagement with them in terms of communication, professional skills and NHS policy. Consistent with findings elsewhere, these results highlight a need for improved medical curricula and training about transgender individuals.

### Author details

<sup>1</sup>Elizabeth Raybould Centre, Dartford, UK

<sup>2</sup>Institute of Medical Sciences, Chatham Maritime, Kent, UK

### Conflicts of interest

The authors declare that there are no conflicts of interest.

## References

- Benson KE. Seeking support: transgender client experiences with mental health services. *J Feminist Fam Ther.* 2013;25(1):17–40. <https://doi.org/10.1080/08952833.2013.755081>
- Billard TJ. Attitudes towards transgender men and women: development and validation of a new measure. *Front Psychol.* 2018;9. <https://doi.org/10.3389/fpsyg.2018.00387>
- Brown ML, Rounsley CA. *True selves: understanding transsexualism – for families, friends, co-workers, and helping professionals.* San Francisco; Jossey-Bass. 1996
- Cahill S, Makadon H. Sexual orientation and gender identity data collection in clinical settings and in electronic health records: a key to ending LGBT health disparities. *LGBT Health.* 2014;1(1):34–41. <https://doi.org/10.1089/lgbt.2013.0001>
- Carroll L, Gilroy PJ, Ryan J. Transgender issues in counsellor education. *Couns Educ Supervision.* 2002;41(3):233–242. <https://doi.org/10.1002/j.1556-6978.2002.tb01286.x>
- Cheung AS, Ooi O, Leemaqz S et al. Sociodemographic and clinical characteristics of transgender adults in Australia. *Transgend Health.* 2018;12:229–238. <https://doi.org/10.1089/trgh.2018.0019>
- Cicero EC, Reisner SL, Silva SG, Merwin EI, Humphreys JC. Health care experiences of transgender adults: an integrated mixed research literature review. *ANS Adv Nurs Sci.* 2019;42(2):123–138. <https://doi.org/10.1097/ANS.0000000000000256>
- Coutin A, Wright S, Li C, Fung R. Missed opportunities: are residents prepared to care for transgender patients? A study of family medicine, psychiatry, endocrinology, and urology residents. *Can Med Educ J.* 2018;9(3):41–55. <https://doi.org/10.36834/cmej.42906>
- Dubin SN, Nolan IT, Streed CG Jr et al. Transgender health care: improving medical students' and residents' training and awareness. *Adv Med Educ Pract.* 2018;9:377–391. <https://doi.org/10.2147/AMEP.S147183>
- Faye S. *The Transgender Issue – An Argument for Justice.* London; Penguin Random House: 2022
- Government Equalities Office. *Trans people in the UK.* 2018. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721642/GEO-LGBT-factsheet.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf) (accessed 1 March 2023)

- Grant JM, Motter LA, Tanis J. Injustice at every turn: a report of the national transgender discrimination survey. 2011. [https://transequality.org/sites/default/files/docs/resources/NTDS\\_Report.pdf](https://transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf) (accessed 1 March 2023)
- Haas AP, Rodgers PL, Herman JL. Suicide attempts among transgender and gender non-conforming adults: findings of the National Transgender Discrimination Survey. 2014. <https://escholarship.org/content/qt8xg8061f/qt8xg8061f.pdf?t=n2hfpc> (accessed 1 March 2023)
- Hughto JM, Reisner SL, Pachankis JE. Transgender stigma and health: a critical review of stigma determinants, mechanisms, and interventions. *Soc Sci Med*. 2015;147:222–231. <https://doi.org/10.1016/j.socscimed.2015.11.010>
- MacKinnon KR, Tarasoff LA, Kia H. Predisposing, reinforcing, and enabling factors of trans-positive clinical behaviour change: a summary of the literature. *Int J Transgend*. 2016;17(2):83–92. <https://doi.org/10.1080/15532739.2016.1179156>
- Obedin-Maliver J, Goldsmith ES, Stewart L et al. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA*. 2011;306(9):971–977. <https://doi.org/10.1001/jama.2011.1255>
- Pearce R. Understanding trans health: discourse, power and possibility. Bristol; Policy Press: 2018
- Robles R, Keeley JW, Vega-Ramírez H et al. Validity of categories related to gender identity in ICD-11 and DSM-5 among transgender individuals who seek gender-affirming medical procedures. *Int J Clin Health Psychol*. 2022;22(1):100281. <https://doi.org/10.1016/j.ijchp.2021.100281>
- Rowan SP, Lilly CL, Shapiro RE, Kidd KM et al. Knowledge and attitudes of health care providers toward transgender patients within a rural tertiary care centre. *Transgend Health*. 2019;4(1):24–34. <https://doi.org/10.1089/trgh.2018.0050>
- Sue DW, Sue D. Counselling the culturally diverse (4th edn). Hoboken (NJ):Wiley;2013
- The Economist. Why transgender people are being sterilised in some European countries. 2017. <https://www.economist.com/the-economist-explains/2017/09/01/why-transgender-people-are-being-sterilised-in-some-european-countries> (accessed 1 March 2023)
- Urquhart E. A disproportionate number of autistic youth are transgender. Why? 2018. <https://web.archive.org/web/20180321223559/https://slate.com/human-interest/2018/03/why-are-a-disproportionate-number-of-autistic-youth-transgender.html> (accessed 1 March 2023)
- Van Heesewijk J, Kent A, Van de Grift TC et al. Transgender health content in medical education: a theory-guided systematic review of current training practices and implementation barriers and facilitators. *Adv Health Sci Educ*. 2022;27(3):817–846. <https://doi.org/10.1007/s10459-022-10112-y>