

Integration of Trans-affirming Care Across General Hospital Settings

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INTRODUCTION

Transgender individuals experience **stigma** and **discrimination** in healthcare and often avoid seeking the care they need.

2022 Trans Survey – Early Insights



¼ of respondents (24%) did not see a doctor when they needed to in the last 12 months due to fear of mistreatment.



Nearly ½ (48%) reported having at least one negative experience in healthcare because they were transgender.



Role of the Consultation-Liaison (CL)
Psychiatrist as an **advocate** for transaffirming care.

METHODS

A literature review of studies and case reports was conducted utilizing **PubMed** and **Science Direct**.

transgender

ED

ER

emergency

Hospital

ICU

Intensive care

medical

admission

surgical

RESULTS & DISCUSSION

Emergency Department

Lack of privacy can preclude sensitive communication pertaining to gender identity.

Errors in the EMR can lead to misgendering and misnaming.

High volume of providers and multiple clinical encounters.

Inpatient Surgery

Patients' bodies are exposed during procedures and post-operative care.

Gender may be wrongfully assumed by providers based on appearance of genitalia or other physical characteristics.



Inpatient Medicine

Transgender patients may express frustration.

Re-traumatization

Inaccurate labels such as "agitated" or "aggressive"

Perpetuating bias

Intensive Care Unit

Delirium and sedation are common.

Communication decreased, concern for confidentiality.

Prolonged hospitalization may lead to unwanted physical characteristics such as facial hair.

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CONCLUSION

All hospital settings are potential sources of negative healthcare experiences for transgender individuals.

Healthcare teams should be mindful of hospital setting characteristics and vulnerabilities.

The CL psychiatrist is uniquely positioned to serve as an advocate for transgender individuals and facilitate trans-affirming practices across disciplines.

REFERENCE