

What's the Gender Conversation About?

“A patient is a patient is a patient.”

“Humans are humans”

“The number one priority is patient care.”

~ CSMLS Members

We couldn't start this Hot Spot Review without acknowledging the overwhelming number of heartwarming comments received in the survey. It was amazing to see your honest and explicit acknowledgment that all patients, of any gender description or another characteristic, are valued in the same manner. This perspective set the stage for the first Hot Spot Review topic of 'gender and the lab'. Check out our introduction article to find out what the Hot Spot Review is all about!

Why this topic? Discussion on the use of sex (characterized by biological components) and gender (the personal, societal and cultural constructs of one's identity expression) in the medical record has risen over the past several years. There is a movement towards better care for transgender (umbrella term used to acknowledge gender identities that do not match birth-assigned sex) patients. [A conservative estimate](#) suggests there are approximately 200,000 transgender individuals aged 18 and older living in Canada. Our CSMLS membership includes those who identify as transgender, gender-fluid, cisgender and other gender-spectrum descriptions as well as woman and man.

On June 19, 2017, the [Governor General signed Bill C-16 into law](#), amending the Canadian Human Rights Act and the Criminal Code. This Bill [clarifies](#) and protects Canadians from discrimination based on gender identity or expression, establishing Canada as a global leader in advancing its citizens' gender rights. In conjunction with federal efforts, the health care system has become increasingly cognizant of the [discrimination and injustices](#) experienced by transgender patients. [This population is](#) underserved in primary and specialist care settings (medical and mental health care). They experience barriers including a lack of health provider knowledgeable about transgender issues, denial of health care services and/or refusal to approve hormone therapy and/or gender-affirming surgeries. Due to this situation, it is unsurprising that health care avoidance remains high amongst the transgender population.

Provincial health systems are stepping up to foster a more inclusive environment. For example, British Columbia's Provincial Health Services Authority recognizes past system mistakes and [envisions a future](#) where it will improve help for transgender patients on their self-determined journey. Health Minister Victor Boudreau [recently stated](#) that the New Brunswick government will make medically necessary gender-confirming surgeries insured procedures in the province. Previously, such surgeries would be paid out-of-pocket by patients. These are steps in the right direction but there is more that can be done as we move forward.

For the medical laboratory profession (MLP), this change in health system practice – increased attention, awareness, inclusiveness and knowledge – means there will be an increase in the number of tests from self-identifying transgender patients coming through laboratories and clinics. How do we know the MLP is moving in the right direction to support this system change? *All* Hot Spot Review respondents said, in response to a hypothetical question, that they would feel

comfortable collecting a biological specimen from a patient, regardless of whether that patient was transgender or not.

How does med lab fit into the gender conversation? In the Hot Spot Review quantitative data, the vast majority of respondents were supportive of recording sex *and* gender in the medical record:

- 83% agreed that patients have a right to self-identify.
- 85% agreed because it improves the interpretation of laboratory testing results.
- 91% agreed because it improves patient care.

However, the survey comments were interesting in that some participants were not sure how our profession fit into this topic while others were fully engaged – there was very little middle ground. The polarity represents a great reason why you should start a conversation in your lab about the topic.

The ‘unsure fit’ survey responses followed a few themes:

- **It is the responsibility of the physician (not the MLP) to obtain and define sex and gender with patients, including the requirements for laboratory tests.**

This is correct; however, what if you get unexpected lab requests, such as a Pap smear for a male patient or you are about to draw blood on a male patient but the medical record lists this person as female? What if the patient is taking medication to alter their hormones/sex and this affects the lab test? How do you seek assistance from the patient and/or discuss the test with a health care provider while ensuring sensitivity? In these types of cases, it is the MLP’s responsibility to identify and verify the necessary information through appropriate procedural routes, and where knowing about changes on this topic (and what your organization is doing) could be vital.

- **Lack of identifiable experience working with transgender patients (transitioning and non-transitioning) and their laboratory tests, especially in small communities**

If you have been working in a lab, it is highly likely that you have processed results and/or taken a specimen from a transgender patient, even if you didn’t know it. If you haven’t been in an identifiable scenario, you may not have needed to delve deeply into the topic – here’s your opportunity now!

- **Knowing the patient’s sex is enough as gender is only socially constructed**

The health card is mainly used by labs and health centres across Canada to confirm a patient’s sex for testing and treatment purposes. Approximately half of the Hot Spot Review survey respondents said that there was a location in the medical record for gender (outside of patient notes), in addition to sex. However, a third of respondents were unsure of the answer for their workplace.

Now think about these scenarios - How would you/your organization handle a situation where [a patient’s Canadian health card didn’t specify a sex designation](#) and therefore, didn’t have a sex or gender identified in the medical record? Are you familiar with how patient’s sex and gender are recorded in different provinces/territories? As of May 1st 2017 [in Ontario](#), gender identity is now the default information collected, used, retained and displayed on government forms and IDs (including health cards). Sex is only collected and used when it is required to deliver, monitor or improve the product or service ([not included on health cards or driver’s licenses](#)).

Identifying the patient's sex might be enough in most cases to do your job, but the lines on where to obtain and verify the information might not be crystal clear. It is important for MLPs to understand how sex and gender are recorded in their organizations, how to verify them in the medical record and through sensitive discussions, and how the recording process might change in your province/territory in the future.

- **Lack of available information on reference ranges for laboratory tests for transgender patients**

Our professional community is willing to advocate for a different laboratory test or reference range on behalf of a transgender patient if they believe one is needed (94% agreement). However, survey respondents were honest in their replies, as only 18% felt knowledgeable about choosing the appropriate transgender reference range and only 8% said they knew where to obtain the information.

The lack of knowledge might simply be due to the fact that reference ranges really don't exist for transgender patients in most cases. Laboratory and clinical research has historically categorized results using [male and female](#). The absence of information can be a major challenge faced by MLPs in reporting clinical or surgical pathology results for transgender patients (e.g., tests that have sex-specific reference ranges such as liver enzymes, creatinine and hematocrit levels). In anatomic pathology, assessment of Pap smears, prostate biopsies and breast biopsies from transgender patients can result in misinterpretations or misidentifications. There is an opportunity for the MLP to steer research in a direction that is more inclusive of transgender participants.

How else can MLPs support transgender patients? Being an MLP doesn't mean you only have to think of patient advocacy in terms of the lab. You are also a part of the larger health system and can add your voice to conversations associated with the patient's care pathway. For instance:

- Are the lab test instructions gender neutral or gender sensitive? (see Ingrid Zebinski's quote on the next page)
- Are waiting areas conducive to confidential identification of gender by patients?
- Has your lab received sensitivity training to better support transgender patients?
- Are there posters in your clinical area that convey your organization's dedication to supporting transgender patients?

Add your opinion to the conversation and let your organization know that MLPs have something to contribute! Here are some questions you can use as a starting point:

- Who is tracking the health care change for laboratory testing of transgender patients in your lab/organization?
- Does your lab/organization have updated policies to support those that don't self-identify as a man or woman?
- What should the provincial or national standard be for recording gender and sex in the medical record? How can your lab support that standard at local and provincial levels?
- What is the best way to advocate for a different lab test/reference range for a transgender patient?

Get informed. Get motivated. Get talking. Get political.

**The data in this article should not be considered generalizable to all medical laboratory professionals as it was collected as part of a CSMLS quality assurance project. **

Quotes:

“Laboratory results can be influenced by a number of variables, and it is the laboratories responsibility to account for these differences whenever possible. The influence that sex and gender have on laboratory results is complicated but shouldn't be ignored. Saying we, as a laboratory community, don't know how gender influences these test results is a valid answer that catalyzes growth, research, and builds the foundation to better medical care for all individuals.”

~ Dina N Greene PhD, DABCC, Department of Laboratory Medicine, University of Washington

“One of the challenges we have is no matter what gender or sex at birth we put in the [medical] file, we will often always be outside the limits on certain gendered lab results. Often the lab responds with "Gender mismatch" or "gender error" which, as you can imagine, could be quite a troubling message for someone who has been fighting most their lives to prove their gender doesn't mismatch. The challenge is we have no real data to compare trans patients too.”

~ Marni Panas BHAdmn, Diversity & Inclusion Consultant

“It is very important to realize that sex has the biggest impact on a patient's healthcare, but gender is also huge too. If someone who is transgender is taking hormones (Estrogen, Testosterone) that can certainly have an impact on your specific healthcare, but it also matters greatly to know what sex you were born as. Technologists need to be aware that this will have an impact on our profession. This certainly needs to be brought up in medical technologist programs in schools now (and I just graduated last year) so that there can be a greater awareness of what the future will hold, but it will certainly affect everyone involved in healthcare. I have already had conversations with some co-workers about this topic, and I may bring this up at our daily meetings.”

~ Winston M. Thomson MLT, Grey Bruce Health Services

“Our lab is small, but mighty. We take the time to make our clients feel comfortable. Our motto is Just Care for all. Little details count. For example, instructions for clients on how to produce a mid-stream urine or a STI urine is carefully crafted to avoid use of the words male or female, no pink or blue instruction sheets, clear language but avoiding gender, and we have gender-neutral washrooms. When a transgender client comes in for a blood test, we have it marked in our computer system what pronoun they would liked to be called - him, she or they. For instance, if their name is John Smith and their preferred name to be called is Phoenix that is what I do. But I will still ask politely for their health card. A transgender person has a very difficult journey to finally become what they truly are. Operations, hormone shots and multiple issues plague their journey. As a lab tech, a little awareness and compassion goes a long way. It is an exciting world we live in. Embrace the challenge! I am glad I did!”

~ Ingrid Zebinski MLT, Klinik Community Health Centre

“In Poland, I spent 20 years in a Military Hospital (Wroclaw). My position was a Medical Lab Technologist. In Canada, I work as a casual Lab Assistant. From my "sit" in Poland, patients are only referenced as a number. We never used the patient's first name. In my opinion, we give greater respect to patients when we use Sir, Miss, Mr etc. This can be difficult in initial conversation with patients when we do not know the patient's gender. We must only be very sensitive when we use polite forms.”

~ Urszula, Drumheller, Hospital

Keep An Eye Out:

[Institute for Quality Management in Healthcare](#) is developing a working group that will provide guidance and education for medical laboratory professionals on the ethical and scientific challenges around gender-inclusivity of patients. The expected outcome is a good practice guideline, to be published by December 31, 2018, and the identification of further actions needed in laboratory medicine to fully address gender-inclusivity.

[Canadian Blood Services - Eligibility criteria for trans individuals](#): Important updates on the in-depth consultations with thought leaders in the trans and gender non-binary community to determine how we can screen donors in a way that is as respectful as possible and how the CBS computers were updated to properly process blood to reduce the risk of transfusion-related acute lung injury (TRALI).

Resources:

- [Clinical Laboratories Are Key to Breaking Down the Healthcare Barriers Faced by Transgender Patients](#)
- [Making it personal: transgender medicine](#)
- [Electronic medical records and the transgender patient: recommendations from the World Professional Association for Transgender Health EMR Working Group](#)
- [The World Professional Association for Transgender Health: Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People \(7th Version\)](#)
- [Trans Care BC: Gender-affirming Care for Trans, Two-Spirit, and Gender Diverse Patients in BC: A Primary Care Toolkit](#)
- [When Gender Identity Doesn't Equal Sex Recorded at Birth: The Role of the Laboratory in Providing Effective Healthcare to the Transgender Community](#)
- [Challenges in Transgender Healthcare: The Pathology Perspective](#)
- [Ontario Human Rights Commission: Medical Treatment and Medicalisation of Identity](#)