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MEDIA RELEASE

MISGENDERING HARMS HEALTH OF TRANS INDIVIDUALS

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MISGENDERING negatively affects the mental and physical health of trans individuals and may impact their future engagement with the health care system, according to the authors of a Perspective published today in the *Medical Journal of Australia*.

Some doctors are “ill-equipped” to care for transgender patients, thanks partly to structural stigmatisation built into medical training.

Misgendering negatively affects the mental and physical health of trans individuals and may impact their future engagement with the health care system, according to the authors, led by Dr Irene Dolan, a GP and Clinical Editor with HealthPathways WA, operated by the WA Primary Health Alliance.

Misgendering occurs when a person is addressed or described using language (name, pronouns or title) that does not match their gender identity.

“Systemic policies and practices create situations which increase the likelihood of misgendering and experience of stigma, affecting the delivery of health care to trans individuals,” wrote Dolan and colleagues.

“In Australia, 29% of trans young people avoided medical services due to gender non-conformity. Fear of stigma can delay initial presentation and affect the likelihood of attending for follow-up.

“Language used by medical institutions can serve to further marginalise trans individuals and can infer pathology.”

The authors, including Telethon Kids Institute youth mental health researcher Penelope Strauss, described three levels of “significant stigma” experienced by trans people – structural, interpersonal, and individual.

“Structural stigma can be defined as ‘intentional and unintentional policies and practices that result in restricted opportunities for stigmatized people’,” the authors wrote.

“Structural stigma contributes to the lack of education provided on trans health within medical training.

“This leaves doctors ill equipped to care for trans patients. Many lack knowledge of trans health, do not know how to refer to trans competent providers, and many may also be uncertain how to respectfully address and refer to trans individuals. This uncertainty can lead to ambivalence around providing care and patient acceptance thereof.”

Another example of structural stigma, apart from that in medical training, was the limited collection gender identity data.

“Incomplete collection of such data due to processes within medical institutions and clinical software limitations can render trans individuals invisible to policy makers. Within medical institutions, bathrooms and ward allocation based on sex assigned at birth can also contribute to stigma experienced within the health care system for trans individuals.”

Dolan and colleagues concluded that the impact of stigma and misgendering on the physical and mental health of trans individuals was “profound and lasting”.

“Structural policies often go against principles of non-maleficence by either directly or indirectly worsening the health of trans individuals. Significant change is required to improve health equity for trans individuals.”

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