Health Care Experiences of Patients with Nonbinary Gender Identities

Presentation by Jay Bindman
Researchers at UCSF created focus groups to understand commonalities across health care experiences of nonbinary patients.

The study included 3 focus groups with 24 nonbinary adults nationally. All facilitators and the study lead identified as nonbinary.

Of all participants:

- >50% were Black, Indigenous, and People of Color (BIPOC)
- 50% had a chronic health condition or disability
- 100% were English speaking and >18 years old
FINDINGS

- Frequent negative health care experiences, including misgendering, invalidation, and pathologization, even within clinics that signaled alliance with transgender communities.

- Strategies used to cope with negative experiences, include health care avoidance, identity concealment, and seeking out providers that are matched in terms of gender minority status and/or race.
There were so many different pronouns in use in my medical records. They never asked, so they kind of guessed.

-Study Participant

Many clinics misgender patients in person, in written communications, and in electronic health records.
There’s no way to put a preferred name or even pronouns or gender. My doctor put in my record that I had Gender Identity Disorder, as a way to mark me as trans. It was very disconcerting.

- Study Participant

Many nonbinary patients feel pathologized and find their gender identity is placed on the “problem list” as opposed to being affirmed and validated.
As a disabled Black person, one of the main reasons why I can’t correct providers, why I don’t feel comfortable doing so, is because I don’t want to be seen as angry or violent, or non-compliant.

- Study Participant

Many nonbinary patients do not feel safe to self-advocate or correct providers who invalidate their gender identity - particularly patients who are disabled or BIPOC.
**RECOMMENDATIONS FOR PROVIDERS**

- Ask every patient their gender identity and pronouns
- Use the correct name and pronouns for patients in their medical records
- Be open to corrections
- Advocate for documentation and care to be affirming of nonbinary patients
- Share research recommendations with providers in your circle of influence
RECOMMENDATIONS FOR HEALTH SYSTEMS

- Include curriculum on nonbinary patients in health professions training
- Signal alliance with the trans community
- Create electronic systems with non-pathologizing documentation of gender identity
- Diversify provider pool to include nonbinary providers, especially BIPOC providers
Conclusions

Gender affirming practices and infrastructure are largely missing from our health care system.

The lack of support from clinics and providers toward nonbinary patients is invalidating and ostracizing.

Allowing nonbinary patients to feel safe in clinical spaces requires active allyship on the level of providers, universities, and health systems.