

Need for Inclusion of Transgender Health as a Part of Medical School Training

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I have seen first-hand, the barriers and challenges that many transgender individuals face when trying to access healthcare. And as a healthcare professional, I have personally experienced that a lack of education and training can have a significant impact on the care that transgender patients receive. This was also the driving factor behind the launch of *Iridescence*, an LGBTQIA+ student-led support group, at the University College of Medical Sciences, Delhi, as the first of its kind in India.

Transgender individuals are a diverse group of people who identify as a gender that is different from the one they were assigned at birth. According to a 2011 national survey, an estimated half a million of India's then adult population identified themselves as transgender.¹ However, despite this significant number, the transgender community still faces significant barriers when it comes to accessing healthcare. One of the biggest barriers is a lack of education and training of medical professionals. Many healthcare providers have limited knowledge about transgender individuals and their specific health needs which can lead to discrimination and inadequate care. This is particularly problematic for transgender individuals seeking hormone therapy or gender-affirming surgeries, as they may face barriers in accessing these necessary treatments.

Howard, *et al.* found that nearly half of the transgender individuals reported experiencing discrimination by healthcare providers.² This discrimination can take myriad forms ranging from refusal of care to verbal abuse and harassment. This may create a hostile environment for transgender individuals and this may make them less likely to seek healthcare in the future. As evidenced by the TransCare MedEd project, India continues to pathologize sexual and gender minorities.³ The good news is that the project brought together transgender people from the Kinnar community, from healthcare and medical institutions, and medical educators whose lived experiences

translated into trans-affirmative care competencies for medical educators.³

Another major concern is the lack of research on transgender health.⁴ While there is a growing body of literature on transgender individuals and their health, it is still a relatively new field and there is much that is not yet understood. This lack of research can make it difficult for medical professionals to provide the best possible care for transgender patients. For example, transgender women are at a higher risk for breast cancer than cis-gender women, but there is a lack of research and guidelines on how to screen and treat this vulnerable population. Similarly, transgender men may be at a higher risk for osteoporosis, but there is a lack of research on how to screen and treat this population.⁵

To address these issues, it is crucial that medical education and training include comprehensive information on transgender health. This should include information on the physical and mental health needs of transgender individuals, as well as information on how to provide them culturally competent care.⁵ Many a times, even health professionals use incorrect terminologies while dealing with transgender persons which can hurt their sentiments. Therefore, understanding the importance of using appropriate language and providing a safe and welcoming environment for transgender patients is a crucial step.⁶

Medical schools should also be encouraged to include transgender health in their curriculum and offer elective courses to interested students to learn more about their health needs in a scientific manner. It is imperative to increase awareness about diverse SOGIESC, an acronym for sexual orientation, gender identity, gender expression and sex characteristics. Textbooks must be drafted using gender neutral language. This will not only help to improve the knowledge and skills of future medical professionals

but also help to increase the visibility of transgender health issues within the medical community. Another important thing that medical schools need to adapt is the presence of gender-neutral bathrooms and hostels. In case of non-availability of such provisions, transgender members of the institution must be allowed to identify themselves with the self-chosen gender and facilitated to live in the hostel they feel most comfortable in, irrespective of their assigned sex at birth.

More research is needed to better understand the health needs of the transgender community and to develop effective treatments and interventions. This research should be inclusive and representative of the diverse transgender community, including transgender individuals of colour, those with disabilities, and those who are living in poverty. We need to build an inclusive and equitable healthcare system that is responsive to the needs of the transgender community. We need to work together to breakdown the barriers that prevent transgender individuals from accessing the care they need, and to provide medical professionals with the education and training they need to provide the best possible care for transgender

patients. It is important to recognize the fundamental right of every individual to have access to healthcare, regardless of their gender identity or sexual orientation.

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