




Transgender Clinic: The Importance of a Diverse Medicine

Daniel Andrés Nieva-Posso¹ · Liliana Arias-Castillo² ·
Herney Andrés García-Perdomo^{1,3} 

Accepted: 2 June 2023
© The Author(s) 2023

Abstract

Medicine cannot be outside of the historical changes occurring in our society. The identity and sexual diversity of an individual is a critical aspects of their health. Creating inclusive units that allow access to health care for a population with different needs is the hallmark of improving their care.

Keywords Transgender · Sexual diversity · Health care

Transgender people are individuals whose gender identity, expression, or behavior differs from the gender they were assigned at birth, defining gender as an internal experience that can become masculine, feminine, or androgynous (Joseph, et al., 2017). The trans community is hugely diverse. Consequently, some people identify themselves as masculine, feminine, non-binary, and fluid, while others consider themselves a-gender, reflecting their experiences.

Before and currently, transgender people's health has been full of discrimination, prejudice, and judgment. It is still common to find doctors who do not see a transgender patient as a self-determined person seeking access to health care. Sometimes, it leads trans people to live a not-very-well-informed transition, promoted by doctors and other professionals. The Diagnostic and Statistical Manual of Mental Disorders (DSM) 5 still retains gender dysphoria as an uncommon mental disorder. In consequence, health personnel must understand the problem, seek advice, and consult competent specialists in this area for a comprehensive approach (Zucker, 2017).

✉ Herney Andrés García-Perdomo
herney.garcia@correounivalle.edu.co

¹ UROGIV Research Group, School of Medicine, Universidad del Valle, Cali, Colombia

² Department of Family Medicine, School of Medicine, Universidad del Valle, Cali, Colombia

³ Division of Urology/Urooncology, Department of Surgery, School of Medicine, Universidad del Valle, Cali, Colombia

As a result, it is essential to formulate, modify and create program units for transgender health care, allowing this population access to our health system without prejudice or discrimination and considering that they may have differential needs. To construct a multidisciplinary unit, the transgender community needs to participate; consequently, education and re-education of healthcare professionals allow discrimination-free attention.

Therefore, we aimed to describe some essential elements related to creating clinics (multi-specialty units) and guidelines for treating transgender people.

Much of transgender health and wellness focuses on hormonal therapies and surgical procedures, including vaginoplasties, phalloplasties, mastectomy, and mammaplasty (Abeln & Love, 2019a). Nonetheless, a clinic (multiple disciplines, time, and place) must be contemplated to understand its different realities, the human condition, and their social and cultural environment. Thus, preventing diseases and, above all, building a more inclusive society.

Creating these units might reduce the barriers to health care that the transgender community face in different countries. Populations such as trans women are at high risk for Human Immunodeficiency Virus (HIV) infection, among other sexually transmitted infections. In addition, other types of diseases, such as depression, anxiety, and other mental disorders, increase the risk of suffering from addictions such as cigarettes, alcohol, and psychoactive substances (Safer, et al., 2016).

As for trans men, studies estimated this community's perception of health care, concluding that 54% feel that their professionals do not know or know very little about trans matters, causing stigma and discrimination. Trans men have a high risk of suffering from depression, anxiety, and suicide (Seelman, et al., 2020).

Some elements that can help in creating inclusive clinics for transgender people are (Abeln & Love, 2019b):

1. Improve the physician-patient relationship through assertive and empathetic communication between the parties involved. It can improve with medical training based on diversity and the depathologization of this topic.
2. Integrate the transgender community in extra-hospital settings allowing a more practical approach, characterization, and knowledge of the population. In addition, develop activities that promote health and prevent disease.
3. Form and strengthen a multidisciplinary team covering general medicine, family medicine, sexology, plastic surgery, infectious diseases, endocrinology, urology, social work, psychology, nursing, and clinical laboratory, among others.
4. Appropriate infrastructure. Above all, located in highly vulnerable areas that allow rapid access to the population, it facilitates their monitoring.

Creating transgender clinics could open time and space for discussion leading to the construction of specialized clinical guidelines for transgender children and building a more equitable society. Based on the differential care transgender people should have (Hunt, et al., 2018).

There are few safe places for transgender people. Commonly, trans people find barriers when accessing the health system for multiple reasons, but mainly because of a lack of recognizing this topic as transversal to multiple disciplines and working

groups (Arias Castillo, et al., 2022). In particular, the trans community's perception of health care has been evaluated, discovering that more than half experience transphobic and disrespectful episodes when the staff is unaware of trans issues, even reaching a negotiation with the doctor; this counteracts when the staff is aware of trans issues (Pratt-Chapman, et al., 2021).

In conclusion, this vital topic has much to investigate, debate, and build on. This commentary invites readers and professionals from different areas to formulate ideas that integrate historically marginalized populations and build a more just and equitable society in a changing and diverse world.

Author Contribution Daniel Andrés Nieva-Posso: DANP. Liliana Arias-Castillo: LAC. Herney Andrés García-Perdomo: HAGP. DANP, LAC, and HAGP: They contributed equally to the planning, methodology, research, and writing of this article.

Funding Open Access funding provided by Colombia Consortium. No funding.

Declaration

Conflict of Interest No conflict of interest.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

References

- Abeln, B., & Love, R. (2019a). Considerations for the care of Transgender individuals. *Nursing Clinics of North America*, 54(4), 551–559. <https://doi.org/10.1016/j.cnur.2019.07.005>.
- Abeln, B., & Love, R. (2019b). Considerations for the care of Transgender individuals. *Nursing Clinics of North America*, 54(4), 551–559. <https://doi.org/10.1016/j.cnur.2019.07.005>.
- Arias Castillo, L., Gonzalez, J., & Reyes Martinez, J. (2022). Atención a poblaciones LGBTI. Particularidades de la atención a personas trans. In R. Cifuentes, J. Leon, A. Ruiz, G. Parra, & J. Castañeda (Eds.), *Tratado de Obstetricia y ginecología* (Tercera edición, pp. 1–1581). Amolca.
- Hunt, L., Vennat, M., & Waters, J. H. (2018). Health and Wellness for LGBTQ. *Advances in Pediatrics*, 65(1), 41–54. <https://doi.org/10.1016/j.yapd.2018.04.002>.
- Joseph, A., Cliffe, C., Hillyard, M., & Majeed, A. (2017). Gender identity and the management of the transgender patient: A guide for non-specialists. *Journal of the Royal Society of Medicine*, 110(4), 144–152. <https://doi.org/10.1177/0141076817696054>.
- Pratt-Chapman, M. L., Murphy, J., Hines, D., Brazinskaite, R., Warren, A. R., & Radix, A. (2021). When the pain is so acute or if I think that I'm going to die": Health care seeking behaviors and experiences of transgender and gender diverse people in an urban area. *Plos One*, 16(2 February), 1–15. <https://doi.org/10.1371/journal.pone.0246883>.
- Safer, J. D., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J. (2016). Barriers to healthcare for transgender individuals. *Current Opinion in Endocrinology Diabetes and Obesity*, 23(2), 168–171. <https://doi.org/10.1097/MED.0000000000000227>.

Seelman, K. L., Kattari, S. K., Harvey, P., & Bakko, M. (2020). Trans men's access to knowledgeable providers and their experiences in health care settings: Differences by demographics, mental health, and degree of being "Out" to providers. *Health and Social Work, 45*(4), 229–239. <https://doi.org/10.1093/hsw/hlaa030>.

Zucker, K. J. (2017). Epidemiology of gender dysphoria and transgender identity. In *Sexual Health* (Vol. 14, Issue 5, pp. 404–411). CSIRO. <https://doi.org/10.1071/SH17067>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Springer Nature or its licensor (e.g. a society or other partner) holds exclusive rights to this article under a publishing agreement with the author(s) or other rightsholder(s); author self-archiving of the accepted manuscript version of this article is solely governed by the terms of such publishing agreement and applicable law.