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Letters to the editor

Breaking Down Barriers to Facilitate Access to Healthcare Among Transgender People



To the Editor:

We read with great interest the article by Boyer et al. “Binary and Nonbinary Transgender Adolescents’ Healthcare Experiences, Avoidance, and Well Visits” recently published in the Journal [1].

The authors showed with stimulating elegance the differences between binary and nonbinary transgender adolescents in healthcare experiences, healthcare avoidance, and well-visit attendance and conclude with a call to action to prevent adverse experiences with a healthcare provider. The perception of the provider’s knowledge has an impact on the utilization of healthcare facilities: even a small improvement in specific knowledge by health professionals has a huge impact on the likelihood of transgender people (TGD) using care services. Intriguing differences in the desire for gender affirming medical treatment between binary and nonbinary TGD demonstrate the need to deconstruct the treatment barriers for all TGD and individuals of different genders [2]. To date, several studies confirm this. Around the globe in healthcare systems, there are gaps both in providing general healthcare to TGD and sexual minorities and in addressing their specific health needs. Failure to satisfy the desire for treatment worsens the general state of wellbeing.

In this regard, it is also important to remember the specific care needs of TGD people who, following gender affirmation treatments, undergo various changes with clinical relevance [3]. It must be recognized that a majority of TGD patients desire healthcare that they are not receiving and that the first step in addressing this unmet need is for healthcare professionals to learn to provide humanistic, personalized care that meets the unique needs of these people [4].

The health needs of sex and gender minorities must be taken into account in the reshaping of the health systems [5]. Research on the health problems of these groups of people are growing and this is a very positive and appreciable fact; however, one of the main problems remains the lack of adequate training and knowledge of healthcare professionals [6]. We would like to urge the commitment of all health professionals and health institutions and academies to become aware of the need for change to break down certain barriers and develop all possible initiative to renew our daily activities, institutions, and the academies in which we operate while soliciting policy and administrative leaders to introduce these issues in the

reshaping of health systems and in the training curricula of health professionals.

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State of Transgender Health Education and Provision of Gender-Affirming Care to Transgender and Gender Diverse Adolescents



The Authors respond:

We agree with Sirufo and colleagues: there is a critical need to expand provider education and training to make gender-affirming care more accessible to transgender and gender diverse (TGD) adolescents, especially given access to this care has been associated with improved mental health [1,2].

To improve access to this care, which many adolescents today experience notable barriers to receiving, we suggest improved transgender health education for medical trainees and practicing providers and increased advocacy against legislation banning gender-affirming care. When it is offered, transgender health content in medical education is often delivered as a single, elective session for undergraduate medical students [3] and rarely assesses provider-level knowledge retention or clinical skills [4]. Instead, this content should be integrated into required curricula over multiple sessions for medical trainees of all levels, measure knowledge and skill retention and, ultimately, its impact on patient-level outcomes. We must also develop opportunities for providers currently in practice to receive education and consultation in this area, as few were taught about transgender health in their training programs. Finally, providers must advocate for ongoing access to evidence-based care for TGD youth, which is currently under attack in the United States (US) and worldwide.

Since January 2022, 15 US states have passed bills to limit access to gender-affirming care. Alabama and Arkansas enacted laws prohibiting the provision of gender-affirming medications (e.g., puberty blockers, hormones) for adolescents. Arizona banned gender-affirming surgeries for minors. Directives in Texas considered the provision of gender-affirming care child abuse. Although the laws and directives in Alabama, Arkansas, and Texas are temporarily blocked, future access to care for adolescents in these states remains uncertain.

Anti-transgender legislation is discriminatory and threatens TGD adolescents' health and well-being by increasing societal stigma. This legislation prevents TGD adolescents from receiving

care that improves mental health [2] and is supported by every major medical organization including the Society of Adolescent Health and Medicine [5]. Many bills threaten to criminalize providers for delivering medically recommended care, leaving them with the decision to either (1) provide evidence-based care to their patients and risk criminalization or (2) do harm by withholding care to avoid risking their medical license and/or receiving criminal charges [6]. Because anti-transgender bills are expected to increase in upcoming legislative sessions, all providers must engage with TGD youth, their families, and their communities to advocate for making gender-affirming care more accessible for adolescents, not less [5].

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