People Worthy of Respect: Health Care Disparities in Trans Canadians

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Abstract:

When people feel stigmatized, judged or bullied in a certain setting, it follows that they will avoid that setting as much as possible. Research shows this is exactly what is happening with trans people in Canada who require medical care. Despite being entitled to equal access to healthcare, trans Canadians frequently face stigma and discrimination which leads to unmet health needs. Consequently, they are less likely to seek care, even in the event of a medical emergency. This paper explores the reasons why trans Canadians are at greater risk for poor health, and examines possible solutions to this complex social problem. There are three distinct, but related, reasons why trans people face elevated risks. First, trans people suffer greater stigma and discrimination in their daily lives than does the general public; this places them at higher risk for mental illness, addictions, and high-risk behaviours. Secondly, the medical system and medical professionals have a history of discriminating against trans patients. Finally, as a result of stigma and discrimination, trans people are less likely to seek preventative care or care for non-life-threatening ailments than are members of

the general public. These factors combine to create system of inequitable health care for trans Canadians. Solutions to these problems require that the healthcare system, and healthcare practitioners, first change the way that they view and treat trans patients: as people worthy of respect.

In Canada, equal access to basic healthcare services is considered a right for all citizens. However, marginalized populations are frequently unable or unwilling to access their fair share of services for a variety of reasons. This paper will explore how this issue relates to trans Canadians. Trans people in Canada are at increased risk for mental and physical illness, even when the affliction is unrelated to their gender or sexuality. Trans individuals frequently face stigma and discrimination which leads to unmet health needs; these factors are often compounded by inadequately trained health care professionals. Solutions to these issues are possible, however they require changes to how the medical system and practitioners themselves view and treat trans patients.

To study trans Canadians, it is important first to understand who trans people are. The word "trans" is an umbrella term used to describe members of the population who fall on a spectrum of gender variance, wherein either the person's gender does not match their sex assigned at birth, or the person identifies as being of a non-binary gender (Giblon & Bauer 2017; McGuire et al. 2016; Scheim & Bauer 2015). This group includes persons who identify as transmen, transwomen, intersex, androgynous, genderqueer, gender liminal, transsexual, transitioned, two-spirit, and any other identity that is not classified as cisgender (Giblon & Bauer 2017; McGuire et al. 2016; Scheim & Bauer 2015). By contrast, cisgender individuals are assigned a binary physical sex at birth (male or female) and continue to identify with the corresponding social category of gender (masculine or feminine) throughout life (see Figure 1). It is worth noting that gender identity is independent of sexual orientation: trans people may be homosexual,

heterosexual, bisexual or asexual. Current estimates suggest that trans people account for between 0.6-2.0% of the Canadian population (Scheim, et al. 2017; Veale, et al. 2017; Watson, et al. 2017).

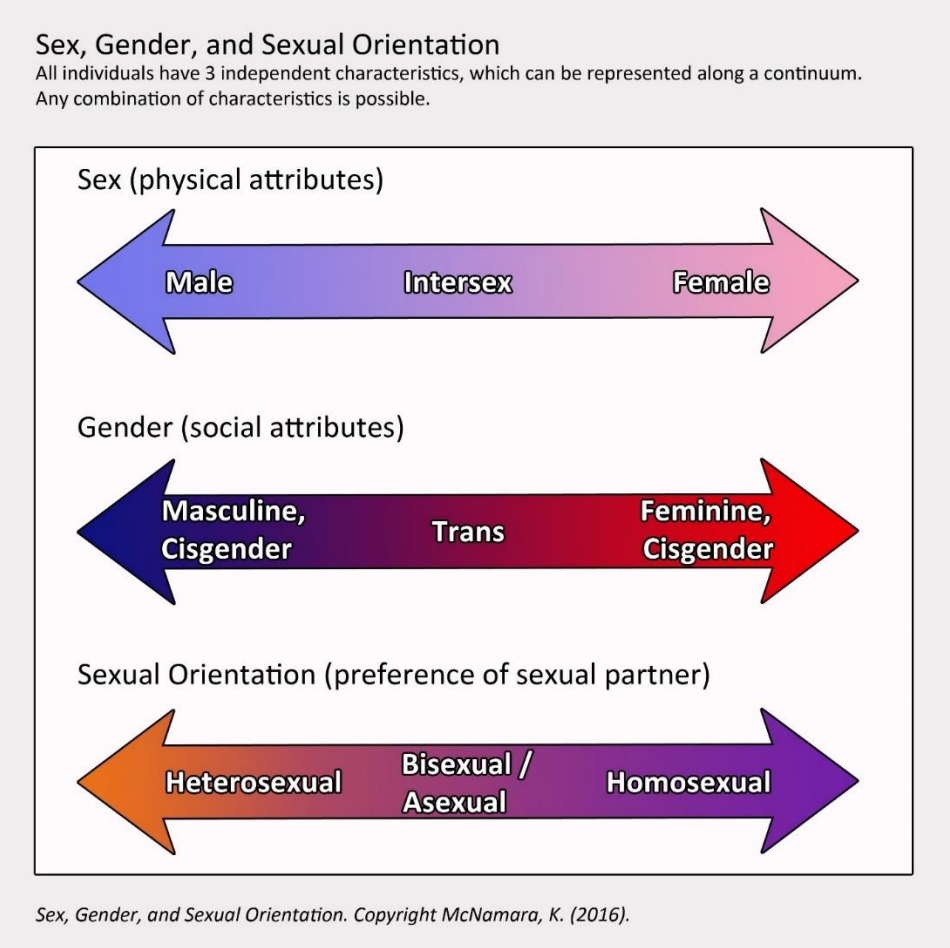

Figure 1: Sex, Gender, and Sexual Orientation

This figure should be treated with caution as data on trans individuals is notoriously difficult to come by for three reasons: First, trans individuals often fear social repercussions for coming forward; over 70% of trans people report that

they have hidden their identity for fear of discrimination (Colpitts & Jacqueline 2016). Second, scholars differ in their definitions of who they consider to be "trans" individuals; for example, some researchers do not include intersex people in their studies. Lastly, organizations such as Statistics Canada do not currently collect such information; in the 2016 census, Canadians were asked to select the sex (male or female) which they best identified, but were not provided with a non-binary option (Statistics Canada 2017). Additionally, there have been fewer than twenty studies conducted specifically on trans people in Canada. For this paper, the term trans will serve to describe all individuals who self-identify in some way other than cisgender.

It makes sense to begin by examining mental illness in trans Canadians. The correlation between trans identity and increased likelihood of mental illness is among the best studied issues affecting sexual minority groups today (Williams, et al. 2016). Research done in Nova Scotia shows that diagnoses of mental illness are significantly higher among trans individuals, even when the diagnosis of "gender dysphoria" is excluded from results (Colpitts & Jacqueline 2016). This research also shows that trans Nova Scotians are more likely to be homeless and/or live in poverty, both of which are considered compounding factors for mental illness and addictions. Other Canadian studies demonstrate that when compared with age-matched peers, trans people show significantly higher rates of suicidal ideation, eating disorders, and substance abuse (Bauer et al. 2015; Veale et al. 2017; Watson et al. 2017). No current studies specifically linked to depression in trans Canadians exist, however, as the DSM-5 defines suicide or suicidal behaviours, as symptomatic of a major depressive episode (American Psychiatric Association 2013), it is appropriate to use attempted suicide rates as one measure for comparing rates of depression among groups of people, in the absence of more specific data (Oquwndo, et al. 2008). It is estimated that 44% of

trans Canadians engage in suicidal behaviours at some point in their lives, compared with 2.2% of the general population (Bauer et al. 2015; Veale, et al. 2017). Additionally, Veale et al.'s 2017 study demonstrates that 65% of trans youth in British Columbia "seriously considered suicide in the past year," compared with only 13% of their age-matched peers. Among adult trans Ontarians, 35% considered and 11% attempted suicide in 2009-2010 (Bauer et al. 2015). It should be noted that all surveys of attempted suicides are studies of survivors, thus this data does not include completed suicides (Bauer et al. 2015). Trans identity is also not presently included on death records. Hence, rates of suicide among trans people may be even higher than the data demonstrates.

Regardless, these alarming statistics exhibit that there is a clear association between trans identity and suicidal behaviours. Access to social supports, medical transition through hormones and/or medically necessary gender affirming surgeries, and having personal identification documents match one's appropriate gender designation show substantial reductions in rates of suicidal ideation among trans people (Bauer et al. 2015; Watson et al. 2017). Prevalence of eating disorders is also higher among trans Canadians (Watson et al. 2017). Watson et al.'s (2017) study compares trans and cisgender British Columbians and finds that trans individuals are three times more likely to exhibit disordered eating behaviors, such as: binge eating, vomiting to lose weight, or fasting. Furthermore, trans Canadians are significantly more likely to face drug addictions and substance abuse than their cisgender counterparts. Scheim, et al.'s (2016) study shows that trans Ontarians are nearly twice as likely to abuse alcohol than their cisgender counterparts. Further research by Scheim, et. al (2017) indicates that trans Ontarians are five to six times likelier to abuse cocaine or amphetamines than are cisgender Ontarians. Taken together, this data demonstrates that trans Canadians are considerably more likely to struggle with some form of mental

illness than the general population. The reasons for this disparity are complex and will be discussed in detail further on.

Next, an examination of how trans identity affects physical illness. The correlation between trans identity and physical illness has received less attention from Canadian researchers, however the trends appear similar to those of mental illness. Studies suggest that most issues linking trans people to physical illness are due to a lack of preventative care and/or timely intervention, which then escalates minor issues into major ones (Townsend et al. 2017). Studies show that trans people are substantially more likely to have an unmet healthcare need than are members of the general population (Giblon & Bauer 2017; Williams et al. 2016; Ylioja & Craig 2014). Specifically, Giblon & Bauer (2017) report that 44% of trans Ontarians had an unmet healthcare need in the 2009-2010 year, compared with 11% of their age-matched counterparts. Likewise, trans people are also less likely to have a family physician (Townsend et al. 2017). Unmet healthcare needs have a tendency to exacerbate illness, resulting in more complex and expensive care when one eventually seeks treatment (Macinko, et al. 2007). Colpitts & Jacqueline (2016) note that trans Nova Scotians have unduly high rates of STI and HIV infection, smoking, and obesity, all of which are conditions that are generally better managed under the care of a regular health practitioner (Macinko, et al. 2007). These findings are echoed in Ontario by Giblon & Bauer (2017), who report nearly identical trends to those found in Nova Scotia. Finally, Logie et al. (2012) observe that trans individuals in their Ontario study are at elevated risk for HIV infection. The relationship between access to health care and management of chronic conditions, including HIV, is well-established: patients under regular care of a physician are healthier and live longer (Macinko, et al. 2007; Swanepoel et al. 2014). Moreover, patients without chronic illness under the care of a regular physician are less likely to seek emergency care, less likely to be admitted to

hospital, and less likely to require surgery (Macinko, et al. 2007). Thus, it appears that having access to preventative care is in the best interest of not only the patient, but also the system, for which preventative care is a cost-saving measure. These studies demonstrate that trans Canadians face poorer physical health than their cisgender counterparts, often related to a lack of preventative measures.

Armed with the knowledge that trans Canadians are faced with significantly higher barriers to good mental and physical health than the general population, attention turns to the proximal and ultimate causes of these disparities. There are three distinct, but related, reasons why trans people face elevated risks. First, trans people suffer greater stigma and discrimination in their daily lives than the general public; this puts them at higher risk for mental illness, addictions, and high-risk behaviours (Bauer et al. 2015). Secondly, the medical system and medical professionals have a history of discriminating against trans patients (Scheim, et. al 2017). Finally, because of stigma and discrimination, trans people are less likely to seek preventative care or care for non-life-threatening ailments than are members of the general public (Logie et al. 2012). This problem further compounds the issue, placing trans people at risk of worse outcomes when they eventually do seek care. These factors combine to create system of inequitable health care for trans Canadians: each will be discussed in turn.

To begin, the stigma and discrimination faced by trans individuals is well-documented in academic literature (Bauer et al. 2015; Logie et al. 2012; Scheim, et. al 2017). More than 90% of trans individuals report being harassed on a regular basis at work or school, and rates of hate-based violence towards trans people continue to rise in North America. Despite being more visible than in years past, Scheim, et. al. (2017) and Bauer et al. (2015) both report that trans Canadians continue to experience transphobia, leading to discrimination and violence in their daily lives. One participant explains, “It’s either we are tortured

or threatened to be killed. It's just a lot of things that you go through whenever you're out in the open" (Logie et al. 2012). Trans Canadians are four times more likely to live in poverty than the general population, four times more likely to experience police violence, and twice as likely to be homeless. The continuing intolerance toward trans people is generally attributed to social norms that stigmatize those who do not conform (Logie et al. 2012). At present, the Canadian Charter of Rights and Freedoms does not protect people from discrimination based on gender identity (Canadian Charter, 1982, s 6(2)(b)). Consequently, it is not surprising that trans people feel marginalized and targeted in their daily lives.

This stigma and discrimination is equally present within the healthcare system itself. The Canadian medical system continues to display a heteronormative and gender-binary approach in its practices, beginning with the structure of intake forms, and ending with physicians who routinely offer sub-standard care to trans people (Colpitts & Jacqueline 2016; Townsend et al. 2017; Vogel 2014). Binary and non-inclusive language on intake forms alienates trans individuals, leading to feelings of discrimination prior to visits even beginning (Colpitts & Jacqueline 2016; Vogel 2014). Half of respondents in Vogel's (2014) research report having to teach their healthcare provider about trans issues, and 19% report being refused care on account of being trans. Many family physicians refuse to take on trans patients altogether, deeming their care as "outside scope of practice" (Collier 2015; Townsend et al. 2017; Williams et al. 2016). For patients who manage to access care, sex-segregated wards may force trans people to choose between care provided according to their birth sex, and rejecting treatment altogether (Vogel 2014). Other patients report more subtle discrimination, such as health care providers refusing to call them by their chosen names, or preferred pronouns, (Vogel 2014), practitioners misgendering patients when addressing them (Vogel 2014), providers psychopathologizing differences between trans people and their cisgender counterparts (Williams et al. 2016), or practitioners

peppering patients with questions unrelated to presenting complaints (Collier 2015). The latter appears to be a pervasive practice; significant numbers of trans people report that practitioners, particularly in emergency and urgent care centres, spend an inordinate amount of time discussing gender-related issues when patients present with conditions unrelated to gender, such as broken bones or cuts requiring stiches (Williams et al. 2016). Other patients report being threatened with involuntarily commitment to psychiatric facilities based on their identification as trans (Colpitts & Jacqueline 2016). Similarly, nurses and doctors have themselves expressed feeling ill-equipped to treat trans patients. Both nurses (Colpitts & Jacqueline 2016) and doctors (Giblon & Bauer 2017; Townsend et al. 2017) report receiving little or no education on trans people or trans-specific issues during their years of formal education. This lack of education may contribute to trans patients' reports of being harassed by health care professionals (Giblon & Bauer 2017; Ylioja & Craig 2014). Taken together, it is clear that on the whole, the Canadian medical system is not treating trans patients equitably.

When people feel stigmatized, judged or bullied in a certain setting, it follows that they will avoid that setting as much as possible. Research shows this is exactly what is happening with trans people in Canada who require medical care. One study demonstrates that 21% of trans Ontarians avoid going to the emergency room while in a medical crisis because they fear discrimination due to their trans identity (Giblon & Bauer 2017). A different study shows that 28% of trans people postpone urgent health care when injured or ill due to fear of discrimination (Vogel 2014). Further research demonstrates that trans Canadians are 23-44% more likely to have an unmet healthcare need than are members of the general population (Giblon & Bauer 2017; Ylioja & Craig 2014). Colpitts & Jacqueline's (2016) study demonstrates that trans Canadians are significantly more likely than the general population to forego regular check-ups and

preventative care, and only access health services when they are gravely ill. These results corroborate earlier findings by Vogel (2014). Furthermore, trans people are less likely to have a family physician (Townsend et al. 2017). According to the Canadian Cancer Society, trans people are less likely than cisgender people to undergo regular screenings for cancer, or to seek out advice from a physician when they have symptoms that may indicate cancer (Vogel 2014). This is one example whereby timely intervention may alleviate sizable morbidity, however no research has been done to date in Canada linking lack of cancer screenings to mortality in trans patients. A lack of access to timely interventions or preventative measures can lead to more severe illness, or the development of preventable diseases. This is not only problematic for the health of trans patients, but also costlier for the healthcare system as a whole. Williams et al. (2016) highlight that trans people have less access than cisgender people to mental health services, and are therefore disproportionately likely to have unmet need for these services. This compounds the already high incidence of mental illness in trans Canadians. Therefore, the marginalization of trans Canadians by both the general public and by healthcare professionals contributes to unequal access to health services, and lead to poorer mental and physical health for this population.

Having established that trans Canadians face greater health care barriers than their cisgender counterparts, and that the majority of these challenges are due to forms of stigma and discrimination, solutions can now be examined. It is important to recognize that the best solutions will come from a combination of both systematic and individual-level changes. Colpitts & Jacqueline (2016) suggest that changes must begin at the policy level. They propose that a change in policies reflecting the range of gender identities of Canadian patients will do much to begin the process of making health care facilities safe spaces for trans patients. Such policies could include creating gender-neutral washrooms in clinics

and hospitals, requiring staff to address patients by their preferred names and pronouns, removing heteronormative language from intake forms, and posting visible symbols, such as an LGBTQ ally card in reception areas (2016; Veale, et al. 2017; Ylioja & Craig 2014). These small changes could go a long way toward improving the perception of health care facilities by trans Canadians (Ylioja & Craig 2014). If trans Canadians feel safe, it follows that they will be more likely to seek timely access to needed care.

Of course, without education for healthcare providers, these policy changes are likely in vain. Research suggests that education about trans people is severely lacking among providers, and that better information about trans issues is urgently needed (Giblon & Bauer 2017; Townsend et al. 2017). Training practitioners on how to provide culturally appropriate services to trans patients may help to bridge the chasm that has been created by past discrimination (Colpitts & Jacqueline 2016). Specifically, language-training, or training on how to speak respectfully to trans patients, is seen as one of the areas of greatest need (Veale, et al. 2017). Additionally, training around the greatest health risks to the trans population, such as increased risk of mental illness, HIV infection, and addictions is warranted (Veale, et al. 2017; Watson et al. 2017). Finally, Bauer et al. (2015) suggest that one of the greatest things that the healthcare system can do to remove barriers for trans people is to provide access to medical transition through hormones and/or medically necessary gender affirming surgeries. However, since major changes in social norms and policy typically occur in stages, it is likely that small-scale steps such as education for providers will be more successful in the short term at ensuring that the basic health care needs of this marginalized population are met. Once healthcare practitioners are more proficient at addressing the immediate needs of trans Canadians in a non-discriminatory manner, it follows that healthcare providers will then be better

equipped for larger conversations about medical transitions. In summary, changes to polices and better education of providers would better position the Canadian healthcare system to provide quality care to trans people. Changing the healthcare provided to trans Canadians requires that the healthcare system, and healthcare practitioners, first change the way that they view and treat trans patients: as people worthy of respect.

Despite being entitled to equal access to healthcare, trans Canadians are considerably more likely to be refused care by a physician, and to have unmet healthcare needs than are their cisgender counterparts. Trans people are at increased risk for both physical and mental illness, both of which are largely attributable to a lack of quality regular and preventative care. Consequently, they are less likely to seek care, even in the event of a medical emergency, for fear of discrimination by practitioners. When trans patients do manage to access care, it is often at great personal cost, and ultimately unsuccessful in preventing the spiral toward ill health. Solutions to these issues rest largely in educating practitioners about respectful ways to interact with trans people, as well as specific conditions for which trans patients are at greater risk, such as addictions and HIV infection. Further research is also warranted, specifically in the areas of disease progression and life expectancy in trans patients:, no such studies currently exist. The more information that can be given to healthcare providers about trans patients, the better equipped that they will be to meet the needs of this population. Creating safe spaces through the creation of inclusive policies in healthcare facilities will foster a culture of respect for trans patients who seek care, increasing the likelihood of timely intervention. Ultimately, the onus rests on policymakers and practitioners to prioritize equal access to healthcare for trans Canadians.

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