

## **A call to action for equitable care for trans and non-binary people to doctors in the United Kingdom**

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Transgender (trans) and non-binary people are experiencing escalating denigration and exclusion from society, facilitated by some of the most powerful individuals and institutions in Britain. Transphobic rhetoric and unfounded fearmongering have become daily occurrences in a political and social climate obsessed with further marginalising our society's most vulnerable communities. The moral panic surrounding trans lives is reflected in a near 200% increase in violent crime reported by trans and non-binary people in the last five years.<sup>1</sup>

Fuelled by such discrimination, trans and non-binary people continue to experience a greater prevalence of both communicable (e.g., HIV, sexually transmitted infection)<sup>2-4</sup> and non-communicable (e.g., stroke, mental illness)<sup>5</sup> diseases as well as health risk behaviours such as alcohol use.<sup>6</sup> National surveys repeatedly highlight multiple individual-level and systemic barriers that trans people encounter when accessing primary, secondary and tertiary care. The Trans Lives Survey reported that 70% of respondents had been impacted by transphobia when accessing healthcare, around half of the same respondents felt their General Practitioner (GP) didn't understand their needs and 57% avoided going to the GP when they were unwell.<sup>7</sup> The GP Patient Survey found that, relative to cisgender (cis) respondents, trans and non-binary respondents had lower confidence and trust in their GP and were half as likely to report that their GP met their needs.<sup>5</sup> A continued reliance on healthcare systems which normalise cis and heterosexual identity further isolates trans and non-binary communities from healthcare, restricting access and widening disparities.<sup>8</sup>

At the recent Conservative party conference, where we saw vitriolic transphobic hate speech take centre stage, key figures in Government committed to a repeal of gender-inclusive language across the health system and the restriction of trans and non-binary patients to healthcare facilities incongruous with their gender identity. Even the threat of such policies further erases and excludes trans and non-binary people from healthcare. The LGBT+ sector leadership has since called on our communities and allies "to stand up and say enough" to the "inhumane and degrading" treatment of trans and non-binary people in the United Kingdom (UK).<sup>9</sup>

We extend this call to the medical community. At the time of writing, there has little response to the threats made by the Conservatives from medical leaders and institutions. In a healthcare system marked by inaccessible gender-affirming care,<sup>10</sup> systemic barriers to healthcare access and direct discrimination from medical professionals,<sup>7</sup> the current status quo is one of exclusion. Doctors, and the institutions they lead, must state and action their commitment to providing equitable care to trans and non-binary people. The medical community must send a clear message to the UK Government that our profession will not be used as a pawn in their transphobic agenda. Table 1 outlines a non-exhaustive list of suggested actions for UK governing bodies, institutions and individuals caring for trans and non-binary people.

The current social and political storm *will* amplify the pre-existing health disparities for trans and non-binary patients if the medical community does not take a stand. Governing bodies, institutions and individuals all have a responsibility to ensure the trans and non-binary patients receive the care and support they deserve. The time for passive allyship is over.

## References

- 1 Flatley J. Hate crime, England and Wales, 2022 to 2023. United Kingdom Government Home Office. 2023; published online Oct 5.  
<https://www.gov.uk/government/statistics/hate-crime-england-and-wales-2022-to-2023/hate-crime-england-and-wales-2022-to-2023> (accessed Oct 18, 2023).
- 2 Nuttbrock L, Bockting W, Rosenblum A, *et al.* Gender abuse and incident HIV/STI among transgender women in New York City: Buffering effect of involvement in a transgender community. *AIDS Behav* 2015; **19**: 1446–53.
- 3 White Hughto JM, Reisner SL, Pachankis JE. Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Soc Sci Med* 2015; **147**: 222–31.
- 4 Baral SD, Poteat T, Strömdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women: A systematic review and meta-analysis. *Lancet Infect Dis* 2013; **13**: 214–22.
- 5 Saunders CL, Berner A, Lund J, *et al.* Demographic characteristics, long-term health conditions and healthcare experiences of 6333 trans and non-binary adults in England: Nationally representative evidence from the 2021 GP Patient Survey. *BMJ Open* 2023; **13**: e068099.
- 6 Davies EL, Ezquerra-Romano I, Thayne B, *et al.* Discrimination, gender dysphoria, drinking to cope, and alcohol harms in the UK trans and non-binary community. *Alcohol and Alcoholism* 2023; published online Oct 18. DOI:10.1093/alcalc/agad060.
- 7 TransActual. Trans lives survey 2021: Enduring the UK’s hostile environment. 2021 <https://static1.squarespace.com/static/5e8a0a6bb02c73725b24dc9d/t/6152eac81e0b0109491dc518/1632824024793/Trans+Lives+Survey+2021.pdf> (accessed Oct 14, 2023).
- 8 Berner AM, Connolly DJ, Pinnell I, *et al.* Attitudes of transgender men and non-binary people to cervical screening: A cross-sectional mixed-methods study in the UK. *Br J Gen Pract* 2021; **71**: e614–e625.
- 9 Consortium of Lesbian Gay, Bisexual, and Transgender Voluntary and Community Organisations. Together We Say Enough! 2023; published online Oct 6.  
<https://www.consortium.lgbt/enough/> (accessed Oct 18, 2023).
- 10 Wright T, Nicholls EJ, Rodger AJ, *et al.* Accessing and utilising gender-affirming healthcare in England and Wales: Trans and non-binary people’s accounts of navigating gender identity clinics. *BMC Health Serv Res* 2021; **21**: 609.

<b>Table 1:</b> Suggested actions to improve healthcare access for trans and non-binary people in the United Kingdom	
Individual doctors	Make public and accessible acknowledgments of commitment to providing equitable care
	If comfortable, share your personal pronouns with patients and colleagues
	Engage with publicly available educational resources to refine gender-inclusive practice
	Actively reflect on unconscious bias and commit to self-improvement
	Lead by example. Be an active bystander when witnessing injustice
Organisations providing clinical care (e.g., NHS Trust)	Provide an inclusive clinical environment with gender neutral facilities and ensure trans and non-binary people can access facilities congruent with their gender identity
	Implement gold-standard SOGI recording as standard across all health systems
	Evaluate health inequalities experienced by trans, non-binary patients and service users, publish these data and take action to address shortcomings
	Upscale the provision of gender-affirming care with the support of expert clinicians
	Adopt a zero-tolerance policy to transphobia enacted against patients, public or staff
	Work with “Pride in Practice” (primary care) and “Rainbow Badge” (NHS Trusts) experts at LGBT Foundation to provide formal training on inclusive practice, policies and monitoring of LGBT+ health equity, informed by National LGBT Health Advisor and team
Professional bodies (e.g., medical schools and Royal Colleges)	Acknowledge the widening health disparities and barriers to care experienced by trans and non-binary people as a public health crisis
	Co-design and reform curricula alongside trans and non-binary educators, students and activists highlighting the importance of gender-inclusive language and representation of trans and non-binary people in all fields of medical education
	Ensure professional standards are explicitly inclusive of trans and non-binary people (e.g., empower GPs to be confident offering “bridging prescriptions” for gender-affirming care in circumstances laid out in national guidance
	Safeguard the wellbeing of trans and non-binary students and doctors
	Make a public commitment and enforce policy to end harmful “conversion therapy”
<b>Note</b> GP: General Practitioner; LGBT: lesbian, gay, bisexual, and transgender; NHS: National Health Service; SOGI: sexual orientation and gender identity	