

Use of Gender-Affirming Language in Medicine Notes for Transgender and Nonbinary Patients

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Introduction

- Transgender and nonbinary (TNB) individuals experience health disparities due to stigma in medical settings, including non-affirming language in clinical notes.
- This study aims to assess the prevalence of gender-affirming best practices in medicine notes, and describe themes in clinicians' use of non-affirming language to refer to and describe TNB patients.

Methods

- Identified 54 clinical notes of adult TNB patients seen in primary care and inpatient medicine settings.
- Qualitative content analysis identified themes in the use of non-affirming language across the domains of personal pronouns, lived names, gender descriptors, and gender-related diagnoses.
- Descriptive statistics assessed adherence to gender-affirming best practices.

Results - Gender-Related Themes Within Clinical Notes

Domain, Themes	n	%
Pronouns (n=52)		
Consistent use of gender-affirming pronouns	32	59%
Use of affirming and non-affirming pronouns	12	22%
Omit pronouns	4	8%
Sole use of non-affirming pronouns	4	8%
Chosen Name (n=31)		
Consistent use of chosen name	11	35%
Use of chosen name and legal name	5	16%
Sole use of legal name	9	29%
Omit names	6	19%
Descriptions of Gender (n=54)*		
Consistent use of gender-affirming language	22	41%
Consistent use of gender-neutral language	7	13%
Gender-related spelling/grammar errors	10	19%
Conflation of gender and sex assignment at birth	7	13%
Use of non-patient identified language	16	30%
Use of non-gender concordant language	8	15%
Gender Related Diagnoses (n=26)*		
Treatments-related problem	7	30%
Gender-related diagnosis codes	8	31%
Gender-identity on problem list	17	65%
*Non-mutually exclusive categories, sums >100%		
Legend:		
Best Practices	Suboptimal/ Context Specific Practices	Stigmatizing Practices

Discussion

- Approximately half of the notes contained non-adherence (partial or complete) to gender-affirming best practices.
- Several suboptimal note-writing practices may have been adopted for clinical utility, at the expense of affirming gender identity.
- Our results indicate the need for provider trainings, the development of EHR support tools, and the implementation of policy interventions to promote the use of gender-affirming language in clinical notes.

Limitations

- Analyzed single site in progressive city.
- Were not able to capture the full spectrum of TNB patients given limitations in how gender identity is collected in the health record.

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