

GENDER INCLUSIVE WILDERNESS MEDICINE



WRMC 2019
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Goals for today!



- Develop an understanding of the importance of gender inclusive practices in the context of wilderness medicine
- Explore current risks and barriers in wilderness medicine classrooms for transgender & non-binary students and limits to curriculum
- Develop an understanding of discrimination and health care access for transgender & non-binary people
- Understand key principles of gender affirming care
- Introduce ways to incorporate inclusive practices into patient care & emergency response plans

AGENDA:

WILDERNESS MEDICINE IN CONTEXT

LANGUAGE & DEFINITIONS

GENDER DIVERSITY AND HEALTHCARE

INCLUSIVE PRACTICES IN PATIENT ASSESSMENT

RELEVANT MEDICAL TOPICS

INCLUSIVE PRACTICES IN EMERGENCY RESPONSE

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What is wilderness medicine?

Wilderness medicine* is the practice of medicine and **first response** in remote areas characterized by

- Extended patient care time
- Limited resources & communication ability
- Environmental hazards &
- Difficult or technical transports
- **Independent decision-making**

It's an educational industry!

- Authority and power in the educational narrative and practice of medicine in the field

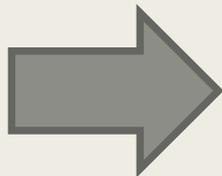
Industry accessibility

Wilderness medicine training providers are gatekeepers of the outdoor industry.

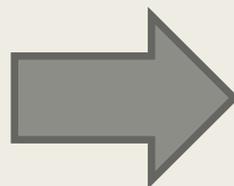
- We train everyone from the volunteer trip leader to search & rescue professionals
- WFA, WFR, WEMT are certifications required for employment & leadership positions in the industry

Many transgender & nonbinary students do not feel safe in the classroom & self-select out of these courses! This is a problem!

WFA & WAFA
Wilderness
First Aid and
Wilderness
Advanced First
Aid



WFR
Wilderness
First
Responder



W-EMT
Wilderness
EMT



Higher level
professional
medical
personnel

Risks & barriers for transgender and non-binary students

- Lack of inclusive curriculum
- Binary language
- Reliance on physical assessments in class
- Reliance on strict frameworks
- Emphasis on reporting sex
- Medical history sharing
- Unknown course culture & other students
- Ignorance of instructors

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Gender expansive identities & the medical community are inextricably linked

Critical to providing inclusive care is an understanding the history of the medical community's influence and gatekeeping in today's western cultural understanding of gender identity.

Key understandings:

- Gender identities outside of the male/female binary have been defined & developed under a pathologized lens of the western white medical community.
- A dominant medical narrative exists that includes a fixation on genitalia, surgeries, mental disorders, and works towards the goal of medical transition to fit within the cisgender binary (i.e. "I was born in the wrong body, and want to change genders.")
- Gender expansive identities were classified as a disorder until 2013 (gender identity disorder)
- The tradition of gatekeeping & medicalization has resulted in the perspective that trans people are not capable of making decisions about their health and their bodies.

Gender expansive identities & the medical community are inextricably linked.

- This harmful narrative erases a long human history of gender fluidity across cultures. Transgender & non-binary people in the United States live in a world where a disorder free/healthy existence has not been allowed. (Chang, 50)

We cannot ignore this in our classrooms & in our practice as responders!

Discrimination & Barriers in Health Care

*Intersections of race, size, class, ability and gender compound health outcomes

Surveys of transgender people in the United States report:

- 70% of transgender or gender non-conforming patients surveyed have experienced some type of discrimination in healthcare (HRC, 2011)
- 19% of transgender people have been refused care by a doctor or hospital due to bias 28% reported being harassed in at doctor's office, hospital or other health care setting (Transgender Equality, 2016)
- 28% have postponed medical care when they were sick or injured due to fear of discrimination by providers (Transgender Equality, 2016)
- Limited studies of non-binary/genderqueer people

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Patient Assessment

- Scene Size up
- Introductions & Consent
- Initial Assessments
- Physical Exam
- Vital Signs
- Medical History

Key Concepts

- The basis of all gender-affirming care is to respect the patients self-determination- create space for **patient efficacy & agency**
- **Language matters** → it has the power to affirm or deny a person's truth. A patient's trust ultimately impacts a responders ability to provide care & for patients to have positive outcomes
- Care for transgender & non-binary patients should be **trauma-informed**; an initially guarded patient with 1st responders is utilizing healthy protectiveness & resilience - don't demand or expect trust (Chang, 113)
- Be mindful of triggering dysphoria

Introductions & Consent

Recognize that rates of discrimination and trauma from medical care are high. This can result in valid distrust of any medical personnel. First impressions matter!

- Approach consent with sincerity & assure patient that consent is on-going
- Ask & use the name provided by the patient
- Use gender neutral language
- Clarify pronouns: Introduce your pronouns first AND/or ask what are your preferred pronouns?
- Create space early for the patient to voice concerns

Initial Assessment & Physical Exams

- **Inform:** Be aware that any physical assessment may be distressing. Describe in advance any physical assessment. Ask in advance for off limit body areas.
- Be mindful if palpating sensitive areas of the body
 - Manage breathing/chest injuries with sensitivity
 - Expose of injuries with care – especially near the chest and groin area
 - Protect a patient's privacy
- Give patients agency → consider self assessments

Medical History (SAMPLE)

Medical history taking can be sensitive. A patient's sex, sex assigned at birth, medical transition, gender history, or sex characteristics are usually **NOT RELEVANT** to most wilderness medicine complaints.

Think you need to know?

- Explain what information you think is relevant and why
 - Consider acknowledging you have potentially sensitive questions
 - Start with symptom observations & explore possible connections to establish relevancy
- Ask open ended sexual history questions
- Don't ask about a person's gender history!
- Rely on a patient to report relevant medical history, medications or surgeries
- Respect confidentiality if outed

SAY THIS	AVOID THIS
Gender affirmation procedures/surgeries, transition-related medical care	Gender reassignment surgeries/procedures Sex change
Assigned female at birth (AFAB) or Assigned male at birth (AMAB)	Born male or female, male or female bodied, biologically male or female, “born as a man or woman,” natal male or female, bio-male or female
What gender were you assigned at birth? Do you have a (fill in anatomy)?	Are you biologically male or female?
Patient description of their identity & biology	Patient is really male/female
Gender dysphoria	Gender identity disorder
Intersex	Hermaphrodite
Transgender/trans person	A transgender
Report what the patient states, “I am transitioning from male to female”	Describing a patient’s identity for them, to them and to others
Patient’s sex is not relevant to their complaint	Requiring sex categorization in reporting
What is your name?	What is your preferred name?
For legal name needs: What name is used for . . . ?	What is your real name?
A different sex, another sex	Opposite sex
All genders, people of all genders	Both sexes, both genders
Transgender man or woman, trans man or woman, trans masculine/feminine, man or woman	MTF, male-to-female or FTM, female-to-male
People with i.e “people with penises, people with ovaries”.	Women & men (in a medical context)
Chest, genitals	Breasts, penis, vagina
What forms of transition are part of your path?	Have you had the surgery? Pre-op or post-op?

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Gender Dysphoria

Gender dysphoria*: The distress that **some, but not all**, transgender people experience as a result of incongruence between their gender identity and assignment at birth

- For some people, the way their body parts are named and discussed can make a significant difference to their experience of a medical interaction
- Dysphoria is experienced individually – if known gather information in advance about triggers
- Best practice is to recognize that there may be a potential for distress

***Will be moved out of mental disorders & renamed gender incongruence in 2022**

Binding

- Associated health risks of binding may be exacerbated by the activity or the environment (individual choice of risk vs dysphoria)
 - Overheating
 - Shortness of breath or inadequate ability to breath
 - Skin injury or infection, chaffing
 - Rib injury
- Maintain self-awareness if you are binding or know someone is binding
- Consider changes of movement & exertion in a new sport/environment like wilderness travel
 - May need a difference size or binder material
 - May need to adjust the rest period between binding
 - Stretch & do some breathing exercises to clear lungs at end of the day

Hormone Therapy

- Like any prescription medication- allow time for stabilization & side affect awareness before going backcountry
- Keeping things the right temp
 - Consider a FRIIO wallet in hot environments
- Estrogen & testosterone
 - Multiple routes & dosages that are individualized and can vary over time or based on patient goals
 - Like any medication there are a long list of possible side effects, understanding individual reactions and examining them in the context of backcountry travel

Genital Complaints

Yeast infections, bacterial infections, UTI, testicular torsion, ovarian torsion, direct trauma

- Facilitate all-gender inclusive pre trip/course briefings acknowledging common concerns & prevention
- Self examinations are OK
- Avoid assumptions about genitalia
- Default to language and terminology of patient in describing anatomy. If no preference, use genitals or more specific medical term as appropriate
 - “I want to respect how you would like me to talk about your body, what words would you like me to use to refer to your genitals”
 - It can be respectful to refer to something as “the” instead of “yours” for example “e.i: the vagina vs your vagina”

Abdominal Complaints

Medical complaint when reproductive organs and sexual history may matter

- Challenge assumptions of who could be pregnant & have a life-threatening ectopic pregnancy
- Possible pregnancy - you can inquire about the possibility of pregnancy without grilling someone on their anatomy or sexual history with a reliable patient
- Pelvic pain & inflammatory conditions
- Ovarian torsion & cysts

Mental Health

Guiding principle- don't assume an individual's mental health illness is correlated to their gender identity

- 41% of trans people in the US have attempted suicide, up 80% experience suicidal ideation (Mental Health & the LGBTQ Community, 2016)
- Life long prevalence of depression in trans communities is estimated between 50%-67% (Chang, 110)
- 48% of non-binary participants in a 2005 study had engaged in non-suicidal self-injury (Chang, 114)
- 28 percent of LGBTQ youth — including 40 percent of transgender youth — said they felt depressed most or all of the time during the previous 30 days, compared to only 12 percent of non-LGBTQ youth (Mental Health & the LGBTQ Community, 2016)

SKILLS TO HAVE

- Be able to recognize s/s of mental health illness and crisis
- Be confident in facilitating a conversation about suicidal ideation
- Mental Health & Psych 1st Aid

PREPARE

- Complete mental health screenings
- Have honest conversations pre-trip/course
- Develop individual crisis plans
- Carry resources for on-call LGBTQ-friendly therapists or hotline numbers
 - Trevor project hotline: 1-866-488-7386
 - Trans Lifeline: 1-877-565-8860

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Emergency Response: Pre-plan

■ Pre-plan

- Facilitate a conversation with transgender & non-binary participants or friends to discuss their concerns and needs during medical emergencies
- Factor in LGBTQI2-S friendly clinics and hospitals to your emergency plan – sometimes you could have a choice! Call ahead to ask questions about their inclusion practices or use a search engine: <http://www.radremedy.org/> or Health Equality Index or Fenway Institute
- Call ahead and talk to rescue in the area to share educational resources or express concerns. (especially for organized group traveling frequently in the same area). Express concerns & share educational resources with responders
- Find or train on-call LGBTQI2-S friendly & informed medical support
- Collect/carry resources for on-call LGBTQI2-S friendly therapists or hotline numbers
 - *Trans Lifeline: 877-565-8860*
 - *Trevor project hotline: 866-488-7386*
 - *Fenway Institute: 617.267.0900*

Advocacy Tips

■ Responder

- Center patient control in decision-making: what, why, **HOW?**
- Is there a choice to self rescue? Is calling professional services what the patient wants given the risk of harm & discrimination?
- Protect privacy/confidentiality of patient
- Use **patient's language** to describe identity, and relevant history to outside responders. Push back if sex is not relevant.

■ Send a patient advocate during rescue

- Travel with patient during rescue and hospital care
 - Address patient issues,
 - Correct responders and medical personnel language
 - Intervene during inappropriate and non-relevant assessments- educate emergency personnel
- Assist in accessing services
 - Communicate requests for privacy in hospital, appropriate bathroom access, affirmed gendered room assignment on behalf of patient

Understanding Names

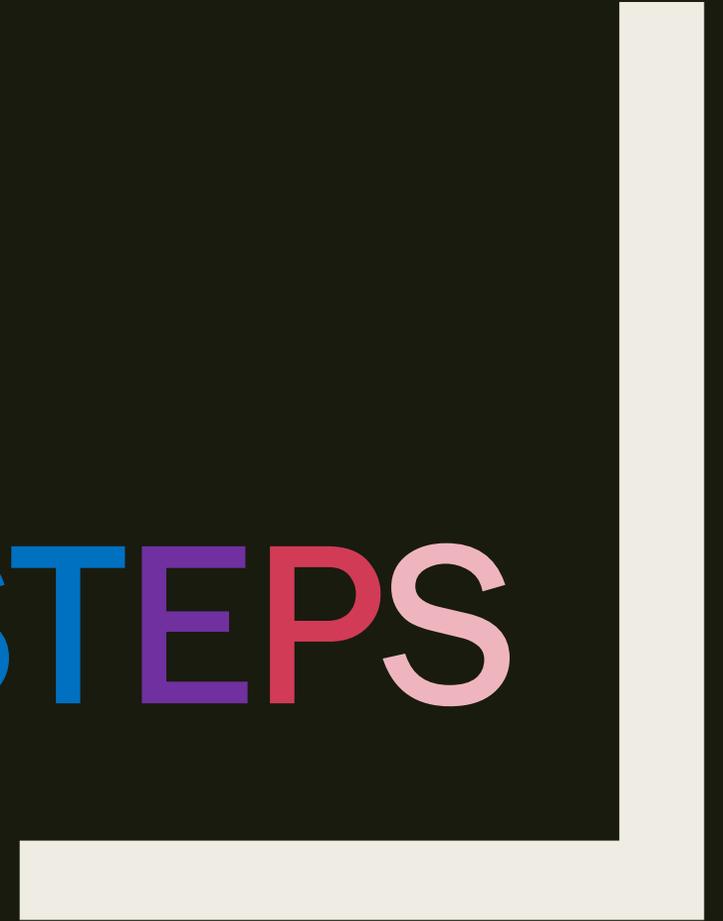
In the event an organization is responsible for interfacing with medical personnel/hospitals/insurance companies and legal names get involved, use the following tips

- Never use someone's **given/birth** name without permission
- Never ask someone for their “real name”
- If someone's legal name is needed
 - you could ask “what name is used for your insurance?”
 - It's can be respectful to ask someone to write down their name rather than say it out loud

Patient Self-Advocacy

- Create a small travel card that includes information about your gender identity, pronouns, basic educational information about affirming language & relevant medical information you want to share
- Carry contact information for your primary care physician or therapist who can educate emergency personnel and advocate for you remotely
- Carry the on-call number for the Fenway Institute for consultation: **617.267.0900**
- Request advocacy services from the medical provider
- Communicate requests for privacy in hospital, appropriate bathroom access, affirmed gendered room assignment

ACTION STEPS



Wilderness medicine education providers

- Provide affinity courses or partner with LGBTQ organizations
- Update curriculum to include gender neutral language and content that addresses gender diversity
- Train instructors on creating an inclusive & safer classroom

Instructors

- Self-educate beyond the bare minimum to address the inherent risk a medical course poses to transgender & non-binary students
- Teach using gender-neutral language
- Teach to the reality of gender diversity & being trauma-informed
- Teach with an intention on consent in the classroom- not just in the real world

Organizations

- Organizations requiring certifications should hold wilderness medicine providers accountable to provide inclusive curriculum for their transgender & non-binary staff members
- Share resources with staff
- Incorporate the emergency response pre-planning tips into existing protocols or planning
- Develop a resource for trans/non-binary participants about emergency response

Individuals

- Use gender affirming practices in your first response & trip planning
- Continue self-education
- Diversify your Instagram/social media
- Share resources with others and organizations you join

Contact:

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