Documenting Care for Transgender Patients

Question
What are some of the considerations for documenting care for transgender patients? Are there patient safety risks and potential liability exposures involved?

Answer
Documenting care for transgender patients involves several factors, including the patient’s genetic sex, gender identity, legal name, and preferred name and pronouns. In this context, the terms “sex” — which commonly refers to one’s physical sex characteristics, such as facial hair, body fat distribution, and breasts — and “gender” — which represents one’s identity and self-image — are important to distinguish. These terms are often used interchangeably, but they have specific medical and psychological meanings that may differ from general social — or even legal — usage.¹

One’s genetic sex is important for a healthcare professional to know for safety and medical purposes.² Real biological sex differences are relevant to medical risk factors and important to recognize in terms of effective diagnosis, treatment, and disease prevention. If a transgender patient presents to a hospital, those healthcare employees need to know that patient’s “sex” not only because medications can react differently with different sexes, but also to ensure the proper tests are ordered.

Since not all individuals fit into one of the male, female, or unknown designations in electronic health records (EHRs), issues in accurate patient identification can occur, duplicate EHRs can be created, and/or inaccurate data exchange can transpire. These scenarios pose a significant safety risk to transgender patients and also can expose a healthcare organization to liability.³ Therefore, in every patient encounter, it is critical for the healthcare professional to recognize the gender
status of a patient in order to map the patient to the correct EHR and avoid duplicate records. Additionally, failure to accurately document (and therefore count) transgender identities has negative implications on quality improvement and research efforts, funding priorities, and policy activities.

Other considerations about documentation include the following:

- Transgender patients may have a chosen name and gender identity that differs from their current legally designated name and sex.
- State laws vary as to when one can legally change their gender.

Many EHR systems/forms/processes exist, but not all are fully developed and inclusive of lesbian, gay, bisexual, and transgender (LGBT) patients. Yet, some factors require special attention in EHR systems for transgender patients, including sex-specific health information (for example, a man with a cervix or a woman with a prostate).

Many EHR vendors are working on enhancing those processes. For example, an EHR system should allow a healthcare provider to document a breast examination and order a mammogram — even though the patient is registered as male.

Here are some strategies for healthcare professionals to employ regarding care of transgender patients:

- Ensure that all patients are treated with respect and dignity regardless of age, social-economic status, race, sexual orientation, and gender identity.
- Never reveal a person’s transgender status unless it is absolutely necessary for the patient’s healthcare.
- Ask transgender patients to share their chosen name and pronouns to improve their engagement and comfort, and note this information in the EHR system. If the preferred name and pronouns are displayed prominently in the patient header on the EHR, then clinicians and staff members can see the patient preferences immediately upon consulting the EHR.
• Reassure transgender patients that all healthcare professionals are bound by HIPAA and that patient information is kept private and will only be used on an as-needed basis.

• Develop patient-centered materials for patients regarding the importance of sharing their health information and how it will be used within the healthcare setting.

• Acknowledge to patients that EHR systems/forms/processes may not be fully developed and inclusive of LGBT patients yet. Patients will likely understand and appreciate organizations sharing with them that systems may not be up to date, but that healthcare providers and staff are aware and are working on enhancing those processes.

**Resources**

• American Health Information Management Association

• Risk Resources: LGBT-Inclusive Care (MedPro Group)

• Providing Culturally Competent Care for LGBT Patients (MedPro Group)

• World Professional Association for Transgender Health


4 Ibid.


7 Ibid.

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