Author’s response to reviews

Title: Debate: Why should gender-affirming health care be included in health science curricula?

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Version: 2 Date: 25 Oct 2019

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Cover letter attached with point-by-point response in table form. Copied here:

Editor comments
Please reformat the Abstract
   Done

Please change the Availability of data and materials statement to "All data generated or analysed during this study are included in this published article".
   Done

Please consider the list of authors as it currently stands with reference to our guidelines regarding qualification for authorship (http://www.biomedcentral.com/submissions/editorial-policies#authorship).

Currently, the contributions of the authors do not automatically qualify them for authorship. In the section “Authors’ contributions”, please provide further clarifications on their contributions, and see our guidelines for authorship below. Author contributions revised to now say:

“All authors conceptualised the topic and outline of the work together and had lively debates around the key concepts. EDV wrote the initial draft, AM and HK made substantial contributions to the draft and the manuscript in subsequent revisions. All authors read and approved the final manuscript.”

Reviewer 1: Damien Riggs
1) The definition of transgender is problematic: saying that gender differs from sex presumes that they should be related: this is a form of cisgenderism. Better to say 'gender different to that normatively expected on the basis of assigned sex'.
   Thank you for pointing this out. This definition is still widely used, but we agree that it can be seen as a form of cisgenderism. Changed in the text to:
   “persons whose gender identity is different to that normatively expected on the basis of assigned sex.”
2) Same with the definition of cisgender: saying that sex and gender 'align' is a form of cisgenderism
   Changed to: “Cisgender is a term for someone whose gender identity is the same as that
normatively expected on the basis of their assigned sex”.

It isn't really true that trans focused research is new. What is new is affirming research

Changed to now say: “Until recently, little gender-affirming research existed”

4) I wouldn’t use the term gender incongruence without scare quotes

Scare quotes added


Thank you for the references – added to discussion on page 6:

“Riggs and Treharne (2017) add the theoretical framework of decompensation, described as “[ceasing] being able to compensate, [ceasing] being able to make up for the daily discrimination, [ceasing] being able to prop oneself up in the face of ideologies that render one’s existence unintelligible” (40). This framework emphasises the need to challenge ideology and social norms that cause decompensation, as opposed to only focusing on individual resilience (40,41).”

6) 'Preferred gender' is problematic - do we refer to cisgender people's 'preferred gender'?

Wording changed to: “socially transitioned transgender children who are supported in their gender identity”


Thank you for the references – added to discussion on page 8:

“In a UK study, twenty nine percent of respondents (n=411) felt that their gender identity was not validated as genuine in mental health settings and qualitative data indicated that some trans people felt that at gender identity clinics, the clinical sessions “ran counter to the preservation of their dignity and human rights“(64). Negative experiences of gender diverse Australians were reported as physical healthcare being “invasive and sometimes abusive (65).”

8) Also in terms of research on violence, there is UK research, including on DV, which I think should be included in the section (ie violence isnt just institutional): Ellis, S. J., Bailey, L., & McNeil, J. (2016). Transphobic victimisation and perceptions of future risk: a large-scale study of the experiences of trans people in the UK. Psychology & Sexuality, 7(3), 211-224 and Rogers, M. (2017). Transphobic ‘honour’-based abuse: A conceptual tool. Sociology, 51(2), 225-240. (plus multiple other papers by Rogers)

Thank you for the references – added to discussion on violence on page 7:

“…and a UK study found that respondents currently undergoing a process of transition were significantly more likely to have reported experiencing physical and sexual harassment, compared to those who were proposing to undergo or had already undergone a process of transition (52).”

And on page 8:

“Violence towards trans people is not only institutional and societal, but can be experienced within families, as described by Rogers (54) who found that family perceptions of shame and stigma can lead to transphobic ‘honour-based’ abuse.”

Thank you for these valuable recently published references. It has been included in the discussion on page 10 by adding:
“Gamble Blakey and Trehane (96) emphasize values cultivation as a starting point in educating about TGD healthcare, and argue that simply adding curricular content about gender-affirming care may not result in significant learning as this requires a sensitive and specific pedagogic discourse around values (97).”


Thank you for this helpful reference. Added to explanation of informed consent model on page 10: “In this model, treatment is a cooperative effort between the patient and provider where well informed patients are the primary decision makers about their care (89). A patient’s ability to make informed decisions about their health, e.g. starting hormone treatment, is enhanced by thorough education (89)”.

11) I would also acknowledge existing training that exists and is available so the reader knows where to turn. For example: https://aelp.smartsparrow.com/v/open/f3xc2ipc

Thank you for the suggestion. Added on page 11: “Free e-learning courses have been developed such as “Primary Health Care for Trans, Gender Diverse & Non-binary People” (110) and “Caring for Gender Nonconforming young people” (111).”

12) Both transphobia and cisnormativity are used in the paper. The authors needs to be clear for the reader about the relationship between the two.

Comment added in the background section on page 3-4: “This strong normative facilitates transphobia, which is emotional disgust, fear, hostility, violence, anger or discomfort felt or expressed towards people who do not conform to the gender expectations of society (8). Thus, transphobia has been described as a symptom of hetero-cis-normativity (9).”

Michele J. Eliason (Reviewer 2):
there is some tendency to gloss over important issues by trying to cover too much territory—the sheer number of references compared to the word count of the text speaks to that. Different subgroups of trans populations have different health care needs, and those are not addressed at all. I'm not suggesting that each group be covered comprehensively, but at least mention that trans is not a monolithic or homogenous group.

Sentence added to the health disparity discussion on page 5-6: “It is thus important to keep in mind that despite a shared marginalised identity, TGD people are not a homogenous group, and that sub-groups and individuals may have different health care needs.”

I think this article could serve its stated purpose of encouraging inclusion of gender-affirming health care in the curriculum by focusing more on that—what is gender-affirming health care? What's the difference between transition care and gender-affirming care? What do healthcare professionals really
need to know? Where in the curriculum does the info belong? Should it be included with LGB education or separate? How can it be infused everywhere where it needs to be (e.g. some trans men are at risk for pregnancy and rarely get appropriate contraception counseling; nonbinary people who do not use pronouns may have different issues; trans women have prostates, etc).

Thank you for the comment. This goes beyond the scope of this debate, the purpose of which is to highlight the problem. We do point to particular educational interventions; a more detailed discussion of curricular content can be the focus of a next article.

Sentence added to the explanation of gender-affirming health care on page 3: “This is more than just transition-related care and refers to an affirming experience in all health care encounters. Gender-affirming care models utilise an approach of depathologisation of human gender diversity (transgender as “identity”), rather than a pathological perspective (transgender as “disorder”) (4)”

In general, avoid using sexual minority or gender minority as nouns. Instead, sexual minority people or groups.

Have changed it in the text.

Abstract: could be streamlined a bit Done.

No need to say We (as authors). Authorship is assumed Deleted.

Terminology does not include some of the commonly used terms such as gender nonbinary, gender nonconforming, genderqueer Added to definitions in the background section on page 3: “Nonbinary is a term used for a person who identifies as neither male nor female (3) and gender nonconforming for a person whose gender identity is different to that normatively expected on the basis of assigned sex, “but may be more complex, fluid, multifaceted, or otherwise less clearly defined than a transgender person”(3). Genderqueer is another term used by some with this range of identities (3).”

Brief History: The sentence starting on line 48 of that page "Until 1973,…" contains two different issues: pathologizing in medical discourse and criminalizing in legal discourse. I recommend separating those sentences. Sentences separated to now say on page 4: “Until 1973, homosexuality was listed as a mental illness in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM) (16). Sex between people of the same sex or gender still remains criminalised in 68 United Nations member states in 2019 (17).”

In lines 57 and extending to the next page, the term "gender dysphoria" is introduced, but then "gender diversity" used in the next sentence. These are different concepts and this section needs some clarification.

Sentence modified to make it clearer on page 5: “Regardless of if or how gender incongruence is classified within (or without) medical classification systems, TGD people have the right to receive health care that is affirming, respectful and non-judgmental, for which health professionals play a crucial role.”

Starting on line33 of that page—the section on "gender incongruence" in the ICD, it seems to me that other extreme would be still considering gender identity/dysphoria as mental illnesses. Incongruence seems like a middle option. Sentence on page 5 changed to:

“This remains a controversial topic with many different perspectives, ranging from no diagnostic category at the one end of the spectrum, to the middle ground of a diagnosis of “gender incongruence” in a separate chapter in the ICD-11, to retention as a mental health diagnosis as in the current DSM-V.”

Do trans people experience gender identity related health disparities:
Lines 50-51, suggests the position you argue against later "Pega and Veale argue for the recognition of gender identity as a SDOH." Do they really, or do they argue for stigma related to the gender normativity as the SDOH? Try not to pathologize people by implying their identities are the cause of their health disparities.

In the article, the authors do argue specifically for gender identity to be recognized as a SDOH and mention that gender was included as a SDOH. “The evidence demonstrates that gender identity is an SDH…”

We agree one should not pathologize people – but gender is a SDH without pathologising all women – it refers to the social stratification due to the identity.

Gender and Sexuality in health science education

Line 9 on the second page of this section "ingrained long-term sedimentation." What does this mean? I've never heard this phrase and these is no suggestions from the context as to what it means.

Sentence removed.

Gaps in the Curriculum

"unconfident" is not a word. Is that actual term used in the research or what is non-confident? Those are the exact words from the article. It is a word in the Oxford and Cambridge dictionaries.

"gatekept" use another word here instead of the circular argument that gate-keeping is gatekept

Sentence changed to “In the gatekeeping model, service providers make the assessment of whether or not a patient should be allowed access to gender-affirming care.”

On the next page, line 14, there seems to be an implication that individual providers decide on whether they will be gatekeepers or use an informed consent model. Is this true, or do the systems that they work in determine this role? Can education in health sciences curricula alone change this?

Questions noted. Providers in private practice can currently decide – within systems only individuals who understand can change the system. For this, professionals need to understand the informed consent model – so education can play a role in change.

What educational interventions

Second page, line 8 "Anaesthetics" is this a unique term to some language or should it be Anaesthesia? Changed to Anaesthesia (in South African English we use “Anaesthetics”).

Shanna K Kattari, PhD, MEd (Reviewer 3):

I would prefer "transgender" be replaced with "trans and gender diverse/TGD" throughout out, as many nonbinary, genderqueer, agender, two-spirit, etc. people don't necessarily identify as transgender but also need gender affirming care as discuss. Thank you for this suggestion. Changed, except in direct quotes where “transgender” is used.

Given that sex and gender are different, the definitions of transgender and cisgender should note that someone's SAAB is either connected to or different than the social expectations associated with someone's current/authentic gender, not just that SAAB aligns or doesn't align with gender. Thank you for this comment, similar point raised by the first reviewer. Changed to”

“Transgender is a term that refers to persons whose gender identity is different to that normatively expected on the basis of assigned sex.”

Discussion of LGBT should be of LGBTQ - queer/questioning individuals are often part of these referenced studies, and leaving them out leaves out a significant portion of trans and gender diverse folks who identify as queer.

Different authors have different perspectives on which acronym to use. We quote Ard and Makadon, who specifically used LGBT to point out that it contains both sexual and gender minority people.

LGBT has been changed to LGBTQ in the rest of the article, except when directly quoting where LGBT was used in the original articles.
LGBTQ has been added to the list of abbreviations.
The paragraph on "queer intelligibility and symbolic" feels random and disconnected from the rest of
this paper. Noted, this article does not go into detail explaining queer intelligibility. First part of that
paragraph removed.
I feel like this would be a useful addition to the piece about minority stress: Hughto, J. M. W., Reisner,
determinants, mechanisms, and interventions. Social science & medicine, 147, 222-231.

Thank you for the reference – added to the discussion on minority stress on page 6:
“This resonates with the description of TGD stigma by White Hughto, Reisner and Pachankis (39) as
operating at structural, interpersonal and individual levels.”

Timo O. Nieder, PhD (Reviewer 4):
(1) The abstract exemplifies the poor structure. Already the second sentence expresses an opinion
("believe"), which I find at least unusual (outside the conclusion). In addition, this statement ("we
believe") is unclear: What does "affirmed" concretely mean (as transgender? as a human being?) and
why is this important in the context of transgender? Who has "judged" for what reason and to what
extent and why should this stop? As the submission guidelines say, the abstract should be structured
with a background, main body of the abstract and short conclusion. I find that the abstract does not
clearly correspond to this structure. The inadequate structure of the abstract is unfortunately reflected
in the inadequate structure of the manuscript. Thank you for the feedback. The abstract has been
rewritten, the editor and other reviewers also requested that it should be restructured.
We are aware that this debate does not follow the conventional structure of an empirical article,
however this was never our intention as our debate piece makes an argument rather than presenting
empirical research findings. A debate piece is meant to express opinions. Reviewer 1, 2 and 3 did not
think the structure of the manuscript itself is a concern, so we would like to keep it as it is.
The first paragraph of the main text ("we...")) should be at the end of the introduction ("background").
Then ("we argue") the authors should describe their procedure. The questions below can be helpful in
describing the procedure (which in turn provides a structure for the main body).
Procedure added, see below.
(2) Neither abstract nor in the text is a method or procedure described that could specify a structure. I
am aware that this is a debate (and not a research article), but I would find it necessary to describe the
approach taken for drafting the manuscript to allow transparency regarding the procedure. In detail, this
includes the following questions to be addressed (among others): Which literature resp. bibliographic
database was searched for and where? According to which criteria was the cited literature selected?
What considerations led to the selection of the main topics - Mental Health, HIV, Violence and
victimisation? How and to what extent do the main topics and the related contents justify the inclusion
of transgender health in health sciences curricula (besides the argument that the authors consider it
crucial)?

Added on page 3:
“The literature search for this debate started with a key word search of databases including Scopus,
Medline, Pubmed and Web of Science during the time period 2017-2018. Search terms included ‘trans’,
‘transgender’, ‘medical education’, ‘health science education’, ‘gender-affirming’, ‘curriculum’ and
combinations thereof. A search of article reference lists identified further relevant articles as did
personal communication with colleagues. This data informed the main topics for this debate.”

Minor comment: On page 5, line 36/37, the authors write that "even within the author team of this
article" tensions were going on with regard to a certain controversial topic. If a personal note is already
used in a scientific text, then the personal position (here obviously opposing positions) should be
explained and reasoned. If this does not happen (as here), the statement has no extra value.
Statement removed.