Emergency Department Avoidance by Transgender Persons: Another Broken Thread in the "Safety Net" of Emergency Medicine Care

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The American College of Emergency Physicians has endorsed the concept that emergency departments (EDs) are uniquely positioned to decrease disparities in care. Emergency physicians provide value to the new health care paradigm as entities competent in providing a culturally sensitive and resource-efficient spectrum of care to the US population.[1,2] This is clearly outlined in *Annals*' policy statement on appropriateness of and access to emergency medical care: *All* patients presenting to an ED with an emergency medical condition should receive an appropriate medical evaluation and stabilization by emergency physicians or consultant physicians in a timely manner and without consideration of ability to pay for these services.[3]

Transgender patients live throughout the United States in both urban and rural settings[4] and have long faced health care disparities because of social stigma, below-average income, and unwillingness to reveal themselves to health care providers. Unfortunately, such avoidance of the health care system results in use of hormonal and other therapies available over the Internet instead of through medically supervised treatment.[5] These factors and associated risks can potentially be mitigated by health care providers knowledgeable in issues surrounding the care of transgender patients.

Recent efforts by leaders in medical education have increased transgender-relevant educational materials available to current practitioners[6] and trainees.[7,8] The majority of medical students entering emergency medicine residencies today have had some exposure to lesbian, gay, bisexual, and transgender health issues according to surveys performed at our own institution.

This article brings the problems of access and avoidance home to emergency medicine and convincingly reminds us that there is still much to be done. The authors use validated statistical methods to study this difficult-to-reach, hidden population. Hidden populations such as that of transgender people in Ontario have historically been challenging to study because they are, as the name implies, hidden and often associated with significant privacy concerns. They also lack a sampling frame, voiding many assumptions inherent to standard statistical methods.

This study uses respondent-driven sampling, a methodology developed in the late 1990s to specifically address the challenge of studying hard-to-reach populations such as HIV patients, drug users, and undocumented workers.[9] Respondent-driven sampling recruits subjects by snowball sampling, a nonprobability sampling technique that uses the network of current study subjects to recruit future subjects. Using mathematical modeling based on Markov chain theory and biased network theory, respondent-driven sampling acknowledges and accounts for nonrandom recruitment. Using respondent-driven sampling, the authors weight the sample to control for homophily, the tendency for subjects to recruit people similar to themselves. They also account for subject connectedness and network biases by using modeling enabled by Respondent-Driven Sampling Analysis Tool software developed by Heckathorn et al.[10]

With appropriate methodology, respondent-driven sampling has been shown to be asymptotically unbiased, on the order of 1 divided by the sample size. If the sample size is reasonably large, as it is in this study, the bias approaches zero.[11] As the authors acknowledge in the limitations section, however, respondent-driven sampling fails to adjust for certain types of bias that are not specifically addressed in the analysis.[12] The authors also appropriately acknowledge the possibility of recall and response bias inherent to self-report studies. Overall, this methodology garnered a large number of subjects and eliminated many of the biases associated with recruiting this challenging-to-reach study group. As a result, they provide a statistically sound snapshot of transgender patients' negative experiences with EDs.

The sources of negative experiences are clearly outlined in this article and include insensitivity to patient complaint, preoccupation with the patient's gender identity, misuse of inaccurate gender identification, presumption of cisgender (nontransgender) identification, and the need to provide education to the health care provider.

Should we do anything about this clear barrier to care for our transgender patients? If we want to maintain a good position in the spectrum of today's health care and live up to the premise of being able to care for any patient, any disease, and any 30 minutes in a patient's life, then the answer is a non-negotiable yes.

Here's what we can do about it:

- Train our medical students and residents. Medical curriculum materials are available from a variety of sources, including http://lgbt.ucsf.edu/services_health.html, http://transhealth.ucsf.edu/, and http://www.lgbthealtheducation.org/. The UCSF/SFGH Emergency Medicine residency program has integrated transgender health into a 5-hour Lesbian, Gay, Bisexual and Transgender (LGBT) health issues curriculum taught during the 2-year curriculum cycle.
- Provide safe environments. Having gender-neutral restrooms, querying patients on their preferred pronoun, allowing supportive others in treatment spaces according to ED policies, providing culturally sensitive care, and being knowledgeable about community resources able to provide transgender-specific care will assist patients in feeling at ease in the department.
- Monitor our provision of care. Including questions specific to privacy, appropriateness of medical intervention (including physical examination) and staff knowledge are necessary on patient satisfaction surveys. Other sources of quality improvement may include the involvement of community practitioners and clinics that provide transgender care in the design of ED policies and procedures, and provision of feedback from follow-up care of patients after their ED encounters.

We need to have the courage to make changes to provide transgender inclusiveness in EDs and in the education of future emergency medicine providers to deliver an excellent standard of care to our transgender patients. The vision of the founders of the specialty of emergency medicine demands nothing less.

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