Transgender Healthcare Access: Barriers and Impacts

Alex Michaels, Western Oregon University
Faculty Sponsor: **Dr. Margaret Manoogian**

Transgender health care is a heavily debated topic in our society that undergoes significant legislative changes at an alarming pace. Using an autoethnographic research approach, I use my own lived experience as a trans person navigating the healthcare systems in my state to discuss some of the barriers and struggles of the trans community. To support and expand upon the autoethnographic portion of my work, I also draw from current literature and research. This thesis addresses topics of provider education, critical comments from care providers, care avoidance, gendered systems and health care records, pharmacy issues, insurance denials and related barriers, and relevant legislation. My work aims to provide context for social and structural barriers and to address the impact those barriers have on human lives.

Keywords: healthcare, transgender issues, auto-ethnography

METHOD AND APPROACH

Gender identity has become a divisive topic, pushing transgender and gender nonconforming (GNC*) individuals into a public debate over their rights and personhood. The healthcare system, in particular, is a minefield for gender-diverse people, with rampant stigmatization and bias present throughout.

Autoethnographic research I performed brings forth relevant personal experiences supported by existing literature. Such research has the power to call for empathetic movements towards change by connecting the human aspects of a topic to its academic analysis (Holman Jones, 2005). By approaching this topic through an autoethnographic lens, I hope to bring my personal experience to the conversation surrounding transgender healthcare. By doing this, I aim to remind others of the individuals whose lives are affected by societal debates and battles present in research and our current sociohistorical context. While it may seem to some a highly niche and unimportant topic, or to others a complex controversy around politicized identities, the conditions and obstacles detailed here have very real impacts for me and my community.

PERSONAL NARRATIVE

Around the age of 14, I came out* as transgender to my family and the wider community for the first time. I had begun socially transitioning in small circles before then, as most queer* adolescents do, but this marked the start of my formal transition. Over the next several years, I guided my support network through a maze of medical and legal endeavors. By the time I graduated from high school, I had changed my name and gender marker, started hormone replacement therapy (HRT), and undergone gender-affirming surgery. My medical transition is far from over and will continue as long as I am alive. Navigating numerous obstacles over the years has consistently motivated me to speak up in defense of my community and advocate for accessible, affirming care options.

Despite the challenges that I have faced, there were certain factors that made my interactions with the medical field bearable and made my transition goals possible. One major factor was the social support system that I have. My family was very supportive of my gender identity and transition, something many transgender and GNC youth do not have. They have provided me with transportation to appointments, assistance with navigating healthcare systems, and, importantly,

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have advocated for me when interacting with medical professionals. I would have been unable to combat these systems and barriers if I had been doing so alone. Additionally, I reside in Oregon, one of the more inclusive states when it comes to gender-affirming policy, yet I still encounter many obstacles. There are varying policies and protections across the United States that contribute to a further lack of access for many other transgender persons.

For the rest of my life, I will be involved in the medical world as a transgender individual. Regardless of where I end up or what I do with my life, this information and the reality of these barriers will remain vital to my wellbeing. There are so many other transgender people who are impacted daily by these barriers, and most do not have proper access to the information and resources that could allow them to fight these battles alone. No one should have to navigate this by themself, but it is our reality that many of us in the community are left with little to no help from a professional standpoint.

INTRODUCTION TO TOPIC

The transgender community is at a uniquely high risk for many things; Compared to the general population, transgender and non-binary (TNB) individuals face higher rates of unemployment, poverty, homelessness, discrimination, psychological distress, substance abuse, HIV infection, suicide, and violence (Warner & Mehta, 2021, p. 3559).

The suicide attempt rate among transgender adults is around 41%, alarmingly higher than the 1.6% rate found in the general population (Grant et al., 2011). The transgender community faces higher rates of many mental illnesses, such as depression and self-harm (Bakko & Kattari, 2021; Cicero et al., 2019; Gonzales & Henning-Smith, 2017). Transgender individuals can be fired from their jobs or evicted from their homes in many states simply because of their gender identity or presentation. The rates of violence and discrimination toward the transgender community contribute to an incredibly dangerous environment for people to spend their lives in.

The World Professional Association of Transgender Health (WPATH) has determined transition-related and gender-affirming medical care to be medically necessary (Bakko & Kattari, 2021; Jaffee et al., 2016; Stroumsa, 2014). This is recognized by numerous national medical and healthcare associations to be true, including the American Medical Association, American Psychological Association, the American College of Obstetricians and Gynecologists, and the National Association of Social Workers (Bakko & Kattari, 2021). In many cases, mine included, what comprises gender-affirming care includes a great deal of life-saving medical treatment. A review of current literature shows that access to HRT can have a significant impact on quality of life, social acceptance, and the threat of harassment and violence (Cicero et al., 2019).

Unfortunately, there is also a large disparity between this great need for care and the rate and quality at which it is received. Most transgender people report either receiving or wanting to receive mental health counseling, yet the population has been shown to have significantly higher rates of unmet mental health needs (Carter et al., 2020). Transgender individuals are significantly more likely to be denied health care access or to avoid healthcare settings because of providers' frequently hostile nature towards transgender and GNC identities. According to the 2015 United States Transgender Survey (USTS), about one third of transgender people report negative experiences in healthcare settings, and nearly one quarter report avoiding healthcare settings out of anticipation of discrimination. There are countless barriers to health care for transgender people, including provider discrimination and bias, coverage and

affordability barriers, and a lack of providers that can administer transgender specific care. The level of accessibility of trans-specific care is instrumental in the health and wellbeing of transgender individuals.

CRITICAL ISSUES AND CONCERNS

Provider Education

One concern regarding the accessibility and safety of transgender health care is the responsibility that transgender individuals feel for educating their care providers. Even when receiving care from providers who claim to specialize in working with trans gender patients, I typically find that I have to educate my own doctor on my identity and care needs. Regardless of the reason for my visit, most healthcare providers will dedicate a significant portion of the appointment time to unrelated aspects of my gender, beyond a simple introduction or history of my transition timeline. I have been interrogated about my genitals, relationships of all kinds, personal labels, sense of self, traumas, and gender presentation. This highlights the exhaustion that comes with these appointments, especially if I am there to discuss anything other than my status as a transgender person. Explaining to providers what dysphoria* is like and how it feels to be misgendered is not useful to me, and it limits the amount of trust I can place in that care team. When every aspect of my existence seems alien and complex to approach, I consequently feel misunderstood and, at times, endangered.

When I first began HRT, I was set to a very low dosage with the intention of increasing the dose every three months. After a couple of increases, my doctor began to refuse to continue increasing the amount. I would complete the necessary blood lab work and be told repeatedly that my levels were perfectly fine. There were concerns about red blood cell count and cholesterol levels, which can increase with testosterone administration, but were all well within normal limits. Respecting the doctor as an educated professional, I did not initially question this trend. After cycling through a few providers that gave me the same response, all of whom claimed to be well-versed and fully educated on transgender health care, I decided to switch to a provider who was themself trans. After looking over my most recent results, they nearly doubled my dosage, shocked at how it was kept so low for so long. Since this change, I have genuinely noticed a strong improvement in my overall mood, emotional stability, and physical transition. None of the concerns that previous cisgender doctors expressed were significant enough factors to justify keeping me at such a low level for four years. The personal experience of being transgender lends itself to far more credibility for me than any amount of expressed expertise or experience treating gender nonconforming patients.

The significant knowledge deficits of health care providers means that most transgender individuals are placed in the position of needing to educate their own doctor on transgender health care (Jaffee et al., 2016; Warner & Mehta, 2021). Clinicians who are ignorant to transgender identities and issues are more likely to make disparaging comments or to act unprofessionally towards transgender patients (Chisolm-Straker et al., 2017). Many providers also are able to recognize the gaps in their education, as most have not received any specific training. Doctors may be unsure how to approach working with a transgender patient if they have never encountered one before (Kcomt et al., 2020). Most medical education programs have very limited if any information included regarding the treatment of LGBT+ individuals, let alone transgender specific care (Jaffee et al., 2016; Warner & Mehta, 2021). Unfortunately, the responsibility of repairing this gap typically falls to the transgender patient, often at the cost of significant personal risk to mental, emotional, and/or physical safety. Healthcare professionals work in what is known as a practice profession. One key component of practice professions that is essential for proper, effective, and ethical service is that of continued education. A doctor cannot graduate medical

school and consider themself done with their learning; they must constantly research new medical technologies and advancements, complete new trainings, and grow their knowledge and skill set (Bakko & Kattari, 2021; Chaudhary et al., 2022; Jaffee et al., 2016; Obedin-Maliver et al., 2011). This is already considered standard practice and is expected of professionals in the medical field. It therefore remains a great mystery as to why transgender health care has slipped through the cracks and remains a topic of which many providers are frightfully ignorant. A 2011 report on the LGBT-related health curricula from 176 allopathic and osteopathic medical schools found that many programs include rather limited instruction on inclusive care. Only a median of 5 hours and a mean of 7 hours were reported, with 33% of schools requiring zero hours of clinic study on LGBTQ+ information (Obedin-Maliver et al., 2011). This includes all LGBTQ+ identities that were mentioned in these programs, not just the unique and complex knowledge that administering transgender health care requires. There are major gaps in the average medical professional's knowledge and skills when it comes to treating transgender and gender nonconforming patients. This leaves much of the work of information and care management on the shoulders of the patient. For instance, when transgender patients have to teach their own provider about transgender identities and healthcare, their odds of delaying necessary medical treatment increases by a factor of four (Jaffee et al., 2016).

Critical Comments From Care Providers

Any person who receives health care experiences some level of vulnerability. When providers make disparaging comments, this can have a significant, negative effect on their patients. I have been asked by mental health practitioners if I was prepared to be alone for the rest of my life should I decide to transition. I have been told that it would be extraordinary for me to ever have a long-term partner, and that it would be an unreasonable expectation for another person to ever want to be intimate with me because of my transition. From the messages I received, it would be impossible for me to have anything resembling a long term, intimate tie with another human being. In essence, I was expected to live in a permanent state of physical isolation and mental torment for the rest of my life. Additionally, I was told all of this while seeking treatment for suicidal levels of depression and dysphoria.

Over a quarter of surveyed transgender patients report having experienced verbal abuse from providers (Grant et al., 2011). From cisnormative* microaggressions to violent hate-speech, discriminatory experiences are far from rare. Being out or visibly not conforming to societal gender roles are additional factors shown to increase the risk of harassment (Grant et al., 2011; Kcomt et al., 2020). This is related to providers' limited awareness of queer patients. Chisolm-Straker et al. (2017) conducted a qualitative study that surveyed transgender and gender nonconforming patients concerning their health care experiences in emergency departments. They found that 8.6% had a healthcare professional intentionally out them; 62.9% had a staff member refuse to refer to them by their correct pronouns; 45.7% of said patients had witnessed medical personnel gossiping, mocking, or telling jokes about transgender and GNC patients; and 34.3% reported encountering visibly uncomfortable providers and/or being asked inappropriate questions (Chisolm-Straker et al., 2017).

Care Avoidance

There is an added level of investigation that I must go through to select any provider, regardless of the kind of medical care I am seeking. Finding a primary care doctor requires a search through several lenses of social and official records of how an office or doctor handles transgender patients.

Many questions accompany this search. Will I be safe in this office? How likely am I to be misgendered or attacked? How much will I have to teach the provider or office? How many transgender or GNC patients have they had in the past? Will their system be set up in a gender-focused way? Will they allow me to provide accurate pronouns or labels for my record? Will they question my identity? Will they demand immense or unnecessary personal background to provide me with basic care? The threat of engaging with hostile medical systems and providers is enough to dissuade anyone from seeking medical care. Becoming a patient becomes exhausting and intimidating when your experience connecting with the medical field is based on traumatic encounters. As a result, it often becomes easier and safer simply to not engage with medical settings or not pursue the process further, something many transgender people are forced to do as a means of self-protection or preservation.

Many transgender and GNC individuals delay or avoid seeking medical attention due to discrimination from providers, either experienced or anticipated. Approximately one third of surveyed transgender people report avoiding healthcare out of anticipated discrimination or barriers (Grant et al., 2011; Jaffee et al., 2016; Kcomt et al., 2020). Transgender individuals who are members of other socially disadvantaged groups, such as low-income or uninsured patients, also show higher instances of avoiding accessing healthcare, as well as transgender men and visibly non-conforming patients (Jaffee et al., 2016; Kcomt et al., 2020). This includes delaying preventative and emergency care.

Gendered Systems and Health Care Records

Cisnormativity is rampant throughout the medical field. Medical spaces and different kinds of care are unnecessarily linked to a cisnormative idea of gender and sex. For instance, I have received "feminine care" or had to select services designed for cisgender women. In order to receive necessary medical care, I have had to visit women's health centers, thereby placing myself in both a highly dysphoric state and a potentially unsafe location. This kind of language and systemic practices largely contributes to the othering of transgender and GNC patients by the medical field.

An often-overlooked form of gender dysphoria is social dysphoria. This is the distress caused by presenting as or being viewed or referred to as the incorrect gender. Whether or not a person is seen as "passing"* or is "clocked"* also contributes to a large portion of social dysphoria. For example, using facilities that are labeled and managed as women-only resources can make me, as a trans-masc individual, highly distressed. A great deal of medical care is wrapped up in cisnormative and inherently transphobic language and framing. Many health care procedures are labeled accordingly and categorized by AGAB (Assigned Gender at Birth). When I have had to receive health care in women-centered facilities, it has caused me great dysphoria. I spent the entirety of every appointment in a constant state of near panic and was hypervigilant to every possible threat or trigger. Not only is this an exhausting and traumatizing way to consistently receive necessary medical care, but it also impeded the quality of care I was able to receive. Kcomt et al. (2020) state that "by relegating transgender individuals as the Other, cisnormativity and cisgenderism create an architecture of social exclusion, breeding prejudice and oppression against transgender identities" (p. 2).

The medical field is frequently structured in ways that are hostile to transgender and GNC patients. An adherence to outdated or non-inclusive language creates several barriers that further alienate this marginalized population (Chaudhary et al., 2023; Cicero et al., 2019; Stroumsa, 2014; Walch et al., 2021). For instance, patient intake forms can be unclear when requesting information about sex or gender when they are not written with an inclusive approach. This can leave

patients confused by having to decipher what information is most necessary to provide, or with sentiments of invisibility or anxiety (Cicero et al., 2019). Complications can arise from inconsistent or confusing medical forms and records, which is exacerbated by cisnormative systems and language.

When I legally changed my name, my insurance refused to properly update their records by removing my deadname*. It took many lengthy phone calls and advocacy from one of my doctors for this to be fixed. Initially, my insurance somehow duplicated or split my health records, creating a mess of conflicting information. This was only discovered after a shocked doctor informed me that they had no records of me having received any vaccinations, as those records were then lost in their system. To this day, despite my legal gender marker being updated on every other level and the number of times I have told them to change this, Oregon DHS has me filed as legally female.

Health care records are typically created and stored in electronic systems, many of which have limitations when it comes to keeping accurate information of gender and sex. Electronic medical records sometimes only allow binary, cisnormative options for gender or do not allow additions for preferred names or pronouns (Chaudhary et al., 2022; Chaudhary et al., 2023). Prescriptions and records that require insurance or other third-party approval normally require that legal names be used. It is worth noting that only approximately 11% of transgender people have fully updated identification records (Redfern & Jann, 2019). These incongruities can contribute to denials of care, outing, or disclosure of private information (Chaudhary et al., 2022).

Pharmacy Issues

Regarding my medication needs, I am frequently caught in a loop of denials and excuses. I have had my transition-related prescriptions withheld for weeks to months at a time. Even when my medications were available and had been previously filled at the same pharmacy, I would encounter an unchanged instruction on the label that needed to be confirmed with my doctor, some issue filing with my insurance which had not changed, or a supposed communication issue that had emerged with another party on my care team. Pharmacists would claim to have contacted my doctor, and my doctor would claim to have received zero communication from them. After one particularly long and convoluted dilemma, I was told by the pharmacist who finally filled my prescription (which took him fifteen minutes, after a few months of denials) that they had no idea why the pharmacy had been so negligent and strung me along for so long. Frustrated, I began to talk about these complications with other members of my community. I quickly learned that I was not alone in my struggles, but that there was a reputation of HRT prescriptions being withheld at that chain of pharmacies.

Many pharmacists lack the knowledge and awareness necessary to respectfully serve transgender patients. Pharmacists may be uncomfortable or hesitant when interacting with this population if they have not received sufficient training or exposure to transgender issues and health care (Chaudhary et al., 2022; Chaudhary et al., 2023; Redfern & Jann, 2019). Patients may have conflicting health records or identification, and pharmacists will often become confused over assumptions about the patients' appearance and their own pre-conceived notions of gender presentation (Chaudhary et al., 2022; Chaudhary et al., 2023; Redfern & Jann, 2019). Patients' records often will not be updated consistently with their name or gender or could be represented inaccurately in a particular system. This means that pharmacists will frequently encounter incongruities between prescription information, identification, and the patient's identity. Pharmacy staff may be uncertain how to address or resolve complications with transgender patients or unintentionally outpatients in a public setting. When it comes to delivering effective health care, pharmacists require knowledge of gender-affirming

treatments and trans-inclusive care. However, 71% of surveyed pharmacy residents report that they have received no education regarding transgender health care or issues, and only 36% report feeling confident providing care for transgender patients (Redfern & Jann, 2019).

Transgender and GNC people often have many reasons to be nervous or guarded when visiting pharmacies. Experiences such as deadnaming, misgendering, invasive lines of questioning, public embarrassment, and refusals of care are far from uncommon (Chaudhary et al., 2022). Transgender patients will often be forced to self-advocate and defend their identities or necessary medications. Patients endure confrontation from pharmacists who have made assumptions about their anatomy based on their physical appearance, sometimes denying them care or access to their medications (Chaudhary et al., 2022). These harmful interactions and barriers discourage transgender people from seeking care with pharmacies, leading to further care avoidance and potential health complications (Chaudhary et al., 2022; Chaudhary et al., 2023; Redfern & Jann, 2019). When they encounter barriers seeking care at a particular pharmacy, transgender patients will not return to that pharmacy and instead attempt to search for a more inclusive option (Chaudhary et al., 2022).

Insurance Denials and Related Barriers

Even though my insurance claims to fully cover the gender-affirming surgery I am seeking, there are still necessary procedures within the process that will not be covered by my insurance. For instance, it is unlikely that I will receive insurance coverage for surgery-related electrolysis, even as a part of another covered procedure.

The surgical process I am currently undertaking is a lengthy and highly personalized one. The entire journey for this one “procedure” is six or more individual surgeries, and it takes over a year to complete. After four surgeries, with another additional year of procedures planned, my care was ended and all upcoming appointments were immediately canceled due to a complex insurance denial. My insurance was either unwilling or unable to maintain a line of communication with the transgender health clinic I was working with. Given the community they served, the clinic was only able to pay their employees' wages through insurance returns, and they were receiving no communication from the Oregon Health Plan. This forced the clinic's administrators to terminate their contract with my insurance and end all care with their OHP patients. This was a jarring and traumatic experience to feel uprooted in the middle of such a personal process.

When I first began testosterone, there were no providers in central Oregon who were able to write HRT prescriptions. While the number of such providers has been increasing in recent years, there was and is still a shortage of doctors who are willing and confident in administering many trans-specific treatments (Cicero et al., 2019; Redfern & Jann, 2019). The closest approved endocrinologist was located at a specialized clinic in Portland, a three-hour commute from where I lived with my family. I was fortunate to have had the familial and financial support that allowed me to travel that distance on a somewhat regular basis in order to receive this personally life-saving medication. However, despite this support, finding a provider who I believe will give me the care I need and who also takes my insurance can often be insurmountable.

Despite recognized standards of care for gender-diverse patients, insurance denials and other ruptures in care are common experiences for this population. According to Padula et al., "most U.S. health insurance policies still contain transgender exclusions" (Padula et al., 2016, p. 400). Many of these denials are due to inconsistencies in insurance policies and their enforcement, with many exceptions being handled on a case-by-case basis (Bakko & Kattari, 2021; Gonzales & Henning-smith, 2017; Warner & Mehta, 2021). Other common reasons given for insurance related denials include the lack

of an available provider, labeling procedures as "cosmetic," or labeling dysphoria as a pre-existing condition. When looking for surgery related coverage, transgender patients are more likely to be denied coverage than not (Bakko & Kattari, 2020). Transgender patients are more likely to have to travel to receive adequate care, something that is not possible for many people. Travel can be expensive, and the costs are highly unlikely to be covered even partially by insurance. The community's higher rates of poverty, houselessness, and being uninsured (Bakko & Kattari, 2020; Carter et al., 2020; Grant et al., 2011; Jaffee et al., 2016) only serve to compound this barrier.

Insurance coverage for transgender health care is vital for these services to be truly accessible by the community. The rate of unemployment within the transgender community is approximately three times that of the national average (Gonzales & Henning-Smith, 2017). Among those who have lost their jobs due to bias, transgender individuals are more likely to remain unemployed than the general population (Grant et al., 2011). Fifteen percent of transgender people in the US are living in dire poverty (Grant et al., 2011). This is clearly a high-risk population that currently lacks the resources and support necessary on a large scale to promote livable lives and positive well-being. Most of the gender-affirming and transition-related health care is covered on a highly inconsistent basis.

Legislation

On both a federal and state level, the legislation and policy surrounding transgender healthcare can seem like a fickle monster. Currently, a significant amount of protections for gender-affirming care and transgender patients are upheld by Obama-era interpretations of the Affordable Care Act that extend section 1557 of the ACA, which prevents discrimination based on sex, to include gender and sexual identity (Bakko & Kattari, 2020; Bakko & Kattari, 2021; Gonzales & Henning-Smith, 2017; Redfern & Jann, 2019; Stroumsa, 2014; Walch et al., 2021). Unfortunately, a 2016 federal court injunction revoked this interpretation, jeopardizing any legal protections afforded to transgender and GNC patients (Bakko & Kattari, 2020; Bakko & Kattari, 2021; Gonzales & Henning-Smith, 2017). The fragile state of these protections has not gone unrecognized by discriminatory politicians. The ACA was federally revisited in 2020. Three days before this anticipated Supreme Court ruling, the US Department of Health and Human Services submitted revisions to the ACA that would remove nondiscrimination policies on the basis of sex, gender identity, and sex stereotyping. These revisions to section 1557 were blocked by a federal judge only one day before they were set to take effect (Walch et al., 2021).

22 states have introduced legislation that pushes to ban gender-affirming healthcare for persons under the age of 18, even if their parent or guardian consent. Of these, only Arkansas has passed this ban into law (Hughes et al., 2021). These exclusionary bans unnecessarily and hazardously politicize evidence-based medical practices and nationally recognized standards of care for transgender patients. Many health professionals who provide gender-affirming care to minors are anxious and distressed about the threats posed by this wave of discriminatory legislation (Hughes et al., 2021; Kremen et al., 2021; Walch et al., 2021). Providers surveyed by Hughes et al. (2021) reported numerous concerns about the mental health and safety of their clientele, as well as the security of themselves and their practices. These professionals and many others believe that such restrictions on medically necessary care will adversely impact the wellbeing of transgender and gender-diverse minors receiving care, increasing things such as dysphoria, anxiety, depression, and suicide/ideation (Hughes et al., 2021; Kremen, J. et al., 2021). Additionally, the legislation in question that serves to criminalize gender-affirming care introduces a web of ethical dilemmas for providers. Much of these bills would criminalize professionals providing this care as well, with consequences including federal charges, having their medical license revoked, or

imprisonment (Hughes et al., 2021; Walch et al., 2021). Several providers are considering relocating to states that are not actively moving to criminalize their practice, which would further limit access for transgender patients in those states.

CONCLUSIONS AND RECOMMENDATIONS

Rampant with barriers and pitfalls, the world of transgender healthcare can be a hostile and intimidating place. I do not believe that it must be. Any steps made towards a more equal and inclusive medical field will require growing awareness, education, and an amplification of community voices. The removal of these barriers would save countless lives.

The transgender community is a significantly high-risk population that faces routine discrimination. Transgender and gender nonconforming people deserve accessible healthcare. This means healthcare is safe, affordable, available, and protected.

In order for transgender people to exist safely within medical spaces, providers must be educated on gender-affirming care and transgender related issues. Cultural sensitivity and diversity training are necessary to instruct providers and medical staff on how to respectfully interact with their gender-diverse clientele. Providers must be aware of gender-affirming treatments and procedures, as well as accurately understand how they interact with other aspects of health. The role of information and medical care management should not rest solely with the patient. All medical professionals and staff have a responsibility to their patients to continuously update their education and knowledge.

The medical field is fraught with structural barriers to transgender patients, from inaccurate or biased language to limited electronic record systems. Individual professionals, practices, or organizations can work to eliminate these barriers by revisiting their processes and policies under a trans-inclusive lens. I would like to call for intentionally created medical safe spaces for all transgender and GNC patients.

Transgender healthcare is a subject that is often discussed without the inclusion of transgender voices. The lived experiences of the community cannot be ignored within debates that so critically affect us. This autoethnographic study stands to contribute to the current body of knowledge on those experiences and their real impacts.

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