

Episode: Ethics Teaching and Learning: Updated Lessons for Clinicians and Students  
From a Transgender Patient

Guest: Ryan Sallans, MA

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[funk theme music]

TIM HOFF: Welcome to *Ethics Teaching and Learning*, the new podcast series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. In this series, we'll talk with educators about teaching ethically complex content to health professions students. We'll discuss strategies for navigating tension between challenging students and trainees and supporting them as they navigate ethical ambiguity and uncertainty. We'll focus specifically on relationships forged among patients, clinicians, and organizations when we work, teach, learn, and assess learning together. Joining me on this episode is Ryan Sallans, a transgender speaker and author who specializes in inclusion, diversity, and health care. He is the author of *Transforming Manhood: A Trans Man's Quest to Build Bridges and Knock Down Walls*. Ryan joins *Ethics Talk* today to discuss how to teach good care for LGBTQ+ patients to health professions students and trainees. Ryan, it's great to have you back on the show. [music fades out]

RYAN SALLANS: So great to be back on the show, Tim. Thank you for having me.

HOFF: So, how do you introduce the topic of caring well for LGBTQ+ patients to health professions students and trainees or colleagues or really anyone who finds themselves in the audience of one of your lectures who are unfamiliar with why it's interesting, important, and complex?

SALLANS: Well, first, I approach it by recognizing that currently, medical curriculums are still not set up to properly train students undergoing the school of medicine in how to serve not only transgender men, but really, anyone that identifies within the acronym of Lesbian, Gay, Bisexual, Transgender, Queer, Questioning. So, the first thing I just like to approach is recognizing that and how there is a great gap in knowledge, but there's not a gap in research. There is extensive research that is being done, and so now it's just dispelling that information in an ethical way, while also noting that some research studies are a bit skewed one way or the other. [laughs] And so, trying to teach everybody to be a little bit more critical in their thinking of when they look at the research, but also being open in their work when they're actually serving the patients in front of them and using humility in their work due to the fact that our education systems aren't set up yet to appropriately train.

HOFF: Right. For listeners who are unfamiliar, can you give a little bit of background on what training health professions students and trainees do receive at this point?

SALLANS: In general, students are introduced to about 3 to 4 hours of training on this topic throughout all eight years, and that is generally either through a guest speaker or through having a panel of people that identify within the acronym. And these stories and speakers are extremely important, obviously. I'm one person that does this work as well. But again, we need to be able to have a way to retain the past history of the medical

science and practice and how doctors performed in the past and what they've learned and where that's now carried us into the future.

HOFF: Mmhmm. So, which features of this content are hardest for students or colleagues to navigate, both cognitively and affectively?

SALLANS: Well, I think at the present moment, what could be hardest to navigate is just all the different language out there today and what to do with that and how to make sense and understand it. Another thing that's hard to navigate is what is really the best protocols and policies around collecting demographic information and social history information and sexual health history information including name one goes by, pronouns, gender identity, sexual orientation? There's a lot of questions that I have in just looking at the research as to while I recognize why researchers want to collect such information, such as SOGI—meaning sexual orientation, gender identity information—in the practical, real-world experience, ugh, I'm seeing a lot of problems. One, because medical providers aren't properly trained on what to do with this information when gathered, and two, just recognizing still the stigma that exists in our society around being LGBTQ and fear of what health care providers will do with this information beyond just gathering it for research.

HOFF: Mmhmm. And are you talking specifically about the clinical encounter, like when a new patient goes to a doctor's office for the first time and are met with all these forms that ask these questions?

SALLANS: In that case, yes. In this case, I would be thinking about not necessarily just even the first initial clinical encounter. It could be every clinical encounter after that. So, just being mindful of how can it be that we can provide the opportunity for patients to disclose information if it's something that they feel is very important for providers to know, or it's something that they're very anxious about and they want providers to know versus allowing a space for patients not to disclose due to just again, being mindful of why they're here for the visit. For example, if I'm here for a sore throat, I don't want to go into a whole history of my medical transition records, right? [chuckles] And so, when is the right time to collect information and when is it not? And is it okay to leave space for people not to disclose this information at any health care setting?

HOFF: Mmhmm. And if that information is relevant for whatever sort of clinical reason, what sort of strategies should clinicians use to ensure that their offices and health care spaces are welcoming to LGBTQ+ patients?

SALLANS: Well, first, you'll have it with however health care systems are now set up to collect information from the patient—whether that be they actually fill out a physical form, they enter in information on an online portal—however it is that you gather information, but having it where first and foremost at the very top, people are allowed to enter in the name they go by, which is different or can be different than one's legal name. And this is something that is not only beneficial for people who identify within the transgender spectrum, it can also be beneficial for people that simply just go by a name different than their legal name. There's a lot of people that do that. I always say when we look at the barriers that are presented to transgender people, we actually start addressing the barriers that gender presents us all because we've all been put into these little either/or categories. So, first off, having that and having it at the very top. And the reason why I recommend having it on the very top is so that any time you have contact, whether it be you as a provider, you as a front desk staff, you in the lab, any time you have contact, you see the name one goes by and honor that. That's, to me, the first and foremost most important

thing to do. There's nothing more validating than having someone honor the name you go by and hearing it reflected back to you.

Second, providing spaces where people have the option, but you do not mandate or force people to complete these areas, which are pronouns, sexual orientation, and gender identity. Now I recognize the CDC recommends and also WPATH, the World Professional Association for Transgender Health Care, recommends that now health care systems do do a two-point collection system where they collect the sex assigned at birth of a patient, and then they collect the gender identity of the patient. Now, again, I recognize why they recommend that, because then it helps maybe help us in understanding what the anatomy you're dealing with versus what the gender identity is of the person. And the reason why I say maybe is because if you don't have their medical history of surgeries, you don't necessarily know what anatomy you're working with, right? And so, providing the option, I think is fine, but again, not forcing people to fill it out. And for you not to make assumptions and fill out that information is also very important.

HOFF: Mmhmm. You've talked a little bit about the paucity of information available to students through current health professions curricula. So, which strategies do you recommend for integrating this content more robustly into health professions curricula and getting it in front of students?

SALLANS: Really, what we need is a good, foundational course that provides the history and also what we have found supported through long-term longitudinal research. One thing that I noted when writing a current article is that two different research articles and researchers have brought up the point that the majority of research articles written on transgender issues have been published within the past five years. So, this is something to be mindful of because the past five years does not give us a round picture of what we know [laughs] from, you know—I mean, trans people have been with us since the beginning of time, but really—when researchers started to work with working with trans patients, even if we look at the work of Dr Harry Benjamin here in the United States or Dr Magnus Hirschfeld over in Germany.

HOFF: You've contributed to the Journal a number of times at this point. Interested listeners should definitely check out February 2020 and our November 2016 issues, both of which feature your work. And you have an upcoming article as well. So, how have you used what you've published with us to motivate students or colleagues' ethical inquiry?

SALLANS: I've turned them into talks, [laughs] which has been really fun to do actually, to take what you write and turn it into a talk and then provide it for providers. And I find it to be extremely helpful for everyone. And also, it's an opportunity where I take a step back, and maybe I'll put up a screen with talking points. Or for example, I just worked with a university health center campus, and I had a list of all different health disparities that impact people due to minority stress. So, if you're a gender or sexual minority, you experience minority stress due to the stigma and prejudice, which then, it has internal factors that impact you and external factors, right? And from that, then we see health disparities that are influenced highly by anxiety and depression. So, I now like to just put those health disparities up on the screen and have everybody look at them and then just have them ask me questions. And I'm starting to do that more and more in my work, where I'm not just lecturing, I'm just really opening up a space to ask me questions. And what that allows me to do is to really dive into all the different resources up here in this head of mine from doing this work for so long and be able to address the needs of the audience.

HOFF: And as I mentioned, you have an upcoming article with us coming out shortly. Do you want to talk a little bit about what that is?

SALLANS: Sure. So, the upcoming article is an update and addition to the one that I wrote in 2016 titled *Lessons from a Transgender Patient*. The 2016 article, I have a lot of personal examples put in there with my own journey as a transgender patient. What I found happening when I started updating—this article will be coming out in 2023—is that I've removed a lot of my own personal anecdotes of my transition, even though some of them are still in there just for sake of flow, but then put more of just observations as a professional and consultant in the field and suggestions on how we can be more mindful of the nuances of one's sexuality versus trying again to put people into either/or category or put people, forcing people to all do the same thing, which includes sharing name, pronouns, sexual orientation, gender identity. I just, deep down in my gut, I just feel that's not a good practice to have everyone share that information if they don't want to. [music returns]

HOFF: Ryan, thank you so much for being on the podcast today. It's always a pleasure to have you back on.

SALLANS: Oh. Well, thank you, Tim. It is always an honor to work with you all, and I look forward to doing future writings as well.

HOFF: That's all for this episode of *Ethics Teaching and Learning*. Thanks to Ryan Sallans for joining us. Music, as always, was by the Blue Dot Sessions. And for more articles, podcasts, continuing education opportunities, and more, all free to access, head to our site, [JournalofEthics.org](https://JournalofEthics.org). Follow us on [Twitter](#) and [Facebook @JournalofEthics](#), and we'll be back with more *Ethics Talk* soon. Talk to you then.