

Episode: *Author Interview: “Should Clinicians Care About How Food Behaviors Express Gender Identity?”*

Guest: Whitney Riley Linsenmeyer, PhD, RD, LD

Host: Tim Hoff

Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF (HOST): Welcome to another episode of the *Author Interview* series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Whitney Linsenmeyer, an assistant professor of nutrition at Saint Louis University in St Louis, Missouri, and a spokesperson for the Academy of Nutrition and Dietetics. She’s here to discuss her article, “*Should Clinicians Care About How Food Behaviors Express Gender Identity?*,” in the April 2023 issue of the Journal, [Meat and Health](#). Dr Linsenmeyer, thank you so much for being on the podcast. [music fades]

DR WHITNEY LINSENMEYER: Thank you for having me.

HOFF: So, what’s the main ethics point of your article?

LINSENMEYER: So, the key ethics point is that a patient’s sex and gender often get conflated and reduced to a male/female binary. So, think of a survey that you’ve taken or a form that you filled out as a patient where you’re just asked to check a box for male and female. But we know these are actually totally separate constructs where sex is assigned at birth as male or female, and gender is a person’s sense of self as man, woman, nonbinary, or other gender identities. So, in nutrition practice, we do use sex frequently. So, we use sex to calculate a person’s energy needs, determine their needs for various vitamins and minerals, and interpret the rate of growth in children. And we don’t often talk about gender in nutrition practice, and yet, research shows that gender does have meaningful implications for how a person eats. So, these are like super overly simplified gender norms, but the idea is that real men eat meat and women shop, cook, and serve.

HOFF: Mm.

LINSENMEYER: We do see this playing out in research where men are less likely to be vegetarian than women, tend to consume larger portions of meat, and even eat meat more frequently. So, in short, we often conflate sex and gender, but both have distinct meanings when it comes to food and nutrition.

HOFF: And so, what do you see as the most important thing for health professions students and trainees to take from your article?

LINSENMEYER: I think the most important thing for students and trainees is a vision for what a sex and gender-informed approach to the nutrition care process can look like. So, with this, there are three pragmatic takeaways. First, to acknowledge sex and gender as separate and relevant constructs. When working with a patient, just collecting both sex and gender identity data during a clinical intake will not only improve the accuracy of a patient’s demographic data

but will also improve inclusiveness when we have transgender response options. So, we use what's called the two-step method, essentially one question for sex assigned at birth and a second question for gender. So, pretty simple, but it really dismantles the misuse of sex and gender as synonyms. And then second, to approach gender as a fluid rather than a binary concept. And this can not only improve visibility of transgender, nonbinary, and gender queer patients, but can also help to liberate all patients from dietary gender norms. And then the third pragmatic takeaway, we can empower patients by helping them to explore what food means to them in the context of their gender identity. I'll use a simple example here. One of my patients, a trans man, really wanted to follow a higher protein diet because that's what all the guys at the gym around him were doing. And you know what? That's fine. I can work with that. A higher protein diet within reason is not going to, was not going to do him harm. So, we talked more about what that looked like for him.

HOFF: And if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

LINSENMEYER: Yes, I'd like to add that the White House just recently released in January of this year, January 23rd, 2023, it's basically a roadmap to systematically and strategically build data collection practices that use that SOGI data, so that's sexual orientation, gender identity, and sex. So, it states, and I appreciate this statement coming from them, that SOGI data should be considered basic, essential demographic information and treated on par with other demographic data. So, we've been talking in this article about how we provide care to individual patients, but I just also want listeners to appreciate that this extends into how we are collecting or conducting research from national surveys as well. [theme music returns]

HOFF: Readers can find a link to that report in the show notes for this episode. Dr Linsenmeyer, thank you so much for your time on the podcast today and for your contribution to the Journal this month.

LINSENMEYER: Thanks for having me. It's a pleasure.

HOFF: To read the full article as well as the rest of this month's issue for free, visit our site, [JournalOfEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.