

Episode: *Author Interview: “More Lessons for Health Professionals From a Transgender Patient”*

Guest: Ryan K. Sallans, MA

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[bright theme music]

TIM HOFF: 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 Ryan Sallans, an international speaker, consultant, and author who serves as a gender subject matter expert in inclusion, diversity, and health care. He's here to discuss his article, “*More Lessons for Health Professionals From a Transgender Patient*,” in the June 2023 issue of the Journal, [Patient-Centered Transgender Surgery Care](#). Ryan, it's great to have you back on the podcast. [music fades]

RYAN SALLANS: Well, thank you for having me, Tim.

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

SALLANS: Well, I'd say the main ethics point is one, to, if you're interested in doing transgender care, to seek the education and training, and to recognize this as an ongoing learning experience, as well as meeting patients where they're at in their journey. Because of each generation has had different experiences being trans in this country, and the way that younger people are defining it versus how older generations have defined it, that there's a vast difference, [chuckles] especially I'd say, over the past ten years, just seeing how things have evolved because of information technology and social media and visibility. There's just a wide array of how people are taking in this information, interpreting it for themselves, and then defining their identities.

HOFF: And so, what's the most important thing for health professions students and trainees to take from your article?

SALLANS: Well, what's the most important thing? I'm not sure!

HOFF: [laughs]

SALLANS: It depends on what resonates with people from when they read it. I just really feel like the importance of just meeting patients where they're at and being sensitive to each person's journey, especially depending on where they live, if you're working in a rural region versus an urban region, and the age range for which you are working with as well. In the article I mention how it's been recommended for people to collect sexual orientation and gender identity data for use in research and also assistance in identifying varying identities, I guess. And I just continue to want to flash my headlights a little bit to be careful with this. Because in the research world, I see how this is beneficial. However, in the real world, especially if we look at the landscape and climate right now with all different states that are putting either bills forward or putting bans forward or having a governor in a state request data from health care records at

university institutions on gender care, people's lives, we are not in a climate still that's accepting of the transgender community. And so, we have to be careful with the information we collect and why we collect it.

HOFF: Hmm. Yeah, I think you're right to point out the risk of that kind of data collection compared to its benefits is only growing at this point. To wrap up, if you could add a point to your article that you didn't have the time and space to fully explore, what would that be?

SALLANS: Oh, there's so much I wish I could've advocated in this article, Tim.

HOFF: [chuckles]

SALLANS: I don't know. I wish I could.... I've been doing this work now for 20 years, and [sighs] again, information is moving a lot faster than the science.

HOFF: Mmhmm.

SALLANS: Right now, if we were to look at a national climate survey conducted by the Trevor Project, a national non-profit dedicated to suicide prevention for LGBTQ youth, we have youth today identifying with over 100 terms for their sexual orientation and over 100 terms for their gender identity. All right. So, there's a lot of terminology out there that is allowing people to break free from the mold of identifying specifically as male or female or specifically as heterosexual or even gay and lesbian, which I do think is wonderful. Because in all honesty, sexuality is quite dynamic. It is not static.

HOFF: Mmhmm.

SALLANS: And even if we look at orientation, defining exclusively as gay or lesbian or heterosexual, just statistically, it's just not there.

HOFF: Right.

SALLANS: People are more fluid in their orientation, the layers to their attractions, and the relationships that they build. The same goes for gender of how we can make sense of gender, and then how we can break down the understandings of the difference between one's expression—so, the way that they outwardly like to show the world their forms of themselves as unique—versus what they are internally identifying with as far as gender and whether they seek forms of transition, whether that be hormone therapy or different forms of surgery, all right?

HOFF: Mmhmm.

SALLANS: If I could've gone deeper in this article, it would've been something around feelings of belonging. I do not like how researchers are starting to list things like "binary transgender" versus "non-binary transgender" because it's taking away the personhood, [laughs] in my opinion. And then what happens is people start labeling one another with this language versus taking it for yourself. It's one thing for you to use this language for yourself, but it's another when you start labeling. People labeling me as "binary" I find it really offensive and hurtful. For me, it's just not scientific language. It is about a system. We can use it on academic theory. But if we look at medicine and sense of self and psychology, it's not accurate to use it. And so, I guess I'm getting frustrated with the language moving faster, so fast that people pick up on it, and they keep repeating it, but they're not doing the critical thinking to think more deeply about how we

are using this and the implications of it and how it influences our interactions and the way that we communicate and think about one another.

HOFF: Hmm. Yeah. We'll have to have you back on the show to talk about some of those difficult language questions. But in the meantime, thank you, Ryan, so much for being back on the podcast, and thank you for your contribution to the Journal this month. [theme music returns]

SALLANS: Well, it's always a pleasure to be able to talk with you and to provide my insight and perspective to your readers. I hope that they find it engaging, and it sparks more curiosity for them.

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