
Transgender and Gender Diverse Healthcare in Canada: An Analysis of the Canadian Health System

Jonah Murray*

Abstract

Transgender and gender diverse (TGD) individuals have been found to be disproportionately exposed to prejudice within the Canadian healthcare system. This paper analyzes Canadian studies conducted throughout the past decade with themes pertaining to gender diverse issues in healthcare. This analysis found that a lack of TGD specific healthcare education, as well as discrimination towards TGD individuals within the healthcare system act as barriers to health-seeking behaviours in TGD persons. A lack of nation-wide standardization in policies and services offered to TGD patients, particularly in gender-affirming care, also acts as a barrier to proper treatment of TGD patients. Implementing federal policies specific to gender diverse needs may aid in standardizing and normalizing the treatment of TGD patients. In addition, mandating TGD-specific education in medical schooling could also act to improve TGD healthcare in Canada.

Keywords: Transgender; Gender Diverse; Healthcare; Canada; Transphobia; Health Education

*College of Arts and Science, University of Saskatchewan

Correspondence: jkm051@usask.ca

USURJ

University of Saskatchewan Undergraduate Research Journal

Volume 9, Issue 3, 2024



© 2024 Jonah Murray. This open access article is distributed under a Creative Commons Attribution Non-commercial 4.0 license.

<https://creativecommons.org/licenses/by-nc/4.0/>

Introduction

Despite progress in accessibility and equitability in the Canadian healthcare system, transgender and gender diverse (TGD) people, defined by the United Nations as “persons whose gender identity, including their gender expression, is at odds with what is perceived as being the gender norm in a particular context at a particular point in time” (United Nations, 2022, para. 1), continue to face discrimination and inaccessibility when attempting to utilize this system. Previous reports have found that 44.4% of surveyed TGD individuals had unmet healthcare needs within a year span (Scheim et al., 2021; Trans PULSE Canada, 2020), and 12% avoided emergency department use despite needing care (Trans PULSE Canada, 2020). These studies imply that TGD individuals avoided accessing the Canadian healthcare system due to fear of discrimination based on their own negative experiences, or the negative experiences of others in the TGD community. More concerning, 33.3% respondents reported suicidal tendencies, and 5% reported attempting suicide within the past year (Trans PULSE Canada, 2020). These statistics are alarming and demonstrate an immediate need to better accommodate TGD individuals within the healthcare system. This paper analyzes Canadian studies conducted over the past ten years to determine the systematic causes of TGD patient’s negative experiences with the Canadian healthcare system, demonstrating the need for the normalization and integration of specialized medical training and education pertaining to TGD experiences and making suggestions on how to best meet this need.

Experiences and Perspective of TGD Patients

In a 2016 study located at a university in Ontario, TGD participants were asked to express their positive experiences of the Canadian healthcare system, however there were very few participants with positive experiences (Ross et al., 2016). Participants “saw formal transgender healthcare organizations and infrastructure as very important” (Ross et al., 2016, p.

242), yet such structures are few and leave many TGD individuals with little support and feeling as if they had to navigate the healthcare system alone.

This lack of support is reflected in emergency department (ED) use, where one Ontario study found that 21% of participants avoided the (ED) due to concerns of accessing care as a TGD person (Bauer et al., 2014), and 52% of participants in this study reported having negative experiences when using the ED which included health professionals using insulting language and the provider lacking the proper knowledge to treat the patient. In fact, 54% of participants reported having to educate the provider themselves on TGD issues (Bauer et al. 2014). These results are further supported by McPhail et al.’s (2016) Manitoban study, who found that almost all their participants reported that their physicians lacked large amounts of knowledge about gender diverse health and TGD people in general, particularly regarding hormone prescription. This lack of physician education often required patients to educate their providers, such that may cause resentment, as one participant explains: “I feel always with going to healthcare practitioners, I have to educate people all the time. And I feel really resentful of that” (McPhail et al., 2016, p. 73).

Bauer et al. (2014) further reported that 29% of their participants were unable to receive emergency care when required, while 21% of TGD individuals reported a lifetime ED avoidance, asserting that their avoidance was due to fear of discriminations (Bauer et al. note that none of these statistics were driven by socioeconomics). Such discrimination includes ED providers refusing service because the patients were TGD (reported by 12% of respondents) or even some providers performing examinations that were driven by physician curiosity rather than patient needs (Bauer et al. 2014).

While it should be noted that many participants did express appreciation for providers who were willing to ask questions respectfully, the same participants recounted that they felt physicians need to be cautious to avoid asking unnecessary and invasive question, such as when questioning genitalia when it is irrelevant to the medical topic in question (McPhail et al., 2016). Patients defined this line of questioning,

along with patient reported instances of misgendering, as transphobic and dehumanizing.

Physician Perspectives

Snelgrove et al.'s 2012 study demonstrated that physicians from Ontario found the greatest barrier to healthcare for TGD patients was not knowing the available resources or care strategies to treat these patients, particularly the difficulty in "identification, availability, and quality of referral networks and information regarding trans medical care" (p. 4). This difficulty appears to be built off a lack of gender-diverse-specific education, with participants expressing a need for more readily accessible information on gender diverse health as well as more training experience with TGD patients. Another barrier was identified with the discomfort of some physicians in influencing a patient's decision to receive treatment for gender-affirmation, a concern that was "almost exclusively related to concern that the patient may later regret their choice" (Snelgrove et al., 2012, p. 6). McPhail et al. (2016) in their study confirmed that the greatest barriers physicians claimed to face when treating TGD patients was education, where participants feared that their lack of knowledge could lead to harm for their patients:

Physicians described gaps in their education regarding hormone prescription and monitoring. Physicians also demonstrated a lack of knowledge regarding gender dysphoria and how to diagnose it so that a patient can begin the transition process. Additionally, some physicians were struggling with language and interpersonal communication with [transgender] people. (p. 74)

While a lack of education appeared to be the main concern for physicians when providing care for TGD patients, some participants acknowledged that institutional discrimination is also a concern. Participants in Snelgrove et al.'s (2012) study expressed that "even where specific policies discriminating against transgender patients are not in place, the general attitude of an institution contributes largely to care delivery at that site" (p. 8). Alarmingly,

in McPhail et al.'s (2016) study, some of the physicians who were interviewed questioned the existence of transphobia in the healthcare system, while others argued that the TGD patients should take responsibility for their discrimination, particularly in relation to misnaming, with one physician saying: "I personally feel like they have some responsibility to, if this is, if they're going to be upset to be called the wrong name, that they should change it" (p. 75). This rhetoric reflects the concerns TGD patients have when accessing healthcare and the discomfort many face when discussing their health with their primary care provider (Scheim et al., 2021). Furthermore, this rhetoric arguably breaks the Canadian Medical Code of Conduct which calls for the equal treatment and respect of the patient (Canadian Medical Association, 2019, p.2). Thus, a physician should not expect the full onerous of being misnamed to rest on the shoulders of the patient, rather a physician has a responsibility to respect a patient's preferences when they are made know.

TGD Healthcare at the Institutional Level

When analyzing the Canadian Healthcare system at an institutional level, Ross et al. (2016) found a lack of nation-wide standardization in policies and services offered to TGD patients, particularly in gender-affirming care. Snelgrove et al. (2012) found policies to accommodate TGD patients and an understanding of the necessity of such policies are absent, leading to a "hit or miss" (p. 5) approach of healthcare where physicians had to either keep referring their patients to different specialists (when a patient required specific healthcare) until they "hit" one who would not be sensitive nor discriminatory to their TGD patients. Otherwise, patients had to be directed to a physician who was known for caring for sexual minorities but may not have the required skills to treat the patient's specific needs. Snelgrove et al. (2012) also found that formal TGD education was lacking, described as being "absent from medical school and residency curricula" (p.5), and that medical guidelines, such as sex-specific eligibility for certain treatments, could act as barriers for TGD patient care: "health

system level barriers exist when it is impossible or difficult to order a test or therapy for a patient who is considered ineligible based on their gender” (p. 8). Additional barriers had to do with transphobia at an institutional level, with some health institutes “actively discourage[ing] providers from using clinic time for trans patients” (Snelgrove et al. 2012, p. 8). Snelgrove et al. (2012) noted that “inadequate cultural competence and restrictive policies—whether official or not—were seen to contribute to systematic discrimination and transphobia that manifest as barriers to care provision at the institutional level” (p. 8). Similarly, McPhail et al. (2016) found that a lack of education and exposure to TGD health issues during medical training, such that often only encompassed a single day of LGBTQ+ education, accounted for most of the issues the Canadian healthcare institution faced when treating TGD individuals.

How can TGD Healthcare be Improved?

By understanding the key problems TGD individuals face while attempting to navigate the Canadian Healthcare system, this paper will attempt to make suggestions on how this system can be improved at both the educational and institutional levels, while relying on an adaptation of Holden et al.’s (2015) work to implement these changes. At the institutional level, federal policy should be put into place to create a patient-centered approach that “emphasizes the understanding of the patient’s world, and reasons for engaging with the healthcare system, in order for the patient and provider to come together in managing the care that the patient receives” (Ross et al., 2016, p. 245). This would allow patients to be involved in the decision-making process relating to their own health needs, empowering and supporting the patient by presenting them as a full person rather than solely their gender identity. Physician networks should also be implemented that allow an ease of access to “experts in the area [that] could support colleagues with less experience” (Snelgrove et al., 2012, p. 6). Most importantly, all guidelines should be implemented at a federal level as to not have diverging policies and levels of health coverage differ

provincially, as well as to have a central authority for TGD -care across the nation, such that could avoid the stigma or biases of each province or institution. It should be noted, implementation of these ideas at a federal level would be difficult, as Canada does not have a single primary healthcare system, but rather 13 distinct systems run by each individual province and territory (Johnston and Hogel, 2016). Therefore, provincial and territorial governments, rather than federal, plan and administer most of Canada’s healthcare services under the policies set out by the Canada Health Act (Government of Canada, 2019; Government of Canada, 2020). If implementing these changes federally then proves too difficult, provincial and territorial jurisdictions should seek to implement these changes individually.

At the educational level, TGD-related education is key in improving the Canadian healthcare system. Gender and identity theory should be required in each provincial curriculum (Ross et al., 2016) along with the standards for transition-related care (Bauer et al., 2014). Small group learning, standardized patient role-play (McPhail et al. 2016), and exposure to TGD individuals and transition-specific medical care during medical clinicals could be functional to normalize TGD-related care (Snelgrove et al., 2012). More than just TGD-related medical care however, it is important to have medical students recognize any internalized stigma they have developed, as Beagan et al. (2015) explain that “it is equally important to examine where [transphobic] attitudes and perceptions come from ... When learners understand that social messages are internalized inadvertently, they can begin to learn ways to counter them” (p. 20). Additionally, education should include training in language and proper pronoun use; basic training in hormone prescription and monitoring; basic training in the diagnosing of gender dysphoria; and basic knowledge on “the systemic nature of transphobia in society, and how this founds and produces transphobia in the healthcare setting” (McPhail et al., 2016, p. 76).

Each of these suggestions should be monitored and implemented with the guidance of a federal coalition board made up of healthcare workers (both general and LGBTQ+ specialized) and general members of the TGD community. This board must maintain

constant communication (Holden et al. 2015) between healthcare workers implementing and enacting policies and TGD patients who are on the receiving end of these policies to best maintain positive healthcare experiences. Leaders in this coalition should be task-oriented and emphasize interpersonal functions and develop a sense of egalitarian ownership between medical providers and patients (Holden et al. 2015). Additionally, this coalition board should provide opportunities for medical providers to gain additional knowledge about TGD health issues, such opportunities (Holden et al. 2015) that are to be led by educated members of the TGD community as to not have cis-gendered persons speak for TGD peoples.

Once again, due to the provincial and territorial administration of most of Canada's healthcare services (Government of Canada, 2019; Government of Canada, 2020; Johnston and Hogel, 2016), having a federal coalition board may prove difficult. In such a case, provincial and territorial healthcare administrations should seek to create a similar coalition within each of their individual systems.

These suggestions could benefit from future research, particularly into the ED utilization patterns and experiences of TGD individuals, as suggested by Bauer et al. (2014). Future research should also seek to include participants from a more diverse, pan-Canadian sample. Many of the studies reviewed in this paper focused on a small sample from a single region in Canada, and thus may not be representative of the larger Canadian TGD population. Furthermore, this research would benefit from the input of TGD voices, and the author acknowledges that suggestions made were from the perspective of a cis-gendered individual and may not best embody the TGD experience. While the Canadian healthcare system has continued to adapt and evolve to best serve individuals of varying identities over the recent years, this change has not taken the steps necessary to best serve TGD individuals. Medical providers and policy members must listen to TGD voices to cultivate a healthcare system that truly benefits all Canadians, rather than neglecting those who are marginalized.

Conclusion

By analyzing Canadian-based research pertaining to TGD experiences in the healthcare system, this paper determined prevalent causes of negative health experiences and developed suggestions to eliminate these factors. "A provider's knowledge of transgender issues and relevant healthcare services was shown as a key element to positive experiences in the healthcare setting, as well as a provider's respect throughout the healthcare encounter" (Ross et al., 2016, p. 241), and as such adapting the Canadian healthcare system is vitally important. Strategies to improve said system included physical support networks, federally implemented clinical guidelines run by a diverse coalition board, and the inclusion of TGD-related healthcare and anti-transphobia education in the Canadian medical curriculum. If federal implementation is not possible, implementing these changes at an individual provincial and territorial level could still be of benefit.

Works Cited

- Bauer, G. R., Scheim, A. I., Deutsch, M. B., & Massarella, C. (2014). Reported Emergency Department Avoidance, Use, and Experiences of Transgender Persons in Ontario, Canada: Results from a Respondent-Driven Sampling Survey. *Annals of Emergency Medicine*, 63(6), 713-720.e1. <https://doi.org/10.1016/j.annemergmed.2013.09.027>
- Beagan, B., Fredericks, E., & Bryson, M. (2015). Family physician perceptions of working with LGBTQ patients: physician training needs. *Canadian Medical Education Journal*, 6(1), e14–e22. <https://doi.org/10.36834/cmej.36647>
- Canadian Medical Association. (2019). *CMA code of ethics and professionalism*. [www.cma.ca](https://www.cma.ca/cma-code-ethics-and-professionalism). <https://www.cma.ca/cma-code-ethics-and-professionalism>
- Government of Canada. (2019, September 17). *Canada's health care system*. [Canada.ca](https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html). <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html>
- Government of Canada. (2020, August 31). *Mental illness*. [Canada.ca](https://www.canada.ca/en/public-health/services/chronic-diseases/mental-illness.html). <https://www.canada.ca/en/public-health/services/chronic-diseases/mental-illness.html>
- Holden, K., Akintobi, T., Hopkins, J., Belton, A., McGregor, B., Blanks, S., & Wrenn, G. (2015). Community Engaged Leadership to Advance Health Equity and Build Healthier Communities. *Social Sciences*, 5(1), 2. <https://doi.org/10.3390/socsci5010002>
- Johnston, S., & Hogel, M. (2016). A decade lost: Primary healthcare performance reporting across Canada under the action plan for health system renewal. *Healthcare Policy* | *Politiques de Santé*, 11(4), 95–110. <https://doi.org/10.12927/hcpol.2016.24593>
- McPhail, D., Rountree-James, M., & Whetter, I. (2016). Addressing gaps in physician knowledge regarding transgender health and healthcare through medical education. *Canadian Medical Education Journal*, 7(2), e70-78. <https://doi.org/10.36834/cmej.36785>
- Ross, K. A. E., Law, M. P., & Bell, A. (2016). Exploring Healthcare Experiences of Transgender Individuals. *Transgender Health*, 1(1), 238–249. <https://doi.org/10.1089/trgh.2016.0021>
- Scheim, A. I., Coleman, T., Lachowsky, N., & Bauer, G. R. (2021). Health care access among transgender and nonbinary people in Canada, 2019: A cross-sectional survey. *Canadian Medical Association Open Access Journal*, 9(4), E1213–E1222. <https://doi.org/10.9778/cmajo.20210061>
- Snelgrove, J. W., Jasudavicius, A. M., Rowe, B. W., Head, E. M., & Bauer, G. R. (2012). “Completely out-at-sea” with “Two-gender medicine”: A Qualitative Analysis of Physician-side Barriers to Providing Healthcare for Transgender Patients. *BMC Health Services Research*, 12(1). <https://doi.org/10.1186/1472-6963-12-110>
- Trans PULSE Canada (2020). Health and Health Care Access for Trans & Non-Binary People in Canada. In *Trans PULSE Canada* (pp. 1–9). Trans PULSE Canada.
- United Nations. (2022). *The struggle of trans and gender-diverse persons*. OHCHR. <https://www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity/struggle-trans-and-gender-diverse-persons>