



Institute of
Medical
Illustrators

IMI National Guidelines

A Guide to Good Practice

Guidance for working with Transgender Patients

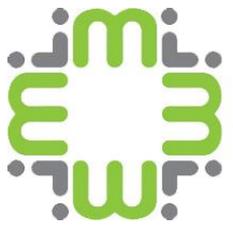
These guidelines have been developed by the Institute of Medical Illustrators, in consultation with specialist advisors. They should be considered a guide to good practice, providing a baseline for auditable standards. If necessary, adaptations may be made to take into account your local conditions.

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clinical photography, design and video in **healthcare**

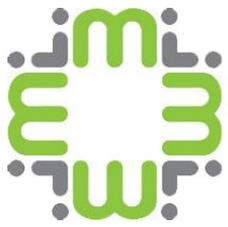
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Introduction

During the course of a Clinical Photographer's duties it is sometimes necessary to photograph patients in a state of undress and potentially focus on intimate areas. In these situations the traditional approach is for the photographer and the patient to be both male or both female, however if this is not possible it may be necessary for a different photographer to carry out photography. Conventional guidance recommends that in a situation where the patient and photographer differ, and the patient is in a state of undress, a chaperone should be used to protect both patient and the professional. This however does not take into consideration the growing population that are living in a gender role other than that which they were assigned at birth, nor does it take into account any other gender diversity.

In January 2016, the House of Commons Women and Equalities Select Committee published its *Transgender Equality* report, which stated "Trans people encounter significant problems in using general NHS services, due to the attitude of some clinicians and other staff who lack knowledge and understanding — and in some cases are prejudiced. The NHS is failing to ensure zero tolerance of transphobic behaviour."

The following document has been developed through research and discussions with various transgender individuals and professional groups to help provide knowledge to clinical illustrators so that they can provide a better service for any transgender patients they may meet. By reading through the information offered here, IMI members will have a greater understanding of how their practice can best meet the needs of trans people. This in turn will lead to a better environment for patients, leading them to be pleased with the consideration provided.

Background Information

Transgender is the term used to describe the experience or feeling of not identifying with the identity that is associated with the sex one was assigned at birth; this is also described as being trans. For the purpose of this document "trans patient" refers to any patient of any gender who identifies differently to the sex they were assigned at birth. In 2009 GIRES (Gender Identity Research and Education Society) estimated that there were roughly 500,000 people who identify as transgender in the UK, with the number doubling every 5 years, which would mean that the number of people who identify as transgender could now be between 1 million and 1.5 million.

Transgender people often face prejudice from family, friends and members of the public when they reveal their gender identity. In 2012 Thom & Weeks reported in the *Transgender Guide for NHS Acute Hospital Trusts* that 29% of Trans people had been refused treatment by a doctor or nurse who did not approve of their gender transition, they also found that 35% of trans people had attempted suicide at least once. As healthcare professionals it is our duty to ensure every patient is treated equally and made to feel welcome regardless of their age, race, gender or beliefs etc.





Terminology & Language

Terminology within the transgender community can vary between different groups; the following list is not conclusive of all possible definitions.

Transgender: A term for people whose gender identity, expression or behaviour is different from those typically associated with their assigned sex at birth.

Gender Dysphoria: The condition of feeling one's emotional and psychological identity as male or female to be opposite to the sex assigned at birth.

Trans Man: A term for a transgender individual who identifies as a man.

Trans Woman: A term for a transgender individual who identifies as a woman.

Gender Identity: An individual's internal sense of being masculine, feminine, or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others.

Transsexual: A term used primarily by the medical profession for people whose gender identity is different from their assigned sex at birth and who seek to transition from one gender to another. This term is problematic for many, as it may pathologise the experience of trans people.

Cross-dresser: A term for people who dress in clothing traditionally or stereotypically worn by the other gender, but who generally have no intent to live full-time as such.

Non-Binary: A term for gender identities which are not exclusively male or female. Also referred to as genderqueer.

Gender Non-conforming: A term for individuals whose gender expression is different from societal expectations related to gender.

Intersex: A term used for people who are born with variation in sex characteristics, such as reproductive or sexual anatomy, that does not fit the typical definitions of male or female bodies.

FTM: Shorthand for a person who is (or has) transitioned from "female-to-male," meaning a person who was assigned female at birth, but identifies and lives as a man. Also known as a "transgender man."

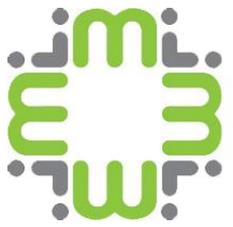
MTF: Shorthand for a person who is (or has) transitioned from "male-to-female," meaning a person who was assigned male at birth, but identifies and lives as a woman. Also known as a "transgender woman."

Gender confirming surgery: Surgical procedures that change a person's body to better reflect their identity. This may include different procedures, including those sometimes referred to as "top surgery" (breast augmentation or removal) or "bottom surgery" (altering genitals). Contrary to popular belief, there is not one surgery; in fact there are many different surgeries. These surgeries are medically necessary for some people, however, not all people want, need, or can have surgery as part of their transition. "Sex change surgery" is considered a derogatory term by many.

Transition: The process by which a person lives as the gender with which they identify, rather than the gender associated with the sex they were assigned at birth. The process may include changing one's first name and dressing and grooming differently. Transitioning may or may not incorporate medical and legal aspects, such as taking hormones, having surgery, or changing identity documents to reflect one's gender identity.

Cisgender: A term that refers to a person whose identity corresponds with that associated with the sex they were assigned at birth.





Advice on using pronouns with transgender patients

A pronoun is a word that takes the place of a noun. For instance in the sentence “could you follow them into the studio” the word “them” is a pronoun, which has taken the place of the name of the person who needs to be followed. Pronouns are important as they help trans people to identify (and be identified) in their gender, rather than the sex assigned to them at their birth. Transgender people may offer their pronouns to you when you first greet them, for example, during phone calls where their voice may not match what you expect from someone of their gender. Pronouns are a natural part of speech, and it is easy to fall into old habits; if you do use the wrong pronoun simply apologise and pay more attention to the words you use. Try not to use pronouns that are gender specific, such as He, She, Him or Her unless the patient indicates that those pronouns refer to them.

When assisting patients face to face, look at characteristics the patient can control (such as clothing) to evaluate possible correct pronouns, and never be afraid to politely ask what pronouns they prefer - this will prevent you upsetting or insulting a person by guessing incorrectly.

Avoid using heteronormative language when talking to all patients, trans or not. There is no link between gender and sexual orientation; therefore it might well be incorrect to make a comment such as “your wife/husband can use the images to keep an eye on those moles on your back”. Instead use the word “partner”; you will never be wrong as it makes no assumption of the person’s orientation.

Laws & Rights

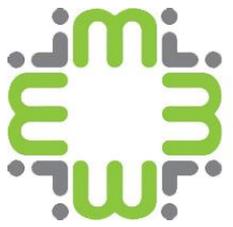
Equality Act 2010

The Equality Act 2010 offers protection by prohibiting direct and indirect discrimination or harassment of patients on the basis of a protected characteristic. The protected characteristics are;

- age,
- disability,
- gender reassignment,
- marriage and civil partnership,
- pregnancy and maternity,
- race,
- religion or belief,
- sex and sexual orientation.

Direct discrimination takes place when a person treats another less favourably than others because of a protected characteristic. Indirect discrimination occurs when a person (e.g. medical professional) applies a provision, criterion or practice to a person (e.g. a patient) that appears neutral but which actually disadvantages the person and those who share the same protected characteristic.





Harassment applies to a person's behaviour and conduct which is meant to cause a person to feel (among other things) distressed, intimidated or humiliated. For instance, continuing to refer to a patient as "Sir" after being advised that the term does not apply to them may be considered harassment.

Gender Recognition Act 2004

The Gender Recognition Act 2004 is an act of Parliament that gives people with gender dysphoria the legal recognition of their actual gender. The Act allows transgender people to acquire a Gender Recognition Certificate (GRC) which grants them access to a new birth certificate and the full rights associated with their acquired gender. However a patient does not need a GRC to have their gender changed on their medical records.

All patients have the right to confidentiality and privacy; however trans patients who hold a GRC have extra protection should a person reveal their trans status. Section 22 of the Gender Recognition Act says it illegal for representatives of public bodies, services, businesses or employees to reveal such information; doing so is a strict liability criminal offence and could result in police action, a criminal record and a maximum fine of £5000. Therefore take care with the language you use when dealing with a ward based patient in a shared bay or when in a busy waiting area.

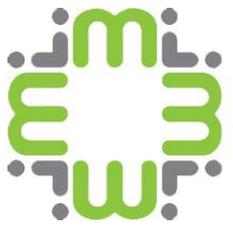
Advice when Photographing Transgender Patients

Every patient seen within a clinical photography department deserves the respect of every member of staff they interact with. All patients wish to maintain control over who sees them unclothed, and transgender patients might be particularly concerned about this; the following are suggestions to enable you to give them the ability to maintain that control.

- It is advised that you should treat patients in the gender they identify with. Clothing, hair etc. can act as a signifier if the person's gender is not noted on the request form; if in any doubt – ask.
- If photographs of the patient are required with them in a state of (full/partial) undress, ask (in a private area) if they are ok with you as the photographer or if they would prefer someone different.
- If photographs are required of an intimate area and a chaperone is required then ask the patient what sort of chaperone they would like.

There may be occasions when the patient does not wish any additional clinical staff to be present during imaging (i.e. chaperoning or training). Explain your reasons for offering or wanting a chaperone present. However, if they still object then respect their wishes.





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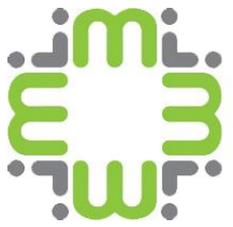
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