

- **Ask, don't assume!** Just because someone "looks like" a particular gender doesn't mean they identify that way. Ask them what name and pronoun they prefer to use, note their preferred name and pronouns on intake and medical history forms and use it consistently.
- **Don't ask unnecessary questions** about their bodies or genitals. If you're treating a sprained arm, focus on their arm. Respect the privacy of the patient, and ensure that they are treated professionally and compassionately.
- **Describe people by features**, rather than perceived gender. "The person in the blue coat" or "the patient with a red scarf" is more accurate than "that man over there".
- Many (but not all!) TGIQ people have complicated relationships with their body. Asking them **what terms they prefer to be used for their body and/or body parts**, and then using those terms, can help them feel empowered and affirmed.
- Remember that TGIQ patients are more likely to have been harassed, shamed, and even assaulted in medical offices, so **ask permission before touching them** and give them clear information about any procedures that you need to perform. Respect that due to those traumatic experiences, they may also react to other kinds of interactions, and focus on providing them with safe, responsive, affirming treatment.
- **Ask BEFORE bringing additional personnel** into the room (including other doctors, medical students, or nursing staff) treating your TGIQ patients like "examples" can feel like you are de-personalizing, shaming, or harassing them.
- Respect that TGIQ will often **bring a "safe person" or patient advocate** into their appointments with them, and be open to this. If you absolutely have to deliver something where another person cannot be in the room, such as a Domestic Violence screener, simply be clear about the fact that they will need to step outside for just a moment. TGIQ patients may also benefit from work with a patient advocate, so make advocate contact information easily available in your practice.
- Have literature, pictures, etc that are applicable to the TGIQ population in your lobby and patient rooms. **Seeing their lives represented and affirmed** goes a long way towards making TGIQ people feel comfortable
- No transition is the same. **Medical transitions are deeply personal.** Some TGIQ folks don't medically transition at all and some do; some medical transitions may or may not include surgeries. Don't assume anything about how medical transition relates to their identities respect that their personal transition is critical to their health, and ask about their desires in a supportive, solution-focused manner.
- In all work with TGIQ patients, **focusing on patient-guided care is critical**; patient's needs and desires should direct treatment goals and methods. Coordinating medical care with various specialties (such as endocrinologists and therapists) should be a priority, in order to effectively treat the whole person in an affirming, empowering manner.

RAD REMEDY

radremedy.org info@radremedy.org