Addressing a Gender Identity Crisis in Medicine

Ayan Chatterjee, MD, MSEd
Drew Kotler, MD
Mariana Kuperman, MD, MPH
Lionel McIntosh, MD, MHS
Courtney Pendleton, MD
Avik Chatterjee, MD, MPH

“‘What is your gender? Male or female?’ A seemingly innocuous question. Yet, I hesitated.

As a queer person of color, that binary gender question always makes me uncomfortable. Looking around the room, I searched for a hint that someone shared my anger at that moment. I could not quite get a read on people’s faces, but I went for it anyway: ‘I do not think that question is fair.’

The group of 32 medical and surgical residents and fellows, who had volunteered to attend an early morning meeting with representatives of the Accreditation Council for Graduate Medical Education (ACGME) as part of the periodic Clinical Learning Environment Review (CLER) process, had expected a bland meeting and were ready to enjoy the break from clinical responsibilities. We had expected an open-ended conversation about our graduate medical experience, not a multiple-choice audience response questionnaire administered by an unfamiliar physician.

The caffeine had not even set in yet, but inadvertently, the moderator of the session had managed to wake us up. No one in that room wanted to hold things up on a morning that would be blissfully free of clinical responsibilities.

As I started sweating through my scrubs, and murmurs arose in the crowd, I thought about the other residents all around the country who had already been subjected to this question. Surely I was not the first trainee to push back? Or maybe I was just being unnecessarily stubborn?

Just before I relented, allowing my thumb to depress the clicker the final millimeter, a coresident raised his hand and said, ‘I stand with him.’ Other residents chimed in, and after we had informally assembled into a small cohort of allies, we informed the moderator that we would be writing a letter to outline the ways in which the ACGME could do better. Then the meeting proceeded, and our cohort waited until after it had ended to gather our thoughts.

Although the ACGME focus group was where we faced this issue most immediately, we know this is a broader problem in medicine. What bothered us most about the CLER session was that the audience response system’s binary forced choice for gender is exactly what many of our queer—and other gender nonconforming—patients face from medical professionals every day. Patients often do not volunteer intimate details about sexual orientation and gender identity (SOGI), either because they do not feel comfortable doing so or because they are never asked properly in the first place.

In 2011, the Institute of Medicine (IOM) published a comprehensive report on lesbian, gay, bisexual, and transgender (LGBT) health care disparities, and it identified a “lack of data” as the key barrier to serving these populations effectively.1 One important recommendation was that all research supported by the National Institutes of Health apply evidence-based techniques to gather SOGI information about study participants, even going so far as to mandate this for all federally funded surveys. The authors of the IOM report cited numerous compelling reasons why we ought to take this approach: (1) the increased incidence of depression and suicide attempts among LGBT youth; (2) the higher rates of substance use and homelessness; (3) the relative lack of physicians knowledgeable about specific LGBT health needs; and (4) the high rate of hate violence committed against transgender individuals.1 Furthermore, the authors highlighted the lack of corresponding data on physician trainees. This fact is even more alarming considering a recent, tragic, high-profile medical student suicide in New York, and the subsequent efforts by school administrators to refocus the national conversation regarding student well-being.3 We cannot begin to address these issues until we have the requisite data to draw sound conclusions.

DOI: http://dx.doi.org/10.4300/JGME-D-17-00572.1
Editor’s Note: The CLER program took feedback from the community into consideration in modifying the gender response options to include an additional category, “other.” This change was implemented in September 2017.
Sexual Orientation and Gender Identity Questionnaire

Do you think of yourself as:
- Lesbian, gay or homosexual
- Straight or heterosexual
- Bisexual
- Something else, please describe
- Do not know

What is your gender identity? (Check all that apply)
- Female
- Male
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional gender category/(or Other), please specify
- Decline to answer, please explain why

What sex were you assigned on your original birth certificate? (Check one)
- Female
- Male
- Decline to answer, please explain why

In this article, we have shared our personal and emotional experience to illustrate the real ways in which abstract principles of LGBTQ inclusion play out in the everyday lives of physician trainees. We hope to hear from other residents and fellows across the country who have experienced similar disappointment with how our institutions approach issues of gender identity. In light of the 2011 IOM report and its impact, it is imperative that reform start from within the medical community. As physicians, we must not squander this opportunity to change the way we study and treat both ourselves, as physician trainees, and the most vulnerable among our patients.

References

Ayan Chatterjee, MD, MSED, is PGY-4 Resident in Ophthalmology, Wills Eye Hospital, Thomas Jefferson University Hospital; Drew Kotler, MD, is PGY-3 Resident in Internal Medicine, Thomas Jefferson University Hospital; Mariana Kuperman, MD, MPH, is PGY-3 Resident in Family Medicine, Thomas Jefferson University Hospital; Lionel McIntosh, MD, MHS, is PGY-3 Resident in Family Medicine, Thomas Jefferson University Hospital; Courtney Pendleton, MD, is PGY-6 Resident in Neurosurgery, Thomas Jefferson University Hospital; and Avik Chatterjee, MD, MPH, is a Physician, Boston Health Care for the Homeless Program, and Associate Epidemiologist, Brigham and Women’s Hospital.

Corresponding author: Ayan Chatterjee, MD, MSED, Thomas Jefferson University Hospital, 111 South 11th Street, Philadelphia, PA 19107, 919.597.8747, ayan.chatter@gmail.com