

Transgender health and its current omission from medical school curriculum: medical students' perspective

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Dear editor

We read with great interest the article by Dubin et al,¹ which highlighted a widespread issue in the lack of transgender health exposure among both undergraduate and postgraduate curricula. As final-year, UK medical students, we would like to offer our perspective on transgender-related health education.

We are delighted to see a thorough review on the current state of transgender-specific education. However, we were disappointed to read that due to its exclusion from the medical curricula, we directly contribute to health inequalities experienced by the transgender population. Furthermore, we acknowledge a recent and important study, which reports that 41% of the transgender population attempt suicide at least once during their lifetime.² While we recognize that a lack of curricular time may constrain the ability to teach the many topics within transgender medicine, we firmly believe that this statistic alone should highlight the seriousness of this curricula oversight. We fully support the notion that sufficient transgender medical education must begin in medical school and continue throughout our careers.

We agree with the recommendations of the article that accreditation boards alike should specifically name transgender health as a required topic while simultaneously identifying clinical competency expectations. In 2018, the UK's Medical Students Conference acknowledged inadequate training on this topic and called upon the British Medical Association to investigate current levels of training and lobby the Medical Schools Council, General Medical Council, and Royal Colleges to ensure transgender health care becomes a core part of undergraduate and postgraduate training.³ We strongly believe that pressure needs to be put on curricula influencers in order to rectify the current omission.

As final-year medical students, we have had no teaching on transgender health-related issues beyond equality and diversity sessions. From our experience, anxiety stems from a lack of understanding of gender pronouns; misgendering a patient can have hugely negative impacts on the individual and their willingness to seek help again.

We believe that the transgender community is best able to educate medical professionals in how to create an environment which adequately responds to their needs. We believe that initiating a discussion will help to bridge the gap between the current disparities in transgender care. Furthermore, involving common transgender-related scenarios in communication skills training would provide opportunities for students

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to practice key skills, such as correct terminology, in a supporting environment to ensure that they are confident and competent when they graduate. Role-play and communication skills teaching improve the competencies of medical students, and 90% of students communicate better after such training.⁴ We effectively use this principle in other areas of medicine, so, it should also be used to improve competency in transgender-related health.

We agree with the difficulties highlighted in Dubin et al¹ that current research does not allow us to reach a consensus as to the most effective interventions. However, perhaps more importantly, this paper demonstrated that all interventions were associated with some level of improvement in attitudes, skills, and knowledge. Therefore, we can no longer accept nor allow a complete lack of medical curricula time

to continue to reinforce barriers to an already marginalized population.

Disclosure

The authors report no conflicts of interest in this communication.

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Authors' reply

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Dear editor

We thank the authors for their correspondence to our article.¹ They raised a well-taken point that the lack of transgender health education is not limited to the USA and Canada, which encompassed the geographic scope of our review. We appreciate their insight into the lack of transgender health education in the United Kingdom's various medical education curricula. We are encouraged by the UK's Medical Students Conference lobbying efforts to promote the topic in medical schools.

We hope our review will encourage similar reviews of transgender health education in other health education systems. Such efforts are needed, especially in medical education systems that differ from the traditional 4-year medical school

programs predominantly in the United States, in order to determine which specific educational interventions are most effective in increasing attitudes, skills, and awareness of transgender health issues in non-US medical systems. Due to our review's scope, we cannot claim that all our recommendations are applicable to foreign educational systems. However, we do encourage medical education programs in other nations to adopt relevant recommendations for their respective educational systems.²⁻⁴ Medical education is a cornerstone of equitable health care for transgender patients regardless of where they live.

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