doi.org/10.58931/cdet.2025.3347

About the Author

Irena Druce, MD, FRCPC, MSc

Dr. Irena Druce completed her studies, including a Masters in Cellular and Molecular Medicine and her medical education, at the University of Ottawa. She practices in the community and as a part-time associate with The Ottawa Hospital. She is an assistant professor with the Department of Medicine at the University of Ottawa and is the recipient of the 2024 Jeff Tunbul Health Advocacy Award. Her areas of clinical interest include type 2 diabetes, endocrine toxicities of immune checkpoint inhibitor therapy, and transgender health.

Affiliations: Division of Endocrinology and Metabolism, Department of Medicine, University of Ottawa, Inflammation & Chronic Disease Program, The Ottawa Hospital Research Institute

Running a Trans-Welcoming Clinical Practice

Irena Druce, MD, FRCPC, MSc

Introduction

A wide range of terms are used to describe gender-diverse people, including transgender, gender-fluid, gender-queer, non-binary, and two-spirit, reflecting the diversity of the community itself. Transgender and gender-diverse patients (TGDP) may experience gender dysphoria—the distress that arises when their gender identity does not align with the sex assigned at birth. TGDP are estimated to represent between 0.1% and 2% of the global population; in Canada, the 2019 census reported a prevalence of 0.35%.[1]

Access to gender-affirming care is strongly linked to improved health outcomes. One study found that suicidal ideation decreased from 67% prior to transition to just 3% afterward.[2] Yet, despite the clear benefits, TGDP continue to face major barriers to care.[3] According to the Trans PULSE survey, as of 2019, only 35% of respondents had completed their medical transition. Even in general healthcare, access remains inequitable: while 81% of respondents reported having a primary care provider (PCP), only 52% felt comfortable discussing trans-related health issues with their PCP, and over 40% reported having an unmet healthcare need.[1] These disparities reflect the ongoing impact of transphobia and prior trauma within healthcare systems, and as a result, TGDP face disproportionate health burdens compared to the general population, including lower rates of cancer screening, higher rates of mental health disorders, and sexually transmitted infections **(Figure 1)**.

Addressing these inequities requires urgent action to expand access to gender-affirming hormone therapy, surgery, and mental health care. Equally important, healthcare systems must adopt inclusive policies and practices that improve access to all forms of care for TGDP. This article outlines practical measures that any healthcare practice can implement to create a more welcoming and affirming environment.

Trauma-Informed Care

Trauma-informed care (TIC) provides a useful framework for creating safer and more inclusive clinic environments. Trauma refers to the emotional response to a disturbing or threatening event, and its effects can be long-lasting, influencing health, well-being, and a person's ability to engage with care. For TGDP, trauma

is often compounded by experiences of stigma, discrimination, and mistreatment in healthcare. One striking example is conversion therapy, which was only banned in Canada in 2022; data from the Trans PULSE project indicate that 11% of respondents had been subjected to it, with rates rising to 30% among those aged 50 and older.[4]

TIC is not defined as a specific set of treatments, but rather an approach that encourages providers to view patients through the lens of their lived experiences and potential trauma, and to adapt care accordingly.[5] This perspective reduces the risk of retraumatization and fosters a more trusting therapeutic relationship. Importantly, the principles of TIC benefit all patients, not only TGDP, by promoting respect, transparency, and patient autonomy across the healthcare system.

The remainder of this article outlines practical steps for integrating TIC into everyday clinical practice, from the design of clinic spaces to policies, communication, and treatment decisions. These measures can be adopted at every level of healthcare and contribute to creating safer, more welcoming environments for all patients.

Practical Approach

Create Safe and Affirming Environments

Physical markers, such as rainbow flags or signs indicating the clinic's inclusiveness policy, can be displayed in waiting areas and other public spaces. One example is the *Positive Space* poster available through Rainbow Health Ontario **(Figure 3)**, which signals a commitment to

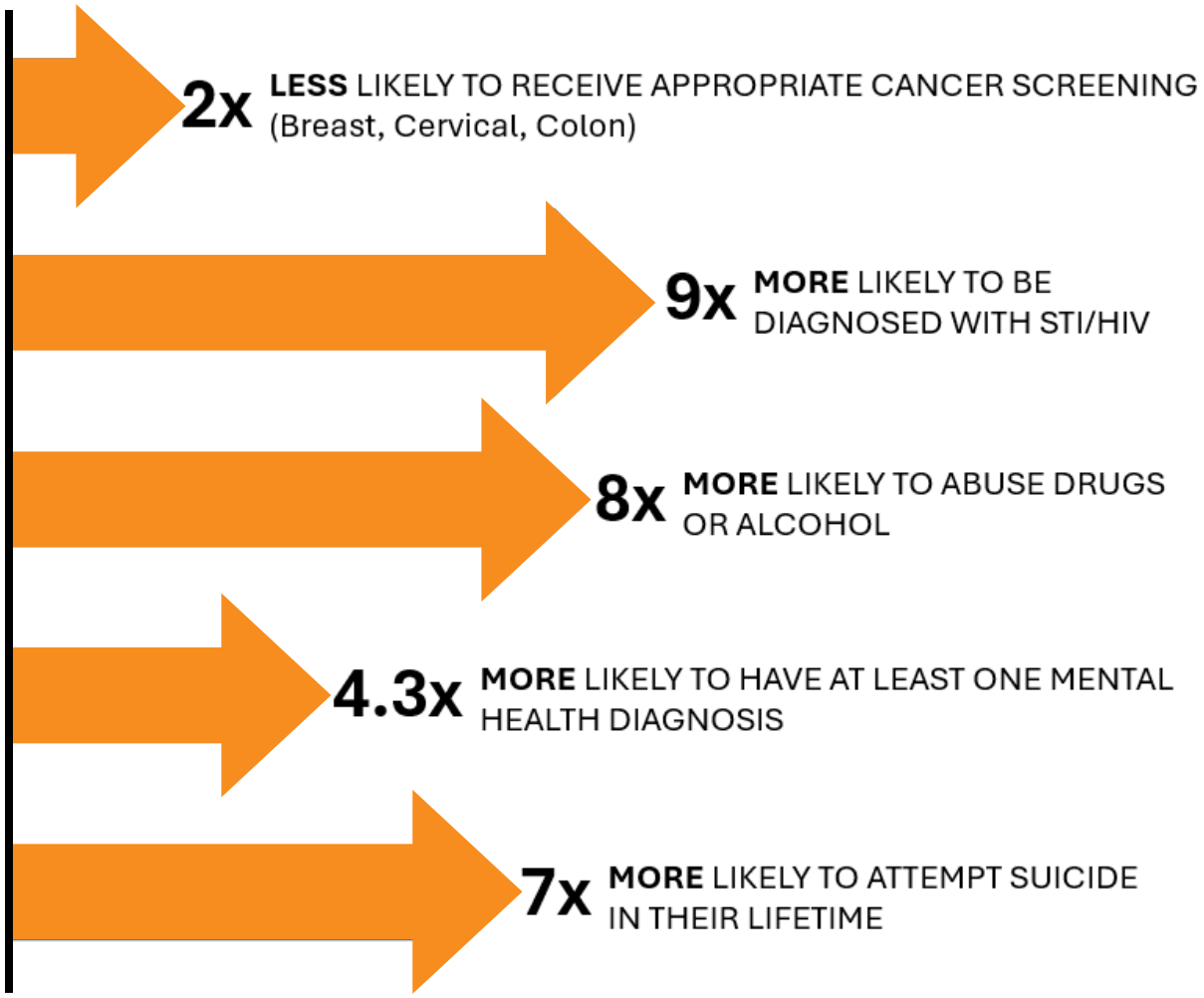

Figure 1. Approximate fold increase of various health outcomes experienced by patients identifying as transgender or non-binary compared to the general population*; courtesy of Irena Druce, MD, FRCPC, MSc*

welcoming all community members and providing a space free of discrimination and harassment based on gender or sexual identity.[6]

Bathrooms should ideally be gender-neutral and single-use. This approach not only provides physical privacy and safety but also reduces the risk of unintended outing or misgendering of transgender individuals. In addition, gender-neutral facilities affirm that people of all genders belong in the clinic space, helping create an environment where patients can access care without fear of judgment or harm.[7]

Intake Forms

Intake forms should provide options for patients to indicate their gender identity, pronouns, and preferred name. Consent should be sought before including certain measures, such as weight or body mass index, which can be stigmatizing. Many patients, particularly those affected by the intersection of transphobia, fatphobia, and racism, have experienced harm in this area.[7]

Language and Communication

Patient-preferred names and pronouns should be clearly documented in their medical record and used consistently. Gendered honorifics should be avoided. When mistakes occur, such as deadnaming or misgendering, providers should offer a brief apology and correct themselves without dwelling on the error.

Providers and staff should also make a habit of introducing themselves and sharing their pronouns to help normalize the practice. This reinforces that respecting pronouns is a standard courtesy extended to all people, not just those who are transgender, and helps to foster a clinic culture where every patient feels acknowledged and respected.

Equally important is to avoid making assumptions. Gender identity, expression, anatomy, and sexual orientation exist in countless combinations, and no single trait predicts the others. Staff should mirror the language patients use for their identities, partners, and bodies rather than inferring or imposing terms.[5]

Staff Training

TIC training is essential for creating safe and supportive environments. It equips staff to recognize the impact of trauma, respond empathetically, and avoid retraumatization. Such training fosters a culture of care that benefits patients and staff alike, by reducing burnout and improving relationships. Programs are available through organizations such as Rainbow Health Ontario and the World Professional Association for Transgender Health Global Education Initiative (WPATH GEI).

Safety	Throughout the organization, staff and the people they serve feel physically and psychologically safe.
Trustworthiness and Transparency	Organizational operations and decisions are conducted with transparency and goal of building and maintaining trust among staff, clients and family members of those receiving services.
Peer Support	Integral to the organization and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.
Collaboration and Mutuality	Recognition that healing happens in relationships and is the meaningful sharing of power and decision making.
Empowerment, Voice and Choice	Organization aims to strengthen the staff, client and family members' experience of choice and recognizes that every person's experience is unique and requires an individualized approach.
Cultural, Historical and Gender Issues	Organization moves past cultural stereotypes and biases, offers culturally response services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Figure 2. Principles of trauma-informed care; *courtesy of Irena Druce, MD, FRCPC, MSc*

Figure 3. Positive Space Poster - www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2014/09/Poster_English-ovyxku.pdf; *courtesy of Irena Druce, MD, FRCPC, MSc*

Trauma-Informed Assessments

Clinical assessments, including both history-taking and physical examinations, should be conducted with an awareness of prior trauma and a commitment to ensuring patients retain as much choice and control as possible throughout the process. A trauma-informed approach recognizes that even routine questions or procedures may be triggering for patients who have experienced stigma or mistreatment in healthcare settings.

Sensitive information, such as sexual or social history, should be requested with a clear explanation of why it is relevant. This approach builds trust and signals respect for boundaries. The same principle applies to physical examinations. Sensitive aspects of the exam should be described in advance, with the purpose and necessity explained clearly, and explicit consent should be obtained before proceeding. Whenever possible, patients should be offered choices—such as whether an examination occurs during the current visit or can be deferred, or whether a chaperone is present.[7] The routine and proactive offer of a chaperone of the patient's choosing should be standard practice for all patients, including TGDP and cisgender individuals, as this reinforces equity and consistency in care.

Transparency and Open Communication

Clear communication about clinic practices, care options, and decision-making processes is key to building trust. For example, fee schedules and no-show policies should be explained upfront and applied with sensitivity, recognizing that TGDP are disproportionately represented among lower socioeconomic groups. Framing policies in a way that balances accountability with compassion—such as offering grace periods, flexible rescheduling options, or sliding-scale fees—can help reduce barriers to ongoing care.

Communication policies should also be explicit: patients should know how to contact their provider, what response times to expect, and the appropriate use of different communication channels. Documentation should be open and collaborative, with patients generally having access to their records. Diagnostic codes, such as "Gender Dysphoria," should only be used after discussion and with patient consent, to avoid unintended stigma or outing.

Patient Choice and Control

Respecting patient autonomy is a cornerstone of ethical care. A trauma-informed and patient-centred approach requires full adherence to the principles of informed consent. Patients should be active participants in treatment decisions, with clear explanations of risks, benefits, and alternatives. Informed consent must be thorough and meaningful, giving patients the opportunity to ask questions and voice preferences.[5]

At the same time, it is important to recognize that patient choice operates within the boundaries of what is medically safe and feasible. Providers must balance respect for autonomy with their duty to avoid harm and uphold standards of care. Clear communication about these boundaries—including why certain treatments may not be advisable or possible—is essential to preserving trust while ensuring safety.

Collaboration

Collaboration extends patient autonomy from the clinical encounter to the broader healthcare system. At the individual level, this means engaging patients in shared decision-making and recognizing them as experts in their own experiences. At the organizational level, it involves seeking patient feedback on policies, communication practices, and clinic design.

Practical strategies include establishing patient advisory groups or involving patient partners in quality improvement initiatives. Such collaboration is particularly valuable when developing policies for TGDP, yet the resulting improvements—greater safety, responsiveness, and inclusivity—benefit all patients.

Conclusion

Creating a transgender-welcoming practice does not require large-scale structural change; rather, it relies on consistent implementation of simple, intentional steps that align with the principles of TIC. Measures such as displaying inclusive signage, providing gender-neutral bathrooms, implementing respectful intake processes, maintaining transparent policies, and fostering collaborative communication all serve to affirm patient dignity and autonomy. These practices not only make clinics safer and more accessible for TGDP, but also foster a culture of respect that benefits every patient who walks through the door. By committing to these

approaches, healthcare providers can move toward systems that are more inclusive, equitable, and responsive, ensuring that all patients feel both welcomed and cared for.

Correspondence

Irena Druce, MD, FRCPC, MSc
Email: idruce@toh.ca

Financial Disclosures

I.D.: Speaking Honoraria: Abbott, Astra Zeneca, Amgen, Bayer, Boehringer Ingelheim, CCRN, CPD Network, Dexcom, Eli Lilly, HLS Therapeutics, Janssen, Merck, Novo Nordisk, Sanofi; **Consultancy Fees:** Abbott, Amgen, Bayer, Dexcom, Eli Lilly, Novo Nordisk, Sanofi

References

1. Scheim AI, Coleman T, Lachowsky N, Bauer GR. Health care access among transgender and nonbinary people in Canada, 2019: a cross-sectional survey. CMAJ Open. 2021;9(4):E1213–E1222. doi:10.9778/cmajo.20210061
2. Bailey L, Ellis SJ, McNeil J. Suicide risk in the UK trans population and the role of gender transition in decreasing suicidal ideation and suicide attempt. Mental Health Review Journal. 2014;19(4):209–220. doi:10.1108/mhrj-05-2014-0015
3. Bauer GR, Scheim AI, Pyne J, Travers R, Hammond R. Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. BMC Public Health. 2015;15:525. Published 2015 Jun 2. doi:10.1186/s12889-015-1867-2
4. The Trans PULSE Canada Team. QuickStat #1 – Conversion Therapy [Internet]. TransPulse Canada; 2019 [Cited September 26, 2025]. Available from: https://transpulsecanada.ca/research-type/quickstats/.
5. Borcherding H, Itz ML, Strauss B, Nieder TO. Trauma-informed care in the health-care for transgender and gender-diverse adults: a scoping review. Front Psychiatry. 2025;16:1577225. Published 2025 Jun 19. doi:10.3389/fpsyt.2025.1577225
6. Rainbow Health Ontario. Positive Space (Poster) [Internet]. September 9, 2014 [updated Aug 13, 2017, cited September 26, 2025]. Available from: https://www.rainbowhealthontario.ca/resource-library/positive-space-poster/.
7. Stroumsa D, Raja NS, Russell CB. Reproductive health in trans and gender-diverse patients: trauma-informed reproductive care for transgender and nonbinary people. Reproduction. 2024;168(6):e240054. Published 2024 Nov 14. doi:10.1530/REP-24-0054