RECIPE Small Group Discussions: Case 4 video
(Video length 6:58)

OVERVIEW
This case involves a 14-year-old female patient who comes to an OB/Gyn clinic seeking help with puberty suppression. The teenager’s mother has agreed to accompany her daughter to the clinic but has not agreed to support the minor’s request for puberty suppression. Multiple religious, ethical and cultural issues underlie this scene so the case is relevant for use in undergraduate and graduate medical education. The video highlights a situation involving controversial medical treatments, adolescent patients and state laws addressing medical treatment of adolescents but is presented to allow faculty the opportunity to discuss other issues not uncommon to the reproductive clinic. This video also allows future healthcare providers to address personal biases, such as advising a transgender teen who does not have parental support for medical treatment, that should not influence patient interactions. The physician’s handling of the situation is also portrayed to allow discussion of professionally managing patient encounters. Students need to be conscious of how to professionally handle these sensitive situations so we encourage faculty to view this facilitator guide as suggestive but not all inclusive.

Learning Objectives
At the end of the session, the student should be able to:

1. Recognize how one’s personal values and opinions about different cultures, communities, personal attributes, and beliefs impact patient care.
2. Discuss the legal issues related to caring for minors presenting for gynecological care, including treatments for gender dysphoria.
3. Analyze cases which involve ethical conflict, including parental decision-making and involvement of children in medical decisions.
4. Identify strategies for providing healthcare for minor patients lacking parental/guardian consent.

Facts to Initiate Discussion
- Transgender is defined as, “any individual whose gender-related identification or external presentation either violates conventional conceptualizations of ‘male’ or ‘female’ or mixes different aspects of male and female role and identity” (Diamond and Butterworth, 2008, p. 365).
- In a survey of Female-to-Male transgender people, 41.8% claimed experiencing verbal harassment, physical assault, or denial of equal treatment in a hospital or physician’s office (Shires, D.A. and Jaffee, K., 2015).

Critical Points (Every Student Needs to Hear)
- Caring for a transgender patient should involve a team that includes a physician, a licensed mental health professional and a social worker if possible. Physicians need to maintain a community network of healthcare providers so they know whom to use as referrals when medical knowledge or personal biases requires patient referral.
- Maintaining a relationship with a licensed mental health provider is important during the transition from living one gender to another (Unger, 2014).
- Transgender patients need to have a comprehensive understanding of risks and benefits of transitioning options. The patient and their parent need full comprehension of which transition options are fully reversible and which are partially reversible or irreversible.
- The World Professional Association for Transgender Health (WPATH) Standards of Care version 7 recommends adolescents attain legal age in a given country prior to undergoing irreversible interventions for transitioning (Milrod, 2014).
- In the United States, physicians need to know the state laws pertaining to transgender medical treatment as these vary from state to state. The Transgender Law Center is one source of legal information at https://transgenderlawcenter.org/legal.
Critical Points (Cont.)

- While children and adolescents cannot consent to treatment, their ability to assent to treatment varies based on cognitive development and maturity. Although state law may vary, general consensus exists that if a minor is seeking treatment for one of the following three areas, a parental consent may not be necessary: contraception and treatment for sexually transmitted illnesses, treatment for mental health or substance use disorders, or treatment relating to physical or sexual abuse.
- Value choices influence all clinical decisions (Pelegri-no, 2000). Although every health care practitioner has biases, both positive and negative, the recognition of these biases is important. If patients request a treatment that a practitioner finds ethically problematic, the practitioner is obligated to fully discuss the situation with the patient. If resolution cannot be reached, it may be necessary to refer the patient to another health care professional for further care.
- Healthcare providers have a professional obligation to provide accurate, up-to-date, comprehensive information to their patients about medical treatment options and standards of care. Similarly, healthcare providers should be aware of applicable laws that may apply in specific situations.
- In situations where cultural, ethnic and/or religious values are relevant to a medical decision, information about medical treatment options, standard of care, etc., should be provided in a neutral manner. Shared decision-making between the healthcare provider and the patient should incorporate the patient’s values.

Background Information

- Do not make assumptions about transgender patients’ sexual behavior or preferences (Unger, 2014). As with all adolescent patients, screening for sexually transmitted infections (STIs) should be included in the routine health care of transgender teens. When compared with sexual minority youth, transgender females have been found to suffer more sexual health disparities, including a higher rate of STIs and HIV.
- Teenagers who identify themselves as LGBTQ practice higher risk sex behaviors than their heterosexual counterparts.
- Parental support is important in mitigating risk factors associated with transgender patients (Unger, 2014). Research indicates that lack of parental support increases the risk for low self-esteem, low life satisfaction and depression, which can lead to practicing high-risk sexual behaviors.
- Anxiety, depression and other mood disorders are common among transgender adolescents. Suicide is reported as being higher for the LGBTQ community.

Questions to Ask

- How would the counseling of the patient change depend on the patient’s age? (A 14 year-old vs. a 25 year-old vs. a 55 year-old female?)
- How would you incorporate the patient’s mother into the discussion?
- In some specific situations, a minor is able to obtain medical treatment without parental involvement. Is this case one of those specific situations? How would you discuss that issue with the patient and/or parent?
- What resources are available to you to ensure that you are providing the patient and/or parent with the most up-to-date medical, and if necessary, legal information?
- How would you manage conflicting opinions between a parent and a minor patient?
- What are some approaches for addressing a potential conflict between the patient and the parent?
- How may the healthcare provider’s or the patient’s cultural, ethnic or religious backgrounds or biases influence the discussion?

Concluding the Session

- Physicians in multiple specialties need to be comfortable treating transgender patients. Providers need to have good rapport with their patients and create a comfortable environment for the discussion of sexual health and asking questions.
- Resources are available to assist healthcare providers in increasing their comfort with treating transgen-dered individuals.
Reading Resources