



Clinical Nursing Care for Transgender Patients With Cancer

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Transgender people often face barriers in their pursuit of receiving sensitive and informed health care, and many avoid preventive care and care for life-threatening conditions because of those obstacles. This article focuses on cancer care of the transgender patient, as well as ways that nurses and other providers can help to create a transgender-sensitive healthcare environment.

At a Glance

- Many impediments to health care for transgender people can lead to decreased screenings and increased cancer risks.
- Although limited, research on cancer in the transgender community has concluded that malignancies related to hormone therapy are rare.
- Oncology nurses require essential skills and education to provide sensitive and informed care to transgender patients.

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Although transgender people, like others, require sensitive and informed health care, fear, discriminatory treatment, and other barriers often stand in their way of receiving it. Nurses are an integral part of creating a transgender-sensitive healthcare environment, but only limited information is available about this patient population. Enhancing oncology nurses' clinical skills when working within the transgender community will help to address health disparities and create welcoming environments.

Background

Several initiatives have recognized that health disparities exist for lesbian, gay, bisexual, and transgender patients (Institute of Medicine, 2011; U.S. Department

of Health and Human Services, 2012, 2015). In addition, transgender individuals often face the most severe health disparities and forms of discrimination (Lambda Legal, 2010). According to the National Transgender Discrimination Survey, of which the final study sample was about 6,500 transgender and gender-nonconforming people, 50% of respondents said they had had to teach their healthcare providers about transgender care (Grant et al., 2011). The survey also revealed that respondents were often denied equal treatment in doctors' offices and hospitals (24%), in emergency rooms (13%), in mental health clinics (11%), by emergency medical technicians (5%), and in drug treatment programs (3%); in addition, 24% of transgender women and 20% of transgender men reported being refused treatment altogether (Grant et al.,

2011). Fear of stigmatization or previous negative experiences within the healthcare system resulted in 28% of transgender respondents postponing or foregoing medical care when they were sick or injured (Grant et al., 2011) (see Figure 1).

Finding a healthcare provider who is knowledgeable about the needs of the transgender community is a common barrier to care (Grant et al., 2011; Lombardi, 2010; Sanchez, Sanchez, & Danoff, 2009). This population experiences high rates of physical violence (26%), sexual assault (10%–14%), attempted suicide (30%–64%), substance use (26%–53%), depression (40%–50%), and anxiety (40%–47%) (Clements-Nolle, Marx, & Katz, 2006; Grant et al., 2011; Hotton, Garofalo, Kuhns, & Johnson, 2013; Nemoto, Bödeker, & Iwamoto, 2011). Transgender people of color reported experiencing higher levels of discrimination than white transgender people (Grant et al., 2011).

Patients may feel uncomfortable disclosing their gender identity, which can result in delayed treatment, lack of preventive care, and less care for chronic conditions (Dean et al., 2000). Understanding how patients identify is vital to improving access to care and building trust; it also affects retention in care. Figure 2 provides a glossary of transgender terms and definitions.

Health care for the transgender population may include medical transition care. Although not all transgender people are interested in using hormones (e.g., estrogen, testosterone), feminizing or masculinizing regimens can help to create a better balance between gender identity and appearance. Therefore, healthcare providers must understand the effects, administration, and monitoring of these regimens, and they should also consult