



McGill Physical Therapy

Inclusion, Diversity, Equity, and Anti-Racism in Learning (PT IDEAL)

Recommendations for

Gender Identity and Pronouns – Clinical Etiquette

Recommendation 1

The patient's gender identity should be addressed using open-ended questions.

Recommendation 2

The *identification* section of a patient's chart should include a space for *additional information* that the patient has consented to have included in their chart.

Recommendation 3

The clinician/student must consider contextual factors and their own needs when deciding whether to share their gender identity and/or pronouns during a patient encounter.

Recommendation 4

When speaking with other clinicians about a patient whose pronouns you do not know, use 'my patient' (when confidentiality must be maintained) or the patient's name (when confidentiality is not essential).

Additional Details for Recommendations

The Canadian Physiotherapy Association (2020) defines client-centeredness as “[t]he provision of care that is respectful of, and responsive to, one’s clients’ preferences, unique needs, and values”. Physiotherapists should aim to develop a rapport with their patients that enables the patient to feel understood, valued, and supported. This must also be extended to patient caregivers, including parents and guardians when working with pediatric populations.

Included in client-centeredness is the need for the clinician to “[a]dapt their behaviour and practices in response to the client’s perspective and their contextual factors.” (CPA, 2020) For example, a clinician who generally includes their pronouns when introducing themselves outside the clinic, or routinely discusses gender identity with others, should prioritize the perspectives and needs of the patient regarding whether gender and pronouns are discussed during clinical encounters.

Recommendation 1

The patient’s gender identity should be addressed using open-ended questions.

For some patients, gender and pronouns are important to their identity, but not everyone will be comfortable answering a direct question about this. Open-ended questions should be used to allow the patient to share only those aspects of their identity, lifestyle, beliefs, and culture that they feel are relevant to the encounter. Unless the issue of gender identity is directly relevant to the patient’s needs, goals, and expectations, it should not be a point of focus for the clinician.

An appropriate opening to a patient encounter would be:

“Your [chart / file / intake form] has your name listed as _____.”

followed by

“How would you like to be addressed?” or “What should I call you?”

This gives the patient a chance to express preferences about formality, their preferred name, their pronouns, and/or any other information that they are immediately comfortable sharing. If this does not provide all the expected information, an appropriate follow-up question would be:

“Is there anything else that you would like me to know about you, or about your expectations from me, before we move on?”

This approach leaves the patient some control over the initial encounter, giving them the chance to provide the information that they want the clinician to know. If a patient chooses to share their pronouns and/or other details of their gender identity, the clinician/student is not obliged to reciprocate (see recommendation 3), but they should affirm the patient’s identity and be supportive of the patient’s needs.

If open-ended questions do not elicit information about sex, gender identity, and pronouns, the clinician should wait to ask more questions about these topics until a sufficient level of trust has been established, the patient chooses to introduce these topics into the conversation, or these questions become essential to the remainder of the patient encounter (e.g., in the case that a chest or pelvic assessment is required).



Recommendation 2

The *identification* section of a patient’s chart should include a space for *additional information* that the patient has consented to have included in their chart.

The only information required by the OPPQ in the *identification* section of a PT chart is:

- Family name and first name (“nom et prénom”)
- Sex (“sexe”)
- Date of birth (“date de naissance”)
- Contact information (“coordonnées”)

The ‘sex’ documented in the patient’s chart should correspond with the patient’s RAMQ card (or other healthcare or insurance documents). As such, this is not a question that needs to be asked of the patient (see recommendation 1). It should be obtained by asking for the RAMQ card (or other documentation) when first registering the patient for treatment.

The *identification* section should also include space for additional information related to the patient’s identity, such as their preferred name, gender identity, and pronouns. The benefit is that this information allows anyone reading the chart to address the patient in their preferred manner, without the need for further questioning. The potential downside is that documenting this information may increase the patient’s feelings of vulnerability. As such, a patient’s consent must be obtained before documenting any information about their personal identity that is not required by the OPPQ.

Recommendation 3

The clinician/student must consider contextual factors and their own needs when deciding whether to share their gender identity and/or pronouns during a patient encounter.

When initiating a patient encounter, clinicians/students must introduce themselves with their preferred name (i.e., how they wish to be addressed by the patient) and title (i.e., physiotherapist/physiotherapy student). As explained above, however, the clinician/student should not mention their own pronouns until they have a good understanding of the patient’s perspectives and needs regarding this topic.

The clinician/student must also consider their own needs and potential vulnerability when deciding whether to share their own gender identity and/or pronouns with a patient. Maintaining a professional relationship does not require the clinician/student to share details of their own identity beyond those associated with their professional role.

For some clinicians/students, however, ensuring that others know their gender identity and pronouns may be important, particularly if they are often misgendered. In this case, the clinician/student should feel free to share their own pronouns if the patient has already introduced gender and/or pronouns into the discussion. If this has not happened, then it may be appropriate for the clinician/student to share their pronouns after the needs of the patient have been addressed. In many contexts, this will be at the end of the initial patient encounter when the clinician/student has confirmed that the patient has no more questions. In other contexts, however, such as those associated with substantial psychological trauma (e.g., a patient in the



ICU), more time may be required so that the focus remains on the emotional and psychological needs of the patient and/or caregiver(s). One way in which this could be done at the end of a patient encounter would be to say:

“To wrap up, I want to be sure that you understand the plan for what you will be doing at home and that you don’t have any more questions for me.”

Wait for the patient to acknowledge that they have no questions.

“Good. Before you go then, I wanted to mention that when other people talk about me, I like them to use the pronouns ___/ ___. Is this something that you’re familiar with?”

The clinician/student should then be prepared to answer any questions that the patient (and/or caregiver(s)) might have in a tactful and professional manner. Keep in mind that this topic is not universally discussed in all cultures and may elicit confusion from some patients.

In a worst-case scenario, where a patient reacts negatively or aggressively to the clinician mentioning their pronouns, the clinician has the right to refuse that patient care (see references at the end of this document) with no further obligation to that patient. Students in clinical placement should involve their clinical supervisor in such a decision but should know that they will be supported. No form of abuse is tolerated in our clinical or learning environments.

Recommendation 4

When speaking with other clinicians about a patient whose pronouns you do not know, use ‘my patient’ (when confidentiality must be maintained) or the patient’s name (when confidentiality is not essential).

This recommendation intentionally avoids the use of pronouns, as a means of ensuring the dignity of all patients. Using the wrong pronouns would clearly violate the patient’s dignity. The use of gender-neutral pronouns, on the other hand, could unintentionally reveal private information about a patient or lead to confusion and unnecessary assumptions that may negatively impact the patient.



Additional Background and Rationale

Patient-centred care involves developing an understanding of a patient's identity, including lifestyle, beliefs, and culture. This is important for developing a rapport and enabling the patient to feel understood, valued, and supported (Silverman et al., 2013). For some patients, their gender and pronouns are important to their identity. For others, these are never given a second thought. What is important in clinical practice is that the clinician prioritizes the needs of the patient (without requiring the clinician to violate their own values and beliefs).

Some publications, developed with the participation of LGBTQ2S+ partners and advocacy groups, recommend that a patient's preferred name and gender identity be recorded in medical records (Deutsch, 2016; Lane, 2019; Hill et al., 2019). Most of these recommendations, however, do not address how to ask a patient about their gender and pronouns. One exception is a handbook produced by PT Proud, a committee of the Health Policy and Administration Section of the American Physical Therapy Association (Hill et al., 2019). The authors of this handbook suggest that clinicians do one (or both) of the following:

- 1) Introduce themselves with their pronouns, implicitly inviting the patient to do the same.
- 2) Directly ask patients, "what pronouns do you use?"

These recommendations are clearly intended to increase comfort levels and trust when working with LGBTQ2S+ patients. They also reflect a current societal trend toward a more open discussion of gender identity. To our knowledge, however, no one has addressed how a broad implementation of these recommendations would affect patient satisfaction with care, or other factors related to the clinician/patient relationship, across a diverse range of demographics.

To underscore the importance of this last statement, a 2021 survey in the United States reported that a majority (56%) of adults believe that gender is predetermined by sex at birth (Minkin & Brown, 2021) and similar beliefs are likely common in Canada. Individuals with strong beliefs in this regard may react poorly, or may even be hostile, if asked for their pronouns (Das, 2021). Regardless of whether one agrees with this attitude, provoking such a response may negatively impact patient care.

Other patients may be gender questioning and not wish to identify themselves with a specific gender identity (OutRight Action International, 2021). Still other LGBTQ2S+ patients may not be comfortable answering a direct question about their gender or pronouns for a variety of reasons.

"Sometimes, trans people who are exploring their identities simply do not want to talk about it. Some people don't know what the right answer for them is. Some people are truly indifferent."

– Devon Price (He/They/It), Social Psychologist & Author (Price, 2018)

Despite a societal push towards an open discussion of gender identity and pronouns, it remains clear that no one-size-fits-all approach exists for clinical practice. Our recommendations, therefore, are based on the view that clinicians must acknowledge each patient's individual views and their right to hold them, even if the clinician does not agree with those views. As stated by Hann et al. (2017) "The approach to healthcare for all patients should be affirmative, understanding, and nonjudgmental." Knowing a patient's pronouns is not an immediate concern during an initial patient encounter. As such, the emphasis for the clinician should be on listening to the patient, rather than asking closed-ended questions to fill in the spaces on an assessment



form. Furthermore, nothing should be documented about a patient's gender identity without the patient's consent.

To inform current and future clinicians on how to treat LGBTQ2S+ patients with dignity, we have included references and resources below.

References

- Canadian Physiotherapy Association (2020) Core Professional Values and Associated Behaviours. Retrieved June 6, 2022 from https://physiotherapy.ca/sites/default/files/cpa_core_professional_values_and_associated_behaviours.pdf
- Das LT (2021, February 19). Perspective | the inclusivity trap. Retrieved May 4, 2022, from <https://www.washingtonpost.com/outlook/2021/02/19/gender-pronouns-doctors-patients-medical/>
- Deutsch MB, ed. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition. 2016. UCSF Transgender Care, Department of Family and Community Medicine, University of California San Francisco (<https://transcare.ucsf.edu/guidelines>)
- Hann M, Ivester R, Denton GD. Bioethics in Practice: Ethical Issues in the Care of Transgender Patients. *Ochsner J.* 2017;17(2):144-145.
- Hill F, Pluss AJ, Fons L, Bell K, Condran C. *Introduction to LGBTQ+ Competency Handbook for Physical Therapy.* 2019.
- Lane R. Developing inclusive primary care for trans, gender-diverse and nonbinary people. *CMAJ.* 2019;191(3): E61-E62.
- Minkin, R., & Brown, A. (2021, July 27). *Rising shares of U.S. adults know someone who is transgender or goes by gender-neutral pronouns.* Pew Research Center. Retrieved May 4, 2022, from <https://www.pewresearch.org/fact-tank/2021/07/27/rising-shares-of-u-s-adults-know-someone-who-is-transgender-or-goes-by-gender-neutral-pronouns/>
- OutRight Action International (2021, August 26). Terminology surrounding gender identity and expression. Retrieved May 4, 2022, from https://outrightinternational.org/content/terminology-surrounding-gender-identity-and-expression?qclid=Cj0KCQiAanaeNBhCUARIsABEee8Uk1bodwGZDWJfsELvbMz8dq9_F6nkB5_1zXuADCWIDSLPIZnir5vAaAtdtEALw_wcB
- Price, D. (2018, May 1). *When (& how) to ask about pronouns:* Medium. Retrieved May 4, 2022, from <https://devonprice.medium.com/when-how-to-ask-about-pronouns-b7fc24df6653>
- Silverman J, Kurtz S, Draper J. Skills for communicating with patients (3rd ed., new and updated). 2013. Radcliffe Publishing. (<https://mcgill.on.worldcat.org/v2/oclc/858363529>)

Other cultural competence resources for LGBTQ2S+ patients

Cultural competence in the care of LGBTQ patients.

Bass B, Nagy H. [Updated 2021 Oct 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK563176/>

Increasing cultural competence with LGBTQ patients.

Margolies L, Brown C. Nursing: June 2019 - Volume 49 - Issue 6 - p 34-40.

doi: 10.1097/01.NURSE.0000558088.77604.24

Available from: [https://journals.lww.com/nursing/Fulltext/2019/06000/](https://journals.lww.com/nursing/Fulltext/2019/06000/Increasing_cultural_competence_with_LGBTQ_patients.9.aspx)

[Increasing_cultural_competence_with_LGBTQ_patients.9.aspx](https://journals.lww.com/nursing/Fulltext/2019/06000/Increasing_cultural_competence_with_LGBTQ_patients.9.aspx)

Glossary of transgender terms

Smith L. [Published 11/20/2018]

<https://www.hopkinsmedicine.org/news/articles/glossary-of-terms-1>

What is gender affirmation?

<https://www.transhub.org.au/101/gender-affirmation>

Documentation on the right of the clinician (in Québec) to refuse care to a patient

Educaloi (2022). Consent to Medical Care and the Right to Refuse Care. Retrieved June 6, 2022 from <https://educaloi.qc.ca/en/capsules/consent-to-medical-care-and-the-right-to-refuse-care/>

Publications Québec (2022) Act respecting health services and social services (specifically, Title 2, Chapter 1, item 6, with some context from the other items). Retrieved June 6, 2022 from

<https://www.legisquebec.gouv.qc.ca/fr/document/lc/s-4.2?langCont=en#se:6>

Publications Québec (2022) Code of ethics of physical therapists and physiotherapy technologists (specifically, Chapter C-26, item 37). Retrieved June 30, 2022 from

<https://www.legisquebec.gouv.qc.ca/en/document/cr/C-26,%20r.%20197%20/>