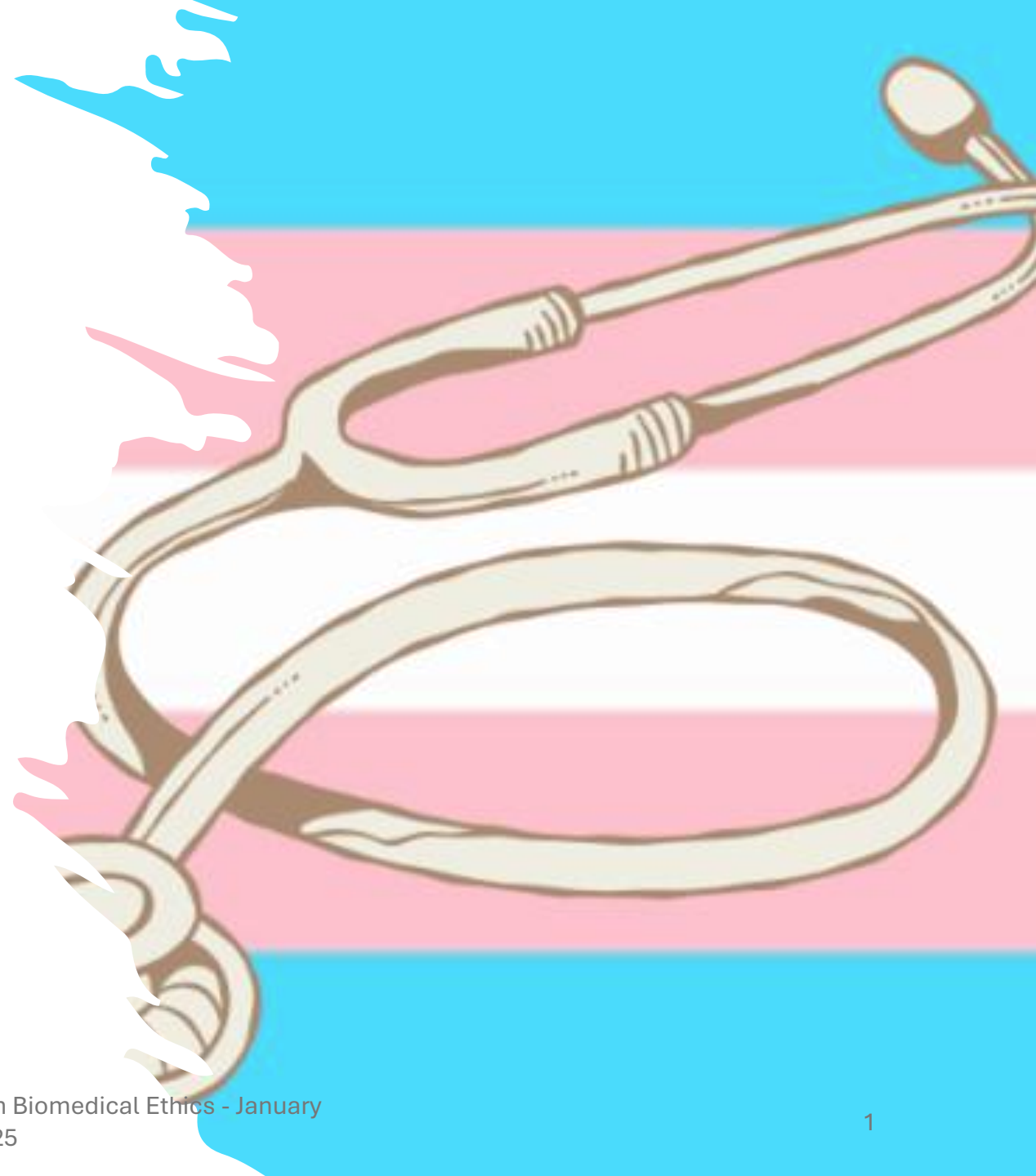


# Transidentity and access to care

Difference as a determinant of trust and  
trustworthiness in health care and clinical practice

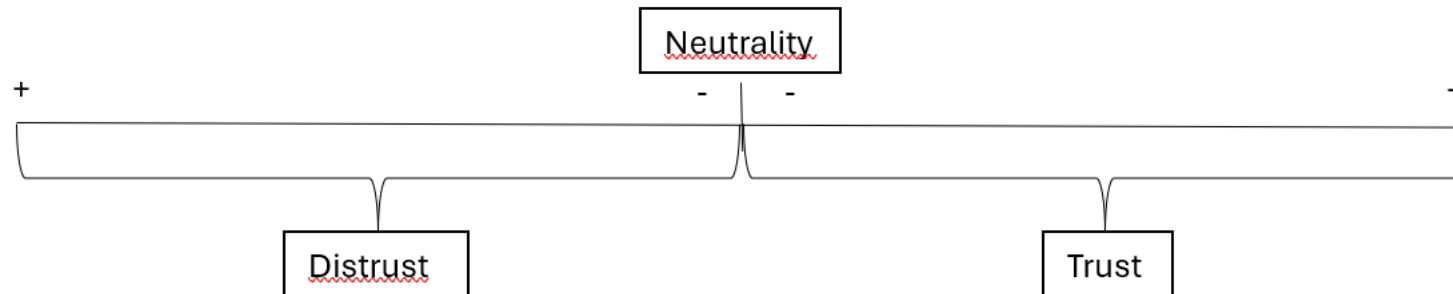


# Plan

- What is a trust relationship ?
- Access to primary care for trans\* people
- A pilot qualitative study in Geneva
- Methodology
- Analysis (in progress)
- Preliminary results
- Limitations

# What is a trust relationship ?

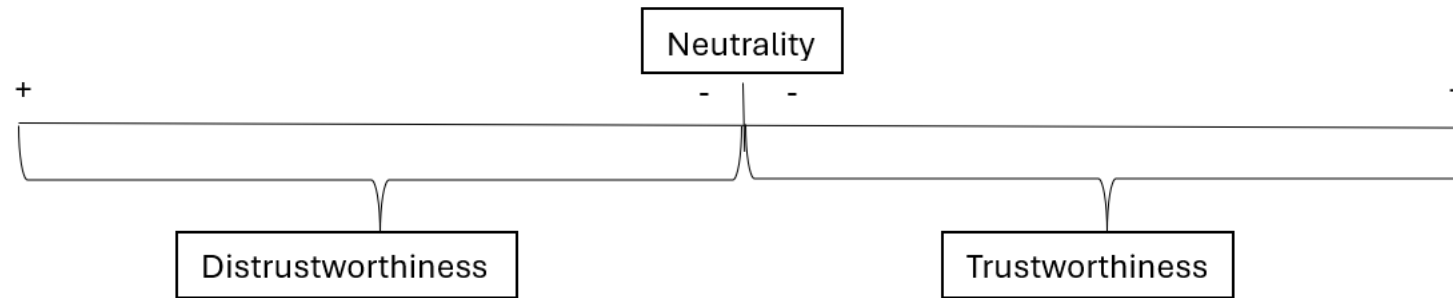
- A trust relationship is an interpersonal relationship where one agent trusts another agent to perform an action in a certain context: X trusts Y to do Z in context C.



- Trust has effect on therapeutic adherence, the sharing of information and even on the access to care and the frequency of consultation.

# What is a trust relationship ?

- X is trustworthy to Y for doing Z in context C



- Trustworthiness is important in a good trust relationship.

# Access to primary care for trans\* people

- Studies of healthcare for trans\* people focus almost exclusively on medical transition.
- Some data is available on the financial restrictions that may limit access to healthcare in the United States.
- Trans\* people experience the same health problems as cisgender people.
- In Switzerland, there is no data on access to primary care for trans\* people.



# A pilot qualitative study in Geneva

- With Samia Hurst-Majno and Mira Fey, we decided to carry out an exploratory study into access to primary care for trans\* people.
- We applied to the University Commission for Ethical Research in Geneva (CUREG2.0).

# Methodology

- Recruitment:
  - Posters and flyers in LGBT\*IQAP+ associations in French-speaking Switzerland (Geneva and Lausanne)
  - Social networks (Instagram, Facebook, Telegram groups...)
  - Activist circles in Geneva
  - Snowball effect



# Methodology

- Participants:
  - 41 contacts
  - 21 participants
  - Relative diversity:
    - 6 transfem participants
    - 15 trans masc participants
    - Average age: 25 – 35 years



# Methodology

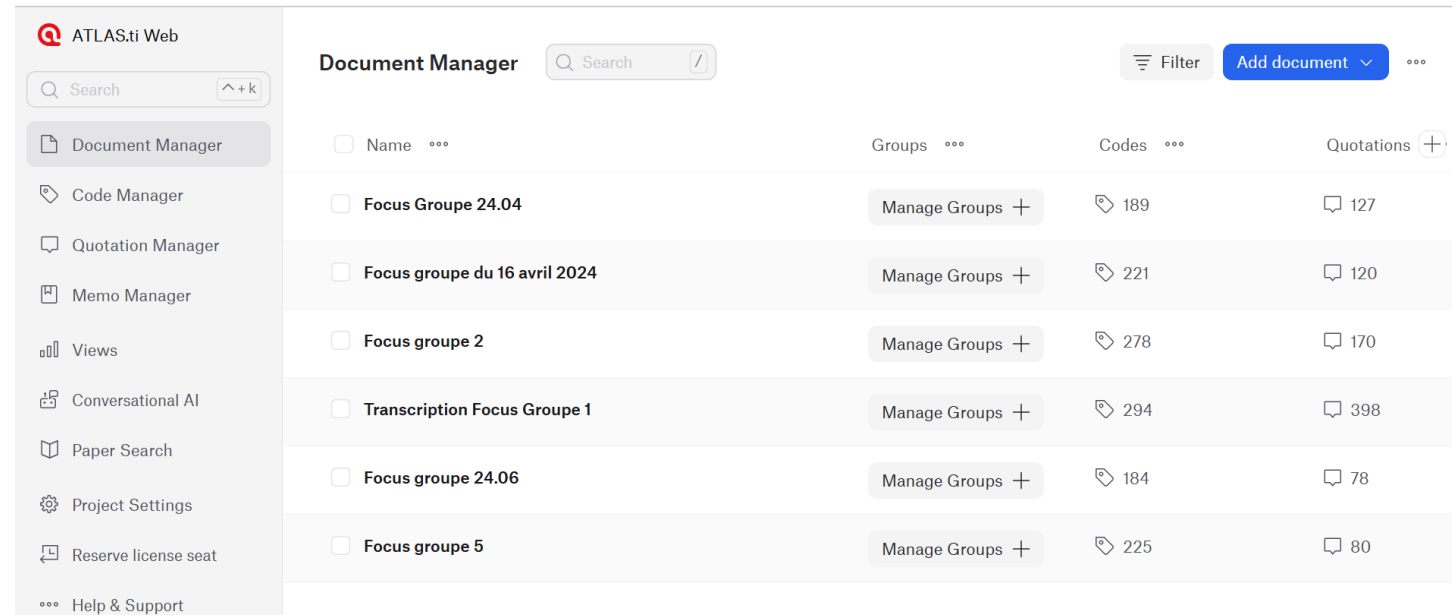
- Conducting focus groups:
  - Duration: 1h30 - 2h.
  - 4 to 6 participants
  - Audio and visual recording
  - 4 themes:
    - General experiences
    - Positive experiences
    - Negative experiencesResources
    - Expectations

# Methodology

- Transcription of focus groups:
  - Transcription within 5 days of the focus group.
  - The two first focus groups was transcribed manually.
  - Use of Sonix software for the other transcriptions.
  - Anonymisation, respecting participants' pronouns and potential choice of first name.

# Analysis (in progress)

- Double coding
- Use of Atlas.ti software



The screenshot shows the ATLAS.ti Web interface. On the left is a sidebar with navigation options: ATLAS.ti Web, Search, Document Manager, Code Manager, Quotation Manager, Memo Manager, Views, Conversational AI, Paper Search, Project Settings, Reserve license seat, and Help & Support. The main area is titled 'Document Manager' and contains a table of documents. The table has columns for Name, Groups, Codes, and Quotations. Each row represents a document with a checkbox, a name, a 'Manage Groups' button, a code count, and a quotation count.

<input type="checkbox"/>	Name	Groups	Codes	Quotations
<input type="checkbox"/>	Focus Groupe 24.04	Manage Groups +	189	127
<input type="checkbox"/>	Focus groupe du 16 avril 2024	Manage Groups +	221	120
<input type="checkbox"/>	Focus groupe 2	Manage Groups +	278	170
<input type="checkbox"/>	Transcription Focus Groupe 1	Manage Groups +	294	398
<input type="checkbox"/>	Focus groupe 24.06	Manage Groups +	184	78
<input type="checkbox"/>	Focus groupe 5	Manage Groups +	225	80

# Preliminary results

- Main points emerged from the focus groups:
  - Expectation of care
  - Low level of expectation
  - Avoidance of care
  - Need for health professionals with more training in trans\* issues
  - Educational work/duty
  - Idea of protecting the community
  - Defence strategies
  - Health professionals seen as ignorant but not necessarily transphobic

# Preliminary results

- Expectation of care:

- **Iris:** When you visit a healthcare professional, what do you expect him or her to do?  
**Hugo:** Receives care, duh.

Fg2

- **Iris:** And so, generally speaking, what do you expect from an healthcare professional ?  
**Paulette:** Generally speaking?  
**Iris:** Generally speaking, always.  
**Marcel:** That he cares.

Fg1

- **Sam:** Personally, I tend to go because I think I don't really know how to look after myself.

Fg3

# Preliminary results

- Low level of expectation:

**Hugo:** I was just thinking that the good experience I recounted was ‘Hey, I was able to get some care once and I was taken care of. It was a great experience, it was so cool I'm putting it in my top 5’.

**Samia:** That could be one of the results of the study.

**Hugo:** What's a positive experience? Well, I didn't leave there traumatised, I wasn't left to die (laughs).

**Gabriel:** Yes, that's it. There's this thing where you learn to be very indulgent. So there's not a lot that's enough to make you go ‘Yay! Like he said ‘he’ to me once, it was so good, it was the best session of my life’ (laughs).

**Hugo:** You get out of there, you call your friends and you go ‘can you believe it? He gave me an x-ray’ ‘No?’ ‘Yes, he did!’

Fg2

# Preliminary results

- Avoidance of care:

- **Hugo:** I think I've had many, many experiences of health care that were pretty catastrophic and I know a lot of people, including myself, who don't actually take care of themselves. **They don't have access to healthcare and the consequences are worrying.**

Fg2

- **Nastya:** I don't know if it's relevant, but I'm at the point where I'm really scared that if one day I fall in the street where there's a tram running over it, I'll be taken to the HUG. Well, I don't want to, I'd rather be left bleeding on the pavement. In fact, I'm here and I know it may seem spectacular, but really, I'm there. I'm there. I don't even know if it's technically possible to put it on my papers, that I don't want to be taken to the HUG. Like take me somewhere else, but not to the HUG.

Fg5

# Preliminary results

- Educational work/duty:
  - **Elisa:** It's getting on my nerves... I see... I think that doctors in any case... earn enough money and not enough... There are lots of reasons why they find out about 1,000 and 1,000 things and I think that should be one of the things they should find out about themselves, that it's not up to patients to take time away from the session to have to do a teacher's job or something. And I think it's too good if it doesn't bother the person. But generally speaking, I don't think it should. **There should be training so that patients don't have to do it.**
  - **Joël:** And when you think about it and you're like, well, I've spent ten or fifteen minutes explaining to you what trans-identity is and you've billed me in five-minute increments. Well, that's not cool... it's because in fact it was up to you... I mean, I'm not the one who has to pay to educate you. And like when you've already had your franchise for a really long time, well that's fine, I don't care, but if you haven't had your franchise yet, it's a bit painful.  
**Rose:** We should almost be paid for it.  
**Joël:** Yeah, that's right, they should give us double time, you know. Like you spent ten minutes explaining and now I'm charging you 20 minutes less.

Fg4

Fg4

# Preliminary results

- Idea of protecting the community
  - **Lisa: We're taking it in our stride and we're thinking that maybe an adelphe will suffer less.**

Fg3

- **Maxime:** Yeah, there may be a recognition of Ok, here I'm dealing with someone I don't know, but without the duty to explain and educate falling on the person in question. That's something that's happened to me a lot, situations where I explain what a binder is to my GP and it's time I'm going to pay for. And at the time I have the impression that it doesn't cost me much to do it and that if I don't do it, nothing will be done and I'm under some sort of pressure to do it. **I know it's not my job, but I tell myself that it's something that someone else won't have to do.**

Fg1

# Preliminary results

- Defense strategies
  - **Marcel:** Well, as far as I'm concerned, everything works through networking. So it's how other people I know are going to give me contacts or how on groups there will be lists or things like that.
  - **Harvey:** On the Telegram group we have with other trans people, I ask if they recommend a health professional in this field. And that's it, really, I do that or I ask doctors or professionals I already know if they themselves recommend and who are aware of my situation.
  - **Michel:** Yeah, the same. Or friends.

Fg1

Fg6

# Preliminary results

- Health professionals seen as ignorant but not necessarily transphobic
  - **Jack: I'd say that, at root, it's ignorance. Ignorance is the lack of information.** Because I don't assume that healthcare staff want to do things badly, I mean they make it a service to help people basically. I'd like to say with hope that it's... It's not malice.

Fg4

- **Francine: In my experience, I think more about... So I'm always a bit of a realist, an optimist. So I always tend to see the glass as half full, so I see people more as misunderstanders or fools than as villains.**

Fg2



# Limitations

- It was carried out only in the canton of Geneva.
- It focuses on the points of view of transgender people and does not include those of health professionals.
- This pilot study does not allow us to determine which elements of the experiences reported by the participants are unique to trans-identity.



# Conclusions

We need more study about this topic.