



Current insights in intensive & critical care nursing

## Caring for Transgender patients in the ICU: Current insights for equitable care

John P. Gilmore<sup>a,\*</sup>, Marissa Dainton<sup>b</sup>, Natalie L. McEvoy<sup>c</sup>

<sup>a</sup> School of Nursing, Midwifery and Health Systems, University College Dublin, Dublin, Ireland

<sup>b</sup> School of Nursing, Canterbury Christ Church University, UK

<sup>c</sup> Department of Anaesthesia and Critical Care, Royal College of Surgeons in Ireland, University of Medicine and Health Sciences, Dublin, Ireland



There is ever more focus on issues surrounding Transgender/Trans people and their healthcare needs, and while there is a dearth of evidence related to Intensive Care, this paper aims to address considerations for ICU nurses when caring for Trans patients. These include both the overall approach to person-centred care for Trans patients as well as the physiological considerations that necessitate nursing interventions.

The term Trans is an umbrella term which refers to a person whose gender identity differs from the biological sex they were assigned at birth. Not everybody ascribes to a gender identity which is either male, nor female; people who identify outside of this binary might be described as Non-Binary or a number of other terms. Further terminology is outlined in [Table 1](#).

In many jurisdictions there is a system of self-identification for gender recognition; this means that people can attain a legal change in gender without any medical intervention. Many Trans people access medical or surgical treatment to allow for their identity to be expressed physically, however this is not always the case, and it is not necessary for a Trans person to receive any medical treatment ([Stonewall, n.d.](#)).

Trans communities experience physical and mental health inequalities which are generally rooted not in their individual Trans status, but arise from poor experience of healthcare services ([Cicero et al., 2019](#); [Zeeman et al., 2019](#)). While there is a growing evidence base around the care and treatment of Trans people, specifically related to medical and surgical interventions to assist Transitioning; more general guidance on the care of Trans patients is lacking.

### Trans patients in the ICU

Trans patients will require ICU admission for the same reasons as non-Trans patients; however, appropriate nursing care may be dependent on a number of factors. Because of the medical interventions some Trans people are likely to have, it is important that nurses are cognisant of their physiological effects.

Medical interventions which are common to support gender Transition include the prescription of androgen blockers and cross sex hormones; those wanting to feminise are often prescribed a testosterone

blocker and oestrogen, and those wanting to appear more masculine are often prescribed a synthetic testosterone ([Unger, 2016](#)).

Feminising surgeries can encompass breast augmentation, orchiectomy, vaginoplasty, laryngeal surgery, and facial feminisation, among other options. In contrast, masculinising surgeries may include mastectomy and additional reconstructive techniques (top surgery) and bottom surgery, involving the removal of female organs and genital reconstruction through metoidioplasty or phalloplasty. Additionally, some Transgender men choose to retain their uterus and ovaries despite undergoing Transition-related surgeries ([Tollinche et al., 2018](#)).

### Respectful and affirming care for Trans patients

Unfortunately many report significant negative experiences within healthcare ([Stonewall, 2015](#)). Poor healthcare experiences traumatised and often lead Trans people to delay engagement with healthcare. This potentially negatively impacts on prognosis, so a trauma informed approach acknowledging patients experience and minimises re-traumatisation is needed for this patient cohort ([Mukerjee et al., 2022](#)). Simple, affirmative actions which should be universal are referring to Trans patients by their preferred pronouns and name, with hospital records updated if necessary. Even with a sedated patient, abuses like misgendering and deadnaming could traumatised friends and relatives and compromise patient confidentiality.

Confidentiality is an important consideration, often family members are unaware of a Trans persons transition. In many jurisdictions Trans people have rights protecting them from their Trans status being revealed, so confidentiality breaches may have legal as well as professional connotations ([Richards and Barrett, 2021](#)). Another key consideration is the transfer of Trans patients from ICU, if the setting operates gender segregated areas, the location should be in line with the patient's wishes and generally to areas matching their gender identity ([Richards and Barrett, 2021](#)).

\* Corresponding author.

E-mail address: [john.gilmore@ucd.ie](mailto:john.gilmore@ucd.ie) (J.P. Gilmore).

<https://doi.org/10.1016/j.iccn.2024.103657>

**Table 1**  
Useful terminology.

Term	Definition
Cisgender/Cis	A person whose gender identity is congruent with their biological sex as defined at birth.
Deadnaming	Calling someone by their pre-transition or birth name after they have changed name as part of gender transition.
Gender	Expressed in terms of masculinity or femininity. Gender is in many ways culturally determined and usually inferred from sex assigned at birth.
Gender Dysphoria	When a person experiences discomfort or distress because of a mismatch between their assigned sex and gender identity.
Gender Identity	A person's innate sense of their own gender which may or may not be congruent with their assigned sex.
Gender Reassignment	This refers to a person's gender transition. As a process it may or may not include medical or surgical intervention to facilitate the person living in their self-identified gender.
Gender Reassignment Certificate (GRC)	This enables full legal recognition of a trans person in their affirmed gender, including issuing of a new birth certificate. Many trans people choose not to apply as it is not required for protection under the Equality Act or to change many gender markers on documents such as passports or medical records.
Misgendering	This is the act of persistently referring to a trans person according to their birth sex rather than their gender.
Non-binary	An umbrella term for people who identify outside of the traditional male/female gender binary. Terms such as genderqueer, agender and Gender Fluid may also be used.
Person with a trans history	Someone who identifies as male or female having been assigned the opposite sex at birth but may no longer see themselves as trans.
Pronoun	Words used to describe peoples' gender in conversation such as 'he', 'she'. Non-binary people often use singular 'they' or 'ze'.
Trans	An umbrella term describing people whose gender differs from the sex they were assigned at birth.
Transgender man / Transman	Someone who was assigned female at birth but identifies and lives as a man.
Transgender Woman/ Trans woman	Someone who was assigned male at birth but identifies and lives as a woman.
Transition	The steps a person might take to live in the gender in which they identify. For some this may include medical and surgical interventions but not all trans people can or want this. Transition also includes telling friends/family and changing official documents.
Transphobia	The fear or dislike of someone based on the fact they are trans, including refusing to acknowledge a person's gender identity.
Transsexual	A term used in the past which was developed as a medical term to describe trans people.

Stonewall. N.d. List of LGBTQ + terms, <https://www.stonewall.org.uk/list-lgbtq-terms> (accessed 22nd January 2024).

### Physiological considerations when caring for Trans patients

Evidence on how to manage hormone therapy in acute illness is lacking. ICU teams must be aware that abruptly discontinuing hormones, while maybe in some instances medically necessary, can have significant physical and emotional impact (Rosendale et al., 2018).

The implications of hormone therapy could also be significant for nurses ordering and interpreting lab findings. Many tests are sex specific, in terms of normal ranges, so knowledge of the Transgender patient's sex at birth, as well as hormone therapies are important in order to interpret laboratory values correctly. There is no clear consensus on whether a Trans patient should have their results interpreted in alignment with the sex they were assigned with at birth, or their expressed gender. Body composition will however, often start to show signs of change after approximately three months of hormone therapy, but this is

not universal (Flower et al., 2022).

A fundamental safety consideration is airway management; cosmetic and vocal feminisation procedures can both make the airway assessment more challenging and it is important that ICU nurses are cognisant of this in the event that an airway procedure is taking place (Lennie et al. 2020). Published case reports highlight instances where intubation was complicated, and a difficult airway was encountered following feminisation surgery (Vowles et al., 2020).

It is important to understand that there is also the potential for complications of gender-affirming surgery. One study found that severe postoperative complications following gender affirming surgery occurred in 1 in every 20 patients (Mishra & Ferrando, 2023). Regardless of the infrequency of postoperative complications, nurses should be aware of these risks so that they are prepared to care for these patients in the event they are admitted to the ICU.

### Conclusion

Along with considerations related to nursing caring for Trans people in the ICU, there are wider systematic changes which can help enhance the experience of Trans patients. Key issues in improving Trans care include adapting electronic health records to include both sex and gender identity, ensuring staff receive adequate education and training on gender diversity, implementing clear policies to prevent and manage issues of discrimination and most importantly continuing to research & develop evidence around Trans care. As the largest workforce group in ICU nurses can play a significant role of allyship and better care for Trans people.

### CRedit authorship contribution statement

**John Gilmore:** Conceptualization, Literature searching, Writing – original draft, Writing – review & editing. **Marissa Dainton:** Literature searching, Writing – original draft, Writing – review & editing. **Natalie McEvoy:** Literature searching, Writing – original draft, Writing – review & editing.

### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

### Acknowledgements

None to declare.

### Funding

None to declare.

### References

- Cicero, E.C., Reisner, S.L., Silva, S.G., Merwin, E.I., Humphreys, J.C., 2019. Health care experiences of transgender adults: an integrated mixed research literature review. *ANS Adv. Nurs. Sci.* 42 (2), 123–138. <https://doi.org/10.1097/ANS.000000000000256>.
- Flower, L., Cheung, A., Connal, S., et al., 2022. Management of transgender patients in critical care. *Journal of the Intensive Care Society.* <https://doi.org/10.1177/17511437221145102>.
- Mishra, K., Ferrando, C.A., 2023. Postoperative adverse events following gender-affirming vaginoplasty: an American college of surgeons national surgical quality improvement program study. *American Journal of Obstetrics and Gynecology* 228 (5), 564.e1–564.e8. <https://doi.org/10.1016/j.ajog.2023.01.011>.
- Mukerjee, R., Wesp, L., Singer, R., Menkin, D., 2022. *Clinicians Guide to LGBTQIA+ Care.* Springer, New York.
- Richards, C., Barrett, J., 2021. *Trans and Non-binary Healthcare.* Cambridge University Press, Cambridge.

- Rosendale, N., Goldman, S., Ortiz, G.M., et al., 2018. Acute Clinical Care for Transgender Patients: A Review. *JAMA Intern. Med.* 178, 1535–1543. <https://doi.org/10.1001/jamainternmed.2018.4179>.
- Stonewall., 2015. *Unhealthy Attitudes*. Stonewall, London.
- Stonewall. N.d. List of LGBTQ+ terms, <https://www.stonewall.org.uk/list-lgbtq-terms> (accessed 22nd January 2024).
- Tollinche, L.E., Walters, C.B., Radix, A., Long, M., Galante, L., Goldstein, Z.G., Kapinos, Y., Yeoh, C., 2018. The Perioperative Care of the Transgender Patient. *Anesthesia and Analgesia* 127 (2), 359–366. <https://doi.org/10.1213/ANE.0000000000003371>.
- Unger, C.A., 2016. Hormone therapy for transgender patients. *Translational Andrology and Urology* 5 (6), 877–884. <https://doi.org/10.21037/tau.2016.09.04>.
- Vowles, B.J., Ahmad, I., Christodoulides, G., 2020. Unexpected difficult airway management in a transgender female patient. *Anaesthesia Reports* 8, 36–39. <https://doi.org/10.1002/anr3.12042>.
- Zeeman, L., Sherriff, N., Browne, K., McGlynn, N., Mirandola, M., Gios, L., Davis R., Sanchez-Lambert J., Aujean, S., Pinto, N., Farinella, F., Donisi, V., Niedźwiedzka-Stadnik, M., Rosińska, M., Pierson, A., Amaddeo, F. & Health4LGBTI Network, Taibjee, R., Toskin, L.,g Jonas, K., van Der Veur, D., Allen, O., Troussier, T., De Sutter, P. 2019. A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *European journal of public health* 29(5), 974-980.