



Life & Times

**What's it like to be
a transgender patient
and a GP**

'WHAT WILL WE TELL THE PATIENTS?'

I am a male to female transgendered GP Partner and I transitioned fully as a transgender GP in July 2015. My journey has been long and fraught with bouts of depression, low self-esteem, dysfunctional lifestyle and poor coping mechanisms.

Six months earlier, when I announced at our monthly Practice meeting that I planned to transition as a transgender GP, my colleagues and staff welcomed the news without much surprise. They voiced their support and even gave a round of applause. The only question they asked was : what will they tell the patients? I brought everyone at the Practice with me on this journey. I was really encouraged by their support and was aware that without their support, the transition would be very difficult.

WHO IS THIS?

My first day at work was a nerve-racking experience. I took a deep breath and walked into my surgery with a big smile. It turned out to be a satisfying experience. My colleagues commented on how nice I looked and congratulated me.

One of my colleagues did not recognise me at first, thinking I was a female locum GP. But it was my patients that took me by surprise the most. No one was hostile towards me. Some thought I was the wife of Dr Kamaruddin, me, their doctor, and a lot of them thought that I was a new GP.

The new patients did not ask any questions at all because they either thought I was a female GP or it did not bother them at all that I was a transgender doctor.

AN UNEXPECTEDLY WELCOME RECEPTION!

Most of my regular patients congratulated me and wished me luck and a few of them gave me cards and little presents, some even hugged me. In the end, my staff did not have to field any awkward questions or hand out any leaflets.

A lot of my patients are quite conservative — many of my female patients wear long clothes or the hijab — but they allowed me to examine them despite the change. They allowed me to perform more intimate examinations that they did not let me to do when I was a male GP. Every single one of them refused my offer of a chaperone even when they knew that I am transgender.

After the positive experience on my first day back to work, I remembered having tears in my eyes during my drive home. I was overwhelmed with emotions, and they were tears of happiness. I could not recall the last time I felt this happy.

MY JOURNEY : the first steps

There were difficult times before this day.

Two years ago I picked up the courage to go to my GP and ask for a referral to the Charing Cross Gender Identity Clinic.

But they could not start me on the hormone treatment because I had not changed my name to a female one. I was simply told that once I had changed my name, I could start the hormone treatment.

I rang the GMC about changing my name but I could not get a gender certificate because I had not started my therapy. Catch-22.

MY JOURNEY : the first steps

Eventually, thanks to Richard Curtis, a transgender GP specialist, the feminisation process started.

I had cheekbone implants, a hair transplant, voice therapy and painful surgeries. I was looking more and more feminine, and I was very happy with my transition.

I did have a bad experience with one GP but my current one was kinder and much more sympathetic.

However, last week I had a call from my surgery inviting me to come in for a mental health review when clearly transgenderism is not a mental illness. There is perhaps a misunderstanding here.

MY JOURNEY : hurdles to overcome

However, my joy was interrupted when a few weeks later my Practice Manager got a phone call from NHS England informing me that I was not allowed to work because I was not registered under my new name. I had to stop working immediately. The GMC had informed NHS England that my registration under my old name had been cancelled, which meant I had been removed from their list. NHS England thought that I was suspended and struck off. The GMC failed to follow its own guidelines about changing the identity of transgender doctors.

The National Performers List (NPL) had no guidelines about changing identity as well, and they had to seek legal advice from their own lawyers. My own medical professional bodies had let me down and have no policies on how to deal with transgendered individuals sensitively or with respect. It took me another two weeks to sort out the mess and the period away from work was very difficult for me.

THE SITUATION NOW

Things have now changed for the better, although inequality persists¹, there is more awareness among the general public about transgenderism and certainly more help and protection by law. Primary care providers are perhaps more sympathetic in treating transgender people and e-learning is available to provide the tools and knowledge to meet the health care needs of transgender patients.²

I am grateful to this country and the NHS for giving me the opportunity and protection to be what I am. I am both transgender and an immigrant ; a double whammy of vulnerable groups and I am very lucky to work in an institution like the NHS that welcomes everyone who is willing to work hard irrespective of their gender, race or sexual orientation.

In return, for the NHS, a beacon for other institutions to strive to be like, it is worth every effort from me to preserve its ethos and ideology.

REFERENCES

- 1. National Center for Transgender Equality. The Report of the 2015 US Transgender Survey. Executive summary. December 2016.
<http://www.transequality.org/sites/default/files/docs/USTS-Executive-Summary-FINAL.PDF> (accessed 6 Jun 2017).
- 2. The Lancet. Transgender health. June 2016.
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EAST ONE HEALTH PRACTICE POLICY FOR TRANSGENDER PEOPLE

- We at East One Health respect all our patients irrespective of their age, gender, race or sexuality. We do not discriminate against any patients. We expect our patients to behave in the same way.
- We have a zero tolerance policy towards any forms of transphobia.
- We promise to provide a safe, welcoming and culturally appropriate clinic environment to ensure that transgender patients can seek continuing medical care. We commit to serve the transgender community.
- We pledge to make all our transgender patients feel comfortable and at ease to speak to clinicians and any other member of staff.
- We welcome any feedback from our transgender patients, whether it is positive or negative. We learn to become better / improve from our patients.
- We strive to refer all transgender patients to a NHS transgender clinic (mainly to Charing Cross Transgender clinic). Unfortunately we are unable to initiate treatment but we participate in shared care with guidance and protocol from Charing Cross Transgender Clinic.
- Unfortunately the waiting list to be seen at Charing Cross Transgender clinic is about 12 months. In the meantime we offer support and guidance.
- We stress that transgender is not a mental illness.
- We ask our transgender patients how they would prefer to be addressed, how best to address them, their chosen names and pronouns to use.
- We ensure confidentiality and treat all information sensitively.
- We discuss with our patients their preferred medical term used as their 'Problem' entry in EMIS. We also explain why a correct Problem term in EMIS is important for their continuing medical care. We prefer to use the term 'gender dysphoria'.
- We only use generic terms when requesting bloods or other pathology tests. The preferred generic terms are 'on testosterone' or 'on oestrogen'.
- We request consent for Shared Care agreements with a third party as per local guidelines, in accordance with all patients.
- We strive to provide the best medical care for our transgender patients.