Sexual orientation and sex/gender identity in case diversification

When people come for medical care, some are very accustomed to their sex/gender being non-problematic: for example, they have a name that is read as male, they appear in ways that people consider masculine, they have been boys, then men; people address them as "he." Their partners or spouses are women who could say parallel things of their sex/gender identities and orientations. Their health record reflects this, and they are never asked what their identity is.

Some people, by contrast, have a different experience, one of misunderstanding, misrecognition, and mis-gendering (when they are addressed as a sex/gender they do not identify with), or mistaken assumptions about the primary relationships of their lives and their sexual activities, and they have to correct these mistakes, knowing that it is always a tricky matter to correct other people's assumptions.

It is better not to make assumptions, but assumptions about sex, gender, and sexual orientation are deeply embedded in language and thought. It takes some practice to learn to use language that does not make assumptions and to ask safely and respectfully what and when you need to know.

In our diversified case-based learning (CBL) cases, patients have a variety of sexual orientations and sex/gender identities, and gender binary stereotypes about men's and women's roles are challenged. The CBL patients also now have a variety of family forms and caregiving arrangements. CBL cases should be consistent with best clinical practice in inclusive and affirming patient-centred care. In addition, the biomedical sciences are changing to better depict the current understanding in the biology the complexity and diversity of biological sex (Long et al. 2021; Karkazis 2019), meaning that the basic science in cases has sometimes been amended to reflect emerging best practices.

Some basics

"**Sex**" refers to biological characteristics while "**gender**" refers to the socially defined identities of men and women and/or to social stereotypes of behaviour as masculine or feminine (Mauvais-Jarvis 2020). Neither term is a simple binary.

Where someone's **sex/gender identity** aligns with the sex they were assigned at birth, they are cisgender. Where they do not align, they may identify as transgender (trans for short) or non-binary. Other terms are in use and new ones emerge, such as genderfluid.

Sexual orientation refers to sexual attraction between people of various sex/genders, but also to romantic and emotional attraction. Orientation and activity are different.

The umbrella term for non-cisgender, non-heterosexual persons is **2SLGBTQIA+** (2-spirit, lesbian, gay, bisexual, trans, queer/questioning, intersex, asexual +). With some practice, you can say this phrase as readily as any complex drug name or anatomical term. It is an inclusive term for a community that values inclusivity; do not shorten it and do not mock it.

Sex/gender identity and sexual orientation are closely related (van Anders 2015) and we live in a time of cultural change and creativity. Be respectful and interested in different identity configurations. Be aware that when you are learning, you might say things that sound like you are challenging the way people are making sense of themselves, which would not be appropriate. If it sounds to you like someone is challenging, rather than trying to understand, someone's gender identity or sexual orientation, this can be raised for discussion, just like a dated and derogatory term can be questioned. The tutorial is a place for learning. See the Case Diversification introduction document for suggestions about safety in tutorials.

Definitions

Queer	Umbrella term in activist and academic circles (e.g. Queer studies) for 2SLGBTQIA+ For individuals, a term that some people have reclaimed for themselves. It was once an insult but is now used with pride. Some 2SLGBTQIA+ persons have not reclaimed it and find it derogatory. An identity in itself (for nonbinary identity or non-straight persons)
Bisexual	A person attracted to more than one gender Some people use other language (e.g. pansexual) because "bisexual" still refers to two sexes/genders and they question or reject this binary.
Two Spirit	An Indigenous term for gender and sexual variance. In Canada it is listed first, and it has its own distinctive meaning and history that cannot be summarized in a table.
Asexual/ aromantic	Someone who does not experience sexual and/or romantic attraction This is not a disorder and is different from abstinence.
Sex/gender identity	The sex/gender a person *identifies* as Identity is not the same thing as gender *expression.*
Non-binary	An umbrella term for sex/gender identities that are not solely male or female/man or woman—identities that are outside the gender binary There are growing numbers of terms that reflect changing thinking and experience around sex/gender binaries, e.g. genderfluid, genderqueer, agender, etc. If patients use unfamiliar terms in defining their own sex/gender identities, it may be appropriate depending on the relationship to invite them to share their own interpretations of the labels.
Gender expression	Cis or trans men, women, and nonbinary people or genderqueer people can be perceived by society as masculine, feminine, or androgynous in their dress and behaviour.
Transgender	Person who does not identity with their assigned sex at birth (ASAB) Sometimes also includes any person who experiences gender variance It is appropriate to shorten to "trans", but it is always an adjective, not a noun.
Intersex	A person with an intersex condition is a person born with a variety of male and female biological traits, naturally occurring in 1-2% of births.
Cisgender	Person who identifies with their assigned gender at birth. Cisgender people may not be accustomed to using this term to describe themselves.
Questioning	A person may identify themselves as uncertain and actively reflecting on their sexual orientation or sex/gender identity.

Gender dysphoria	This is a psychiatric diagnosis relating to an incongruence between a person's assigned sex and their gender identity. It is an imperfect term (not all trans people experience "dysphoria" or distress). Diagnosis is important for access to services. It was chosen in DSM-5 to de-pathologize trans and other diverse gender *identities*.

Clinical approach

The key elements of a good clinical approach are to ensure that the clinical environment is an affirming and inclusive one and to signal this (e.g. by posters; in intake; see National LGBT Education Center below), and that clinically you **ask** patients how they identify and the language they use and ask if there have been changes between appointments. Clinical approaches will be covered in the curriculum; the case diversification process *portrays* affirming care. Feedback is welcome.

It is always important to explain why the information you are asking for is relevant to the interaction and health care goals of the patient (a general principle of trauma-informed care), but especially in the care of 2SLGBTQIA+ people. For trans, nonbinary, and Two Spirit persons, the assumption that their assigned sex at birth (ASAB) is their "real sex" is derogatory. Some 2SLGBTQIA+ people dislike the assumption that disclosing sexual orientation equals permission to discuss their sex lives or their bodies. Sometimes the clinician and patient need to share the ASAB for a nonbinary or intersex person, or a full sexual history focused on sexual activities. With explanation and clarity, misunderstandings can be avoided.

The routine inclusion of sexual orientation and gender identity in CBL cases does not mean that this is part of a check-list the physician must complete when meeting patients.

Pronouns

In the CBL cases, pronouns are provided for all patients and their family/carers involved in the case, and these should be used in tutorial discussion. The tutorial group should introduce pronouns and use them for everyone in the tutorial group.

Where someone's gender is not specified in the cases, "they" is used (instead of "he" or he/she, which is cumbersome and leaves out non-binary people). When "they" is used to refer to an individual (whether because gender is unknown or because the person's pronouns are "they/them"), style guides currently recommend that "they" takes a plural verb.

Sex/gender identity

In the CBL cases, patients are described as cis or trans men or women, or as non-binary when they do not identify as either men or women. Sometimes another term is used (genderqueer, agender, genderfluid etc.) instead of nonbinary.

Following current biomedical research guidelines (e.g. Canadian Institutes for Health Research (CIHR)), sex (male or female) is used primarily to refer to biological sex and gender (woman or man) to refer to social gender roles. "Gender" is not a "more polite" term for sex, but a term that emphasizes the social aspects of sex/gender identity.

In many clinical presentations, sex as a binary construct traditionally employed in medicine is one important consideration (along with many other factors including age, medical history, etc.) in differential diagnosis, choice of diagnostic testing, and treatment. When relevant, the sex assigned at birth (AFAB; AMAB) is stated or emerges in the clinical scenario, but this is not always adequate to answer the clinical question about relating binary sex in the evidence base to a specific patient. The

tutorial group can discuss whether and when it is necessary to know this for good patient care, and what questions remain unanswered due to the binary nature of sex in the evidence base for medicine.

Sexual orientation

Sexual orientation includes sexual, romantic, and affective dimensions. In clinical care, it is socially important to know people's self-identification and family configurations in order to provide patient and family-centred care, to work with patients and colleagues respectfully, and to plan for addressing caregiving needs without making assumptions. In order to address the patient's health care goals, it is sometimes important to know specifics of patients' sexual activities. Types of sexual activity cannot be assumed. We must pay particular attention to this as it is often an unconscious assumption that sexual orientation as a self-ascribed social identity is associated with particular types of sexual activity. For many people, it will take practice to separate these dimensions and notice when we are making assumptions, take a step back, and clarify sexual activities as distinct from sexual orientation.

In case diversification, a variety of language and descriptions of life situations are given in the patient-centred descriptions to reflect these kinds of complexities and avoid treating sexual orientation as a simply binary, or even as a simple continuum along a single dimension. Some people reject labelling as such, for example they might not accept any label that goes beyond their current emotional and sexual involvement with particular persons.

People might or might not share their sexual orientation with their healthcare providers, and they might be concerned about why they are being asked (if they are) to share this information. Discussions of sexual orientation and very relationship-dependent; safety matters, and safety is in the eye of the patient. They might be concerned about potential discrimination, or they might want to protect their privacy, for example. However, they still appreciate providers not assuming everyone is straight and cisgender.

Adolescent and pediatric patients

While some trans or queer persons report always knowing their sexual orientation or sex/gender identity, this is not a universal experience. For pre-adolescent children, the sex assigned at birth, an indication of parenting style, and a description of the child's own expression is given in the CBL cases, without an assumption that this is their fixed identity. In adolescence, a variety of ways that young adults define themselves are portrayed, without imposing identities that might not be settled until later in life or may continue to be fluid (e.g. they may identify as lesbian first and later non-binary; or non-binary and lesbian later in life). Alongside developmentally appropriate descriptions of adolescent and children's sexual orientation and gender identity, information about whether they share this with family and with healthcare providers is provided in the cases. In clinical care, respecting the privacy of adolescent patients is paramount, and this includes clarifying which parts of their identities it is okay to speak about in the presence of their parents or guardians.

Sexual and reproductive health care; childbirth and parenting

When discussing patients in general, we will show "inclusive" and "additive" approaches to language in different cases (Moseson 2020; MacKinnon 2020; Jennings 2022). For example, "pregnant women and people" is additive and "pregnant people", or "pregnant patients" is inclusive.

In clinical care, we will model asking the patient for the language they use. See for example this guidance for menstruation from the Columbia Mailman Public School of Health.

Inclusive language in anatomy, genetics, and other basic science fields

At the current time, in many areas of medical science, "male" and "female" continue to be treated as binary terms, assuming certain combinations of anatomical, genetic (chromosomal), and hormonal traits. However, it is well-known biologically that sex is not a simple binary (Karkazis 2019; Long 2021). There are natural variations in sex-identified traits, called intersex conditions or variations in sexual development (you may also see the word "disorders," which should be avoided). The curriculum covers this basic science material in the Human Development Unit (end of Med 1). In addition, some people who are trans will have transformations of sexual (biological) characteristics by hormone use or gender-affirming surgery. Because of growing awareness of these variations *and* because of the clinical importance of trans-inclusive care, clinical and basic scientists are exploring ways to more adequately understand and accurately represent the diversity of sex traits. This is still a work in progress. The Case Diversification Committee supports the curriculum in navigating these changes, and we encourage learning and using newer inclusive language not just for patient care, but in the basic biomedical sciences.

There are real difficulties in interpreting the existing medical evidence base for persons whose sex-related traits do not fit the binary. Using inclusive language is not only about respect but about addressing harms and medical neglect for persons whose sex traits do not fit the traditional binary.

The National Science Teachers' Association has an excellent resource for science educators (Long 2021) on inclusive approaches to biology. Often, it is sufficient to name anatomical and other biological features directly without labelling them as "male" or "female."

Notes

- Don't refer to "preferred pronouns"—they are just people's pronouns. Similarly, "sexual preference" is considered derogatory; "sexual orientation" is preferred.
- "Homosexual" is not a polite way of saying "gay" or "lesbian" or "queer." It is considered an old-fashioned and medicalized term for sexual orientation and should be avoided.
- Use descriptive language in reproductive and sexual health contexts without unnecessary references to male/female or men/women. Social norms, clinical practice, and research is evolving to better address and include the reproductive experiences of trans persons (Moseson et al. 2020).
- Don't say "real sex" when you mean "sex assigned at birth". When you are curious about the sex assigned at birth, ask why: do you need this information for medical purposes or is it unfamiliar to you to accept that a person is non-binary?
- Don't assume that all trans people undergo gender-affirming surgery or hormone treatment.
- In depicting and discussing women and men (cis or trans) in cases, stereotypes are to be avoided. Name both women's and men's occupations; describe men's childcare responsibilities as their own responsibilities, not as helping women. Do not ignore women's or trans men's general health concerns while focusing on their reproductive health.
- Members of the tutorial group have a diversity of sexual orientations and/or gender identities, as do their friends and family members. Group members might or might not want to share this information and should not be pressured. Everyone in the group has a right to privacy and to make their own decisions about whether the group is safe, inclusive, and affirming enough to share, and whether they want to educate others.

Columbia Mailman School of Public Health. Recommendations for providing respectful menstruation-related care to transgender and gender non-binary patient populations. N.D. Available from: https://www.publichealth.columbia.edu/sites/default/files/guidance_for_providing_respectful_menstruation_related_care_to_tgnb_patient_populations.pdf

Encandela et al. Principles and practices for developing an integrated medical school curricular sequence about sexual and gender minority health. Teach Learn Med. 2019;31(3):319-334. https://doi.org/10.1080/10401334.2018.1559167

Karkazis K. The misuses of "biological sex". The Lancet. 2019;394:1898-1899. https://doi.org/10.1016/S0140-6736(19)32764-3

Long S, Steller L, Suh R. Gender-inclusive biology: A framework in action. The Science Teacher. 2021;89:27-33. https://www.nsta.org/science-teacher/science-teacher-septemberoctober-2021/gender-inclusive-biology-framework-action

Mauvais-Jarvis F, Merz NB, Barnes PJ et al. Sex and gender: modifiers of health, disease, and medicine. The Lancet. 2020;396:565-582. https://doi.org/10.1016/S0140-6736(20)31561-0

Moseson et al. The imperative for transgender and gender nonbinary inclusion: beyond women's health. Obstet Gynecol. 2020;135(5):1059-1068. https://doi.org/10.1097/AOG.0000000000003816

Štrkalj G, Pather N. Beyond the sex binary: toward the inclusive anatomical sciences education. Anat Sci Educ. 2021;14:513-518. https://doi.org/10.1002/ase.2002

van Anders SM. Beyond sexual orientation: integrating gender/sex and diverse sexualities via sexual configurations theory. Arch Sex Behav. 2015;44:1177-1213. https://doi.org/10.1007/s10508-015-0490-8

National LGBT Health Education Centre. Focus on forms and policy: creating an inclusive environment. N.D. https://www.lgbtqiahealtheducation.org/wp-content/uploads/2017/08/Forms-and-Policy-Brief.pdf

Case Diversification Committee: Keith Brunt (Pharmacology, DMNB), Abdullah Chanzu (SDIC; Class of 2025), OmiSoore Dryden (James R. Johnston Chair in Black Canadian Studies, Community Health & Epidemiology), Jordin Fletcher (Class of 2025), Sarah Gander (Social Pediatrics, DMNB), Neha Khanna (SDIC; Class of 2025), Darrell Kyte (Evaluation Specialist), Osama Loubani (Asst Dean Pre-Clerkship), Susan Love (Faculty Development, CPD&ME), Natalie Lutwick (Assessment Specialist), Anna MacLeod (Director, Education Research CPD&ME), Eli Manning (Visiting Scholar in Anti-oppressive Practice; School of Social Work), Anu Mishra (Ophthalmology; Skilled Clinician Unit Head), Tiffany O'Donnell (Family Medicine; ProComp 1 Unit Head), Christopher O'Grady (Class of 2023), Sarah Peddle (Community Partnerships & Global Health), Leanne Picketts (EDIA Curriculum Reviewer), Lynette Reid (Bioethics; chair), Jim Rice (UGME Refresh Liaison), Sanja Stanojevic (Community Health & Epidemiology), Wendy Stewart (Asst Dean Pre-Clerkship), Gaynor Watson-Creed (Assoc Dean for Serving and Engaging Society), Brent Young (Indigenous Health Academic Lead).

Thanks to Abbey Ferguson, Executive Director & Health Promotion, Halifax Sexual Health Centre, for reviewing this document and sharing resources.