



## APPROACH TO PREHOSPITAL CARE IN THE GENDER DIVERSITY CONTEXT

I'm Andrea Bianchi and I work as a nurse and EMT in the southern region of Argentina. Last year, with my partner EMT Rafael Karqui, we started an in-depth investigation into LGBT health care with the goal of creating a program we could teach and replicate for students and colleagues in the health sciences.

Argentina has a National Law that guarantees access to free health care for transgender or gender non-conforming people, but unfortunately it is not always followed or health workers aren't properly informed about health care or even human rights for LGBT+ patients.

- 60% of people in the LGBT community report systematic discrimination by health workers.
- In 2019, around 85 people from the LGBT community were recorded dead: 80% from curable diseases.
- 55% of trans women and 34% of trans men declared to be on hormonal treatment without medical assistance.
- Violence against the LGBT community is systematic and worrisome, due to the high rate of hatred towards them. What generates many calls related to different situations of physical violence.



Despite many efforts, still a lot of work to do. After a presentation titled "ABC with LGBT patients: Creating a including space in the ambulance" dictated by the Ecuadorian Leonel Yépez during the EMS world in 2019, woke up her interest in the topic. From there, Andrea started to inquire closer the reality of the gender diversity in prehospital care, especially in her country, Argentina, but without forgetting the different realities in other continent countries.

"Although the talk was based in gender diversity, did not included much about health care, but that day was the trigger. From Quito, I communicate with my friend and colleague Rafael Karqui, and I asked if he wanted to investigate about the subject, we started working right from that minute."

In addition, as a teacher of ethical and legal subject of the superior technician in medical emergencies (EMT), Andrea has cleared the importance of preparing the students to the environment which they will perform when they become professionals. "The focus of the subject is to analyze different sociocultural themes that impacts in the exercise of the profession and take them to reflect about that inserted practice in the actual community."

Certainly, that focus allowed her to work from the attention of patients victims of violence, propose approaches in health care of patients at the end of life, pediatric patients in situation of child abuse, etc. "In these different social situations, it's needed an ethical-legal approach beside the medical care".

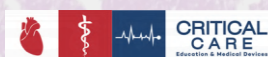


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Today, the ethical-legal approach of LGBT patients, its part of the academic content that she shares with her students. Furthermore, it's a knowledge that has spread to other health training. "With Rafael, we could design a scheme of prehospital approach from the bibliography that exists in the world, we noticed lot of similarities and stuff we could integrate to Argentina".

Today the society is more open since a few years ago, it's also true that there are many factors that intervenes, one of them is the unknowledge. Andrea and Rafael, hold that for the care of LGBT patients to be integral there is work to do in the origin, the professional unknowledge principally and also the prejudice.



"When personal ideals are foregoing with regard the LGBT patient, an approach is performed that can fall in prejudice and also discrimination. All this generates a gap that can be even come to not give at all a medical care". Andrea relates us a very important troublesome and it needs to be worked in health personnel. "A lot of persons in the LGBT community don't want to access medical care because they are afraid to discrimination and mistreatment. This is worrying because is making them to opt self-medicate and clandestine therapies, making their health worse."



"The human and ethical factor are fundamentals to the professional, but it's also the legal ambit. A professional has to equilibrate all that, and for that it's very important to update" explains.

Argentina recognizes as a state of right and inside of the Organic Law of Health, guarantees health care to people without discrimination for any reason.

"Since 2012 there is a law that recognize the gender identity of persons and the acceptance of sexual orientation. The eleventh article of this law says that must give a quality medical care and recognize gender identity of persons." Also, there are international agreements about human rights with the same approach.

Of course, today, young people understand LGBT community as part of the society, it is understood that diversity is a sociocultural reality. "The students are interested in this, it is quite rewarding, as it shows that they understand this is a reality and diversity is sow wide like human beings are in the planet beyond the different classifications that are given. From birth we are already diverse, in every sense, especially in the construction of our identity. It is the actual reality, goes beyond they like it or not, it exists and it's real."

Andrea also know that the gender identity it always existed. "The difference is that now new concepts are born in favor of the diversity that generates the context allowing understand the reality of the LGBT community currently."

When a person is approached, whatever is the gender identity, the empathy is very important. "For a person of the LGBT community that you use the pronoun which they identify is major, allows to generate rapprochement. From that moment initiates quality care."

With this initiating idea, Andrea and Rafael developed an approach protocol in prehospital care. Andrea is clear that this work is an "adaptation of the preexistent material, which only objective is to share knowledge. We didn't create this, it already existed, we just ordered the concepts and put it together in a scheme", she explains.

To explain us this adaptation, Andrea told us more about this protocol adapted to the reality of the LGBT community. "We elaborated emergency medical care recommendations inside this context. We propose an A, B, C, D, E."

In the **A** setion (*ACERCAMIENTO*): "We realize the rapprochement based in the security of the scene and the categorization by colors (red, yellow, green) valid at each territory. This will determine the time we will spend in the scene."

In the letter **B** (*BUENA PRESENTACIÓN*): "arises a good presentation of the professional and at the same time have knowledge about diversity and gender identity."

In the **C** (*CONOCER*): "Knowing the person. Here we highlight the importance to use the right pronoun which our patient identifies. Us like professionals, in case of doubt about the gender identity, we must ask. For the patient this will be positive."

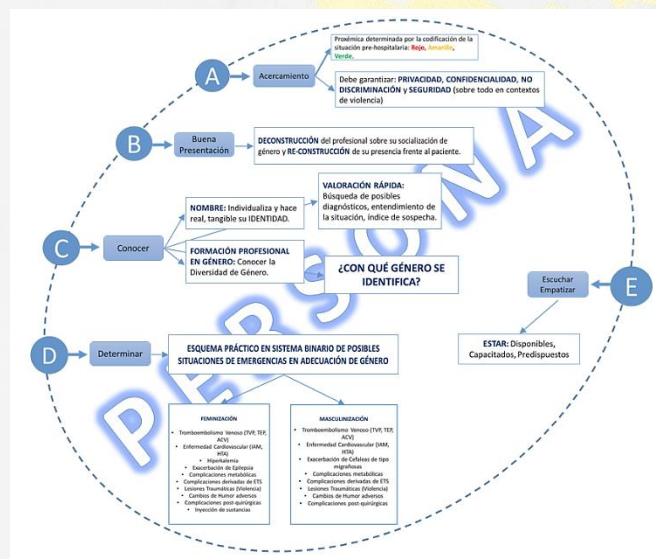
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“When we do any medical examination, we will dismiss things and taking others to make a diagnose. Ask about the gender identity of the person could help us during the evaluation”, explains.

To complete this evaluation, the letter **D** (**DETERMINAR**) refers to: “Determinate the emergency that we could have in front according gender diversity, if there are involved therapies for gender adequation we’ll be able to determinate the emergency that we have”, explains.

For a better understanding to us Andrea is more specific, “We divided two main sections: Feminization or masculinization. If the patient has made a hormonal therapy opens up a range of probabilities”.



“This kind of treatments controlled by a doctor don’t implicate much trouble, the problem radiates where many people of the LGBT community undergo clandestine treatment or self-medicate (by not being able to access to medical care or mistreated in the system) and this implicates a higher risk of thrombosis, for example. In the case of feminization appears the risk of epilepsy and seizures. In the feminization therapies are used anti-androgen, one of them is the spironolactone that, administrated without control, can generate hyperkalemia”, explain to us Andrea.

All these drugs can generate a lot of consequences if the therapy is not done with medical control, but this is

a reality in the hole continent. There is also a high rate of sexually transmitted infections in the LGBT population and the surgery procedures are a factor of risk that must be taken into account.

Other aspect that we should not forget is that exist the possibility that our LGBT patient didn’t went to the doctor for a long time because the discrimination existing, which can lead to its worsening. Andrea recalls a case in which a trans woman commented that “In the face of chest pain, she preferred to stay at home, take a deep breath and wait for it to pass, instead going to an emergency room.”

“The letter **E** (**ESTAR-EMPATÍA**), referees to Empathy, for being available and skilled to offer a quality attention that deserves our patient”, concludes Andrea.



Of course, Andrea is clear that the boarding protocol in medical emergencies in the context of gender diversity still under construction, at the same time as we seek to build that awareness that gender diversity is a reality that we cannot cover up with our fingers. With this situation the general health personnel must be trained to offer a quality medical care.

This with time will change. “Ten years ago, things were really different. As a teacher, I have the idea that I’m forming professionals that will change these things. Nowadays there is an interconnection between Latin-Americans prehospital professionals, and we always contribute to the team. In 10 years, we’ll see the result of this connection” she told us contemplating the future.

The truth is the LGBT fight continues in today’s society, there’s a lot to do, but the important is that it’s being done.



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## RECOMENDACIONES PARA EMERGENCIAS MÉDICAS EN DIVERSIDAD DE GÉNERO



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