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## — Gender inclusivity is a must, both for patients and healthcare colleagues

by Quinn Jackson, MD
December 9, 2021

"I'm so glad it's all women in here."

As a family doctor and abortion provider, I hear this all the time. I know how important it is for many of the patients I care for to be seen by someone who shares their experiences. But I am not a woman.

I am trans. Getting dressed for every shift, I put on my they/them and he/him pronoun pins. Like many trans folx, I use multiple pronouns. Often these go unseen. People assume my gender based on what they've been taught about which bodies look like a woman and which bodies look like a man. I get it though. Patients have a lot on their minds when they come to see me. The middle of someone's abortion doesn't feel like the right time to talk about the difference between gender identity and gender presentation anyway.

I can make space for patients misgendering me. I believe abortion can be a very empowering experience, and for many of my patients, the solidarity between women is a part of that. People with uteruses suffer so much violence from men. Invasive exams and procedures can trigger that trauma, especially when performed by men. A great deal of what we, as medical providers, do to people in gynecological care was developed through violence, intentional abuse, and oppression of women of color. This legacy, rooted in white supremacy, is especially on my mind when providing reproductive care. So I choose not to correct the women who misgender me while voicing their appreciation for my presence out of respect for their experience and comfort.

But what I cannot make space for is being misgendered by my colleagues. It is a daily occurrence. Sometimes followed by over-apologizing, asking me to excuse the mistake to assuage their discomfort at my own expense. It happens despite the pronoun pins and Zoom name. Despite me talking about how weird it is to give myself testosterone injections. Despite the they/he in my email signature on that email I sent months ago announcing my pronouns and asking for some basic inclusion. All of the efforts I am asked

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othered, a hassle, or forgotten.

There has been a concerted effort by some in the reproductive rights movement to make abortion more gender inclusive. Some clinics ask patients for their pronouns and some of those staff members will use them. Some organizations use "pregnant people" in their communications. The key phrase being "some." Others continue to use language and imagery that excludes gender queer and trans people from abortion conversations. The most hypocritical among us will espouse inclusion publicly, but fail to show up for non-binary and trans folx in meaningful ways. It is exhausting. Yes, I see you prescribing gender affirming hormones, yet calling me "she" in every meeting we attend. Sometimes I correct you. Sometimes I choose not to because I just don't have the energy.

This is all in addition to the "regular" day-to-day pressures of working at a clinic providing abortion care in Kansas, a state with many onerous restrictions on abortion. I already feel targeted by protestors when I come into work. I am already highly aware of my safety in my community, both as an abortion provider and as an out trans person. No one should feel harassed or stigmatized when they walk into work, but this is a regular experience for anyone working in a clinic that provides abortion care because of the stigma it holds. Adding transphobia to this already exclusionary experience is, quite frankly, exhausting. I would love to be able to focus all of my energy on providing compassionate healthcare to the person in front of me, not worrying if my coworker is going to respect me in the workplace.

We must make our movement more inclusive. But doing so includes our interpersonal actions. We cannot lift up inclusion for patients and not apply it to ourselves.

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