Panel Discussion:
Current Ethical Barriers and Challenges in Gender-Affirming Care

10:30 am – 12 noon

UT Thompson Center

HIV & Aging Conference 2026

Defining Gender-Affirming Care (GAC) & The AFFIRM Framework

GENDER-AFFIRMING CARE (IS)....

A

Affirms in patient interactions
- Uses chosen name, pronouns, and other gender-affirming language
- Has other TGD people present
- Eliminates transphobia and inappropriate verbal and non-verbal interactions with providers
- Recognizes TGD patients as experts and offers goal-oriented gender-affirming care

F

Flexible and accessible
- Makes gender-affirming care available beyond urban, population-specific clinics and addresses challenges with proximity to care
- Offers care at non-traditional times and non-traditional settings
- Reduces wait times through facilitated linkages to gender-affirming providers
- Improves disability-related accessibility for TGD patients with disabilities
- Increases financial accessibility of gender-affirming services

F

Fights systemic oppression
- Dismantles gatekeeping practices related to gender-affirming care
- Understands intersectional experiences of TGD patients (e.g., racism, cisgenderism)
- Navigates power dynamics and medical culture to ensure TGD patient-centeredness

I

Interacts with community
- Creates TGD Community Advisory Boards
- Shows up to be present in and sponsors TGD community events
- Addresses holistic gender-affirming care needs of TGD communities

R

Retains patients in care
- Recognizes the need for trauma-informed gender-affirming care
- Builds and re-builds trust with TGD communities
- Provides TGD patients with gender-affirming care referrals for unmet needs

M

Multidisciplinary
- Builds integrated and connected care teams (e.g., primary care, mental healthcare)
- Integrates non-medical professionals (e.g., peer navigators)
- Addresses broader TGD health-related needs (e.g., referrals to social services)

Quint, M., Bailar, S., Miranda, A. *et al.* The AFFIRM Framework for gender-affirming care: qualitative findings from the Transgender and Gender Diverse Health Equity Study. *BMC Public Health* **25**, 491 (2025). https://doi.org/10.1186/s12889-024-21261-7

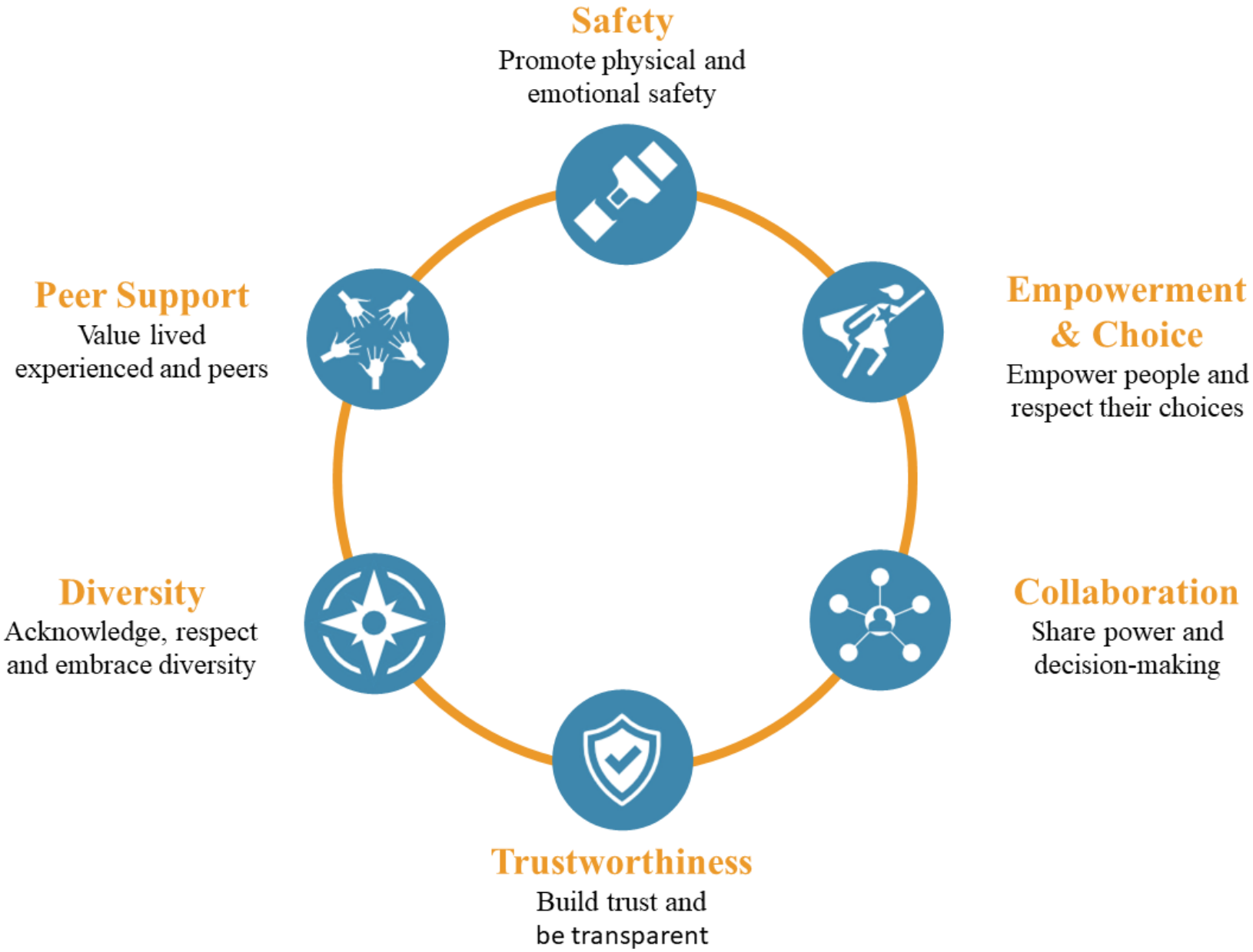
Legislative Barriers
Texas Law – Fact vs. Fiction

Strictly Prohibited	**Legal & Accessible**
• Minors: puberty blockers, hormone therapy and surgeries • Using public/school restrooms that match gender identity • Changing sex markers on Texas State IDs	• Mental health counseling and therapy for all ages • Social transition (names, pronouns, clothing) in everyday life • Full medical care for adults 18+ (with insurance barriers; self-funded or out-of-network)

Confidentiality & Defensive Charting Frameworks

Revise	Consider	Medical Legal Reasons
"Patient requested testosterone to begin transition to male"	"Initiated hormone therapy to treat severe documented distress secondary to gender dysphoria"	Grounds care plan inside established ICD-10 medical condition instead of framing as a lifestyle request
"Discussed out of state resources to bypass local state laws"	"Provided patient with comprehensive, standard continuity of care resources and mental health safety options"	Frames conversation as standard, rather than a deliberate effort to evade local statutes
"Patient feels depressed due to anti-trans state legislation"	"Patient exhibits exacerbated clinical anxiety and minority stress secondary to environmental and social stressors"	Categorize patient symptoms as observable clinical distress without injecting commentary into the chart.

Implementing Trauma-Informed Care



Trauma informed care - *bedside examples*

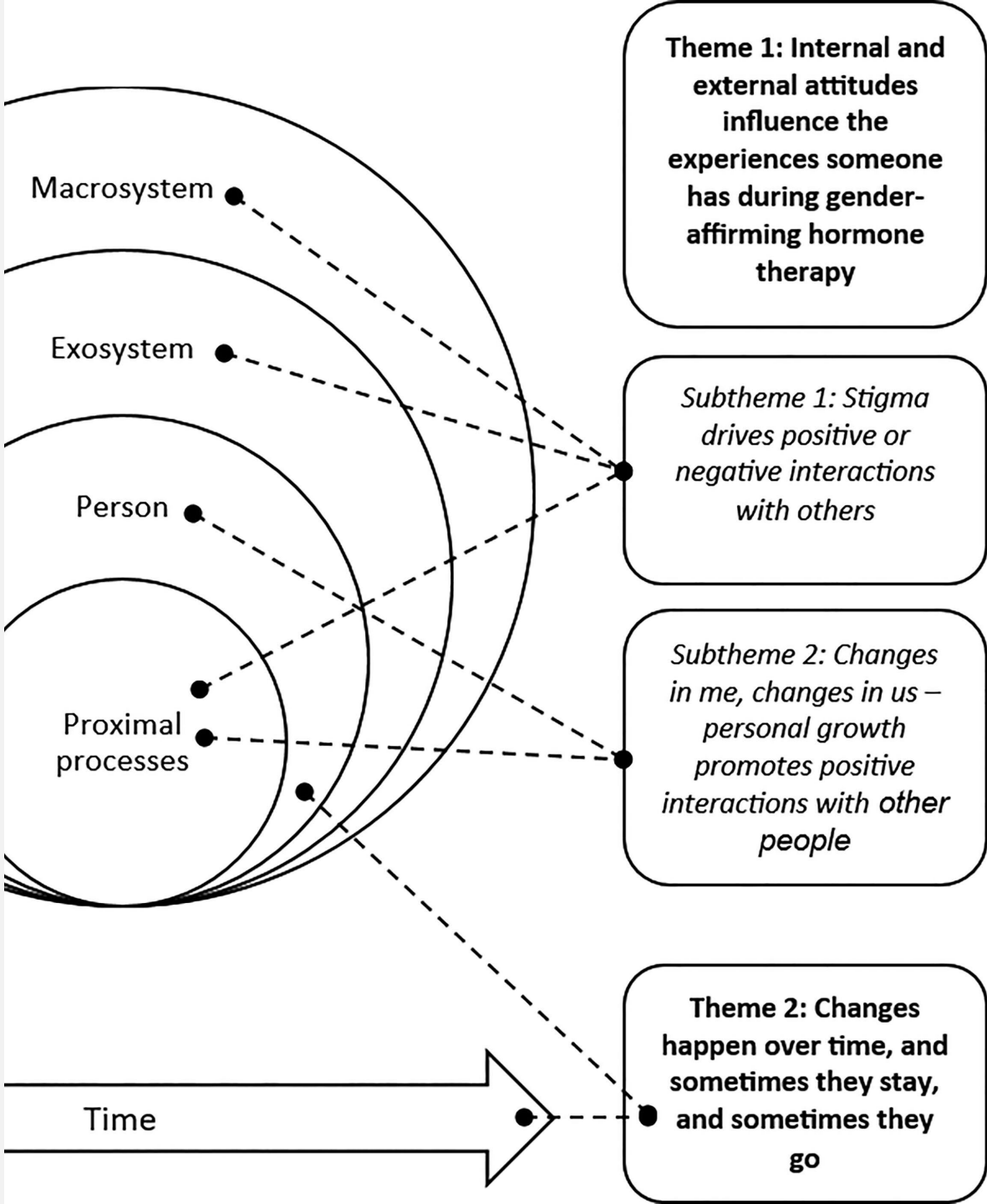
Setting up for success

- **Normalizing Pauses**: "It is normal and perfectly okay to stop or pause the exam at any time."
- **Eliciting Comfort Goals**: "How can I make you feel most secure or comfortable during today's visit?"
- **Gathering Boundaries**: "Are there any terms for body parts or wording I should avoid using today?"
- **Proposing the Roadmap**: "I recommend we do a brief exam of your abdomen, which will take about 5 minutes. How does that sound?"
- **Support Options**: "You are welcome to invite a support person to join us."

Handling resistance

- **Acknowledging** : "I notice your breathing has sped up a bit. Let's pause right here." (*Physically back away from the patient and sit down.)*
- **Reaffirming**: "We have stopped. I am not going to do anything else until you tell me what you want to do."
- **Validating:** "Thank you for listening to your body. You did the right thing."
- **Collaborative Next Steps/Consent**: "Would you like to take a deep breath and try again, or should we stop the exam entirely for today?"

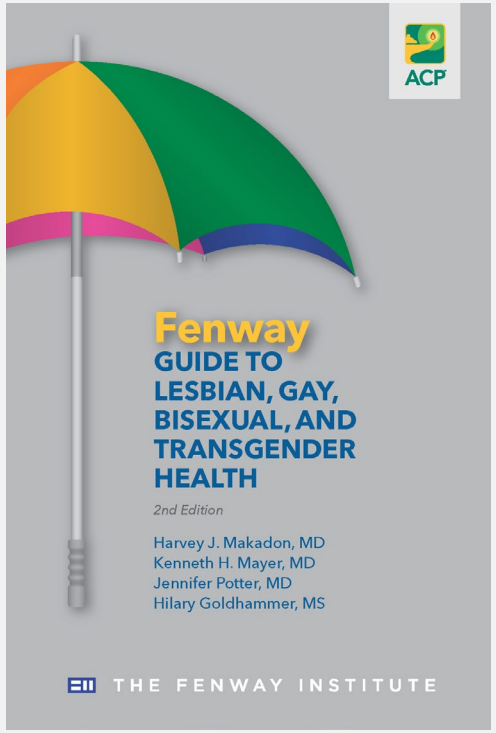
Managing Therapy Across a **Nonlinear** Personal Journey

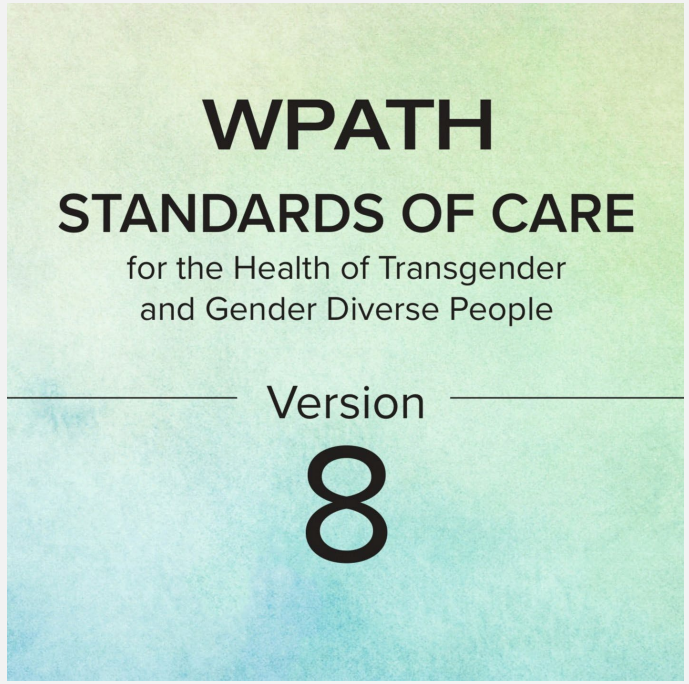


Fowler, J. A., Warzywoda, S., Reyment, M., Crilly, T., Franks, N., Bisshop, F., ... Dean, J. A. (2025). One person, many changes: a socioecological qualitative analysis of the experiences of transfeminine individuals undergoing feminising gender-affirming hormone therapy. *Culture, Health & Sexuality*, *27*(3), 354–370. https://doi.org/10.1080/13691058.2024.2358099

Evidence Based Clinical & Community Resources

- WPATH Standards of Care, Version 8 (2022)
- Endocrine Society Clinical Practice Guidelines
- ACOG Committee Opinions
- HIVMA/IDSA Primary Care Guidance (2024 Update)
- The Fenway Institute
- Trans Health Project





Clinician Moral Distress & Resiliency

- From the front lines: **clinicians in restricted environments face burdens** that extend far beyond medicine*; including securing clinic workspaces and managing exhausting policy defense*.

- Sociopolitical pressures manifest as tangible safety risks; ***approximately 70% of gender affirming clinicians report receiving direct threats*** or targeted workplace harassment.

Historical Blueprints:
Lessons from the HIV/AIDs Crisis

- During the early AIDS epidemic, **many fears and stigma kept patients away from healthcare**; today over 30% of TGD individuals avoid medical systems for similar reasons
- Approximately 35% of TGD individuals report **explicit discrimination or negative encounters** within healthcare settings; echoing the provider refusals common in the early days of HIV.
- Current battles over insurance denials – over 50% of TGD **individuals are flatly denied care by insurers**; parallel to early struggles for HAART access; and for early PrEP and PEP access.

Wrapping up

- **Integrated cooperation** across clinicians, case managers, social workers and patient advocates **is an effective tool against the erosion of evidence-based medicine**

- **Shared clinical commitments**
  - Protect patient records & data
  - Utilize precise, medicalized charting & documentation
  - Operationalize trauma-informed care at every point of contact
  - Guard staff and clinician mental health through peer & institutional support

Thank you!