

EDITORIAL

Diversity, Equity and Inclusion

Invited editorial: A guide to caring for patients who identify as transgender and gender diverse in the emergency department: The evolution of evidence-based medicine

In their manuscript, "A guide to caring for patients who identify as transgender and gender diverse in the emergency department," Jardine et al.¹ address potential knowledge gaps for emergency medicine physicians (EMPs) and other professionals caring for persons who identify as transgender and gender diverse (T/GD). This article represents a welcome addition to literature by highlighting opportunities to reduce barriers to care through the lens of cultural humility and scientific advancement.

This work is needed, as the evidence regarding the influence of biological sex (sex chromosomes, sex steroid hormones) on health and disease has dramatically and exponentially increased since the policy was implemented regarding sex as a biological variable by the National Institutes of Health (NIH).² Concurrently, the understanding of gender identity as a separate yet interrelated sociocultural variable that impacts health has become increasingly salient in medicine.

We are doing our patients a disservice if we are not deliberate in our continuous professional development and understanding of evolving science to match the growing evidence. This manuscript provides the necessary vocabulary and definitions that will assist EMPs understanding and interpretation of the science of studying a growing proportion of the population.³

This work contributes to the ongoing efforts to support best practice improvements in management of emergency medicine. Examples of evolving practice improvements that directly benefitted patient care outcomes include utilization of ultrasonography for central lines,⁴ opioid prescribing practices,⁵ cardiac life support,⁶ and overcrowding.⁷ Emergency department care for other populations (those with HIV,⁸ substance use disorder,⁹ or mental health¹⁰), which have historically been stigmatized and marginalized while in our care, has improved with education and research, and optimally these conversations can continue to progress.

As we evolve into an era of research focused on precision medicine, a major factor in the breakthrough in the last two decades has been the introduction of digital information technologies.¹¹ Improvements in bioinformatics methods have contributed to the emergence of "big data," which will change the practice of medicine and offer advantages in identifying best practice care that we have not had before in

silos of small non-generalizable work.¹¹ In a key point in their paper, Jardine et al.¹ offer insight and echo advice from other scholars¹² in advising ED teams to work with informaticists to optimally identify options in their Electronic Medical Record (EMR) settings that will accurately record patient information and advocate for changes to address chosen name/pronouns, sex-specific laboratories, laboratory reference ranges, hormone status, and best practice advisories for T/GD and effect delivery.

An essential strategy for being able to effectively deliver best practice care will potentially be to implement these changes similarly across all users. This would necessitate discussion and strategic development with the largest Electronic Health Record (EHR) vendors. The role that continued funding has in these efforts cannot be underestimated in our potential progress in efforts of this magnitude. NIH funding has aimed to improve precision medicine to reduce disparities.¹³ Differences in NIH funding between specialties may affect research and patient outcomes in specialties that are less well funded.¹⁴ A recent longitudinal analysis from 2011 to 2022 showed that EM was one of the specialties that received the fewest NIH grants.¹⁴ If we are going to reduce disparities and improve care in the populations we care for, we are going to have to work as a specialty to procure resources to support these efforts. Studies that are funded are significantly more likely to include the variables of sex and gender in their study design than those without.¹⁵

The future has already been predicted.^{16,17} After much advocacy by sex and gender-based researchers, women's health advocates, and LGBTQIA+ activists, we now must utilize the demographic information we collect throughout our emergency management through processes to include the considerations outlined by Jardine et al.¹ Biological sex, current gender identity, and endogenous or exogenous hormonal status will influence our differential diagnoses, our interpretation of laboratory values, the limitations in our testing abilities and our treatments.¹⁸ This will now be precise and individualized.

This is not niche. This is medicine.

CONFLICT OF INTEREST STATEMENT

The authors declare they have no conflicts of interest.

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