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Delivering an Inclusive Experience for Patients of All Genders in the Aesthetics Practice: A Roundtable Discussion

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Abstract

Transgender, nonbinary, and gender-diverse individuals represent a growing proportion of patients desiring minimally invasive aesthetic treatments to enhance facial appearance. Although awareness of the need for gender-affirming care is increasing and resources are available on approaches to injection in gender-diverse individuals, guidance on how to best provide this care is lacking. The objective of this manuscript is to share recommended practices for aesthetic clinicians who wish to treat transgender, nonbinary, and gender-diverse individuals or wish to improve gender inclusivity within their aesthetic practices. As part of a continuing medical education activity, the authors participated in a roundtable discussion on how individual practices can support inclusive care for transgender, nonbinary, and cisgender patients. The authors agreed that a thorough understanding of vocabulary in support of gender diversity can help to improve clinician confidence and the patient experience. Consideration of clinic design, including the use of gender-neutral bathrooms and the display of gender diversity in advertisements or clinic artwork, can also support a gender-inclusive and welcoming environment. The use of correct pronouns and gender-neutral language by all clinic staff and clinicians, as well as a thoughtful approach to language used on intake forms, may also help to provide an inclusive and safe space for the transgender, nonbinary, and gender-diverse community. Inclusive and gender-affirming healthcare improves the mental health and well-being of transgender, nonbinary, and gender-diverse populations. Individual aesthetic clinicians can improve inclusivity by considering their advertising, clinic design, intake forms as well as their consultation, treatment, and follow-up practices.

Level of Evidence: 5 (Therapeutic)

In the United States, ~1.3 million adults identify as transgender, though data on the nonbinary and gender-nonconforming population is lacking.[1] Among the transgender, nonbinary, and gender-nonconforming population, there is increasing demand for gender-affirming aesthetic procedures.[2,3] For example, the demand for facial feminization surgical procedures among transgender females to treat gender dysphoria increased by >13-fold between 2013 and 2018.[2]

Surgery is only one of many necessary tools for maintaining a gender-conforming appearance in many patients. Because of the precision, safety, and accessibility of minimally invasive aesthetic procedures, these techniques have emerged as important ways to support the aesthetic care of transgender, nonbinary, and gender-diverse individuals. Nonsurgical procedures play a central role for patients who would like a preview of how it feels to move their appearance in a more gender-affirming direction or to maintain, complement, and refine surgical results. For those who wish to "pass" as their chosen gender in the world at large, most transgender patients need more than surgery: they need fine contour adjustments and skin-quality modifications that can only be obtained using

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injectables and energy-based devices. For many gender-fluid patients, the nonpermanent nature of these procedures is also appealing: procedures such as botulinum toxin injections, skin-quality treatments, or filler injections represent temporary, reversible, lower cost, and lower risk gender-affirming treatments. Such procedures can help to match an individual's outward appearance with their self-perception, even if it shifts over time, and improve confidence and quality of life.[4]

The transgender and gender-diverse population faces significant healthcare stigma. Transgender individuals report experiencing refusal of care, discriminatory language, and physical or sexual threats in places of healthcare provision, which negatively impacts physical, mental, and psychosocial health.[4-6] A study from the Center for American Progress and NORC at the University of Chicago found that 47% of transgender respondents reported at least 1 form of discrimination or mistreatment from a healthcare provider in the past year.[6] This may include intentional misgendering or use of the wrong name (32%), refusing care relating to a gender transition (25%), physical roughness or abuse during treatment (20%), using harsh or abusive language during treatment (19%), or refusing to see patients (18%). These findings were even higher in transgender patients of color, demonstrating the complexity of the intersection of race/ethnicity with gender identity/expression in healthcare dynamics.[6,7] Transgender, nonbinary, and gender-nonconforming patients may delay or avoid medical care in general because of these experiences and may also have an increased likelihood of seeking out unregulated hormone or body-shaping procedures without medical supervision.[5,8] For these reasons, it is important that aesthetic practices, which may be the frontline of transgender care for some patients, create an inclusive environment that permits patients of all genders to access the life-changing care that aesthetic practices. Positive experiences with aesthetic care can also support contact and/or interactions with the multidisciplinary teams needed for coordinated transgender care. Gender-affirming care has been shown to increase quality of life, improve mental health measures, and reduce high-risk behavior, so overcoming medical system mistrust is a critical prerequisite for this population to access needed treatment.[9-13]

Ensuring patients feel understood and seen is an important first step in gaining trust and facilitating clear lines of communication so that patient needs can be met. In order to support patients in their expressions of gender, whether through caring for them directly or by referring to a more experienced clinician, it is important that aesthetic clinicians are educated and confident in their understanding of gender diversity and have taken steps to create an environment in which these patients feel safe and accepted.

Although awareness of the need for gender-affirming care is increasing and many resources are available on injection approaches to meet the aesthetic goals of transgender and nonbinary individuals,[14-20] more general guidance on how to create an atmosphere in the clinic that communicates acceptance and facilitates trust and communication is lacking. Practitioners may still feel apprehensive or intimidated by the vocabulary of gender identity. They fear that they will unintentionally offend by using the wrong terminology or inadvertently signal intolerance with certain aspects of their office protocol. As part of a continuing medical education (CME) activity dedicated to discussing gender expression and identity in aesthetics, the authors identified important topics for supporting a culture of exceptional care for transgender, nonbinary, gender-nonconforming, and cisgender patients. In the sections below, suggestions for improving inclusivity in the aesthetic practice are provided. These suggestions are not an attempt to impose a standard on all practices but are instead intended to help improve clinician comfort and awareness so inclusivity may be improved at the practice level. Suggestions may be adopted in part or in whole, depending on the specific practice and interest of the clinician. By providing these suggestions, it is our hope that patients of all genders will be able to obtain the care they need.

METHODS

As part of a CME series on treating the transgender patient in the aesthetic practice (xMedica; Alpharetta, GA) that launched in August 2024 and will remain available online until August 2026, the authors participated in a roundtable discussion on how aesthetic clinicians can best support inclusive care for transgender, nonbinary, and cisgender patients in their practice. Although approaches to treatment were discussed in the lectures, the authors felt that the most important unmet need in the literature was a discussion on approaches to care that would give providers the confidence needed to communicate, gain trust, and develop treatment plans for gender-diverse patients.

In the sections below, suggestions for clinical practices are provided. A helpful guide to terms and suggestions for clinical practice is presented. The case patient was treated as part of normal clinical practice, and institutional review board approval was not obtained for this study. The patient provided consent for the use of their photographs and was treated in agreement with the principles outlined in the Declaration of Helsinki.

RESULTS

In the sections below, the authors have provided several tools and suggestions that may assist clinicians in providing inclusive care for transgender, nonbinary, and cisgender patients in their practice. In addition to discussion of basic concepts and vocabulary surrounding gender diversity, considerations for clinic design, the use of correct pronouns, and a thoughtful approach to language are discussed.

Key Terms and Vocabulary

During the roundtable, the authors agreed that a thorough understanding of vocabulary relating to gender diversity is an important step to improving the care of transgender patients at aesthetic practices. The terms provided in Table 1 are helpful for clinicians to be familiar with and comfortable using.

Gender fluidity is an especially relevant concept to consider.[26] Because a patient's gender expression or gender identity changes, their aesthetic goals and priorities may change as well. Thus, it is important to revisit and refine aesthetic goals at each consultation, with the understanding that gender identity and expression can change over time. Within this population, patient aesthetic concerns are highly individual, and refraining from making assumptions can be quite helpful in getting the patient to fully express their goals. We should keep in mind that in any aesthetic practice, serving any population, clear communication is the key to success. Making assumptions about a patient's desire to look "more feminine" or "more masculine" can potentially be alienating, even for those who identify as

Table 1. Key Definitions and Terms for Treating Transgender, Nonbinary, and Gender-Diverse Individuals

Term	Definition
Agender[21]	Refers to someone who has little or no personal connection with gender
Bigender[21]	Refers to someone who identifies with both male and female genders
Cisgender[22]	Umbrella term for that refers to people whose gender identity and/or expression aligns with that of the sex assigned at birth
Gender[23]	Refers to the characteristics of women, men, girls, and boys that are socially constructed, including the norms, behaviors, roles, and relationships associated with being a woman, man, girl, or boy
Gender dysphoria[24]	A diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) characterized in a marked incongruence between one's experienced gender and their assigned gender, which may include transgender and gender nonconforming individuals
Gender expression[25]	The external expression of one's gender identity, which can be expressed through behavior, clothing, body characteristics, and voice; gender expression may or may not conform to social norms of gender and may or may not align with one's gender identity
Gender fluid[21]	Refers to someone whose gender identity and/or expression is a mix of or outside of the stereotypical male/female paradigm
Gender fluidity[26]	Refers to the change over time in a person's gender expression, gender identity, or both
Gender identity[22,25]	One's innermost concept of self as male, female, neither, or both and is influenced through a complex interplay of biological, environmental, and cultural factors; a person's gender identity can be the same or different from the sex they were assigned at birth. Examples of gender identity can include cisgender, transgender, gender nonconforming, or others
Gender nonbinary[27]	An umbrella term for those who feel their gender identity is between or outside of the stereotypical male/female paradigm; examples include a person who can experience both male and female gender identities, or someone who does not experience or want to have a gender identity at all
Gender nonconforming[21]	Umbrella term that refers to a person who does not conform to the current social or cultural expectations of gender, particularly relating to the constructs of male and female; gender nonconformity may encompass a variety of identities, including agender, bigender, gender fluid, intergender, pangender, and gender nonbinary
Transgender[22]	Refers to a person whose gender identity does not match the identity they were assigned at birth; for example, a transgender male is a person whose gender identity is male but who was assigned a female sex at birth, and a transgender female is a person whose gender identity is female but who was assigned a male sex at birth
Transition[22]	The process through which transgender individuals change physical, social, and/or legal characteristics to be consistent with their affirmed gender identity

cisgender. For transgender patients, remaining open and not vocalizing assumptions supports open communication and trust.

Gender-Neutral Language and Pronouns

The use of gender-neutral language can help all individuals, including nonbinary and gender-diverse people, to feel comfortable. For example, registration staff can avoid the use of gender-specific terms or identifiers such as "ma'am" or "sir" when speaking to new patients, until the person's preferred gender is established. This is not a permanent excision of these terms, only a suspension until the patient's gender is confirmed. The use of terms that apply to all genders and anatomies can also communicate inclusiveness within the healthcare encounter.[28] For example, avoiding words like "handsome" or "beautiful," to describe optimal outcomes that may have male or female connotations is unlikely to be off-putting for most patients but can send an important signal to gender-diverse patients. For practices that wish to prioritize inclusivity, training for office staff and clinicians, as well as a review of intake forms, can be helpful for ensuring consistency.

Taking care to use the correct pronouns for patients is central to creating an environment of respect. Ultimately, the best way to avoid misgendering patients through pronoun usage is by asking the patient for their pronouns. During introductions, one may say, "Hello, I'm Dr Smith. My pronouns are she/her. How would you like to be addressed?" The collection of pronouns on intake forms is increasingly common, and employees may choose to display their pronouns nonverbally on name badges or pins. When addressing groups or when unsure of a person's pronouns, gender-neutral language can be used (eg, they/them, everyone, and folks).[28] Irrespective of the measures taken, once a patient informs the clinic of their pronouns, the commitment of the physician and staff to using the requested pronoun is key for demonstrating personal respect and building trust.

Reducing assumptions regarding gender identity or sexual orientation when speaking with patients can prevent missteps. Communication errors are likely to occur; however, most patients are understanding and appreciative of the clinician's positive intent when handled appropriately. When mistakes occur, acknowledge the gaffe, apologize, and move on. It is important not to assume that patient will want to provide education on terms, though some patients may be willing to do so, and the clinician should receive that information graciously.

Intentional Practice and Clinic Design

Fostering a culture of inclusivity and social support in the workplace positively impacts not only employees but also patient experiences. For example, using language inclusive of gender-diverse people in the clinic (eg, correct pronouns or the use of Ms, Mr, or Mx honorifics as appropriate) and promoting the use of gender-neutral language (eg, "people" instead of "males" or "females") can help both employees and patients to feel more comfortable.[29,30] Regular education can be offered to employees to increase their comfort level in

creating a gender-inclusive space and to practice language that may seem counterintuitive.[5] This education need not be laborious or time-consuming. There are also a multitude of resources online and in CME courses like the one detailed here.

When possible, the availability of gender-neutral bathrooms is a display of respect for the most basic rights of human dignity and self-expression of both employees and patients.[31] Transgender and nonbinary individuals may experience fear, anxiety, or discomfort when having to use a bathroom that is misaligned with their gender identity. Having gender-neutral bathrooms is an unobtrusive and maintenance-free way to prevent an exclusionary environment. In cases where gender-neutral bathrooms are not a possibility at the clinic, one can post signage indicating that individuals can use whichever bathroom best aligns with their gender identity.

One proactive way to promote gender diversity in a patient population is the inclusion of people of all genders in social media outreach as well as in advertisements for the clinic.[32] If a waiting area has brochures and representations of the providers' work, representation of gender-diverse individuals can foster inclusivity. Patient comfort level may increase knowing that a practitioner works with other patients who look or feel like them. Further, this communicates with all patients, regardless of gender identity, that gender-affirming care is normal and acceptable and is provided in the clinic.

Intake

Patient intake forms are among some of an individual's earliest experiences with a practice and are an opportunity to demonstrate inclusivity and acceptance of gender diversity. How a clinic collects gender identity data creates a critical first impression that colors a patient's entire experience. Gender identity data include a patient's chosen name, pronouns, current gender identity, and sex at birth.[3] Inclusive intake forms include name and gender on insurance documents, the name and gender on identification documents, and the name the patient prefers to be called during the office visit.[28,33] The use of open-ended answers in addition to or in lieu of multiple choice (eg, male, female, and nonbinary) for gender identity allows patients to write in their own answer if the predefined choices do not represent their gender identity.[32] Importantly, an option to "choose not to disclose" on these items should be included.[28]

Consultation

Clinicians are trained to make assumptions and draw conclusions from limited information. This has always been a part of the deductive reasoning that undergirds the teaching of medical diagnostics. Therefore, it is important to take care that implicit biases and assumptions do not negatively impact the patient consultation with transgender and gender-diverse individuals. Like all patients, transgender and nonbinary people seeking minimally invasive injectable procedures should receive individualized consultation tailored to their specific aesthetic needs and preferences. Aesthetic preferences of transgender and nonbinary patients may deviate from the canonical binary standards of beauty.[14-16,34-36] The patient may seek to achieve not necessarily femininity or masculinity, but rather a unique blend of masculine and feminine attributes that aligns to their self-affirmation. Realistically, all patients possess features that are out of alignment with beauty standards that they may or may not wish to address, so the same care that must be taken with transgender and nonbinary patients can benefit all patients. For example, it is important not to assume that cisgender patients wish to eliminate features that are considered out of alignment with traditional ideas of gendered beauty. Of course, standards of beauty are also impacted by ethnicity and race as well as gender,[37-42] so in addition to respecting gender expression, it is important to consider and respect patient ethnicity.

Because goals and desires within the gender-fluid spectrum may vary from visit to visit, it is important to continue to make an effort to understand where a patient is with respect to their personal gender fluidity. This should not be mistaken as a need to perform comprehensive medical evaluation at every visit, but instead as a reminder that patient aesthetic goals should be confirmed at each visit and that it is important not to make assumptions. Transgender patients may also recalibrate their desires because they adjust to different facial appearances throughout their gender transition. For example, hormone treatments impact facial structure, soft-tissue distribution, and skin quality over a long period of time. Because these changes manifest, aesthetic procedure needs may change.

Transgender and gender-diverse patients require a highly customized aesthetic treatment journey using a variety of treatment modalities, including surgery, injectables, and skin quality treatments. Developing an individualized comprehensive treatment plan that factors in timeline and cost, including the expectation of regular visits to maintain the results of minimally invasive procedures is necessary when significant changes are needed in any patient population. Trans and gender-diverse patients should be encouraged to consider the implications of changing aesthetic desires or gender identities at the outset of their treatment journey, because some procedures may vary in their level of permanence or reversibility, which could impact their treatment decisions. It is also important that injectors be mindful of their own skill sets. Although there are some injections or procedures that can be easily administered by most aesthetic clinicians, more complex, multistage treatment protocols, or injections intended to significantly change the contour of a patient's face may need to be referred to a practice with more expertise.

For some patients with comorbidities such as body dysmorphic disorders, referrals to mental health professionals may be warranted. However, it is important not to assume that all transgender or gender-diverse individuals seeking aesthetic procedures require consultation with a mental health professional. In some instances, aesthetic physicians are the first point of contact for transgender patients: in these cases, it may be helpful to provide patients with referrals to any one of the specialists who manage transgender care.

Examining Biases

During the roundtable, the authors expressed the importance of self-reflection when treating diverse patient groups. Unconscious bias and implicit bias are terms that describe associations or attitudes that reflexively alter a person's perceptions, which can affect behavior, interactions with others, and decision making.[43,44] An important and ongoing step is to examine one's own biases and how that could impact perceptions and decisions relating to patient care. A variety of tools are available to aid in this, including peer-reviewed articles and online tools to measure bias against gender identity, such as the Transgender Implicit Association Test.[43-48] These resources are important initial steps to better understand unconscious biases, but

ultimately, mitigation strategies are needed to reduce the impact of unconscious biases on the provision of healthcare. Individual strategies may include deliberative reflection and active questioning and countering of stereotypes, whereas organizational strategies could include a commitment to a culture of inclusion within the clinic and meaningful diversity training.[48]

DISCUSSION

Minimally invasive procedures are a powerful tool for transgender, nonbinary, and gender-diverse individuals to move toward a gender self-affirming facial appearance. By considering the suggestions and guidance outlined in the sections above, clinicians can take steps to providing an inclusive, safe space for all of their patients, including those in the transgender, nonbinary, and gender-diverse community. An awareness of vocabulary and a willingness to remain educated and educate others are central to providing quality care.

Part of why it is so important that clinicians become confident in interacting with this patient population is that negative patient experiences or implicit or unconscious bias toward marginalized patient groups can contribute to lower quality of care and poor health outcomes.[45] Biases may be subtle and unintentional, but they can still impact patient care. Furthermore, lack of confidence or awareness of basic terms, coupled with microaggressions and signals that the clinic itself is not committed to inclusive care, has an additive effect and contributes to an unnecessarily inferior outcome when patients are seeking care that is supportive of the most basic elements of their identity. Although the impact of bias is well recognized and attempts have been made to mitigate implicit bias in healthcare settings, studies suggest that bias continues to impact clinical interactions, emphasizing the need for ongoing and deliberate effort on the part of providers to remain up to date and educated.[44,45]

According to the American Psychological Association, microaggressions are commonly occurring, brief, behavioral, and environmental indignities that communicate derogatory attitudes or notions toward another person.[49] Microaggressions can be verbal or nonverbal, with examples including asking for a "real" name or for "preferred" pronouns; using words such as "regular" or "normal" as synonyms for cisgender or heterosexual; showing intrusive curiosity about the patient's gender, sexual orientation, or body; and focusing on gender and sexuality when it is not a consideration for treatment. Microaggressions contribute to the persistent disparities faced by marginalized gender groups and can negatively impact a person's willingness to access medical care, both within the context of aesthetic care and medical care as a whole.[50] Disaffirming care, such as being misgendered or using incorrect pronouns, can lead to anticipation of stigma and thus the avoidance of healthcare among the gender-diverse population. In contrast, positive experiences of social gender affirmation, such as using pronouns correctly, are beneficial to the health and well-being of gender-diverse and transgender individuals.[51] Experiences within the aesthetic practice are important not only for the aesthetic treatment itself but also for promoting good health for patients overall.

Limitations of this manuscript are inherent. This is a roundtable, which includes physicians who serve a large number of nonbinary and transgender patients. Their experiences reflect their practice demographics as well as geographic locations. To date, there is no single standard of care for aesthetic practices dictating best practices for optimizing inclusivity. Thus, although the guidance provided is based on both experience and the scientific literature, it is reflective of practices where gender inclusivity is prioritized. In order to further develop the recommendations here, it will be important to define the metrics that can be used to assess gender inclusivity in clinical practice so that the success of any programs or behavioral interventions can be systematically evaluated. Future research could include the development of metrics specific to aesthetics and assessment of some of the recommendations shared here.

CONCLUSIONS

Regardless of gender or other diversity, the unique goals and desires of each individual patient should guide care. Inclusive, gender-affirming healthcare improves the mental health and well-being of gender-diverse populations. To achieve this, aesthetic clinicians with a gender-diverse patient population can consider inclusivity at all patient touch points, including advertising, clinic design, intake forms, consultation, and treatment. Examining one's own biases relating to gender identity, as well as understanding key terms relating to gender identity, are key steps of this process.

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REFERENCES

1. Herman JL, Flores AR, O'Neill KK. How many adults and youth identify as transgender in the United States? Williams Institute at the UCLA School of Law. Accessed August 13, 2024. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Pop-Update-Jun-2022.pdf
2. Chaya BF, Berman ZP, Boczar D, et al. Current trends in facial feminization surgery: an assessment of safety and style. *J Craniofac Surg*. 2021;32:2366-2369. doi: 10.1097/SCS.0000000000007785

3. Hennessy K, Dayan S, Somenek M, Bay S, Witfill K, Fabi S. Aesthetic considerations for treating lesbian, gay, and bisexual patients: a review and our experience. *J Clin Aesthet Dermatol*. 2024;17:34-39.
4. Kelly PJ, D'Avanzo PA, Shanker A, et al. The relationship between gender-affirming procedures, body image quality of life, and gender affirmation. *Transgend Health*. 2023;8:293-297. doi: 10.1089/trgh.2021.0081
5. Stryker SD, Pallerla H, Pickle S. Considerations on medical training for gender-affirming care: motivations and perspectives. *Int J Transgend Health*. 2020;21:79-88. doi: 10.1080/15532739.2019.1689880
6. Center for American Progress. Protecting and advancing health care for transgender adult communities. Accessed August 15, 2024. https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/#Ca=10
7. Gillani B, Prince DM, Ray-Novak M, et al. Mapping the dynamic complexity of sexual and gender minority healthcare disparities: a systems thinking approach. *Healthcare (Basel)*. 2024;12:424. doi: 10.3390/healthcare12040424
8. Kelly PJ, Frankel AS, D'Avanzo P, et al. Psychosocial differences between transgender individuals with and without history of nonsurgical facial injectables. *Aesthet Surg J Open Forum*. 2021;3:ojaa050. doi: 10.1093/asjof/ojaa050
9. Scheim AI, Baker KE, Restar AJ, Sell RL. Health and health care among transgender adults in the United States. *Annu Rev Public Health*. 2022;43:503-523. doi: 10.1146/annurev-publhealth-052620-100313
10. White Hughto JM, Reisner SL. A systematic review of the effects of hormone therapy on psychological functioning and quality of life in transgender individuals. *Transgend Health*. 2016;1:21-31. doi: 10.1089/trgh.2015.0008
11. Branstrom R, Pachankis JE. Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. *Am J Psychiatry*. 2020;177:727-734. doi: 10.1176/appi.ajp.2019.19010080
12. Caprini RM, Oberoi MK, Dejam D, et al. Effect of gender-affirming facial feminization surgery on psychosocial outcomes. *Ann Surg*. 2023;277:e1184-e1190. doi: 10.1097/SLA.0000000000005472
13. Yu JN, Angeles C, Bueser H, Sison A. The role of neurotoxins and fillers in affirmative care in gender nonconforming Filipino patients. *J Clin Aesthet Dermatol*. 2024;17:48-52.
14. De Boulle K, Furuyama N, Heydenrych I, et al. Considerations for the use of minimally invasive aesthetic procedures for facial remodeling in transgender individuals. *Clin Cosmet Investig Dermatol*. 2021;14:513-525. doi: 10.2147/CCID.S304032
15. Viscomi B. From anatomical modifications to skin quality: case series of botulinum toxin and facial fillers for facial feminization in transgender women. *Clin Cosmet Investig Dermatol*. 2022;15:1333-1345. doi: 10.2147/CCID.S363882
16. Cattelan L, Dayan S, Aguilera SB, Viscomi B, Fabi SG. A review of aesthetic considerations for treating the transgender patient. *Dermatol Surg*. 2024;50:S191-S200. doi: 10.1097/DSS.0000000000004112
17. Viscomi B, Faria G, Hernandez CA, et al. Contouring plus: a comprehensive approach of the lower third of the face with calcium hydroxylapatite and hyaluronic acid. *Clin Cosmet Investig Dermatol*. 2023;16:911-924. doi: 10.2147/CCID.S400605
18. Wu GT, Wong A, Bloom JD. Injectable treatments and nonsurgical aspects of gender affirmation. *Facial Plast Surg Clin North Am*. 2023;31:399-406. doi: 10.1016/j.fsc.2023.04.004
19. Dhingra N, Bonati LM, Wang EB, Chou M, Jagdeo J. Medical and aesthetic procedural dermatology recommendations for transgender patients undergoing transition. *J Am Acad Dermatol*. 2019;80:1712-1721. doi: 10.1016/j.jaad.2018.05.1259
20. Ascha M, Swanson MA, Massie JP, et al. Nonsurgical management of facial masculinization and feminization. *Aesthet Surg J*. 2019;39:NP123-NP137. doi: 10.1093/asj/sjy253
21. It Gets Better. Glossary. Accessed August 15, 2024. https://itgetsbetter.org/glossary/
22. Benjamin T, Knott PD, Seth R. Gender-affirming facial surgery: anatomy and fundamentals of care. *Oper Tech Otolaryngol Head Neck Surg*. 2023;34:3-13. doi: 10.1016/j.otot.2023.01.002
23. World Health Organization. Gender and health. Accessed August 15, 2024. https://www.who.int/health-topics/gender
24. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. 2013.
25. Human Rights Campaign. Sexual orientation and gender identity descriptions. Accessed August 15, 2024. https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions
26. Katz-Wise SL. Gender fluidity: what it means and why support matters. Accessed August 15, 2024. https://www.health.harvard.edu/blog/gender-fluidity-what-it-means-and-why-support-matters-2020120321544
27. Monro S. Non-binary and genderqueer: an overview of the field. *Int J Transgend*. 2019;20:126-131. doi: 10.1080/15532739.2018.1538841
28. Goldhammer H, Malina S, Keuroghlian AS. Communicating with patients who have nonbinary gender identities. *Ann Fam Med*. 2018;16:559-562. doi: 10.1370/afm.2321
29. Ross LE, Kinitz DJ, Kia H. Pronouns are a public health issue. *Am J Public Health*. 2022;112:360-362. doi: 10.2105/AJPH.2021.306678
30. Perales F, Ablaza C, Elkin N. Exposure to inclusive language and well-being at work among transgender employees in Australia, 2020. *Am J Public Health*. 2022;112:482-490. doi: 10.2105/AJPH.2021.306602
31. Huffman AH, Mills MJ, Howes SS, Albritton MD. Workplace support and affirming behaviors: moving toward a transgender, gender diverse, and non-binary friendly workplace. *Int J Transgend Health*. 2021;22:225-242. doi: 10.1080/26895269.2020.1861575
32. Deutsch MB. Guidelines for the primary and gender-affirming care of transgender and gender nonbinary people. Accessed August 15, 2024, https://transcare.ucsf.edu/guidelines
33. Bhatt N, Cannella J, Gentile JP. Gender-affirming care for transgender patients. *Innov Clin Neurosci*. 2022;19:23-32.
34. MacGregor JL, Chang YC. Minimally invasive procedures for gender affirmation. *Dermatol Clin*. 2020;38:249-260. doi: 10.1016/j.det.2019.10.014
35. Somenek M, Romero NJ. Brow lift and brow position for gender affirmation. *Otolaryngol Clin North Am*. 2022;55:797-808. doi: 10.1016/j.otc.2022.04.004
36. Somenek M, Romero NJ. Facial analysis for gender affirmation/gender-related facial analysis. *Facial Plast Surg Clin North Am*. 2023;31:341-348. doi: 10.1016/j.fsc.2023.03.002
37. Fabi SG, Callender VD, Lee WW, Dayan S. Aesthetic considerations for treating the North American multi-ethnic patient: thriving in diversity international roundtable series. *J Cosmet Dermatol*. 2022;21:6976-6984. doi: 10.1111/jocd.15422
38. Fabi SG, Hernandez C, Montes JR, Cotofana S, Dayan S. Aesthetic considerations when treating the Latin American patient: thriving in diversity international roundtable series. *J Cosmet Dermatol*. 2023;22:593-602. doi: 10.1111/jocd.15516
39. Fabi SG, Burgess C, Edwards CD, Kanaris NP, Dayan S. Aesthetic considerations when treating patients of African descent: thriving in diversity international roundtable series. *J Cosmet Dermatol*. 2023;22:1870-1878. doi: 10.1111/jocd.15688
40. Fabi SG, Galadari H, Fakih-Gomez N, Mobin SN, Artzi O, Dayan S. Aesthetic considerations for treating the Middle Eastern patient: thriving in diversity international roundtable series. *J Cosmet Dermatol*. 2023;22:1565-1574. doi: 10.1111/jocd.15640
41. Fabi SG, Park JY, Ho WWS, Vachiramon V, Dayan S. Aesthetic considerations for treating the Asian patient: thriving in diversity international roundtable series. *J Cosmet Dermatol*. 2023;22:1805-1813. doi: 10.1111/jocd.15787
42. Fabi SG, Casabona G, Ogilvie P, Acquilla R, Dayan S. Esthetic considerations for treating the patient of European descent: thriving in diversity international roundtable series. *J Cosmet Dermatol*. 2023;22:1814-1824. doi: 10.1111/jocd.15735
43. Arif SA, Schlotfeldt J. Gaps in measuring and mitigating implicit bias in healthcare. *Front Pharmacol*. 2021;12:633565. doi: 10.3389/fphar.2021.633565
44. Marcelin JR, Siraj DS, Victor R, Kotadia S, Maldonado YA. The impact of unconscious bias in healthcare: how to recognize and mitigate it. *J Infect Dis*. 2019;220:S62-S73. doi: 10.1093/infdis/jiz214
45. Casanova-Perez R, Apodaca C, Bascom E, et al. Broken down by bias: healthcare biases experienced by BIPOC and LGBTQ+ patients. *AMIA Annu Symp Proc*. 2021;2021:275-284.
46. Thompson J, Bujalka H, McKeever S, et al. Educational strategies in the health professions to mitigate cognitive and implicit bias impact on decision making: a scoping review. *BMC Med Educ*. 2023;23:455. doi: 10.1186/s12909-023-04371-5

47. Project Implicit. Project implicit social attitudes: transgender. Accessed August 15, 2024. https://implicit.harvard.edu/implicit/
48. Yang C, Coney L, Mohanraj D, et al. Imagining improved interactions: patients' designs to address implicit bias. *AMIA Annu Symp Proc*. 2023;2023:774-783.
49. American Psychological Association. APA dictionary of psychology: microaggression. Accessed August 25, 2024. https://dictionary.apa.org/microaggression
50. Johnson AH, Hill I, Beach-Ferrara J, Rogers BA, Bradford A. Common barriers to healthcare for transgender people in the U.S. Southeast. *Int J Transgend Health*. 2020;21:70-78. doi: 10.1080/15532739.2019.1700203
51. Sevelius JM, Chakravarty D, Dilworth SE, Rebchook G, Neilands TB. Gender affirmation through correct pronoun usage: development and validation of the transgender women's importance of pronouns (TW-IP) scale. *Int J Environ Res Public Health*. 2020;17:9525. doi: 10.3390/ijerph17249525