Bridging Gaps in Care: Naturopathic Doctors' Role in Optimizing Queer and Transgender Health

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At a time when there are insurmountable gaps in care among those that are gender and sexually expansive (GSE), 2SLGBTQIA+, one of the biggest questions I have as a soon-to-be graduate of Naturopathic Medical School is, what role will the field of naturopathic medicine play in alleviating some of these current gaps in care?

As was outlined in a 2024 article on LGBTQ+ health education for medical students in the United States, authors Tess I. Jewell and Elizabeth M. Petty reported that 175 out of 176 medical schools in the United States and Canada found that 76% of osteopathic medicine (DO) students and 65% of allopathic medicine (MD) students described their medical schools' GSE curriculum as fair, poor, or very poor. Additionally, 40% of medical students, residents, and fellows expressed not having adequate training in this area; 50% of whom stated that they had minimal interactions with GSE patients.[1]

Given the lack of data existing on these topics within the naturopathic profession, one wonders how our profession fares against these concerning numbers within the world of conventional medicine. This lack of inadequate data does not negate our need and duty as a profession to be more culturally informed and responsive with the care we provide to GSE patients. These reforms should occur whether or not naturopathic doctors (NDs) have a full scope of practice according to the various state/provincial laws and regulations within North America.

In a 2022 article published in *Yoga Therapy Today*, I argued that yoga therapy, as an emergent healthcare profession, has the opportunity to lead bold and progressive changes to upend the status quo that perpetuates long-enduring injustices against not only black, brown, and indigenous communities but also against those of 2SLGBTQIA+ experience.[2] I believe naturopathic medicine has this same opportunity, as does the broader community of Complementary and Integrative Health (CIH) professions.

Not only are the aforementioned statistics alarming to me as a soon-to-be ND graduate, but they are also concerning to me as a queer and trans feminine person who has directly experienced the harms and inequities of our existing medical system. In 2020 upon starting ND school and seeking the care of a new primary care physician, I experienced none other than medical discrimination from a DO, in Arizona at the time. During my initial appointment with this doctor as he reviewed my medical history and current medications, not only was he unaware of pre-exposure prophylaxis (PrEP) medication, an HIV preventive medication, he became visibly uncomfortable in my presence as I explained the reasoning for taking this medication. His discomfort became so palpable that as the conversation progressed, he began opening the door to the patient room and shouting from the opposite end of the hallway that he could no longer treat me. I left that doctor's office in utter shock and disbelief with no referral to another physician nor a prescription to renew my medications at the time. Such behaviour is illegal among licensed physicians. However, even though I submitted a complaint to the Arizona state medical board about his unethical behaviour, nothing was done and he experienced no consequence.

I would like to think that this kind of behaviour is unbecoming of those within the ND profession, but I'm keenly aware that we receive abysmal training in caring for those who are GSE throughout the tenure of Naturopathic Medical School.

Whereas some within our profession may see the integration of 2SLGBTQIA+ competencies within naturopathic medical education as promoting a certain political agenda, this view discounts the active and persistent marginalized stressors that GSE patients face in their daily lives. As NDs, we cannot truly serve within our role of health promotion and health optimization if we do not understand the realities this community faces.

Here are some noteworthy statistics to frame GSE marginalized stressors:

- Black transgender women in the Americas have a life expectancy of 30 to 35 years.[3]
- 40% of transgender adults have actively made a suicide attempt; 92% of these occurred before the age of 25.[4]
- Lesbian, gay, and bisexual (LGB) youth contemplate suicide at a rate 3 times higher than that of their heterosexual peers.[4]

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- Transgender adults 65 years of age and older account for 17% of all fatal suicides within the general population.[5]
- Transfeminine populations face a 6-times higher rate of intimate partner violence than their cisgender female counterparts.[6]
- A 2015 report of over 27,000 queer and transgender people found that nearly 30% of respondents were living in poverty compared with approximately 15% of the general population.[6]
- A 2016 transgender discrimination survey found that 1 in 4 participants experienced insurance coverage obstacles; 55% were outright denied coverage for transition-related surgeries; 25% were denied coverage for gender-congruent hormones; and one third overall had at least one negative interaction with a healthcare professional such as being refused care, being verbally harassed; or having to teach healthcare professionals about their identity.[6]

While these statistics are truly alarming, they do not begin to scratch the surface of harms that 2SLGBTQIA+ people face in society and in medicine, many of which are underreported or inaccurately represented due to fears of legal ramifications or further societal stigma for speaking up. What is well documented across the scientific literature, however, is that GSE patients face a heightened risk of mental health conditions, cardiovascular disease, hormonal and autoimmune disorders, obesity, pulmonary pathology, higher exposure to environmental toxicants, substance abuse, and many other conditions, which heightens their overall physiological and psychological disease burden beyond that of their cisgender heterosexual peers.

Through appropriate education, training, and trauma-informed care, naturopathic doctors are well equipped to confront the extensive health burdens that 2SLGBTQIA+ individuals face by not only promoting hormonal and sexual health but also addressing the very determinants of health that are vastly compromised within this community.

Due to politicized media bias and talking points, some within our profession may perceive that providing queer- and trans-affirming care simply means prescribing cross-sex hormones to those wishing to undergo gender transition; whereas this is a component, there is a much more fundamental aspect of providing care that involves the art of medicine. In this case, it involves holding a heart-centred space that allows them to show up just as they are without burdensome questions, without questioning the existence or validity of their identity, and without repeating harmful political narratives.

In short, providing an *affirming* environment for queer and trans people is about stopping the perpetual cycle of extensive injustice that the GSE community faces within dominant society and within medicine. We can consciously choose to not allow these issues to be perpetuated within our practice and the therapeutic space we provide as NDs. Isn't an affirming environment exactly why patients seek out NDs in the first place?

One of the major narratives we hear regarding patients seeking out naturopathic care is that they appreciate our deep listening skills; they often feel heard and *affirmed* simply because we show up with an open mind and heart. In other words, we *believe* patients when they express particular symptoms or experiences, as they are the experts of their own life. As clinicians, we may not fully understand those experiences, but, nonetheless, we accept and affirm the validity of their symptoms and who they are as a person. This level of awareness and care is sadly missing for all too many 2SLGBTQIA+ individuals, and that is all we were ever asking for.

Ultimately, providing queer and transgender care does not need to be complicated, nor should it continue to be politicized. My hope is that, as a profession and as individual clinicians, despite our lack of education in this area, we can appropriately discern how to navigate the care of a community that is not only desperately in need of active allies but in search of people willing to rise above all of the debates over our existence and treat us as any other human being worthy of dignity, respect, and access to medical care. As a profession, we must rise to this challenge.

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