Including all genders at end of life

"If we had known this at the start, things would have been so much better for our trans client." So said management at an aged care facility after the shock of discovering a client who had been admitted as a male was actually a trans woman." It wasn't the trans person's fault nor the service's fault. But how did this situation arise?

Let's take a few steps back. First of all, when we say trans, or precisely trans and gender diverse (TGD), what does that mean? We're talking about a broad range of people whose sense of how they see or and/or express their gender differs from what society expects, given the person's body at birth. Such people may have some sort of surgery and may not, may have taken hormonal treatments or not and may expressly themselves differently in some way. There are lots of terms used in this area; the main thing is that everyone's term is their own.

For older TGD people (and often for people across all age cohorts), they have mostly faced huge and intense difficulty including abandonment by original family, hearing huge inaccuracies about their lives e.g. as per during the 2017 postal survey, huge discrimination by society on a day-to-day basis and in terms of systemic issues e.g. accurate documentation – and including in service provision. It is this last point that gives us a key to the above scenario. Many have received incredibly poor treatment from service providers over their life and are reluctant to disclose information about themselves. It is likely they could be in "stealth" i.e. deliberately not talking about the first part of their life out of fear for their own safely. In the situation mentioned, lack of options for support for the trans woman meant that an adult child who ended up as her legal guardian but did not respect her parent's sense of identity made decisions that were clearly not in the parent's interests (also clearly family abuse and elder abuse). The trans woman ended up feeling overpowered and powerless on admission.

When we say "trans woman" what does that mean? It means someone who was assigned male at birth based on their body yet had who a deep sense of a female identity. Carlotta and Laverne Cox are just two examples of trans woman. Less visible are trans men: someone assigned female at birth based on their body yet who always had a deep sense of a male identity. The best example on a world stage of this is Sonny and Cher's child Chaz Bono. Trans men have had less access to surgeries and hormones over time than trans women and this is just one factor reducing visibility. Increasingly, and despite inaccurate rhetoric, more TGD people across all ages are identifying as other than male or female. One example is Ruby Rose, the MTV presenter and model.

Society tends to put people into one of two boxes based on body at birth; this simply does not fit how many TGD people need to be. Some people can't afford to have basic surgeries either due to cost ($15000 for trans women and at least $70000 for trans men), due to other medical conditions or that they don't think they need it to be themselves. It is therefore worth being armed with this knowledge so as to assist on giving the best possible individual-centred care and preventing "surprise factors" if this information was not disclosed on admission. Other factors beyond direct care include ensuring trans men who have not had a hysterectomy need to have pap smears, trans woman undertake prostate checks and recognition that we all need checks for breast cancer. Finally, those TGD people taking hormones will need to take them for the rest of their life and only a knowledgeable health professional should decide otherwise. Research into older TGD people found forcible removal of this vital medication by people imposing their own judgements to be a problem.

Some people might ask "haven't we got federal anti-discrimination protection for TGD people?" True, this came into force in August 2013. The problem is isolated older TGD people (and other similar groups e.g. gay, lesbian, bisexual and intersex) may not know this. Often discrimination can

happen one-on-one. It may be worth checking in with older TGD people to see if they are aware of the legal backing they have.

Documenting processes for end of life is also important to ensure the TGD person has supportive people in roles such as power of attorney, medical attorney, as their executor and in other key roles. A critical factor is to cover the period from the time of death to opening of will to ensure the funeral is what the TGD person wants and to protect any property from looting etc.

One myth that might need explanation is “will TGD people ‘go back’ to how they lived in their earlier years when experiencing Alzheimers or dementia?” This belief probably came about due to stories of people reverting to their original spoken language. However, enquiries by Alzheimers Australia have found no evidence anywhere of TGD people “going back” and this idea can be ignored. What could happen is that someone having less self-control due to dementia could suddenly “out” themselves to a someone such as a long-time partner or to staff, which could result in a shock factor.

Things an aged care service can do to communicate inclusivity could be ensuring forms are inclusive in relation to mailing title, gender and emergency contact (the latter in itself is considered more inclusive then next-of-kin). Organise staff training that covers the needs of LGBTI people including TGD. Learn how to ask about which pronouns a person uses if you aren’t sure. Pick up tips to subtly communicate that your service is inclusive on these issues.

Happily for the client mentioned earlier staff respected their duty to the client, checked with the name and pronouns the client wanted to use and how they wanted to dress and enabled some dignity for that person at the end of their life. And, when it’s boiled down, that’s the aim for every client in aged care.

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