Episode: *Author Interview: "How Should a Transgender Patient's History of Deep Vein Thrombosis and Smoking Influence Gender-Affirming Health Decision Sharing?"*

Guest: Joshua D. Safer, MD
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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Joshua Safer, the executive director of the Mount Sinai Center for Transgender Medicine and Surgery and a professor of medicine at the Icahn School of Medicine in New York City. He's here to discuss his article, coauthored with Rebkah Tesfamariam, *"How Should a Transgender Patient's History of Deep Vein Thrombosis and Smoking Influence Gender-Affirming Health Decision Sharing?*," in the June 2023 issue of the Journal, *Patient-Centered Transgender Surgery Care*. Dr Safer, thank you so much for being on the podcast.

DR JOSHUA SAFER: Thank you very much for having me. [music fades]

HOFF: So, what's the main ethics point that you and your coauthor are making in this article?

SAFER: The main ethics point is to treat transgender people with regard to medical care in the same way that we treat anyone else with regard to medical care. There's a tendency to think about hormone treatment in a more conservative way for transgender people, even beyond what we actually would expect in terms of risks. And so, part of this is simply backing up and viewing people, trans people, the same as we would cis people.

HOFF: And so, what do you see as the most important thing for health professions students and trainees to take from your article?

SAFER: The most important thing for students and trainees to take from the piece by Rebkah and myself is that where there is a thought process that being trans is per se a mental health condition, and that there, that approach to treatment might be viewed through that lens, and then beyond that, that hormone therapy for trans people carries with it some significant degree of danger, neither are true. Trans people are simply people where gender identity—that is, the biology in their brain that tells them what sex they are—is not completely aligned with the rest of their biology. And the treatment that's been most successful, for those trans people who are looking for treatment in any case, is hormone therapy and perhaps some surgeries to align the remainder of their biology with gender identity. Specific to the hormones, though, those are not necessarily the most dangerous treatments. And a trans person like the one in the particular case in this particular article who has some mental health concerns in general has those the same way anyone else might. And so, the take-home is that things are not too different actually for this, for the approach for a trans person relative to a cis person, that is, a non-trans person.

HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

SAFER: Truthfully, I think we did have the opportunity to say mostly what we wanted to say, so I don't have a lot to add there. The additional key element, which is in the same vein as what we've already been discussing, is that in addition to people erroneously thinking that there needs to be some additional mental health sensitivity applied to a trans person per se just because they're trans, and that there might be some anxiety with regard to the hormone treatment that is not a cause for anxiety with cis people, that when either of those items—that is, the hormone treatment or some consideration of the trans person as having a mental health concern relating to their being trans—when either of those is addressed, that that can be sufficient to mitigate some risk. So, specifically here, where we're talking about, let's say, risk of blood clots with estrogens. And what happens sometimes is the fact that the person is trans becomes a red herring, and the actual intervention that will make the difference is not even addressed or is addressed only second after supposedly this first intervention, the ones I just referenced, fail to work, when of course they're going to fail to work. But those aren't even the primary interventions. [theme music returns]

HOFF: Dr Safer, thank you so much for your time on the podcast today and for you and your coauthor's contribution to the Journal this month.

SAFER: It's been my pleasure. Thank you.

HOFF: To read the full article as well as the rest of this month's issue for free, visit our site, JournalOfEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics.*