

Are military physicians ready to treat transgender patients?

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A small survey of military physicians found most did not receive any formal training on transgender care, most had not treated a patient with known gender dysphoria, and most had not received sufficient training to prescribe cross-hormone therapy, according to a new research letter published online by *JAMA Internal Medicine*.

The ban on transgender individuals serving openly in the U.S. military was lifted by the Pentagon in 2016 and military health care beneficiaries will likely seek services for [gender dysphoria](#) (GD). It has been estimated that nearly 13,000 transgender individuals currently serve in the U.S. military, 200 of whom will seek GD-related treatment each year. Family medicine [physicians](#) have an important role in treating service members and other beneficiaries with GD because family medicine physicians are responsible for primary care for most of the active duty force and their families seen in military treatment facilities, according to the article.

David A. Klein, M.D., M.P.H., of the Uniformed Services University of the Health Sciences, Bethesda, Md., and the Fort Belvoir Community Hospital, Fort Belvoir, Va., and coauthors report survey responses from 180 respondents who participated in the 2016 Uniformed Services Academy of Family Physicians annual meeting. Most of the respondents were white (85.5 percent), male (62.8 percent) and physicians (78.3 percent) practicing in an academic medical setting (54 percent).

Most of the group (94.9 percent) had received three hours or less of

training on transgender care during their medical training, with 74.3 percent receiving no training at all. In addition, 87.1 percent said they had not received sufficient education to provide cross-hormone therapy for patients ready for gender transition and 52.9 percent said they would not personally prescribe cross-sex hormones to an adult patient, even if they received additional education or help from an experienced clinician, the article reports.

Most respondents (76.1 percent) said they could provide "nonjudgmental" care to a patient with GD and half (50.9 percent) said exposure to openly transgender service members would increase their comfort in caring for transgender patients. Greater medical training in transgender care was associated with the likelihood of prescribing cross-hormone therapy to an eligible patient, according to the results.

"Given that education in transgender care was significantly associated with greater likelihood of prescribing hormone therapy and that prior research shows that additional medical instruction on transgender care contributes to greater competency, it will be vital to augment the [training](#) of [military](#) physicians to ensure skill and sensitivity in treating patients with GD," the research letter concludes.

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