



Podcast Transcript

Caring for Transgender Patients

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Guest

Tony Ferraiolo, CLC

- Certified Life Coach, public speaker, and trainer
- Promotes competent and respectful health care for the transgender community, by educating providers, and advocating on behalf of patients.
- He puts his audience at ease by using his ability to make light of a sometimes-challenging situation.

Host

Vanessa Pomarico, EdD, APRN, FNP-BC, FAANP

- Practice is at Northeast Medical Group (NEMG), specializing in Internal Medicine with a special interest in women's health and transgender healthcare.
- An author, lecturer, educator, and volunteer, Dr. Pomarico is the transgender healthcare trainer for NEMG system-wide.
- Served on the advisory board for The Jim Collins Foundation, a non-profit organization community-based initiative promoting the self-determination and empowerment of all transgender people.

Transcript

(SOUNDBITE OF MUSIC)

TONY FERRAILOLO, GUEST: You can accept your patients into your office, but if you're not affirming them by honoring their chosen name and pronoun and having all gender bathrooms and having them see themselves on the walls of your practice, then you're not affirming them.

(SOUNDBITE OF MUSIC)

VANESSA POMARICO, HOST: Hello and welcome to the program. My name is Dr. Vanessa Pamarico, and I'm a Family Nurse Practitioner and lead clinician for diversity, equity, and inclusion for the Northeast Medical Group in Connecticut, New York, and Rhode Island. I'm also faculty for Fitzgerald Health Education Associates, and Courtesy Faculty for Quinnipiac University. I am so delighted to introduce my guest, Tony Ferraiolo. Welcome Tony. Tell us about yourself.

FERRAIOLO: Hi. Well, Vanessa, first of all, thanks for having me. Super excited to be here. So, my name is Tony Ferraiolo. I'm a certified life coach. I'm a certified teacher of mindfulness. I've been working with transgender youth and non-binary youths for sixteen years. I'm running support groups and just individual coaching. Oh, and I'm also a trans guy who transitioned in 2005.

POMARICO: Thank you. I'm so excited that we get to work together again. So I've got a few questions for you, Tony. You know, you're known nationally for the work that you do, and clearly you're very passionate about what you do. You've been interviewed extensively. You've published articles, and there's even a documentary on your life called A Self-made Man. I actually had the honor of attending the premiere when that came out. So tell our audience a little bit about how and why you first got started doing the work that you do.

FERRAIOLO: Oh, yeah, sure. So, you know, my childhood and my teen years and my young adult years The journey wasn't easy. It was pretty dark. I didn't understand who I was. There was no word for trans back in 19[coughing], you know, And I was suicidal almost every day, wondering if I wanted to live the next day. That was really my daily decision until about 2004. A friend of mine came over with a documentary called Gender Knots, and it showed two, two trans guys walking on a beach. One guy unbuttoned a shirt and says, Look, I had my top surgery. And I remember sitting back saying, Oh my God, I'm trans, I'm trans. What am I going to do now if I wasn't happy as a lesbian?

Because that's how I identified prior to coming out as trans, I wasn't happy. How can I be happy? There was never happy trans people. I know of anyone who was trans, so I went down to a beach to kill myself. Simple as that. And I remember I didn't want to die, but I could not imagine living a life of pain anymore.

I was angry. I was filled with sadness and fear. So something happened, which is really I can't explain what it was, but a voice inside of me said, stop, create yourself. Create yourself. And I said, Wow, I have the power to be who I want to be. And how was I going to do that? So I kind of had step by step things.

The the barrier for me in 2004 was that nobody was working with trans people. I called our local Pride Center here in New Haven. They they had no, they didn't even call me back. I was like, well, we don't know. We didn't call them back. I actually had to get on a train and go to New York to the Pride Center there in the Village and talk to somebody. So I was fortunate enough to have money in a bank from a car accident that allowed me to get my top surgery when I needed it. And I remember after the surgery, when they took the bandages off, the surgeon said to me, you know, go ahead, go look in the mirror to see yourself. And I was like, you know, I didn't know what I was if if what I saw was going to be enough or if it was going to scare me. I didn't know what I was going to see. But when I looked in the mirror and I saw my body for the first time, the way my mind thought it should be, my life totally changed.

And I realized at that moment that there had to be kids in Connecticut that were trans and non-binary. There had to be. And if I didn't know any trans people, then they certainly didn't know any trans people. So I started support groups in 2008. Two kids showed up to the first one. We're still running strong and we've served about 2500 families.

So that's how I started getting into the work and I made the point at the beginning of this journey with these children is just to be the vehicle for *their* voice. That's why the two books, *Artistic Expressions of Transgender Youth*, it's their drawings, their voices, not mine. So that's how I started with the work, and I love my work every single day.

POMARICO: You're absolutely amazing, Tony. And I'm so grateful that that our, our our lives intersected because, you know, while you were looking for somebody in 2004, I took care of my very first trans patient in 2000. And I remember the patient coming into my office and I remember saying to them, I know how to take care of your body, but I don't know how to speak your language.

And I remember calling every single person I knew in the medical community to say, I have a transgender patient and I don't know what to do with them. Can someone help me? And it wasn't until I reached out to somebody in San Francisco who said, I know of somebody who is now at the the USCF Trans Center for Excellence was able to find somebody.

But like you said back then, there wasn't anybody. And so it's great that we're able to kind of do the work that we're doing. And certainly the work that you're doing is so incredibly important. So, you know, as a clinician, I feel very strongly that all clinicians should be well-versed in caring for vulnerable populations, most specifically those who identify under the LGBTQA acronym as more of our patients and more people are starting to identify as non-binary and gender nonconforming.

It really becomes increasingly important for clinicians to educate themselves on the appropriate care of this population. And I'd like you to take a couple of minutes to kind of talk about your health care experiences. What it was like as a transgender man while you were transitioning, and do you feel like your experience is different now that you have transitioned and maybe more people have been educated appropriately?

FERRAILOLO: Well, I wish I can say yes, but first of all, I will say that the care that I got prior to coming out as trans and transitioning wasn't as difficult as it was after I transitioned. I was fortunate enough to have a kid in one of my groups say to me, Hey, listen, there is this woman in Connecticut that sees trans kids and trans people.

And I said, what? Did she just see them, or does she care for them? And he says, no, I'm going to go see her. She's a she's a nurse practitioner. I said, Excuse me, you're not going anywhere until I talk to her, because that's how protective I was back then. And it just happened to be you. Remember that?

So, you know, so I was trying to impress her and I was like, what a tie. And I was like, I want her to know that I'm serious about this. And ended up me saying, oh, my God, this woman. Not only is she intelligent when it comes to health care, but her passion and her heart was so big for this community that I ended up asking you to be my provider. So Vanessa is my provider.

POMARICO: Thank you. It's an honor.

FERRAILOLO: And since then Vanessa has saved me on several occasions. You know, I just want to tell that kidney cancer story, because I think that's super important. And it's it's kind of hard to say tell. But if I'm going to tell any story about when health care isn't caring, this is the one that I want to share. So I believe it was in 2013.

I got this little pop of a pain in my lower abdominal area. And I called Vanessa and she said, I think I think you have diverticulitis. It sounds like diverticulitis and a bunch of other, you know, symptoms. She says, go for a CAT scan. I was like, "no", she was "go". And when Vanessa tells you to go, you just go.

Yeah, there's no argument so I did have diverticulitis, but they found a mass in my left kidney and Vanessa said they think it's an abscess just so three, two rounds of antibiotics. It didn't go away. So Vanessa found a urologist that would see me. And I remember back then the language was, are they trans friendly? That's what we had to ask we had to ask that question.

So Vanessa says, I told her about you and she'll see you said, awesome. So I go into this appointment and she comes in the room and she says, Well, hi. Hi there, Mr. Ferraiolo. And for some reason, this is this is a scary part of being trans. Does she really know I'm transitioning? I need to know I'm trans.

How would if she does it and she has to look at my body, my body is not going to match what she thinks I have by looking at me. So I said to her, Vanessa told you who I am, right? And she said, Yeah, good job. And she fist bump me, which I thought was really odd. I'm a patient.

I have something wrong in my kidney. Why are you fist pump me? And she said, Yeah, good job. She said, So tell me, how do you have sex? And I said to her, oh, wait a minute. You don't know who I am. You don't know who I am because that's a curiosity question. All right. It's a curiosity question. If you want to ask me a question, you ask me if I'm sexually active. I don't know why you would ask me that. So she said no, really? How do you have sex? And when she said that, she seemed a little aggressive. Now, I know that there is people watching this are probably saying, you know, I would never treat a patient like that.

The playing field is not even when you walk into a provider's office and you're sitting on a table half naked, it's not it's not even maybe if you got to half naked would be a little bit more even. But it's not even. So I said to her, well, I perform sexually as a man. And she was like, well, how the hell can you do that?

And I said to her, There's things you can buy. And she says, Oh, good, now I need to tell my husband when his stops working. Now, you would have thought that I would have jumped off that table, put my pants back on and left but I didn't. I was scared. So she said, I need to do an internal exam.

And I was like, No, no, no, please, please, no, please, no. Because as soon as she said internal exam and after what how she treated me already, I was going into a fight or flight situation and my whole body was shaking and my voice was shaking. And she says to me, Oh, don't worry about it. It's going to look like an old lady's anyways because there's no estrogen in your body.

Now, you would think that I would have gotten up and left. I didn't and I got on the table and she started examining me. I was crying. I had my hands over my face, and she said, Oh, I thought you'd be much more enlarged than what you are. And I said, End it. I'm not really talking about why you're critiquing my genitalia. Are you kidding me? She stopped it. She stopped the exam. She says, Get dressed and meet me out by the computers. I did. There was another doctor sitting there. I said to myself, Oh, my God, I'm screwed. And he says, hey, listen, Tony we think you have stage one cancer. You're young guy. You're going to survive this. He says, We need to go do some tests.

You know, next few days I'll get in touch with you. And he walked away. She turns around and says to me, So you want a penis? Because we do that here. And I said, Listen, I'm the I'm the co-founder of the Jim Collins Foundation. We fund surgeries. There is no way that you're doing that here. And if you're doing it here, you're not doing it well because nobody knows about it.

I walked out of that hospital and I leaned, I never tell where the hospital is, but it was on Chapel Street in New Haven, and I never say the name of the hospital and I'm leaning against the hospital and crying. And it's not because I had stage one cancer, it was because of the way I was talked to.

And I'm going to tell you something right now that most people that were in my position that were talked to never would have went back and it was cancer and they would have died. All right. So I called Vanessa and I said, Vanessa, I have I left a message on the phone and I told her everything that happened and I just happened to be shopping for food when she called back and she said what?

She said, what so loud my cell phone flew out of my hands, OK? But here is here. Here's the truth. About the matter. I had to get surgery. I was afraid that she was going to find me because for some reason, I believe she was calling Vanessa asking her, why isn't he my patient anymore? She said there was something wrong with this with this provider.

I had some I had my best friend Drew and my brother Nick sleep in my room for the five days I had to be in the hospital because I was afraid she was to find me and hurt me. So Vanessa schooled her. But then Vanessa and I coined the phrase trans-educated because it doesn't matter. Just like there's a big difference between acceptance and affirming.

You can accept your patients into your office, but if you're not affirming them by honoring their chosen name and pronoun and having all gender bathrooms and having them see themselves on the walls of your practice, then you're not affirming them. So that really, I have to say everything that happened to me was really emotionally damaging. And believe it or not, till this day, I still think about what happened to me. It you know, words can either break somebody or make somebody hurt. Words really broke me. That's the story.

POMARICO: So you really overcame a lot. I remember that was an incredibly difficult experience for you. But I do remember round seeing you in the hospital, and I remember you saying to me, I'm going to make this a teachable moment not now, but at some point, a teachable moment. So, you know, you took a bad experience and you really turned it into something that really is hopefully will teach other clinicians on that note, In your opinion, what action can clinicians take in order to deliver respectful, affirming and competent care to non-binary, gender nonconforming transgender patients? We all know that people have a lot of opinions and they may or may not provide the care that all of our patients deserve. But most especially to our non-binary and gender nonconforming patients. Do you feel like health systems should have certain policies in place for employees such as the provider that you want to help practice cultural competency?

FERRAILOLO: Yeah. No, listen, absolutely. We're at our most vulnerable when we're sick. Listen. And not only did she talk to me that they misdiagnosed they only had five years to live. You remember that? I was through all that for like a week and a half thinking I was going to die. OK, but if if if you have a policy that every employee, every employee has to follow and let's talk about language, right?

You you can't if you're if you're not not listening, I'm trans, but I'm binary. I'm not nonbinary. I'm binary. I identify as a gay, non-binary person will identify as male, female, something else, both or neither. Don't be a provider who was trying to figure out what that feels like physically. You're never going to do it. Just respect the fact that people are non-binary.

You never, you should never say to a patient, oh, so did you get the surgeries or you're thinking of a surgery or you think you never want to say are you thinking of going on hormones or are having surgeries? If you say it that way, the patient might feel like, oh my God, if I say no, are they going to judge me?

The question you ask is, so what is your gender journey look like? You know, what do you feel you need for a healthy to be healthy and happy? And you say it with a smile. When you say it in a smile, don't feel like you're judging them. All right. And again, the name and pronoun is a *big deal*, and you will lose the patient emotionally if they check in at that front desk and their miss gendered or miss-pronoun, it's just going to happen.

And Vanessa, I know Vanessa and I train together, and that's the biggest point, right? Is to make everybody feel comfortable. How do you feel comfortable in a space where right off the bat they're not honoring you? How do you feel comfortable in a space where there's only men and women's bathrooms and you're not either? Right? You have to pick a gender just because, you know, your office is telling them, listen, you can't be binary.

You have to be binary when it comes to using our bathrooms. So really check it out, check it out. And most health care facilities and offices have single use bathrooms. And anything they have to do is slap a sign on there that says all gender. It doesn't cost a lot of money. \$5, \$5, \$6 at most.

POMARICO: Exactly. They don't have to rehab an entire bathroom. So so I want to just talk a little bit more about some of the dangers that health care providers can put our transgender patients at risk when they're not really delivering respectful and competent care. And you mentioned about pronouns and we should be asking all of our patients their pronouns, not just the ones that we think might be non-binary or gender nonconforming, right?

FERRAILOLO: Yeah. Yeah. And when people when people and I train that all the time, too, and typically I get well, I work at the VA and there's an 80 year old guy, well first of all, number one, you don't know if that eighty-year-old has ever been asked that question. You don't if that eighty-year-old is somebody who's trans or non-binary and just didn't know that they actually could be, but you, you focus on the people who don't need it more than you focus on the people who need it.

And that's not what health care is about. And you focus on people in need. So if if a non-trans or non non-binary patient says, why are you asking me that question, the answer could simply be we ask all our patients not to make sure that we're caring for them to the best of our ability. Period. Period. You know, and it's like it's like language of the bodies, too.

You have to ask a trans, non-binary person, you know, I want to make this exam as comfortable as possible for you. But I want to use the right language. Can you share with me what language you use in your body? Now, here's a cake. Here's a little tip. If you have, I'll just use trans men because I'm a trans guy.

If you have five trans guys like call their genitalia the same exact thing, don't assume that every single one of us says the same thing. You have to ask every single patient. I mean, and honestly, you should ask all your patients what language they use around their bodies, because some people have trauma around their bodies and they're not trans or nonbinary.

POMARICO: Exactly. So on that, that's that same vein when we were talking about pronouns a little bit, and I know that you and I have discussed this really at length and what do you suggest for providers, let's say, you know, I knew you before you transitioned. Yeah. Excuse me. And when you transitioned, you came into my office a few months later and it's ingrained in my brain, you know, my brain cells. Know Tony, pre-transition and perhaps Tony had a different first name and you come in and I, I inadvertently misgender you. Yeah. Can you handle that?

FERRAILOLO: Yeah. And listen, everybody, it happens and it will happen. I misgendered myself two weeks ago. I'm talking to you on the phone. Big story. Laugh for 10 minutes, OK? It happens to the best of which we used to

train, apologize sincerely and move on. But what we found over the years is when you apologize to a trans or non-binary patient or gender nonconforming patient whatever term you want to use, you're putting that patient in the position to make you feel good about what you just did when it's not about you.

But if you thank them for correcting you now, your patient feels seen, heard and empowered, right? So it would be like, say, I'm going to use Vanessa again. Vanessa, don't I know that you like to act and I know that you go up, just stick to script here, OK? The only thing you have to say is my name is Vanessa.

That's it. So Vanessa used to go by Jack. I walk into the exam room, I say, Good morning, Jack.

POMARICO: My name is Vanessa.

FERRAILOLO: Thank you for correcting me, Vanessa; and say it with sincerity and smile. That's it. Now, there's a lot of shame that goes along with being misgender and sometimes your patients are not going to be in the emotional space to correct you. So if you do misgender someone and you realize that and they don't correct.

You say excuse me, correct yourself and move on. I will take this on myself. Vanessa, I walk into the room. Good morning, Jack. Excuse me, Vanessa. And move on. That's it. I'm telling you, it works. And also shifting energy from. Oh, my God, what the hell is this patient extra? I've been calling this patient Vanessa a Jack for 12 years, and now I got to call this patient Vanessa.

That's going to be hard for me. How am I going to do that? Shift that energy from need to want. I want to honor my patients. OK, and know that you're human and mistakes will happen. But if you if you correct yourself in the correct way, your patient will be much, much more thankful to you. And then if you don't.

POMARICO: Great advice, Tony. Thank you. So I know that you spend a good majority of the professional and your personal life educating people across many different spectrums, many different disciplines. You you trained nationally. You've got two books, maybe a third one coming out pretty soon. You train in hospitals, medical practices. I know that you do school systems, and I know that you speak at a lot of different conferences.

I'd like you to talk a little bit about the trainings that you provide to the different practices, the hospitals in the schools, and what resources health care providers can connect with in order to deliver more competent and affirming care to trans patients and non-binary patients.

FERRAILOLO: Well, yeah. So as far as research, there's a lot of national trans organization ones that you can Google that have very they are very good resources, OK? And a lot of times I'm asked by providers, hey, I have a patient and they're looking for this or looking for that. Don't go to me first. Go to your local pride centers.

Your local pride centers are filled with even medical, they'll have medical resources. They'll have, you know, social resources, behavioral health resources. Our pride centers are filled with information. That's one. So so the trainings I do that I provide really is creating a welcoming environment for your trans and non-binary patients, students, whoever, you know. And I and I do do keynotes about my journey.

How did I get from cutting myself every day in the woods to who I am today? You need people to see you and to believe you. You know, it takes one adult, one adult to cut the chance of LGBTQ youth will attempt suicide by 40%. One adult that says, you know what, I got you, I got you. And sometimes it's the health provider. Sometimes it's the health provider.

So if you're not creating a welcoming environment for your patient, as soon as they walk into your your office to be to feel that they can open up to you with personal stuff saying, you know, shit, I'm a trans guy and nobody knows about it. My family doesn't know about it. They have nowhere else to turn. You're going to say you're you're safe here. And I'm going to help you. You just say that. I guarantee you save them from a lot of years of mental unwellness. Lots of my trainings are for, and my trainings do cover you know, gender 101. But they do have drawings from my books of the kids drawing things like what is body dysphoria feel like and what does it feel like to be mixed gendered, which is in the third book because you need to see it.

You know, Vanessa and I can talk when we try. We can talk all day, and believe me, we can talk all day. Two Italians. Forget it, right? But you'll never get you'll never get what these children are going through unless you see the pictures that they draw. Knives in their bodies. Stuck in cages. That's how they feel. How I can't explain that.

And then their words tell you exactly what their drawing means. It's powerful stuff, and I use that in my trainings for sure. And then again, I'm a certified teacher of mindfulness, and I and I go through a little bit of mindfulness communication at the end to my trainings.

POMARICO: So and I give you so much credit for the work that you do with these kids is absolutely amazing. And I'm very happy to have two signed copies of your book. But so I want to just touch a little bit about the mental health crisis that we have in this country. You know that it's been incredibly difficult to find mental health on a regular basis, let alone somebody who identifies as trans, non-binary, gender nonconforming.

And it's really even more difficult to find a competent gender therapist. Do you want to talk a little bit about do they need to see a gender therapist or can they just see anybody who is a mental health professional?

FERRAILOLO: Yeah, they don't need to see a gender therapist because most of the time as well, I'm now allowed back into Library Street Hospital and the psych hospitals in Connecticut. when I'm sitting in front of a nine-year-old that just tried to kill themselves. It's not because they're trans, it's because everybody around them is telling them they're not OK.

You don't need a gender therapist. But I also provide a training for therapist for behavioral health specialists because a lot of behavior health specialists wants us to want to see trans and non-binary kids. The LGBTQ, LGBT, they have no problem with it, but they don't feel they're culturally competent enough to sit in front of a trans and non-binary person and provide them care.

You know, as long as you honor their name and pronoun and you don't hold them to their agenda when it comes to their gender journey, you're going to be fine because most of the time has nothing to do with their gender identity. Right. So, so be confident. I mean, I just did a Connecticut social worker or something training, and at the end I was like, OK, now what? Now what are you going to do? You have that you if if you are going to treat every patient with dignity and respect and honor their name and pronoun and not hold them to your agenda, then you can see a trans non-binary patient. Now, some kids want to want their therapists and behavioral health people to to identify as trans, non-binary, whew. That's super hard. There are quite a few in Connecticut, but nobody has space. Everybody has a waiting list. And, you know, now we see kids in psych-hospital emergency rooms in the hallway and on gurneys for four days. Four days. We need to do something about this. We need to step it up.

POMARICO: On that same note, with with with the health care. Do you know I know the World Professional Association for Transgender Health (WPATH) they set forth the standards worldwide for transgender health care. And again, they're they're guidelines. They're not written in stone. But do you want to talk a little bit about

whether or not every trans person needs to have a psychological evaluation before they start their transition journey, whether it's hormones, whether they decide to have surgery can you talk a little bit about that?

FERRAIOLO: Yeah, I'm on the I don't believe they need it, but I know having that diagnosis is going to get them what they need, which is unfortunate. I mean, and WPATH, right? It's not written in stone, but a lot of a lot of organizations, a lot of insurances feel that it is because they don't feel like I've got a 15-year-old kid that if he doesn't have his top surgery, he's not gonna live until he's 16. Parents are on board, surgeon will do it, insurance companies saying no it's got to be 18. It's got to be, it's got to it is not going to make it to 18. So now we have to appeal. Appeal, appeal it so it's not a one size fits all it's not a one patient everybody needs like I transition late in life you know I didn't I was in my late thirties and when I started transitioning. Or forties, not thirties, I shouldn't have had to go to a therapist. Right? But I had to go to a therapist and get a letter if I wanted my top surgery done right. You know? So I don't think everybody needs it, but I know those who who need it is access medical care that they absolutely need.

POMARICO: And how do you feel about a patient having to see a specialist in order to get their hormones? so I work in primary care and I feel that hormones should be in primary care because they're no different than prescribing blood pressure medicine or diabetes medicine. But how do you feel about having to send patients to an endocrinologist just to get hormones?

FERRAIOLO: I feel awful. You know, I've had this I've had this conversation with people for years. Some trans people aren't as fortunate as I am that I have health insurance that's covered by my employer. It is a lot of money. First of all, to go to a specialist versus a primary care physician, number one, number two, I was told years ago by Doctor Hilinski, do you remember Doctor Hilinski? OK, he's like, Oh, you know, me prescribing hormones is like a dentist cleaning teeth. That's so I was like, Then why are you not sending your patients to their primary care people?, if that's the way it is now? Now, I always tell people, no kids, parents, are like, What do you mean? Listen, your primary care physician can take care of this.

If there's a problem with the blood, like the levels of whatever they're checking, then you go see a specialist if they can't care for you. We definitely, definitely we don't need to go to a specialist for hormones. And I think it's a barrier to care, to be honest with you.

POMARICO: I agree that it is a barrier to care. It's it's an additional copay for a lot of these patients. And, you know, nationwide, there's not a lot of endocrinologists who are available to see our trans patients. So where you and I are on a mission to change that and get more primary care providers to prescribe these hormones.

FERRAIOLO: Yeah, absolutely.

POMARICO: So I'm going to wrap it up because we're getting close to the end of our time here. But if you could leave our audience with just one thing, what would be the most important thing that you would want our audience to know about caring for transgender patients today?

FERRAIOLO: Well, we need you; and we need you to stand in front of us and believe what we're telling you. And we need you to be kind and competent. And if somebody's around you, like be a super duper ally to your for your patients, like Vanessa is and was and always will be for me and all her patients, not just her transformation. She's an ally for all our patients. But, you know, just remember that we really need you and and when we're coming to you, we're not well most of the time. And that's going to put us in a situation where we're most vulnerable. Train your staff, hold people accountable. If they're if they're saying the wrong thing, if they're asking the wrong questions, if they're not honoring somebody's name and pronoun, hold them accountable, have policies that they have to they have to abide by.

Because here's the reality of it. You will have people in your practice that for religious reasons or just core value reasons. Trans and non-binary people might not be their faiths. I don't judge anybody for that. But you must, you must separate your personal values from your professional values. And if you can't do that, you're going to need to find another career. In my opinion.

POMARICO: I couldn't agree more. You know, I say this all the time and you've heard me say this many, many times. We all chose to work in health care. Nobody forced us into working into health care. And we're going to encounter people of all different beliefs. So we need to be accepting and affirming and give our patients the equal respect that everybody gets across the board.

FERRAILOLO: Absolutely.

POMARICO: Thank you. I want to thank my guest, Tony Ferraiolo, for taking the time with me today to talk about caring for transgender patients. I hope that all of you found this podcast helpful, and I thank you all for listening today. Thank you for tuning in, and I hope you'll join us again soon.

(SOUNDBITE OF MUSIC)

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