
This book is a highly recommended and much-needed resource text for clinicians and educators providing care and instruction to humans. I especially recommend it for those who have received little to no gender-affirming training, regardless of their specialty, those want to take their knowledge and skill to the next level, and those want to add a text to their existing gender-affirming library for reference. As illuminated by the authors, gender identity in health care and society has predominantly revolved around, explicitly and implicitly, the false binary “norms” of male and female. This bias does not reflect the totality of gender identities. Providing care or education shaded by this bias, even unconsciously, prohibits providers and educators from providing truly patient-centered care, systemically blocks access to affirming health care, and harms people. Without intentional exposure, learning, reflection, and interruptions of these biases, we can expect to continue to provide and train toward what would more accurately be termed provider-centered care in relation to gender identity.

This book interrupts that cycle and is a call for justice. The text contains materials that helps readers to connect with their patients, fellow staff, and students in gender-affirming ways through history, case examples, provider reflection prompts, quick tips, affirming language suggestions, examples of oppressive and micro-aggressive language to avoid (and tips for relationship repair if used by mistake), affirming questions and deeper-dive suggestions for providers to use with clients, a glossary, and resource lists.
In keeping with the example of editors Chang, Singh, and dickey and Mira Krishnan (author of the foreword), it is important for me to be “transparent about [my] background, positionality, and relationship to this work.” I am a White, pansexual, cisgender woman (she/her/hers). The work I do is spiritual care in a clinical setting. I work to be gender affirming, and I have had next to no formal gender-affirming care training. I have received priceless informal education from transgender, nonbinary, and gender-nonconforming friends, parishioners, and colleagues.

First and foremost, readers should know who they are and what they have been taught about gender as persons and providers. What are the readers’ skills, experience, biases, and blind spots at this time, in this place? Do readers understand the intersectionality of many-layered social locations? Emphasis is placed on curiosity and seeking to understand what is important to the patient and family, fellow staff, or student in their words and self-determination, at this time and in this (sociopolitical) place. In the quest to be gender affirming, providers and educators may miss that the person’s primary or underlying need may not be around gender. Instead, follow the patient’s lead and be willing to refer and/or consult with other gender-affirming professionals and community groups as appropriate. More than just necessary correctives, directives, and calls to justice, this book provides tools and pathways for doing the work.

Readers are invited and encouraged to work for the authors’ vision of “a world in which trans [and nonbinary] people can access affirming care from all health care providers, a world in which therapeutic and assessment work with trans clients is demystified and thereby liberated, a world in which gates have been replaced by bridges and the very real factors of anti-trans bias and oppression are, at the very least, understood and ultimately eradicated” (p. x).

Invitation accepted.

Emily Linderman
Spiritual Care Service—Stanford Health Care
Palo Alto, California