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Family-Oriented Medical Care for Gender Nonconforming Children, Adolescents, and Their Families

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Medical providers for gender nonconforming (GNC) and transgender youth can and should play an important role in the process of gender exploration and transition. These children require a unique model for health care as well as a skill set that is not typically part of traditional medical education. Illness-driven or preventive models are inadequate to the task of assisting patients and families through the complex and transformational process of supporting children and youth as they develop an authentic gender expression. A fresh paradigm is required, one that acknowledges not only biomedical knowledge about pubertal suppression and gender-affirming hormone therapy, but also an understanding of the ripple effect these interventions create for the patient's family, school, and community. As medical providers attending to the health of a GNC child during gender exploration or transition, we must oversee an intricate endocrinologic process, as well as the psychological, educational, social, and legal changes that result. To rise to this task, we must also forge collaborative relationships with a myriad of helping individuals who are also assisting the patient and family. Medical providers are rarely taught collaborative skills and must develop proficiency by immersing themselves in the transformative process along with the patient, the family, and the therapeutic team.

In this chapter I propose an approach to medical care for GNC and transgender youth and their families that is based on the Family-Oriented Primary Care model outlined by McDaniel, Campbell, and Seaburn (1990) and describe techniques for its implementation.

Family-Oriented Medical Care

A biomedical model of health care, with its narrow focus on illness and pharmaceutical cure, fails to meet the complex needs of gender diverse youth. It behooves

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