Thank you for accepting my submission,

I have two forms of gender bias I want to highlight in healthcare: female gender bias, gender diversity (trans, gender queer, gender diverse) bias. I'm currently a GP registrar, but have also worked in the RHH ED as a resident and registrar as well.

Female gender bias

1. As a GP, I get regular examples of female bodied and identifying patient not feeling heard or listened to, especially in relationship to pain. Female pain is often assumed to be not as bad as it's reported, is under-medicated, and under-investigated. There is significant research in this area to support this. Despite this research, it continues to happen in clinical practice. I'm often told stories of medical professionals not believing my patients when they disclose their symptoms, leaving them feeling "gas-lit" by health professionals.
2. This is particularly prevalent in the emergency departments (frequently under-investigated and given less pain relief than male counterparts) and in GP/pain specialities when pain is the presenting factor.
3. This leads to worse health outcomes, missed or delayed diagnoses (see recent ABC article about ovarian cancer missed in a 25 year old female because her pain was ignored), and resulting lack of trust in health systems. The lack of trust results in less interaction with preventative health services, thus presenting with end stage disease rather than preventing complications early.
4. The heteronormative cis white male gaze that perpetrates health systems, health education, and current health hierarchies means that these gaps continue to be reinforced. Current medical school education focuses on white male bodies and systems, with minimal focus on culturally diverse bodies/presentations or female presentations of disease (unless presented in racialised and stigmatised manners). Practices are reinforced by comments made by supervisors to junior doctors/nurses, such as "ah, it's probably just her period cramps that she can't handle" or "women are so whiney" or "she's probably just making it up" (all are comments I've heard as a junior doctor).
5. Can't comment specifically - is this work we do as individuals? Or other systems working to minimise bias in healthcare?
6. In theory, best practice revolves around top down change of practice and attitude. This is being attempted by starting to teach a different narrative in medical school - but I don't think this is being done aggressively enough and certainly isn't challenging that basis of a heteronormative cis white male perspective to create long standing change. Changing the way we choose who is admitted to medical school is a start - which requires better education/access to linguistically and culturally diverse students to higher education (and thus primary and secondary education). I challenge this by calling

out behaviour when I see it in health systems (of other doctors, health providers, or even patients - I'm assumed to be a nurse constantly).

Trans, gender queer, gender diverse gender bias

1. I serve a large population of trans, gender queer and gender diverse patients in primary care. I expect that 40-50% of my patients identify with this patient population. As such, I also have heard about the astounding amount of medical trauma experienced by this patient group. Many of my patients have been declined medical care by a health professional, told their identity wasn't real, or told to go elsewhere to have their medical needs met (even if those medical needs were completely unrelated to their gender - aka headache). Many of my patients have navigated unwanted/unrelated questions about their genitalia that were inappropriate and would be consider verbal sexual abuse. Many of my patients have had non-consented/unrelated examinations of their genitalia by health professionals, when no such examination was needed, or had examinations done in front of panels of medical students as a part of "teaching" - both a violating and humiliating experience that I expect few cis men have ever had to experience (this happens in obstetric wards as well, without consent of the patient at times, particularly if they are from different cultural backgrounds). I frequently get told "thank you" for providing a space where someone's health can be addressed without feeling stigmatised or violated. There are multiple resources for statistics that back up these statements on a general scale - please let me know if you would like me to share those with you.
2. For this community, this happens in ALL areas of healthcare. Perhaps most prevalently in GP and ED situations where health presentations are highest.
3. Similarly to above, this leads to avoidance of health access, worsening health outcomes, and medical trauma that destroys faith in our health system. It's devastating and causes an ever increasing health disparity in this patient population.
4. Trans health usually gets a 1 hour lecture during medical school, that's it. There is very little time dedicated to this community and their unique health needs. My education has all been self-actioned and in my own time. The systems aren't built for trans people - this starts at the IT. Our systems don't have good options for pronouns, gender identity, and then fail further when the medicare marker (M or F) doesn't match someone's identity. We then often loose medical records if someone's medicare marker changes - their old records don't get automatically linked (at RHH anyway). And it creates challenges if we put someone's identified gender marker down, but medicare hasn't been updated, then billing/uploading health records/finding health records becomes incredibly challenging.
5. Some organisations are acting as a support/resource for this community - specifically in Tasmania, Working it Out is working to create a space for support and guidance. I have started a facebook page for health providers called Gender Affirming Healthcare Tasmania, where we share resources/questions/education to support our colleagues in

providing safe healthcare for our community in Tasmania. On the mainland, there are multiple organisations working to limit this bias as well - again, if you need examples, please ask.

6. Please see the education systems set up by Working it Out, Rainbow Tick, TransHub, ACON in regards to best practice in this area.
7. Currently, I believe Tasmania has increased funding in this area given the Rethink 2020 goals to improve access to mental health for LGBTIQ+ Tasmanians. However, I do not know the percent of grant allocation, so I can't comment on this directly.