

**Jodi:** Hello there. My name is Jodi Asphall.

**Alison:** And I'm Alison Terpenning.

**Jodi:** And we're your hosts for 2SLGBTQ Health in Focus, a podcast from Rainbow Health Ontario for health and social service providers.

**Alison:** Rainbow Health Ontario is a provincial program that enhances the 2SLGBTQ clinical and cultural competencies of healthcare providers.

**Jodi:** Today's episode is a first of a two-parter we are doing on the climate of hate and disinformation about and towards trans people that we're seeing grow across Canada and how it impacts 2SLGBTQ health.

*[Theme song: Two Spirited by Ziibiwan plays]*

**Alison:** Whether it's in the news or speaking to providers as well as 2SLGBTQ people, we know that the increase in anti-trans hate here and abroad is something that is weighing heavily on people's minds.

**Jodi:** In this episode, we'll be hearing from folks who are going to give us a lay of the land. What is happening? Why is this happening now? And what are the impacts on providers who offer 2SLGBTQ affirming care and people who bear the brunt of this hate?

**Alison:** When we were first planning this series, the topic of countering anti-trans hate for providers wasn't really on our radar. We had initially been working on something different and you know, it was a pretty safe topic. But everyone at RHO was really feeling this groundswell that we couldn't ignore anymore.

**Jodi:** So this episode is about acknowledging this reality and we really want to give providers the knowledge and the tools to resist transphobia and homophobia.

**Alison:** We really encourage folks to check out part two as well, where we speak to more smart people who share practical tips for keeping yourself safe.

**Jodi:** First up, Senior Program Manager of RHO, Sil Hernando speaks to Dr. Raphael Buencamino and Kevin Cao about their experience of harassment and anti-trans disinformation.

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**Sil:** I am Sil Hernando. My pronouns are she and her. I'm the Senior Program Manager at Rainbow Health Ontario. Today in the studio, we have Dr. Raphael Buencamino and Kevin Cao from the Thrive Clinic. Would you like to say a few words about yourselves?

**Raphael:** Hi, I'm Dr. Raphael Buencamino. I cofounded Thrive Kids Clinic with Kevin Cao, who's also my partner. We wanted to start a clinic that serves various communities. I mean, you know, I'm a pediatrician, so we wanted to serve parents with new babies and everything. And we especially, since we're both LGBT, we wanted to serve the LGBT community, so we wanted to make that a big part of it. And I've also always had an interest in adolescent issues and a big part of that was becoming more and more relevant in terms of adolescent care was gender-affirming care. So that was an easy thing to add to our clinic and I'm very, very happy to have done that.

**Sil:** Kevin?

**Kevin:** Hi, my name is Kevin Cao. I am the Operations Coordinator here at Thrive Kids Clinic. Co-founded with Dr. Raphael Buencamino. By day, you know, I work at the bank. I have my banking job where I give loans to like businesses and then I guess on the side, I'm here to support the clinic with Dr. Buencamino.

**Sil:** Thank you for the work you're doing. We really appreciate you. In August of 2023, a TikTok video was released making claims about your clinic. You want to tell us a bit more about that story?

**Raphael:** Yeah, so, I mean, we were just moving on as a clinic. Everything was going pretty smoothly that summer. So we had a bunch of really good Google reviews initially the first few months of our clinic. And then suddenly we had this very strange Google review come in where it's like, oh, I came in to this clinic and I came out with my weenie cut off. So that was strange. And then like later that week, I got an email talking about somebody emailing me about their concern about the gender and family care we're giving here. So that was a little bit strange.

And then later on, we got even more negative Google reviews that were just like one was a lot more aggressive in terms of, you know, the place should burn down. We were asking our friends who were like asking like wondering why this is happening or what's going on. And one of our friends actually found a TikTok video that had gone somewhat viral and sent it over to us. And yeah, so we looked up the TikTok video. There was a bunch of what's called stitches with this TikTok video as well.

And then from then things started to escalate a little bit. One day we got a call from a person over and over again saying like, oh, they wanted to give gender affirming care to their newborn. I mean, yeah, so they're insinuating that we provide gender affirming care to newborns, which is very ridiculous. The person that I'm calling, I very much was saying like, why are you insinuating this?

Are you saying like they were pretending they wanted to give gender-affirming care to their newborn? If you are really doing this, then I need to report you to the authorities because I mean, that's not ethical and that's definitely not--

**Kevin:** That's abuse.

**Raphael:** That's abuse. Considered abuse, right? You know, this is definitely not what we provide, right? We provide gender affirming care to adolescents and primarily it's through referrals and of course, you know, usually through a long discussion of these adolescents with their families and then coming to us.

**Kevin:** So you can just walk into the door and expect us to provide gender-affirming care. It's worked through like many medical professionals that work alongside the doctor. But yeah, to clear it, we do not provide gender affirming care to newborns nor does any clinic or even anywhere in Canada would or the world would provide something so ridiculous like this. That's why it being so ridiculous made it so believable to this far, far right audience.

**Sil:** So there you are being harassed. What do you do about this? How do you handle it?

**Kevin:** In this situation, it was very complex because the clinic was status quo. We were busy Monday to Friday, nine to five, patients coming in and out. It did not affect the flow of the clinic or the care of our patient demographics. But what it did affect was like our employees and the doctor because on the back of our head, we knew something was brewing, but we could not see it in our day to day practice of going to work for the past two, three, four weeks.

It was just so hard to understand. We were always expecting when is this going to come and happen in real life? Once we saw this online attack happening, we quickly had a meeting on that morning with the team to like know this is happening out there and these are ways to protect yourself. For example, at the front of our desk, we have a button that contacts 911.

And if anything were to happen, you can grab myself or the doctor out of the patients right away. I think the most great thing was that we asked the team to let us know how they feel. What's on your mind? How do you feel about working at the clinic? Do you feel like showing up tomorrow? Are you nervous? A lot of them said they are nervous or confused because this is something that A, they have never experienced gender affirming care and B, something that online when the clinic is so busy with, you know, we're seeing babies every day.

So the staff expressed concerns. They were worried. They were scared. And the best way that we found to rectify that was we had RHO come in to speak to our team to let them know what they provide is amazing. It's helping out families.

We see it help families, but just getting that reassurance from a team of three or four professionals to validate our team really helped a lot. Thankfully, it never did happen in person at all. So how we responded was we found out that if this was all online, we had to target the online community. The way that I did it was I found out that a lot of these videos that got viral was actually viral in other parts of the world, not Canada. It was viral in like Russia, Germany, Sweden, a lot of European countries. We had a lot of international viewers going to our website, searching us up. So I thought of the idea to go on our website and get this IP blocker, which just means that if they are not like domestic in Toronto or the GTA area, they could not access our website. And if they were to access our website, they got this message that said, we are closed forever, which probably gave them a sense of maybe they accomplished what they wanted to have this clinic in Canada and Toronto, a big city to be closed. And it made them just leave us alone, which was phenomenal because it's something so easy to do, really change the way that we, I guess, thought of healthcare because we didn't, we were always so focused in the in-person, we always forget like what happens online.

**Sil:** Given that there was so much activity on social media, do you actually engage? Do you respond on social media?

**Kevin:** So much of me wanted to engage and be a part and try to fight for the clinic. But the best way was to just leave it alone.

**Sil:** So Dr. Buencamino, what would you say to other healthcare providers who may be going through the same thing you went through?

**Raphael:** Yeah, I mean, I was really, really distraught. I took the clinic very personally.

**Kevin:** It was like your money, it was the employee, it was your livelihood, of course you would.

**Raphael:** And it was something that we created and something that we wanted to, you know, provide to the world, right? This is like, we didn't just start the clinic because we wanted to make money. It was, you know, to provide, especially specifically about the gender of hermit care, it was to really help out kids that were, you know, suffering and weren't able to get this type of care that they needed. One thing I would tell to providers though is like, don't take it that personally. Like that's their goal. That's their goal of the conservatives is to attack something enough that to either put enough stress in that clinic

to close it down. And, you know, that made me like flip it, you know, like if that's really what they want to do, then that's really the opposite of what a highway want to feel and really protect the kids that I actually want to give the care to.

And it doesn't matter what they say because what matters the most is actually the kids that we give care to. And in the end, if we continue pushing what we do, they will eventually fade away. And that's, you know, they eventually like, by what we did, like they couldn't access us, they couldn't get a reaction out of us.

So then they knew that, you know, we were a stone wall and then they faded away. So that's what I would, that's the kind of advice I would give to the providers.

**Sil:** Thank you so much, Dr. Buencamino and Kevin for being here with us and keep on doing what you're doing.

**Kevin:** Thank you.

**Raphael:** Thank you very much.

*[Podcast transition bumper plays]*

**Alison:** So despite multiple examples of these sort of disinformation campaigns, I'm still surprised at the lengths people will go to to try and slander a person.

**Jodi:** Right. And in my position at RHO, Allison, as a clinical system navigator, I unfortunately hear these stories all the time. Raphael and Kevin came to me when this was happening, and I am so glad to hear that they were able to navigate this anti-trans harassment.

**Alison:** Definitely Jodi. I'm also glad to hear that they were able to work this out.

So after that segment, what we have is a concrete example of some of the targeted harassment that is happening to people to give us a broader understanding of the recent rise in transphobia and what can be done to counter this. Juan-Sebastian Ortiz, spoke to activist and organizer, Fae Johnstone. Let's take a listen.

*[Podcast transition bumper plays]*

**Juan:** Hi, I'm Juan-Sebastian Ortiz, clinical educator at Rainbow Health Ontario. I'm here with Fae Johnstone. Fae Johnstone, MSW, is the executive director of Wisdom 2Action, a progressive consulting firm and social enterprise, and president of the Society of Queer Momentum, a 2SLGBTQIA+ advocacy non-profit. She is a prominent advocate for queer and trans rights and a recurring voice in Canadian news on 2SLGBTQIA+ issues.

Over the past 10 years, she has supported hundreds of organizations across Canada to build a capacity for 2SLGBTQIA+ inclusion. Fae, welcome. Thank you so much for being here. It's a privilege to have you.

**Fae:** Absolutely. And thank you so much for the chance to come on your podcast today. I have a big fan of RHO and all the work that y'all are doing, helping support the health and well-being of queer and trans communities all across Ontario.

**Juan:** Can you give us a sort of lay of the land around the rising transphobia that we're seeing in Ontario, but also across so-called Canada? And what is the current state? Why is it important to talk about?

**Fae:** So I think to understand where we are today, we have to be grounded in where we came from. Where we come from is a long legacy of gender and sexuality being stigmatized.

In particular, a lot of social norms and values that perceived queerness and transness as hostile, as bad, as dangerous, and as deviant from normal people. And while we've come a really long way in the past 20 or 30 years, we've got marriage equality, we've got human rights protections, all of that really good stuff, and more inclusion in our schools and more knowledge in our health providers and our health care systems. We still have that legacy that's informing our contemporary experience. And so that to me sets the stage for what's happening right now, where after all of these decades of progress, we now have certain groups and actors who are trying to reinforce that same homophobia and transphobia from decades before. Where that's coming from is a matter of some contention, and it's a result I would argue of a few converging factors. On one end, we have the rise of a broader far-right movement all across North America and around the world. You can see this in the rise of authoritarian states, Hungary, the rise of authoritarian politics, so that Trump figure in America. But then you've also got the rise of disinformation and conspiracy theory.

I live in Ottawa. We had the trucker convoy in this city, and we saw how much misinformation and hate and conspiracy is converting almost a lot of folks into their own spaces. Paired with that, you have an age where a lot of folks are struggling to pay their bills.

Folks are having a harder time paying rent, paying for groceries, and covering all of those basic things that help them and their families live good lives. Now, what we've got though is all of that context paired with new frames of reference by anti-queer and anti-trans groups. What I mean by that is they're taking the homophobic and transphobic tropes that they would have used in the 1970s, and they've got new versions of them that they're hoping they can pivot into a 21st century context. What that looks like in Canada right now is a

year-over-year increase in hate motivated police reported violence targeting queer and trans communities. That's the normalization of certain tropes like the language around grooming or parental rights that encourage people to be scared or fearful around queer and trans people and the kind of better world that we're trying to create. We're also seeing provincial governments restricting the rights and freedoms of trans and gender diverse students and invoking the notwithstanding clause in the Canadian Charter of Rights and Freedoms to literally restrict the rights of children.

That is the situation that we're dealing with today. I think the thing that we lose in a lot of this is that anti-queer and anti-trans hate is not just about queer and trans people. What the opposition, what these groups are trying to do is use us as a vehicle to break new ground in their fight against science, against evidence-based healthcare, against bodily autonomy and everyone's freedom to simply be ourselves. That is their broader agenda and that's why we should be worried about it because of our queer and trans friends, families, and service users, but also because of the existential threat this rising hate presents to values that all of us hold dear and to the idea of a healthy democracy and a society where we make decisions not driven by ideology, but by what helps the most people live the healthiest lives.

**Juan:** Well said. Yeah, a lot of this hate and backlash is repackaged, including the disinformation campaigns. Can you speak a little bit more about the disinformation specific to gender-affirming care?

**Fae:** Absolutely. We saw this a lot in the US, but we're seeing it more and more in Canada, where there's disinformation about what kind of care we are providing, in particular to trans and gender diverse young people. I am the first to say there's a lot of nuance and complexity and I'm not a physician, so I don't have expertise on every facet of gender-affirming care, but what I know is that this is healthcare provided between a physician who is trained and qualified, and a young person and their family who are in need of particular forms of care.

What the disinformation looks like is taking all of that complexity that the public doesn't have a lot of understanding of because shockingly, not everyone has a trans kid or has a trans person in their immediate bubble. They're using these terms and they're terms that are meant to scare you and they're icky terms to hear. Language like "child genital mutilation" is going to scare a whole lot of people and it's meant to, but in fact, we're not providing surgical interventions on minors in Ontario. We're not providing any form of care that isn't backed by every major medical association in North America. What we're seeing is efforts to scare parents into believing there's some conspiracy going on when in fact all

that's happening is physicians are providing young people, older folks and families with again healthcare services that we have had evidence backing for 100+ years.

**Juan:** A lot of the care that's provided is actually provided to cis people already. The only problem here is when it's provided to trans folks.

**Fae:** That's exactly it. When we talk about so many elements of things that we do every day are actually about gender. The act of shaving, the act of fixing your eyebrows if you don't like how they look, the act of getting laser hair removal, or if you are an older woman who's going through menopause of having access to hormones, that is routine care that is provided to a whole range of folks all the time that we've been doing for ages, but now there's stigma and shame directed at it not because of the care itself, but because it's healthcare that trans people need.

*[Podcast transition bumper plays]*

**Alison:** So, Jodi, just after that short segment about how annoyed about transphobia are you on a scale of 1 to 10?

**Jodi:** Let me just start by saying this, Alison. As a self-identified trans person myself, this topic really hits home. I'm already at about, yeah, a million.

**Alison:** Yeah, that sounds about right! We will be hearing a bit more from Fae in the second part of this episode, and they'll talk about some of the steps they've had to take as a frequent target of transphobia.

**Jodi:** Juan and Fae briefly touched on the healthcare experiences of trans folks in their chat. In our next segment, we hear from a physician whose work centers anti-oppression to learn more about how this climate is impacting providers and in turn, patient delivery.

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**Tanya:** Hello everyone. My name is Tanja Neumeyer. I'm a clinical educator at Rainbow Health Ontario, and it's a joy for me to be here today, joined with Dr. Saroo Sharda. Dr. Sharda is the inaugural Associate Dean of Equity and Inclusion at the Faculty of Health Sciences at McMaster University. At the College of Physicians and Surgeons of Ontario, where she is a medical advisor and equity diversity and inclusion lead, she has led cross-organizational work to embed an EDI and anti-racist lens into complaints processes, provincial policy, and ongoing education of committees and council. She is an anesthesiologist and chair of the Canadian Anesthesia Society. Welcome, Saroo.

**Saroo:** Hi. Thank you for having me, Tanya.

**Tanya:** Can you tell us a bit about yourself and what you do?



**Saroo:** I think I've always really been interested in health equity and looking at inequitable outcomes for marginalized groups by way of my lived experiences as a racialized woman and by way of some of the things that I experienced. Other than that, I'm a mum. I have two kids who are 10 and 7 who keep me very busy. And I use she/her pronouns. I identify as cisgender and straight and have lots of privilege that comes with my work and with what I do. And I think it's really important for me to acknowledge that in any conversation that I'm having. Yeah.

**Tanya:** Thank you for that acknowledgement. I appreciate how you come to this work and how I've seen you carry yourself in it. From your perspective, what changes have happened in attitudes and attention to trans people in EDI work?

**Saroo:** What I've seen is I have seen really almost a groundswell in increased understanding of what trans care means, what really culturally safe and equitable care means for trans people. A health care provider is really trying to educate themselves, to understand better, to learn terminology. And that has been really heartening. And yet there is still what I'm observing on the other end of the spectrum, which is a lot of denial really, even of trans people existing or having the right to exist. And I don't say that lightly. I mean, we see this in health care. And I think that's really the part that can sometimes feel insurmountable.

And we see the narratives in the media and we see the narratives sometimes even in medical research. You know, there's those two ends of the spectrum. But my observation has been that most people are sitting somewhere in the middle of that, where they really understand that they need to get this and they need to do better and they want to and sometimes just don't know where to begin. And that has been probably the group of people that I have felt I can most shift or move or help. Because as I said, some of our some of our learners and some of our sort of, you know, younger physicians and health care workers. And I don't want to kind of stereotype because, you know, it's not just the younger folks who get it, but I do find that they are kind of ahead and this is part of their curricula. But then there's the folks who've been in practice for a while who know that they need to do better here and are really trying, but need to be pointed in the right direction and then are very willing. So I would say that's the majority of folks.

**Tanya:** What resources and initiatives are you pointing those service providers to who are the ones that just need to get started with a bit of support?

**Saroo:** Well, we've tried to do a lot of work through the CPSO, recognizing that every physician in Ontario needs to be registered with us and needs to be a member through

some of our podcasts, some of our dialogue articles. We did education for our council and committees.

And we actually have a lot of council members and a lot of committee members where they actually interacted with the Rainbow Health Ontario Foundations Program. You were part of coming and then giving them an interactive interactive session, Tanya. And I think that really moved people like the feedback we had from that was being able to dig into the course in their own time and then being able to feel that they were actually in a brave space where they could ask questions and not be shamed for that.

You know, the feedback that we got from people after that was so powerful and so helpful to be able to have access to folks with expertise like yourself and your colleagues who could really articulate some of the challenges and validate some of the challenges that they're having. I think sometimes healthcare providers feel a bit ashamed that they don't get it. And it's sort of like, well, we're supposed to understand this.

And they also know, I think, that they don't want to put that burden on their patients. And so being able to have folks who have lived experience and expertise of teaching this stuff, I think, was really helpful. So I've actually referred a lot of people to Rainbow Health Ontario since then, plus the articles that we've been able to publish, plus our podcasts. So I think just having access to information that is easily digestible, I think the reality is that physicians are very busy. The idea that we don't have to know everything and that we do have bias is actually still a relatively new idea within medicine and medical education.

We're definitely seeing more of it and hearing more of it, even in the academic kind of research now. But being able to have that conversation and just kind of let people breathe a bit and be like, it's actually okay that you don't know, you know, the curiosity and the humility are what you need to come to this conversation with. And so let's be in dialogue. And I think what I try and do a lot in my equity work and what I've seen you folks do really well at Rainbow Health Ontario as well is how do we move away from debate into dialogue? Because those are two very different things. And I think true dialogue can be really transformative.

**Tanya:** Absolutely. Moving away from just sharing information to getting to know one another's perspectives and potentially being moved by that, right? There's something about dialogue that is Exactly. essential to what we do. And it strikes me that in what you're saying for physicians to be able to know that they're not objective and that they will make mistakes is such a basic tenet of being human. That that of course, all people are not objective. And that's why it's so important that we have a dialogue with one another because you get to see another person's perspective. And that that can also mean looking

at evidence from many perspectives. I mean, and really, I think you parse this out, Suru, you spoke to the attitudes and attention to trans people and gender affirming health care and EDI. Can you speak a little bit more specifically to any responses to or prevalence of disinformation in the in the climate for trans affirming health care at the moment?

**Saroo:** Yeah, I mean, I think that we're definitely seeing that. And I think, as I mentioned earlier, what's challenging about that is sort of, you know, what what tends to be, I think, sometimes the pushback to some of that disinformation is this idea of academic freedom and this idea of free speech. And I think trying to disentangle kind of what is academic freedom and free speech versus what is actually just hateful and what is actually denying people the right to be who they are.

Is really where I try and think about that. So, you know, as you well know, we've seen protests at schools, you know, around trans identity. We've seen a lot of, you know, actually transphobia and trans hate in the last little while, which inevitably with health care being a microcosm of society is going to spill over into health care in some way, shape or form.

And so we definitely are seeing that. And I think the disinformation in general, especially as it's perpetuated through social media, where there is no room for nuance and dialogue, right, Tanya? When we were talking about how do we get to transformation, transformation is about us being able to be in dialogue with one another in a space that's brave and courageous, where there are agreements about how we're going to interact with one another. That cannot happen on social media, right, particularly certain platforms. And so I think the trans hate and the trans disinformation that I have observed has been particularly, I think, particularly worsened or perpetuated by social media discourse. But I definitely have heard from trans folks, whether they be colleagues or patients or, you know, people I, you know, I'm in community with that there is a real actual fear for safety.

And I think actually for me, you know, I'll be honest, I was that was a little bit surprising for me. And I thought, well, no, actually, people trans people feel unsafe, like they don't want to walk to their car on their own, you know. And so that for me has really been something that I felt very viscerally, like as somebody who considers myself an ally working in the space that I didn't actually realize how unsafe some trans folks and communities are feeling right now.

And so I think in terms of combating disinformation, we've really tried at the university and at the CPSO to really put out good data, right, about, you know, like, Transpulse Canada is something we use. The Canadian Pediatric Society have done a really good job around

their statement around gender affirming care, really making it clear that, you know, our community is one where hate will not be tolerated and everybody deserves to belong.

**Tanya:** What a powerful message that is when it's backed up by actions, not only taking a statement, but continuing to do the training that is needed and continuing to provide the gender affirming care that's needed.

Dr. Sharda, as you mentioned, you're not providing gender affirming care directly. As an anesthesiologist, I think of you as a cross-pollinator moving from one space to another, but not, of course, doing any family medicine or direct care. So from that scope, are you hearing as an antidote of any particularly effective safety measures or coping strategies that providers are taking in the face of this climate?

**Saroo:** Yeah, I mean, I think community is so huge, right, like being able to be in a community of people, in a community of practice, in a community of humans who are having similar challenges and facing similar challenges is incredibly important for providers. And I think we've seen that especially for providers who are involved in not just gender affirming care, but anti-racist care, anti-oppressive care of any kind.

And so I think having folks around you who have different ways of approaching that, have different ways of countering that, you know, is incredibly important. You know, we did a recent training for program directors at McMaster on trans health and we had clinicians who provide gender affirming care. We had folks with lived experience. We had a human rights lawyer. We had one of the equity leads from one of the hospitals. And people being in that room together and just listening and just hearing the stories of people who have had to interact with the health care system and who have been harmed was an incredibly powerful experience. And so I think one of the antidotes for me has always been storytelling. It's always been coming back to the human idea that I'm a human sitting across from another human who was legitimately harmed by a system in which I work. What does that mean for me as an individual provider? Yes, there's policy. Yes, there's all these courses I can take that's all important.

But can I actually be with somebody in their humanity? It's also really about our leadership understanding the importance of this and really committing to it. Because I have I really believe now that I've been part of organizations and part of organizational change in the equity space that you can have as much grassroots advocacy as you want until there's also top down change with resources and time. And yes, this is actually important to us as leaders.

That that transformational change is not going to happen. And so I think it's incumbent on leaders that they become equity informed and that they put resources where they're

needed and that they actually demonstrate again that humility and curiosity around. I may not get this right as a leader, but this is really important and we're going to do this work and we're going to do it well.

Tanya: Saroo, you've spoken about the obligation of providers to provide health care. And we've talked a little bit about what an accountability process can look like in just even a moment. And some of what you've said today is making me think of the the obligation to do no harm like a, you know, that coming to providing care that that that should be a very central element of how how this work is done from an organizational point of view. What role have can health care organizations play in countering hate?

**Saroo:** It's a great question. I mean, I think this is where some of those bigger kind of policy pieces and leadership that I was talking about earlier, really prioritizing this becomes very important. So I'll give an example from from the regulatory work. So I was involved in the provision of health care and human rights policy at the CPSO.

And as we know, trans patients in particular actively avoid coming to the hospital because of the harms, you know, that have been caused and continue to be perpetuated. So it felt really important to somehow have those conversations, which we managed to do and reached out to a number of organizations and a number of kind of communities. And what became very apparent very quickly, and I think this is one of the sort of antidotes to, to some of the the hate and some of the disinformation as well, is that of course people want their physician to be a medical expert. Of course, people want their physician to know how to treat a heart attack or whatever it may be. But you know what's actually really important to patients when you talk to them is they want people who center anti oppressive practices.

They want people who approach you in a culturally humble way. That's really important to people. And so when I have colleagues who say, well, you know, we're throwing out medical expertise in favor of all of these things, I say, no, actually, it's just a really important component of medical expertise. Because if you're not going to be able to do that with your patient, you're probably actually not going to get the information you need to make a diagnosis.

Right. You know, if I have a patient in the operating room, for example, who, whose pronouns I'm getting wrong, are they going to have a smooth, you know, complication free induction? Probably not actually, because I'm going to have ramped up their sympathetic nervous system so much that they're probably going to be tachycardic and all sorts of things are going to happen.

And I'm going to need more anesthetic medication. So I think really this artificial separation of medical expertise versus providing culturally safe anti oppressive care, I find a very problematic, you know, dichotomy. And so I think that what we did in that policy is we actually named these things as things that physicians have an obligation to do. You have an obligation to provide culturally safe care. You have an obligation to provide anti oppressive care.

You have an obligation to learn about these things. And similarly, physicians have a right to feel safe in the workplace. And actually, it was the first time, you know, a regulatory policy in Ontario has actually talked about physician safety as well. And that's because when physicians don't feel safe providing care or they're being discriminated against, which we know happens to to SLGBTQ physicians all the time, particularly our trans colleagues, then that can have significant effects on their health. And if you're not well, how are you going to provide high quality care?

So absolutely, it's a problem for the regulator, right? And we can't just say, well, that's not our issue because it is because our business is providing high quality care to the people of Ontario. And really, that's our business as physicians. So I think putting that into policy was an indicator and a very important message to the profession that this is important and you have to care about it. And so I think that's where organizations and leadership really play a role in not only stating that this is important, but then as you say, holding people accountable to that.

Tanya: What I think is interesting about that example that you gave is that to point out where implicit bias gets in the way of providing better quality care is if you don't know that you've harmed that patient in that moment and they're experiencing that minority stress, then you actually can't think about the medical side of, oh, how do I adjust and actually support the patient in the way that they need? Absolutely.

Saroo: And I think that's where that dichotomy between medical expertise and anti-oppressive care becomes actually really harmful. One thing I say when I talk about culturally safe care and cultural humility is that culture isn't just about sexuality or gender or race or ethnicity. Culture is this really wide nuanced, complicated thing about what it is that matters to people, you know, how we live, what the social norms are that dictate what we do and how we speak and how we move. And so is then culturally safe care just good for everybody?

Like, wouldn't you want your physician to be a culturally safe physician who's taking into account, you know, not just your physical health, but your social, spiritual, what, you know, all of those things because ultimately they all affect, you know, how we show up,

they all affect how illness shows up. And so I think moving to that kind of approach ultimately is better for everybody. So this dichotomous argument as well that, well, why are we doing all these things for equity seeking groups? And what happens to all of us, you know, who aren't marginalized? It's like, well, actually, this is actually just better for everyone.

**Tanya:** Thank you for sharing that story. Thank you for your clarity and your ongoing work. Thanks for being here.

**Saroo:** Really lovely to be in conversation with you. Thank you for having me.

*[Outro music plays]*

**Jodi:** This episode was reported by Tanya Neumeyer, Juan-Sebastian Ortiz and Sil Hernando, production support provided by Johnny Spence, as well as Talkback Studios and Pop Up podcasting. 2SLGBTQ Health inFocus is hosted by Alison Terpenning and Jodi Asphall.

The show is executive produced by Alison Terpenning and produced by Al Donato. Audio engineering by Carlay Ream-Neal. For a transcript of this episode in French and in English, as well as resources, more information about our guests and outtakes from the episode, please visit [rainbowhealthontario.ca](http://rainbowhealthontario.ca)

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