

Western Diagnostic Pathology values our patients who identify with a different gender from the sex assigned to them at birth and recognise the barriers to acceptance and care.

Why is gender important for laboratory results?

We report most results alongside a reference interval (also called a “normal range”). A result outside this range may indicate a health problem. For many of the things we measure (or “analytes”), cisgender males and females have different reference intervals from one another. Unfortunately, transgender people are under-represented in medical research, so we do not have reliable reference intervals specific to transgender patients in most instances. The example below illustrates why reporting the most medically appropriate sex is important.

Example: Cisgender males usually have higher haemoglobin (oxygen-carrying molecules) in their blood, so comparing a healthy female’s normal haemoglobin level with the higher male reference interval would make her result look abnormally low, leading to unnecessary alarm and medical investigation. In the case of a male with low haemoglobin due to internal blood loss, using the lower female reference interval would make his result look normal, and the diagnosis would be missed.

Why isn’t this as straightforward for transgender people?

Differences in the male and female reference intervals are biologically determined. For example, males have higher testosterone levels, leading to greater muscle mass. This, in turn, increases levels of creatinine, which is used to detect kidney disease. If a transmale patient commences testosterone supplementation, it may be appropriate for the laboratory to report

the testosterone reference interval for a cisgender male, because this will serve as a target for testosterone treatment in this patient. We would expect to see creatinine levels rise, too, as muscle mass increases. However, this will take longer, and there are other factors involved. So, should the laboratory also report this patient’s creatinine against the male reference interval, and if so, at what stage? There are many other examples that highlight the complexity of this challenge.

Unfortunately, progress in properly accommodating transgender patients in medical computer systems has been slow. For example, most systems are unable to record a patient’s gender identity and preferred pronouns while applying reference intervals for a different gender, which may be more medically appropriate. We hope that this particular issue will improve in the near future.

What should I do if the laboratory gives me the “wrong gender?”

We will never intentionally assign a gender other than the one documented by your doctor on your request form, unless there is a sound medical reason and we have discussed it with your doctor. Inconsistencies can arise if you are seeing more than one doctor, using an older form, or if we are not aware that a change in recorded gender is desired and medically appropriate. We are aware of the distress and frustration that an incorrect gender can cause, and we are very happy to talk with you if you think we have made an error, or for your doctor to talk to us on your behalf.