

# GENDER LOVING CARE

“As the cultural conversation around gender and sexuality changes, how do alumni incorporate it into their work?” asks *Medicine Focus*.



In 1999, psychiatrists Karine Igartua, MDCM'94, Dip Psych'99, PGME'00, and Richard Montoro, MDCM'91, PGME'97, MSc'01, founded the McGill University Sexual Identity Centre (MUSIC) as a safe space for people to open up about gender and sexuality. Two decades later, it still fulfills that same role but the conversation has shifted.

The psychotherapy clinic began serving the LGBTQ+ community by treating clients with sexual orientation issues. “We used to see a lot of people with internalized homophobia, who had trouble coming out, either to their families or to themselves,” says Igartua. While the two associate professors in the Department of Psychiatry still witness such difficulties—particularly in ethnic communities, as well as in many of their elderly clients, lately the people who are referred to the clinic are more likely to be transitioning or questioning their gender. Montoro notes that the majority of their gender identity referrals are under the age of 25. “We’re seeing a lot of adolescents trying to figure out their gender.”

Igartua, like Montoro, stresses that gender identity covers a wide spectrum. “A lot of people feel like they don’t fit in the box that they were assigned, and so they feel the need to jump to another box. But sometimes we just need to expand what it means to be female, what it means to be male. And people will find different ways of feeling comfortable with themselves.”

Montoro adds, “What we try and do is meet people where they’re at and accompany them in the process.”



“Gender has an impact on everyone, regardless of orientation or identity,” says general internist and cardiovascular epidemiologist Louise Pilote, MDCM'85, PGME'88. According to her research, gender can even help predict health outcomes.

She runs Genesis, a group of 50 investigators that looks at sex and gender as determinants of cardiovascular diseases. Their work makes a clear distinction between sex, namely the biology that makes men and women different, and gender, which takes in gender identity, roles and relations, as well as how individuals are perceived and present themselves.

Genesis developed a questionnaire ranking people of both sexes on a gender continuum, based on factors traditionally ascribed to men and women in our society. The questions cover a range of topics from roles (such as caring for and disciplining children) to personality traits (such as sensitivity to risk-taking).

The team looked at 1,500 people who had suffered heart attacks. “In terms of outcomes, whether you’re a man or woman, if you’re more traditionally female gender, you’re more likely to have a second heart attack after having a first one.”

The results could have vast implications for researchers, who tend to study subjects only on the basis of their biological differences. Pilote emphasizes that men and women are not exclusively male or female and that they are distinct from their biology.

She says the LGBTQ+ community has brought awareness of gender to the fore, and that we should now extrapolate that work to health determinants.



Georges Sylvestre, MDCM'92, PGME'97, an obstetrician and gynecologist at Mount Sinai Hospital in New York City, teaches medical students and residents to avoid heteronormalization. “Don’t assume your patients are straight,” he says. “Coming into a room, asking a woman, ‘Where’s your husband?’ when the woman next to her is her wife. Or pushing a patient into discussing birth control. Good in most contexts, but, if the patient is a lesbian and had a sperm donor, it’s safe to assume she will not need birth control.”

Sylvestre and husband David Margolis are the fathers of two boys born by surrogate. He helps other gay men who seek to become biological parents via the group Men Having Babies.

He tells prospective parents not to stress over such things as choosing an egg donor with the best family health history or the greatest musical talent. “The truth is, all of us have junk in our DNA.”

More important, he explains, are surrogacy costs, which he estimates at 100,000 to 150,000 USD. He also cites the patchwork of state laws. His group offers financial aid and legal advice to prospective parents. (Philip Fine)