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**My Balint Experience:
A Reflection on Medical Care for Non-Binary Individuals**

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I recently observed a Balint group as part of my psychiatry placement, an experience I found interesting and useful in my role as a medical student, but also emotional and eye-opening on a more personal level. I have reflected on this experience in the form of a letter to my sibling, alias 'Al', who had recently 'come-out' as non-binary.¹ I believe by reflecting on my Balint experience I will be able to be a better doctor to individuals who identify as non-binary, and I wanted to share this with Al. I hope you enjoy reading about my experience and find it as educational as I did.

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Dear Al,

I know you've just 'come out' as non-binary, and how brave a step that's been for you. Trying to explain your pronouns and change of name to people must be so hard, especially when education about non-binary and trans identification is lacking. Things that I take for granted, like finding a toilet without hassle, have become near-impossible for you, making you feel isolated from and misunderstood by society. I wish things were easier for you. Until recently, I felt I had a good understanding of the struggles you face. However, I've had an experience which has enlightened me to the difficulties non-binary individuals can have when accessing healthcare services. I wanted to share with you my experience and what I've learnt from it. I want to tell you how I will use this experience to become a better clinician for individuals such as yourself who so often feel marginalised and misunderstood because of our actions in healthcare.

¹ Isobel Austin (*she/her*) is currently working as a Foundation Doctor at York and Scarborough NHS Hospitals Trust. She wrote this essay as a medical student, after reflecting on the shortcomings in medical care of non-binary individuals. She hopes to raise awareness of ways we can all improve medical care for people who identify as non-binary.

I recently attended and observed a reflective session – called Balint – on my Psychiatry placement at uni. In these weekly Balint sessions a different team member brings a case to discuss – often about an experience they had treating or interacting with a patient – giving them the opportunity to discuss with colleagues what went well or what they found difficult. During this particular session, a clinician (alias ‘Doc’) was kind enough to share their experiences treating a patient who had recently been admitted to their unit. Let me tell you a bit about this patient, whom I will call ‘Q’.

Caring for Q

Q was a young adult, about 19 years old, who had been admitted to a mental health unit for support with their eating disorder. They had a diagnosis of ‘Anorexia Nervosa’, an illness where an individual restricts their food intake to keep their weight at very low levels. Unfortunately, Q had become dangerously malnourished and so came to the unit for care. Q was also struggling with gender dysphoria. Their assigned sex and gender at birth was female, but they identified as non-binary, assigning themselves to neither solely male or female gender. They’d recently had top surgery, where breast tissue was removed, and used ‘they/them’ pronouns, as well as having legally changed their name to a gender neutral one.

During Q’s stay in hospital, they met Doc. Doc took a medical history from Q, and Q also required a heart tracing to check their heart’s function due to their low food intake. To carry out the heart tracing, Q was asked to remove their t-shirt so that Doc could place electrode stickers on their torso. Doc reflected on and discussed the difficulties they had during their interaction with Q during the Balint session I observed.

Doc's experience

Doc stated they struggled to know how to address Q, in terms of pronouns. Initially Doc felt that using 'she/her' pronouns seemed most appropriate as Q appeared more 'feminine' to them, and Q's medical notes stated Q was 'female', having been assigned as female at birth. However, when carrying out the heart tracing, Doc noted the surgical scars and lack of breast tissue from Q's top surgery, which made Doc feel it may be more appropriate to address Q using 'he/him' pronouns, having assumed Q was transitioning from female to male. However, Doc later learnt that they had upset Q by misgendering them, as Q identified as non-binary and used 'they/them' pronouns.

Doc reflected about how they felt out-of-depth and confused in choosing which pronouns to address Q with, and continued to struggle with which pronouns to use during the Balint session. Doc was upset that they'd upset and offended Q, but felt helpless to know how to behave differently in future, admitting they weren't aware of non-binary identification, gender neutrality or the use of 'they/them' pronouns to address people.

The response of the group

The Balint group had varying responses to Doc's reflection, which opened up a discussion on care of non-binary individuals. Doc was praised for being brave enough to share their story and the difficulties they faced in caring for Q. Many individuals empathised, confessing their own confusion regarding non-binary identification and pronouns. It was encouraging that some individuals partaking in the session corrected Doc when Doc misgendered Q, and tried to educate Doc about non-binary gender identification, and the importance of using the correct pronouns when addressing a patient. Some team members also voiced their frustrations at Doc for this 'ignorance' and the impact this will have had on Q's care and wellbeing.

My own reflections

I was incredibly upset to hear about the difficulties Doc had and how they will have impacted Q's experience of healthcare – I couldn't help but think of similar experiences you've had, and how much they've impacted your own wellbeing. I was also disappointed that there'd been such a gap in Doc's education that they had so little awareness of non-binary as a gender identity, and frustrated that Doc had not taken it upon themselves to learn more. However, I was grateful to, and admired, Doc for bringing this experience to discuss at the Balint session. It was brave and helped us all learn more about and discuss such an important topic. I also realised the worth of Balint for giving clinicians an opportunity to share difficulties they have had, and how we can all learn during these sessions. Finally, I felt grateful that I had learnt so much about non-binary identification from you, Al, but I must admit I was also frustrated with myself. As an impartial observer I didn't feel like I could interrupt the discussion and share my knowledge about the topic, and experiences of those who identify as non-binary being misgendered. With hindsight I wish I'd done so.

This experience also made me reflect on my own clinical practice. How would I have acted had I been in Doc's shoes? More importantly, how will I learn from Doc's struggles to provide better care for others like Q in the future? I considered what you would've wanted me to do in Doc's role, and I've come to some key conclusions about how I will strive to improve the care of future patients like Q as a healthcare professional of the future.

Improving care

Education

Doc reflected that they felt completely out of their depth trying to address Q correctly, having minimal knowledge about non-binary identification. Through observing the Balint session, I realised that not all clinicians know much about this

topic. Therefore, education built into healthcare systems would be ideal. My experience observing Balint showed it to be one such valuable educational experience. Furthermore, as clinicians, we should take any opportunity to share knowledge and educate each other, as I wish I'd done during this Balint session. This may be as simple as discussing experiences treating non-binary individuals or correcting a colleague who has misgendered a patient.

Never assume, just ask

Sometimes it feels intimidating to ask a patient how they would like to be addressed. However, much of Doc's stress could have been assuaged by asking Q how they'd like to be addressed. It has become commonplace to ask patients what name they like to be called, and I think this case highlights the importance of including preferred pronouns in these opening questions. By asking preferred pronouns, a healthcare worker is less likely to make assumptions that could upset a patient and damage rapport. This may make them feel misunderstood, as was the case for Q.

Change documentation in healthcare

Having said this, in Q's medical notes their gender was documented as female, the same as their assigned sex at birth. This sort of documentation makes clinicians more likely to incorrectly assume an individual's gender to be the same as their assigned sex at birth. It is important to check how a patient identifies themselves to avoid this. Documenting gender identity and preferred pronouns in medical notes is also crucial to prevent these difficulties from occurring. If pronouns had been documented Doc wouldn't have felt the need to try and guess Q's preferences.

Non-judgmental communication

Through my experience, I appreciated the importance of non-judgemental communication between colleagues, and the value of Balint in facilitating this. The Balint session I attended shocked and saddened me, as I heard of the impact on Q of Doc's struggles in treating them. However, Doc was incredibly brave in sharing their experience, thoughts and feelings with the Balint group. We all benefitted from their honesty. The group discussion that followed was a valuable learning experience, as we discussed how to improve care of non-binary patients. I saw first-hand Balint's role in providing a safe space for an open discussion about important topics. I truly believe it will have helped all who attended be better clinicians for non-binary individuals in future.

Thank you for letting me share this experience with you Al. I hope you see the ways in which I will endeavour use what I have learnt to help improve care for non-binary individuals.

Your loving sister,

Isobel (she/her)