

Hi - We're trying an autotranscript of the finished episode - and then editing - this below is the autotranscript - and while it's close, it's not perfect. We also had some ... moments during the playback so the time stamps might jump - you've missed nothing! - Dr J

21:30:26 Hi my name is just a impaired. I am a record know if

21:30:35 We should keep in some of the craziness around the introductions with you. Yeah,  
21:30:53 hello welcome once again to it is complicated the podcast where we answer every single question with it is complicated, including the title of the podcast, which is, it is complicated.

21:31:05 Spain, how are you in this garden set time period here, because the 2021

21:31:16 covering response encourages you know people say like, how are you doing and they go yeah fine and you go really and they go, No, really, no.

21:31:26 Because it's that conditioned response like that sort of like social etiquette of like, I've got to say I'm fine because that's what people do.

21:31:31 When you ask the question that way it doesn't exactly. I've tested the script somewhat Haven't I. Yes, and being autistic that doesn't help with my brain, but that's okay.

21:31:41 I think this, so we're just carry on.

21:31:43 I am.

21:31:45 Surprisingly, okay, I'm really tired. It's been one of those weeks where you don't throw everything but you did. And so there's sort of that sense of joy.

21:31:56 Oh wow I'm alive.

21:31:59 And also that sort of sense of like what the fuck was.

21:32:04 That's the mood I mean, I don't know what you call that if it hasn't single word.

21:32:09 How are you okay how are you, I am coping with the fact that my sinuses have decided that, yay, this is the time to go and get really really upset because pollen, or grass or change of weather or something.

21:32:25 So my voice is squeaky My head is pounding. I'm on multiple painkillers and about twice the recommended daily dose of anti histamines, but my doctor shows me that it's fine for a short period of time.

21:32:40 So I'm hoping that short period of time is not nine months that short period of time is only a matter of weeks.

21:32:49 That's really encouraging, it should be fine for a short period of time. Yeah, but shall we do introductions first, because people might want to know who the squeaky voice twine is and who the deep voice one is, which ones which.

21:33:05 So who are you today.

21:33:07 Hey, I'm Dr Jiu stays a pronoun, like myself, the job title happened to have changed. I work at all works, who are the sort of bespoke software consultancy that allow people like me to write their own job titles, I also got to give myself the agenda transgressive  
21:33:20 non binary gender queer because New Zealand is officially, one of the most awesome countries in the world. I'm a troublemaker, as if you didn't guess by all of the previous comments and a hashtag when you said, Because branding.

21:33:33 So just fame. What about you.

21:33:46 Fine question. Hello, my name is to some very muscular activists and artists. I used to make spectacle of myself upon the stage, but now I like to draw pictures of queer people and post them on my Instagram.

21:33:49 I am also a lecturer at the University of Uppsala game design department, and I'm also a PhD candidate who is trying to write about those things as well because I like to think of myself as a queer with a portfolio.

21:34:02 So it was a queer with purpose. Yeah, one of those two.

21:34:11 This was inspired by a conversation that Jay and I had literally a month ago.

21:34:16 Oh yeah exactly to the day four weeks, I know that it's four weeks to the day ago because four weeks ago, I broke my leg, and had an interesting experience getting medical assistance whilst being trans.

21:34:30 And so, that is the topic for today. I've done some writing on it, which I've published up. I called it gender fluid the problem and gender fluid the solution because they don't like a pattern.

21:34:43 I know someone who loves puns, and is exceptionally good at it, they know who they are.

21:34:50 For me, as a non binary person.

21:34:52 It's tricky because I don't even fit onto the forms the ideas of what people need to ask the doctors has never been considered. So I've had to build my own script for doing it.

21:35:05 So, I kind of go out there and go. Hi, my name is not the long name that you've read out, it's in fact what you thought was initial and just ignored. That's actually my first name, and by the way they pronounce they, at which point.

21:35:19 Generally, the nurse has taken enough of a hint to introduce me the into the nurse thing gets the two sentences which lets them know that. My name is Jay, I use day as a pronoun, at which point they're like Okay, and then they'll often ask me.

21:35:47 need to know anything else or is there any medications you're on or something like that. And then we go to the doctor and the best ones will introduce me of this is Jay, and they've marked in a highlighter, that first letter is big important, some of

21:35:52 the bigger ones have even written, they in capital letters on the document and handed it to the doctor, and one of the best doctors that I ever had just basically turned around, asked a very quick question which was basically.

21:36:01 Does this mean that you've transitioned I said no, I'm not binary. And they went, fantastic, just needed to know to make sure, anything else I needed to be aware of.

21:36:09 And we went to did my allergy tests discovered I'm allergic to the entirety of grass and pollen and the northern hemisphere, and then the most amazing thing was in his notes to my GP, he wrote, thank you for sending Dr J, who uses day as a pronoun, and

21:36:26 there's no binary, and then they referred to me entirely as they threw out everything that he wrote, and that was beautiful. It's really refreshing that you had that really great experience and I think that's really wonderful I'm so happy that you had

21:36:39 that experience and you hit that doctor.

21:36:41 It's challenging, or difficult to me to know that the basic thing that you should get would cause such a positive reaction. I know, but I understand it and I do not want her in any way criticize you for having that reaction because I know exactly how

21:36:56 you feel. And it's a perfectly legitimate reaction given the context.

21:37:02 Given that I'm having the most difficult feelings because it should be the most basic aspect of this that they should just do that naturally. Now, that they don't is why that's exceptional I've often found myself using the expression like it is exceptional

21:37:16 it shouldn't have to be but it is.

21:37:18 It's almost like our live in to to test the bar is set so low that just doing the minimum will get you over that bar. It is like that with the doctors, literally asking me my pronoun, and using the correct name is the minimum, and it will see me so delighted.

21:37:37 Yes.

21:37:38 That I'm so surprised that somebody will do that. And I just wish more people did it because it is literally the bottom of the barrel.

21:37:46 Yeah, and the opposite is such a problem to me we're talking about a circumstance where it's not just like upsetting or personally disrespectful which is it is, but it's also, It can be really dangerous.

21:38:00 So, when I used to live in England, I didn't go to the doctor for many many years for anything, because I was terrified of being treated poorly.

21:38:09 Now I transitioned without using any other medical intervention that was also a reason for that was because I didn't want to go through a system that, frankly, having studied it for several years prior to that I knew was not going to be good.

21:38:22 So I chose not to so there was a lot of reasons that I didn't go to the doctor for many years.

21:38:28 And then one day I was living in London I woke up with Jeff, Richard de gras movie where he grows a second head. I think it's called had to get ahead in advertising or something.

21:38:38 Yeah, yeah. Okay, so I will come up with what looked like the beginning of a second head growing on the side of my neck. I mean, the size of like half a tennis ball had appeared overnight.

21:38:52 On the side of my neck to try nice reaction was, oh dear, that should not be there. I think that is anomalous in some way.

21:39:02 I wonder if I could ignore it.

21:39:06 It occurred to me that perhaps I should go to your GP, so I found one locally and it was attached to goldsmiths university because I was living in New cross at the time.

21:39:15 All right, let's go there and get this second head looked at before it starts talking. So, I walked into the office gave my details which had to change efficiently and so forth so far so good, go into the doctor, and sit down and talk to who's sitting

21:39:32 there and she said she says, Hi.

21:39:36 Yes. Hi.

21:39:37 Hi. Yes, Josephine Yes, that's me to speak like Yes, That's me. Oh dear, in my head.

21:39:46 Very well already. Yes, just right. Um, so you're here. Um, and I was like yeah, I've arrived in your office I'm physically in front of you. Yes, so you're here and I said, because of the giant growth point at it.

21:40:02 And she was like, Oh, right. Yes, of course. But before we do that, I really need to know.

21:40:12 Have you

21:40:12 have you in any way.

21:40:17 Have I

21:40:20 met the Queen by one investor. I wanted those as possible. Right.

21:40:30 Yes, she's just doing this thing Cindy there yet, have you have you in any way. Are you taking any, and I was like oh no I'm not taking any hormones. No, I have not had any surgical intervention recently.

21:40:45 I'm here because of the giant growth on the side of my neck, would you please just be can't say that.

21:40:58 Right, because you're in a position of incredible vulnerability, so I didn't shout. Look at the giant growth and the size of my neck. You strange person stop obsessing about something that is completely irrelevant because it was of course.

21:41:08 And during the conversation.

21:41:16 Once she finally calmed down somewhat and realized I wasn't going to I don't know spontaneously combust in front of her, or something.

21:41:18 I was asking me questions like So tell me a bit of your medical history and it's like yeah when I was just getting really ill all the time and I would have these chest infections like every month or so, and you know I haven't been to a doctor for a while

21:41:28 because I thought they treat me weird.

21:41:30 Who knew, and eventually we turned out after some discussion and some investigation that I'd had glandular fever for two

21:41:44 weeks like I did it. Do I have glandular fever and she said, No, you did though.

21:41:50 Very recently. And,

21:41:54 you know, maybe see a doctor and I was like, Yeah, sure.

21:41:59 I'll say. So was there such such a lovely experience that I always want to know, and I've never worried about coming in here by I never saw her again.

21:42:06 Because I got my antibiotics and left.

21:42:09 And that I think is emblematic of unfortunately a comedic version of a situation that can go much much much worse wrong. It's not called trends broken arm is the nickname for that experience of like, Hi I have turned up with a broken arm and transposed

21:42:26 into sitting there with badly broken arm, and the doctor immediately says well. Your trends and the person says yes but I have broken arm and that's like, but you're trans I need to refer you to the trans public, and it's like, this is not about the trending.

21:42:42 This is about the broker Danzig. It's not about the trends is this this, the trends is is it's about the bird can break it has nothing to do with my agenda.

21:42:49 There's nothing you need to know about my agenda to treat the broken arm. When you say that in front of a group of trans people or non binary people. Everyone laughs because everyone's been through that experience and then set losses knowingness.

21:42:58 Yeah, which I find so disappointing.

21:43:07 Yes, it's tremendously disappointing and of course this transmits a research on people from different marginalized communities going to doctors and having experiences like this.

21:43:19 It's the literature that's been done on marginalized communities, and especially if you look at the literature on people of color, and their experiences within the medical institutions and medical establishments is beyond depressing it's absolutely terrifying

21:43:36 that you will be treated quite differently depending on who you are when you go into these environments, this is not supposition This is provable fact, to the point where you will have a greater chance of dying in circumstances.

21:43:52 This has been proven true by the recent experience of the pandemic. Even some of the research that's happened in the last year, demonstrates that, that if you're from a particular demographic if you're from a particular marginalized group, you're

21:44:05 much more likely to be hospitalized and to die from endemic from any number of conditions, and my experience, very recently that showed me that again.

21:44:19 I wasn't even aware that it happened until after we talked about it today.

21:44:23 But when I broke my leg. I went to the hospital now don't get me wrong, it was incredibly busy day in the hospital, because everybody in the city had broken her leg apparently, or some bone, to the point where it really did look like some sort of like

21:44:37 zone that happened, of people breaking their extremities very old war but nonetheless, or because in the st apathy department where I was there were people lined up outside, and in the corridors because it was just that busy.

21:44:51 And when I go into a hospital or any kind of medical environment, I do that like I'm going to be the best patient in the world thing, because, first off, it's covered.

21:45:02 I know that hospitals and yours are really really dangerous for the people who are working there.

21:45:06 I know that they are incredibly busy incredibly stressed.

21:45:10 And obviously on this particular occasion they were incredibly busy and incredibly stressed.

21:45:15 So I was trying to be super, super duper nice, I wasn't going to complain.

21:45:20 I wasn't going to cause stress and anxiety I was going to call only when I needed to call on the coal button when I finally got one after a few hours of being in the corridor.

21:45:29 I was going to be really, really careful with people's time and energy because I really wanted to be mindful of that, which meant that when I asked for painkillers over the 10 hours that I was there I only asked every hour so

21:45:44 if any reasonable. This is a broken leg, by the way, and I'm still in all the clothes that came in, it was covered by the code because it never blank.

21:45:52 And I occasionally would call every hour or so saying hi.

21:45:58 The ambulance staff who convinced me to take the painkillers because I didn't want to take them because it makes me feel weird had pointed out to me that perhaps I should take more painkillers once I got to the hospital and they should ask for them.

21:46:10 I'm asking you for them, and whoever I asked you to go yes yes of course, and go away and come back, never again. Now I'm in a small department where I can see everybody running around so I see them.

21:46:22 They are there they haven't disappeared.

21:46:24 And I would press the button again an hour later, and get somebody different or somebody the same. And I take Hi, I really do kind of need a paracetamol.

21:46:35 I don't even really need anything I just want something to deal with the excruciating pain I'm in and it has now been six seven hours of that point, and to try and cut the extremely long story short, I got to a point where I was getting my leg x rayed.

21:46:52 And I got to that point, with no painkillers, asking every hour. I then met the doctor who was incredibly kind.

21:47:01 When I pointed out that I'd had no painkillers, right before she set my foot by hand was incredibly sorry that I had not had any painkillers, right before she did it anyway.

21:47:14 And then I got to the point where I was getting the cast put on my foot still with no painkillers.

21:47:20 The people who were setting my foot the people who were putting the cost on my leg with the same people I was asking for painkillers.

21:47:27 And when the person came to put the cost of my foot. And I said, hey, you're about to do that without me having any painkillers of any kind, after 10 hours, was not impressed with my logic, to the point where, when they were trying to put the cost to

21:47:42 my foot. They were screaming in my face to relax. They were manipulating my broken leg into a cast.

21:47:50 At that point and only at that point, did I actually express my distaste for the situation and said how fucked up it was and I actually was using pretty calm language I think I shouted.

21:48:03 Hey, you haven't given me any painkillers I didn't swear at all because I knew that was a bad idea because as soon as you give them any reason at all to walk away from you they will.

21:48:12 And that was evidence because the doctor and the nurses who are around me when I said, I asked you literally you pointed at someone for a painkiller. And you didn't give it to me.

21:48:26 And you've just done this and you've screened in my face to relax. I don't think that's okay walked away from me and discussed.

21:48:32 And not one person there gave a crap. And I overheard the person.

21:48:39 Afterwards, who had set my leg and screamed in my face that the reason they were rushing was because they wanted to catch a train, is that in Swedish because they thought I didn't understand because it is.

21:48:51 And eventually I got ahold of someone who actually gave a shit, and they helped me out. And they were astonished and disgusted that that of what had happened.

21:49:02 And I'd said you know I don't want to deal with you people anymore I don't trust your can handle this is him down the head of security. Talk to me and apologize for what happened and I said, Look, I'm trying to be nice, this is the situation and all the

21:49:10 way through it hadn't occurred to me at all, that this might have happened because I was transferred. When I spoke to Jay about it. They said, Oh yeah.

21:49:21 But you're trans.

21:49:21 And then I was like, oh fuck you right.

21:49:25 Notice trends in hospital.

21:49:27 It's a bit like when we were talking about employment. There's a notion that you can have busy people you can have people you forget, you can have all of that stuff nobody has a great time in hospital nobody has a great time in these situations.

21:49:42 and that's like, Yeah, but every time.

21:49:46 Yeah, and it's also negating that experience of just knowing you know that since that you get when somebody says your name calls you looks at you, touches you, there's a sense of disgust or something that comes off people, and you sense it, and it's palpable.

21:50:10 Because you're used to it, or you're listening for it, but when you try and retell the story of course you can retell. Well, when she used the word j, she kind of said it and it's slightly dismissive tone for the time.

21:50:26 And it's when another trans or non binary person says, Oh yes, hospitals trends broken leg trends broke it up, you know, at least you didn't get referred to the trends in place.

21:50:36 You didn't have them turn around and go, cuz us trends. We've got to get the trending doctor down to check that your transistors enough for us to work on you, and you're not going to spontaneously trends combust or something like that.

21:50:50 Yeah. And you're right because the thing is, I remember the nurses face when she was about one of my costs knowing that I lost her an hour before her specifically for the painkiller.

21:51:02 And I remember the doctors face when he turned around in disgust at me, and the other nurse who said, Oh, they were just rushing to get a drain that just dismissive tone.

21:51:12 And I remember at the time thinking. There's something about this and I can't put my finger on it.

21:51:18 And you know if I'm going to psychoanalyze myself and. Dear God, I apologize to myself for what I'm about to do to myself.

21:51:24 I could say well was I just ignoring it in order to survive to get through the experience. Yes, maybe, what was I just oblivious to, because I was just that tired or stressed or for pain or whatever but yeah you're right.

21:51:37 That's exactly what it was. Cuz we've all been there. I mean, I've been there with doctors have been there with chemists tried to get medication. So I recounted that really good experience at the start but there was a second visit had a lump on breast

21:51:50 tissue so I had to go get it checked out. So, yes, it is about breast tissue. Yes, it was a lump that was completely benign, fantastic. I done the same thing of.

21:52:03 My name is jy pronounces say I'm a non binary person that are at the start, but the doctor who replied consistently referred to me as she said thank you for referring this something year old woman to me, who was started out, and it was all of those things

21:52:23 of someone had listened to me and then just completely ignored what I'd said, and wallet had no. Well, it didn't actually have some bearing on it, because if I was taking any hormones, they needed to have known.

21:52:36 If I was planning any surgeries, they needed to have done this doctor had ignored all of that, even though I'd been quite clear about my medical history about everything about the fact that I'm not taking any hormones, and they were like, that the doctor

21:52:51 doctor.

21:52:52 Yes, okay, it's just benign that did that did I did she she she she and it wasn't done out of malice.

21:53:01 At that time, it was just done of sheer dismissiveness.

21:53:09 You don't matter enough for me to move my brain even slightly away from the standard way that I'm writing.

21:53:19 You're dismissed your kids are put to one side, and this is what I think you are, and therefore I'm going to refer to you is that I have had trends privilege at one point, though, that there's such a thing.

21:53:30 Oh, absolutely. I was having endometrial ablation because I was having perimenopausal bleeding. That was incredibly bad. And what they do is they bring the interim atrium of your womb, so that you stop bleeding, and I had it done 10 years ago, the technique

21:53:49 that they've used has a significant failure rate of greater than 50% so this

21:53:57 was starting to do it into see the gynecology department, which is a wonderful place to go when you're in some sort of gender neutral configuration.

21:54:10 And I said to the doctor.

21:54:11 Well, this is the medical history.

21:54:14 My name is Jay and explained why my name is Jay, and the consultant came in and they were surprising Lee lovely and this is where, Again, the bare minimum is greeted with such joy, but this person to run and said, Ah, So you've changed your name, you're

21:54:32 you're in this process, we see that you've had this before the normal thing would be to put you on this hormone this hormone and this hormone, to see if that can control the bleeding but I don't think that's necessary in your case, because obviously that's

21:54:45 not something that we wish to do for you. So what I'm going to do is I'm going to take you past all of that a bookie straighten for the surgery, and I was just sitting there like, Whoa, and then throughout some of the other things.

21:54:57 What she said, made me realize that she assumed that I was a trans man, and was in the middle of transitioning so she'd fitted me into a slightly different model, and gone, if this person appears to be a trans man.

21:55:11 You don't mess around with your hormones you refer them urgently for surgery, which is what she did. And I was just like sitting there going, so this is what privilege feels like how you get fast tracked.

21:55:22 Jay, I'm not sure that's privilege.

21:55:38 But it felt like privilege, it felt like that moments of like there was a path that I could have gone down, and they basically jumped to the overall part of things and went, Whoa, I think you belong here it's a privilege, but because of the presumption

21:55:40 that they may problematically that actually made your non binary density completely invisible and just assumed a bunch of stuff about you. Now, don't get me wrong, by accident.

21:55:51 They got you exactly what you wanted and needed in the moment. That's not privileged.

21:55:55 Oh I thought it was fuck storage recorder configured wrong.

21:56:04 I thought I had it she quite lovely health care from them both.

21:56:07 I bet you did, because they were very concerned about ensuring that I didn't feel under stress in the situation which is a very stressful situation.

21:56:18 There's a difference between intention and the right thing for the right reason. Now I'm sorry I joke about this a bit but I'm sure they were actually trying to treat you correctly.

21:56:28 Now they made a problematic assumption, that doesn't mean that the behavior was not correct. In fact, he was absolutely correct. And also they went out of their way to take care of you because they knew that, whether you're a trans man or non binary whatever

21:56:41 they thought you were who you were. They try to treat you with as much respect, and immediate care as possible. Probably because they knew that you might not have done previously.

21:56:52 So, I'm sure many of their intentions were incredibly positive. I just don't think it's privileged because what they were doing was trying to counteract problematic.

21:57:02 But they were doing it by making your non binary self, invisible, and that's this interesting notion of intention. I started taking hormones in Sweden, and went through a number of different medical procedures that my dreams to talk about because there's

21:57:18 no point but there is a point to my story and then we have a cat who's listening. Now, which will make the story infinitely better. My friend and Maura is that listening to the podcast and sent me an email.

21:57:32 Today, saying that when our favorite things is when the cat interrupts.

21:57:36 That makes noises, I can't resist licking my hand. Anyway, so in Sweden.

21:57:43 As part of the medical transition policies that they have here.

21:57:47 They do something for you that they think is really good for you, which is that if you were to take hormones in this country or get surgery of any kind.

21:57:57 They put that onto a medical record that cannot be accessed by anybody else in the entire country no other body in the country can access my medical records that are at the gender agency clinic, they are completely 100% sealed there, which means no other

21:58:14 doctor will know ever that I transitioned medically in Sweden.

21:58:19 No other body, other than the place that I had to change my name at would have known but I didn't change my name in Sweden, I changed it before I came to Sweden, which caused all kinds of problems when I got here but that's another story.

21:58:33 I can't get those records unsealed, even by choice. So when I went and had surgery for something else. I had to tell the doctor. Hey, by the way, I'm taking these other medications, and they were like okay good because that actually might have made a

21:58:47 difference.

21:58:48 And I was like I know it might have made a difference so I had to tell you that I have to out myself to you now every single time. And you have to put it on my form manually every single time I go to a different doctor.

21:59:00 If I get any other medication that might interact with medications I'm taking.

21:59:04 I have to ask myself.

21:59:07 I haven't thought that one through have they know they haven't but the intention is to keep you safe because and this is the fucked up thing. Think about it this way.



21:59:17 I imagined that if I were to ask a governmental representation for medicine or any other aspect that was particularly interested in keeping their job in a certain way, if there was discrimination in Sweden based on medical access, they might say well

21:59:31 yes I'm sure there is but not on an institutional level because that's what politicians like to say yes yes there might be discrimination in an individual case because of bad apples, etc.

21:59:40 But not on an institutional level.

21:59:42 Here's the thing. I know the Swedish government believes that there's discrimination on an institutional level. The reason I know that is because my gender identity clinic will not release my records to any buddy at all.

21:59:55 Even when I asked. That's how much they know.

21:59:59 I would be discriminated against by every single institution who can have access to that information.

22:00:06 I know they know that because that's the situation here. Now the intention.

22:00:12 From the clinic may be positive. The upshot of which is of course, I have to ask myself every single time.

22:00:19 And it causes issues.

22:00:22 I can imagine.

22:00:24 Now, with the alternative be bad to very positively.

22:00:28 But the circumstance is that there's no government agency that officially knows about this, which causes problems, which means they don't know about it they can't start to manage it because you can't manage what you don't measure.

22:00:42 If you've made it invisible you can't turn around and go. Does this happen. Exactly. I'll be measured. It also means that if there's any issue related to me being trans, I cannot rely on there being a paper trail here in this country to prove that's who

22:00:56 I am.

22:00:58 It is on fucking believably complicated, and it is also really really dangerous.

22:01:04 And the intention is to keep me safe because they know.

22:01:09 I would not be if certain institutions, the government institutions who would have access to this, that he will could access your medical files would discriminate against me and they know it, and that's why it's there but this is their intention The intention

22:01:23 is there and it's not privilege that they're doing this, it's not a favor, because I could have gone Oh wow that's so great that they keep my secret for me.

22:01:30 No, no, no, it's not right, because you've got to constantly keep putting yourself in situations when you are most vulnerable because as patients were always super.

22:01:58 Yeah, your absolute most, yeah. In the instance where you are so vulnerable and as a queer person you know you're vulnerable so you're trying your best.

22:01:51 Like for me you know I'm sitting there in pain in the bed, not ringing the bell because I'm going, I don't want to cause a fast because they know the ship that can happen.

22:02:00 And this government this institution knows it to LLC you know to don't institutional not individual, because we did this thing at thought works, we had patients, and we had some doctors and some receptionists, and a whole pile of other people get together

22:02:23 and talk about their experiences on both sides of this in hospitals and doctors clinics and things like that. So we had doctors and nurses talking about how they tried to work with trans people and how they tried to ask the right questions or stop colleagues

22:02:45 asking the wrong and intrusive questions, and we came up with really simple three little questions to ask. Which kind of can be asked at various points in time during your journey at the doctors and the first one starts off with, which pronoun Do you

22:02:59 prefer. We had this lovely doctor who was, how do I let my patients know that it's okay to talk to me about trends and gay stuff and I'm like, Awesome the pronoun.

22:03:10 It's the easiest cue that you can do, because it lets them know that you're somebody who will understand this, that says the doors open if you want to step in and tell me about that.

22:03:21 That's fine. If you don't, it's okay. And then the other one, I thought of it when you talked about knowing the medications because everyone always has to ask about medications that hormones sometimes get forgotten in that list.

22:03:34 And that can cause quite a lot of complications, because other people don't want to admit to it, but also there's a.

22:04:17 Hi, I'm and incredibly stressed.

22:04:20 So I was trying to be super, super duper nice, I wasn't all about knowing the medications because everyone always has to ask about medications, but hormones sometimes get forgotten in that list.

22:04:32 And that can cause quite a lot of complications, because other people don't want to admit to it, but also there's assumptions looking at somebody's body, and somebody gender presentation what hormones they make.

22:04:43 So the question becomes what hormones, do you make and what hormones Do you take, so it's essentially just asking somebody. When you reach that medication point in the form, you've done the pronoun thing you've warm them up to the idea that.

And then we were thinking about the entire

22:05:55 journey and the last one is, what do you need a bottle or a pan and it's just three questions that cover all the things that a medical professional will need to know, treating you without being intrusive about it.

22:06:09 It's sad that it's needed, but it's a positive step, and I like that it's trying to take what is an incredibly complex situation and set up a script for it it's the same as setting up a script for asking about pronouns.

22:06:22 It's the same as all this time is sending up the social scripts and we've talked about the social scripts a lot. We've talked about how we bust them up this is kind of setting up a new one that people can ask of anyone if they were built into every single

22:06:36 interaction with a patient though become normalized and suddenly trends people and non binary people and gender non conforming people go to the doctors and they actually have a slightly nicer experience, because the bar has been raised at teeny weeny

22:06:49 little bit.

22:06:51 So what we're going to talk about next week just the other reviews, I don't want to reveal anybody.

22:06:58 Hey, I saw, actually if you want to talk about JK Rowling do listener checkout counter points that is brilliant.

22:07:16 If you are actually interested in any of these issues. There is an amazing video by Lindsay Ellis where she talks about the tropes of transphobia as it's been created and recreated through certain media and in relation to take a rally.

22:07:28 And there's an even more specific and equally as excellent video by country points, just on JK Rowling. That is quite something and I believe it's an hour and a half long, so worth it.

22:07:39 Oh it's worth the popcorn. I think that is the only and last statement to be made on that particular issue. So from now on, Jay. The question at the end of our podcast will be.

22:07:53 Once we speak about next week. And my answer if you ask me. I don't know if I ask you, maybe I'll have a different answer. But my answer will always be calories because it's breathtaking.

22:08:03 I love the positivity that we're starting to end on.

22:08:07 Me too.

22:08:07 Because for almost a year. We've just felt so under attack. And now I can turn around and feel.

22:08:14 Maybe it's because it's spring, maybe it's because I saw crocus's and snowdrops and daffodils.

22:08:23 Am I getting hopeful.

22:08:26 Is that what we'll talk about next week, maybe the cats for the ball is looking very hopeful at me.

22:08:34 Then I will let you go play with your kit that so I said catch and not proceed. Yeah.

22:08:43 All right everybody thank you so much for listening as always this week as always a pleasure. And I hope you've enjoyed our conversation about what was talking about serious issues about medical interventions while trends and turned into a conversation

22:08:56 about calories because it's breathtaking.

22:08:59 See you next week. See.