

# Inclusivity in Healthcare



**When we talk about healthcare access, we often talk about it in terms of cost or transportation. But we rarely talk about accessibility from an emotional component — the feeling of comfort to seek out care based on our past experiences.**

**[I've shared before on this blog the parts of me that make me, me.](#)** I'm a half-Japanese, queer, trans person living with MS — it's a thing. Every part of me is interconnected. In managing my MS, my queer identity cannot be dismissed, and my lived experience cannot be reduced to a single idea, perception... or box.

But often, going to the doctor's office does just this.

Going to the doctor's office still gives me anxiety. I've had such a bad track record with doctors; experiences where doctors reduce me to just one part of who I am and the false, negative stereotypes that may come with that part.

And this begins before I even see the doctor, starting with the required forms.

I hate filling out forms. I don't like them for a lot of different reasons — reasons that many cisgender people wouldn't consider as anything major. Most practices ask for first and last name, meaning legal name. Then they ask you "sex" or "gender," and it's almost always M or F.

This makes it so we have to translate our lived experience to words and language other

people want to apply that don't agree with us or are actually harmful.

It triggers past trauma. It triggers otherness. It triggers anxiety, suspicion and defense-mode all together

These top lines of a form produce a lot of anxiety for me... and then you want me to get into my medical history? Something that's even tougher to explain on a form?!

Anxiety, frustration and tiptoeing around doctors who are not educated to all the parts of me is how I navigate medical experiences. I don't want to have to answer a gazillion questions about MS to my doctor. I don't want to do a "Trans 101" session with them — I want them to be informed. They need to be informed in terms of ability; I don't want to deal with someone who's ableist. The search for providers that can check all those boxes is sort of exhausting and it starts to narrow the field. Some of it's on me to educate, but it shouldn't be all on me.

How do we make the healthcare experience more inclusive so that people aren't struggling to fit in a box or line?

Recently, there was a general practitioner in the Houston area who was setting up a new practice to serve marginalized and underserved communities. Before opening the practice, she reached out to people, especially activists in these communities, for interviews. She interviewed trans people, intersex people, Black women — everyone from the margins — and I was one of the people that she interviewed.

Some interesting questions she asked were: What has been your previous experience in doctors' offices? What was a pain point? What do you feel a previous practitioner could have done better? How did those experience impact you?

These questions get to the root of many of the anxieties marginalized communities feel when they step into a doctor's office. Care should also focus on: how can a space be inclusive to remove anxieties and key you in that this experience will not be the same as your past experiences? That it will be a different experience?

Making a form inclusive is just the beginning. Doctors can start appointments with longer conversations, focusing on patient-centered care, listening to our stories and putting it into context with everything else in our health. Our healthcare system needs to put more people from marginalized communities in positions of care and ensure providers have continuous training to stay informed on the latest in healthcare equity.

It won't be easy, but we can come to a place in our healthcare where we get to know people in marginalized communities for who they are and where they are.

No boxes, no boundaries.