



Director's Corner

Finally Flourishing: A Long Journey to Living the Life She Was Meant to Live

By Adina Kalet, MD, MPH

This week Dr. Kalet shares (with permission) what she has learned from witnessing the life journey of a longtime colleague, a physician leader, and a transgender woman ...

“Like so many trans people I don’t remember a time that I didn’t feel I was the wrong gender,” Joanne said recently, recalling growing up in the 1950s as a quiet, withdrawn, ‘super-confused’ boy. Until one day in sixth grade,” she continued, “I went to the library and found a few books about transexual people.” The image of a prepubescent boy laying on the concrete library floor reading a book flashed in my “mind’s eye.” I could imagine the deep relief she must have felt to put words to the feelings, learning, for the first time that there were others like her out there.

She described her high school-aged self as a “super-introverted, mute, ashamed,” and very lonely teenager.



Joanne first told me she was a woman in 1990 when she looked very much like the man she had been for the first forty years of her life. She was still the bearded and balding man I had known as my favorite fellowship officemate and partner in a research project on physician-patient risk communication. I was initially shocked by the matter-of-fact admission and graphic description of gender dysphoria. At that point in time, I had no experience talking openly with someone who was transgender. But because of our friendship, I quelled my confused panic and listened carefully. The story, hard to hear, shot through with sadness, depression, loneliness, awkward relationships and periods of self-hatred broke my heart. At the same time, I was struck by the

absolute certainty of my friend's femaleness. "I am a woman. I have been all my life."

Those next few years were a low point. While still living as a man, raising young children, and married for a second time, Joanne and her wife worked hard to hold it together. They both completed their medical training, found meaningful clinical work, and raised their family. However, after being hospitalized for suicidal depression, they knew that moving forward would require Joanne living openly and honestly as a woman.

A familiar voice

Almost twenty-five years later, I stared up at the television set in the patient lounge, drawn by the familiar voice I had not heard in a long while. It was October 24th, 2014, and I watched the all-too-common [national news coverage](#) of a mass shooting. The local Chief Medical Officer stood at the podium describing the teenagers in the ICU, who had suffered bullet wounds to the head delivered by a 14-year-old classmate who opened fire in the cafeteria at Marysville Pilchuck High School in a suburb north of Seattle. After describing the gruesome situation as tactfully, clinically, and calmly as possible, Dr. Joanne Roberts said, "[Our community is going to mourn this for years](#)." She went on, "I can tell you that we will all go home tonight and cry."

I emailed her immediately. "I saw you. That was you, right?" (I had not seen her for years), "You were so beautiful. What a great communicator, leader, and public physician," I continued to gush. She politely confirmed this was her and thanked me for the compliments. I realized too late that my comments on her physical beauty and poise could have seemed rather sexist given that she was clearly doing her job expertly as a senior, physician leader. But to be honest, my clumsiness resulted from the powerful relief I felt to see her looking so confident and relaxed in her own personal and professional identity and, truthfully, I was thankful that she was alive.

The gift of being "Trans"

Joanne is retired now, living a peaceful life as a single woman surrounded by many close friends. There were hard times after her transition. She and her wife divorced. She remains close with her children who have struggled from time to time with their "dad's" gender transition but have moved on as she has.

Her three careers, first as a journalist, then a practicing palliative care physician and, finally, her six years as Chief Medical Officer at a hospital in Washington State, have given her many opportunities to consider issues related to gender and work. Reflection, reading, and talking with others have made her wise.

"In my career, it was a gift to be trans, to have been socialized as a boy, and to live as a woman was a gift," she shared during a recent conversation. "... after the shooting, for instance... leading as a woman but having the male socialization, allowed me to act with confidence (real

or false), ...and be strong with the press, families, and law enforcement.” She reflected on how the complex alchemy of her gender as well as her professional journey enabled her to serve the community, helping them face the horrific moment, “...having been a journalist, I trust the media; they want to get the news out to the community. It was easy for me to do.”

And finally, she attributes being calm in a crisis, seeing opportunity in bad times, and listening more than talking, to her unique experience of being socialized as a boy and living as a woman. While she readily describes blatant discrimination, she finds ways to empathize with all perspectives and points of view.

Her leadership skills were honed by the many surprises of her gender journey. “One of the biggest shocks of my transition was that my biggest supporters were my conservative friends,” she says, noting the irony. It turned out that the people with whom she had already had a relationship found it much easier to accept her as Joanne. “It is so easy to hate groups and hard to hate individuals,” she notes, “...knowing this has made me a much better leader...you inspire, one conversation at a time.”

The depression is cured

Joanne had always wanted to become a physician. In the 1980s, though, despite having finally found a therapist and physician willing to help with the transition using gender-affirming hormone therapy, and even though planning to fully transition surgically and live as a feminine woman, Joanne stopped the transition because many medical schools considered transsexuality a mental illness incompatible with being a physician. This was a fraught, nearly unbearable tradeoff.

Eventually, she was able to transition. “The sadness is gone, it never gets dark, I haven’t had an episode of depression since transition.” The emotionality she gained being able to live as a woman, attributed both to female hormones and the experience of being treated by others as a woman, greatly enhanced her capacity to practice palliative care medicine. Although Joanne is not a highly vocal advocate for the “queer community,” she does supportive work through one-on-one mentoring. “I just want to fit in as a woman doctor. No need for advocacy...” Toward the end of her administrative career, there was no explicit discussion with her bosses about transition. “A lot of people know, and a lot don’t,” she reflected with a verbal shrug. This is what acceptance sounds like.

We have work to do...

Less than 1% of physicians and matriculating medical students identify as Transgender or Non-Binary (TGNB). Most practicing physicians have persistent gaps in their knowledge about even the most mundane routine care for TGNB patients despite the increasing number of patients requiring that care.

The public has become more accepting of gender diversity. A [GLAAD](#)—the world's largest Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) advocacy organization—survey from 2016 showed that nearly 12% of millennials identified as TGNB. Despite the increase in visibility and acceptance, those who identify as TGNB continue to be marginalized in their communities and vulnerable to high rates of depression, self-harm, homelessness, substance abuse, and sexually transmitted infections. Many healthcare settings continue to perpetuate intolerance by denying TGNB patients access to a clinician knowledgeable about gender-affirming care or treating sexual minorities with disrespect.

As medical schools, we have a role to play in diversifying the physician workforce and ensuring that the workforce meets the needs of the communities we serve. We do this by becoming actively inclusive. We recruit students from gender minority groups, make efforts to feature TGNB students and physicians in public messaging, and encourage our current students, staff, and physicians to see themselves in the curriculum, the work, research, community engagement, and social events. We offer [clinical care](#) tailored for the LGBTQ+ community.

While Joanne is delighted and envious that the world has become a much safer place for young people to explore their many identities, she hopes that this will lead to more character and caring. She worries that we are not socializing our young doctors “to have integrity, to develop wisdom.” She challenges us to remain clear about why we do this work. “I found in my leadership career when I was younger, I focused on the doctors, when I got older, I focused on patients again...we come to work to serve them...” That is what matters most.

For further reading:

<https://www.aamc.org/news-insights/we-need-more-transgender-and-gender-nonbinary-doctors>

Westafer LM, Freiermuth CE, Lall MD, Muder SJ, Ragone EL, Jarman AF. Experiences of Transgender and Gender Expansive Physicians. JAMA Network Open. 2022;5(6):e2219791. [doi:10.1001/jamanetworkopen.2022.19791](https://doi.org/10.1001/jamanetworkopen.2022.19791)

<https://www.aamc.org/media/9641/download?attachment>

<https://www.aafp.org/news/practice-professional-issues/20181214transgendercare.html>

<https://www.glaad.org/publications/accelerating-acceptance-2016>

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