

VIEWPOINT

The Role of Affirming Language

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Fourteen countries explicitly criminalize the gender identity and/or expression of transgender people, and the national state of emergency for LGBTQIA+ US residents declared by the Human Rights Campaign in 2023 is intensifying.^{1,2} As of April 2025, 851 antitransgender bills have been introduced across 49 states, 64 have passed in 21 states with 51 signed into law, and another 742 are currently under deliberation.³ Since 2021, this is a 495% increase in the number of antitransgender bills being considered, making 2025 the sixth consecutive record-breaking year for antitransgender legislation introduced in the US.³ This Viewpoint provides clinicians with tools to support transgender patients given the evolving antitransgender policies.

The January 2025 US presidential executive order "[Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government](#)" established federal precedent to recognize 2 unchangeable biological sexes—male and female—despite scientific evidence to the contrary. Since then, transgender and LGBTQIA+ health-related data and documents spanning US government websites, including the Social Security Administration and State Department, have been removed. Following a restraining order, partial restoration of some government health pages (eg, the US Centers for Disease Control and Prevention's "[Ending the HIV Epidemic in the US](#)" site) display a warning that the page "does not reflect biological reality." Medicare has removed sexual orientation and gender identity terms from enrollment forms. The [Centers for Disease Control and Prevention](#) directed its scientists to retract or pause publications of research with "forbidden" gender and sexuality terms. The US government has [terminated hundreds of National Institutes of Health grants](#) worth billions of dollars thus far in 2025, more than half addressing myriad aspects of LGBTQIA+ health that no longer meet "agency priorities." Some states are banning transgender people from cancer screenings, claiming these tests qualify as "gender-affirming care" and transgender-care bans in state-sponsored health insurance plans have sometimes resulted in the withdrawal of all care benefits from transgender people. These exclusionary policies, among others (eg, a separate [executive order](#) banning gender-diverse people from military service), halt scientific advancement and create substantial health knowledge and access gaps for transgender individuals and their communities.

Transgender and gender-diverse people across the lifespan are affected. For example, amid a national youth mental health crisis, LGBTQIA+ youth have the highest likelihood to experience violence, bullying, suicidal ideation or attempts, and poor mental health, in large part because historical policies fail to recognize their identities.⁴ In a 2024 survey of more than 18 000 LGBTQIA+ young people (ages 13-24 years), 46% of transgender and nonbinary respondents seriously considered suicide in the past year and 14% made a suicide attempt.⁴ For youth with serious medical condi-

tions, identity-related stigma compounds the challenges of illness, exacerbating both immediate and long-term risks of poor outcomes. Antitransgender policies also undermine parents' roles. Lack of normalcy and acceptance undermine families' abilities to talk about gender; loving parents may miss opportunities to best support their own children. Among those who understand and champion their child's access to gender-affirming care, policies and statutes limit parental autonomy. Some parents are criminalized for pursuing care they know would benefit their child.³

Moreover, antitransgender policies impede clinician autonomy to follow best practices. The American Medical Association has long supported gender-affirming care and associated health insurance coverage⁵—holistic care (ie, medical, surgical, psychological, social, legal, behavioral) that affirms a person's gender identity regardless of their sex assigned at birth. Affirming language is something all clinicians can use to honor patients' experiences and protect their dignity. Every clinician can express empathy. No executive order can prevent a clinician from ensuring transgender patients seeking care feel heard and understood. Now more than ever, silence may be construed as support for antitransgender policies, stoking the fear patients are already experiencing.^{4,6}

Given persistent barriers to equitable care for transgender people, clinicians must be deliberate about their responses. Local and federal advocacy to protect transgender people's health is critical. Supporting care continuity for transgender people through community-based networks, evidence-based public awareness campaigns, and calling for legal protections, among other advocacy endeavors, are all essential.⁷ We encourage clinicians to closely follow shifting LGBTQIA+ sensitive policies at institutional, state, and federal levels and work within legal parameters while also optimizing care experiences and outcomes for transgender people. Where possible, promote the use of pronoun-inclusive name tags, gender-neutral bathrooms, and "all are welcome" signage. Gender-affirming communication can improve physical and mental health and provide a sense of belonging for transgender and gender-diverse people, including those with concurrent stressors and illness.

Beyond respecting patients' identities, assisting them to speak and connect with their loved ones is crucial. This may involve offering to help talk to both biological and chosen family members and friends about how best to communicate and explore this delicate space. Open and curious questions work well: introducing yourself with your pronouns, asking without judgment about their sexual orientation and gender identity, or simply saying, "I can take better care of you if I know what matters to you. Can you tell me what I need to know?" Reinforce these words with a pin, sign, or badge pull stating, "You are safe with me." A single supportive and respectful patient-clinician relationship can have profound impact. The empathy and

validation of just one accepting health care professional can cut the risk of transgender youth suicide by more than 30%.⁸

The World Professional Association for Transgender Health's (WPATH) "Standards of Care for the Health of Transgender and Gender Diverse People" has useful recommendations clinicians can incorporate into care encounters without concern for violating policies. For instance, WPATH suggests clinicians use culturally relevant language; use language that upholds the principles of safety, dignity, and respect; and discuss what language or terminology transgender and gender-diverse patients prefer.⁹ During a time when the mental well-being of transgender people and communities is paramount, each clinician can work to support and empower them to invest in developing and sustaining strong social support systems.⁹

The WPATH guidelines also encourage clinicians to seek out training to understand how social, legal, economic, and health system changes are impacting transgender people's lived experiences.⁹ Training in brief psychosocial interventions may bolster clinician confidence in providing gender-affirming care. For example, an affirmative cognitive behavioral coping skills group intervention (AFFIRM) was co-created with LGBTQIA+ community members to

validate young people's challenges, improve their ability to identify problems as external to themselves (ie, discrimination) rather than something inherently wrong, and support coping strategy development.¹⁰ When compared with a waitlist control (n = 41), 97 LGBTQIA+ youths receiving AFFIRM showed significant reductions in depressive symptoms and increased reports of hope, as well as increases in coping by emotional and instrumental support, positive framing, humor, planning, and reflective coping.¹⁰

The guiding ethical principles of autonomy, beneficence, non-maleficence, and justice compel clinicians to communicate and act with the best interest of patients, regardless of their identity, background, or needs. Universal human rights, such as the right to integrity, self-determination, freedom from discrimination, and cruel and inhumane treatment, and the right to the highest attainable standard of health still apply. Gender-affirming communication can preserve the sacredness of patient-clinician relationships and, although it does not replace the need for advocacy,⁷ this quiet intervention may save lives. Antitransgender policies will make finding affirmation harder than ever before. Choose to see and validate the transgender experience. In the end, affirming language may be the most reliable tool. Use it.

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