

pain: marketing messages in an industry-funded CME module on breakthrough pain. *World Med Health Pol* 2019;11:43–58.

12. Jung J, Fugh-Berman A. Marketing messages in continuing medical education (CME) modules on binge-eating disorder (BED). *J Am Board Fam Med* 2020;33:240–51.
13. Dieperink ML, Drogemuller L. Industry-sponsored grand rounds and prescribing behavior. *JAMA* 2001;285:1443–4.
14. Orlowski JP, Wateska L. The effects of pharmaceutical firm enticements on physician prescribing patterns. There's no such thing as a free lunch. *Chest* 1992;102:270–3.
15. Bowman MA, Pearle DL. Changes in drug prescribing patterns related to commercial company funding of continuing medical education. *J Contin Educ Health Prof* 1988;8:13–20.

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Re: Addressing Needs of Transgender Patients: The Role of Family Physicians

To the Editor: The study from Radix¹ exposes the circumstances faced by transgender individuals when seeking health services, and affirms the need for welcoming health care environments, with health care providers who are knowledgeable about their special needs. It also demonstrates strategies that family doctors can use to improve their clinical practices. The disparity in access to health was very well described in the present study, which showed that the difficulty in accessing care leads to higher rates of problems related to mental health, substance use disorder, violence, and poverty.

Furthermore, Radix et al¹ show that heteronormativity is still a form of discrimination present in the health system, and transgender people may be harmed by the difficulty of finding professionals with aptitude to care for their needs. In South Africa, a study from Newman-Valentine and Duma² corroborates the findings from Radix,¹ stating that transgender individuals receiving transition-related treatments may suffer significant side effects, which can be managed successfully by knowledgeable health professionals. In this matter, it is evident that the knowledge derived from experiences in health fields

must be shared, so that there will be awareness of procedures related to gender transition, helping in the process of building social intelligibility for these people. Thus, we need to produce scientific knowledge about transgenderism and expected social experiences related to transitioning to educate individual patients and their health professionals, to prepare for a successful transition.³

We congratulate Radix¹ for providing data that reveals the considerable importance humanized care has to transgender individuals, requiring from the professional a general vision of gender and sexuality, to avoid discrimination, and to improve access of this population to primary health care. In addition to basic knowledge of hormonal therapies, appropriate individual HIV risk assessments and appropriate prevention strategies, the study also provides us a foundation to implement such practices more effectively in primary health care in Brazil.

Isadora Ponticelli Mondini

University of Southern Santa Catarina (UNISUL),
Campus Tubarão, Av. José Acácio Moreira, 787, Dehon,
Tubarão, SC, 88704-900 Brazil
isadoraponticelli@gmail.com

Emanuelle Nichele Luz

Aline Baggio Oenning
Chaiana Esmeraldino Mendes Marcon

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References

1. Radix AE. Addressing needs of transgender patients: the role of family physicians. *J Am Board Fam Med* 2020;33:314–21.
2. Newman-Valentine D, Duma S. Injustice to transsexual women in a hetero-normative healthcare system. *Afr J Prim Health Care Fam Med* 2014;6:1–5.
3. Oliveira ID, Romanini M. (Re) writing (in) visible scripts: the trajectory of transgender women in public health policies. *Saude soc* 2020;29:(1). Epub ahead of print.

doi: 10.3122/jabfm.2020.05.200189