



1. Avoid Assumptions

Instead of:

✗ “Do you have a wife/husband?”

Try:

✓ “Do you have a partner?”

Use neutral language until patients describe themselves

2. Normalise Inclusive

Communication

Helpful phrases:

“What name would you like us to use?”

“What pronouns do you use?”

“Who’s important in your support network?”

3. If You Make a Mistake...

Briefly correct yourself and move on.

✓ “Sorry — she. Thanks for correcting me.”

Long apologies can unintentionally place emotional labour on the patient.

4. Only Ask Clinically Relevant Questions

Questions about:

- anatomy
- transition history
- fertility
- sexual practices
- previous names

should only be asked if clinically necessary.

If relevant, explain why you are asking.

5. Create Safer Clinical Environments

Small signals can matter:

- visible inclusion statements
- pronouns in email signatures/badges
- inclusive posters/leaflets
- gender-neutral toilets where possible
- correct names on boards/documentation

Patients often notice whether environments feel safe before conversations even begin.

Pride is an opportunity to reflect on how we create safer, more inclusive healthcare environments. In Acute Medicine, respectful communication and avoiding assumptions can have a significant impact on patient trust and experience during vulnerable moments.

Key principles (from Stonewall.org.uk)

Be kind and respectful. That’s always the most important thing.

Ask if you’re unsure. If you don’t know how someone identifies or wants to be described, it’s okay to ask, just do so with care.

Avoid assumptions. Don’t assume someone’s identity based on how they look or sound.

Stay open to learning. New terms emerge and definitions change. Keep listening and learning.