

LANE COUNTY MEDICAL SOCIETY | APRIL 2019

# MEDICAL MATTERS

## Transgender Care

Dr. Austin talks about  
the processes for  
trans patients, while  
Shane shares his  
personal journey.



## Society Social

Our next social  
will be on April 10!



MEMBER PROFILE

# Transgender Care

Shane shares the story of how he made  
the decision to transition and  
how he found Dr. Austin.

**BY KIANNA CABUCO**

DIRECTOR OF COMMUNICATIONS, LANE COUNTY MEDICAL SOCIETY

**I** was a late bloomer. I was a female for most of my life, but I also struggled with addiction issues because of it,” Shane Atrushi shares. “I got sober in my 30s, but after awhile, my anxiety around being in my female body was so intense, I was either going to get loaded again or I was going to do something about it.”

Atrushi decided to see a therapist who helped him determine his next steps. He got his “letter” and a referral to Dr. Douglas Austin at the Fertility Center where he started hormones in March of 2017.

“They do the first shot for you in your leg and from then on, you do it yourself once a week,” Atrushi says. “It’s crazy what a little amount of hormone can do—that little shot has changed what I look like as a person.”









## MEMBER PROFILE

### The Letter

“The letter is very important because it essentially gives access to medical care,” Austin says.

Gender Identity Dysphoria can be diagnosed after an evaluation with a psychologist, psychiatrist, or clinical social worker. A clinical interview is conducted where the criteria for GID is discussed and the psychological practitioner can rule out any underlying psychiatric disease that may cloud a person’s judgement.

Once an individual receives their letter, they can schedule a consultation visit with a recommended physician to review their history, discuss life adjustments, share any medical issues, and talk about the transitioning process.

“We break it down into three parts generally,” Austin says. “The first is establishing the psychological or life roles. Then, beginning medical therapy, which is gradually increased,” he explains. “After about a year or two when individuals reach the terminal estrogen or testosterone levels, they start to consider biological alterations to their body.”

For trans men, once they are in the care of the clinic, they begin testosterone. For trans women, they use estrogen and hormonal or androgen blockers to stop any masculinization that is occurring. The dosage is slowly increased to allow the psychological and body changes to mimic the timeline of puberty. This allows normal breast development for women and helps prevent horrible acne for men.

Once the optimal levels are reached, trans men usually start with “top surgery,” which is the removal of breast tissue and reconstruction of the chest to have a more masculine appearance. This is sometimes followed by phalloplasty, where a penis is made, and the uterus and ovaries are usually removed at some point along the way. Trans women usually have adequate breast development through hormonal therapy and pelvic reconstruction to create a vagina.

“‘Bottom surgery’ is quite an involved and complicated process,” Austin says. “We usually refer patients to OHSU for that, but we provide educational and preoperative support, as well as postoperative support after the surgery since OHSU is so far away.”

Since the use of hormones decreases the likelihood of healthy sperm or eggs, Austin also makes sure to discuss family goals with his patients. “We usually have them save sperm or eggs at the beginning of this process, so if they do choose to be parents at some point along the way, we can actually use the sperm or eggs that we’ve stored,” he says.

“I was a late bloomer. I was a female for most of my life, but I also struggled with addiction issues because of it.”

— SHANE ATRUSHI

### Finding Support

“I was really scared that my family would disown me,” Atrushi says. “They’re still having trouble, but they’re accepting of it. As for the community here in Eugene, and in my friend group, it was easy and well-supported.”

“I wasn’t really afraid of telling my mom and my sister, but my dad is from the middle east, so even me initially being gay was hard and not really talked about. At this point, when I go home, we just don’t talk about it,” Atrushi says. “My mom and my sister are supportive, but they thought it would be hard for my niece and nephew, but children don’t

care. My nephew called me Auntie Shane at first, then Uncle Shireen, which is my former name,” he laughs. “They were mixing it, and they were fine with it. The kids have always probably seen me as different.”

Atrushi also has a supportive partner who has been with him since before his surgeries. “I have a partner who loves me,” he says. “We’ve been together for about four years and we’ve been through a lot. She was there for me through my second puberty.”

“Now that I’m comfortable in my skin, I’m able to be a functioning member of society,” he says. Working at Emergence-Peer Support as a case manager, Atrushi is able to work with a large trans community amongst other groups. “I help others get services in the medical community by helping them get referrals to doctors and connecting them to the proper surgeons and endocrinologists... I enjoy supporting them, showing that they too can change their lives.”

Although he has been Shane for two years, Atrushi is still often misgendered or treated differently in some cases. He is sometimes misgendered on the phone as a woman, but has also been given a male pee cup at urgent care where he has to explain his situation and receives strange looks from staff. “I’m pretty open minded and relaxed when it comes to judging other people for stuff that I probably would’ve done myself,” he says. “If you looked at



Shane and his partner.

“Most transgendered individual’s health issues are just health issues like everybody else. It’s really important for physicians to care for people as people. These are people.”

– DR. AUSTIN

somebody and they look totally male, you’d give them a male pee cup too.”

“We assume stuff and that’s fine. I understand that it’s hard and it’s new. If you’ve never experienced it, it’s not the norm, and things that aren’t the norm can be scary,” he says. “Sometimes people don’t understand something. It doesn’t mean they’re not supportive. It just means they don’t understand.”

Atrushi believes that education can play a big part in caring for transgendered patients. He suggests reaching out to groups such as Trans\*Ponder and hosting trainings for more exposure to the topic. “We are normal people,” he says. “In the media, it looks like we’re freaks or something, but if you saw me and I was walking by, you wouldn’t even know I was trans-and that’s the case with most of my

friends that are trans.”

Austin also emphasizes the need for more education and acceptance around the subject, saying, “With medical support, a person’s gender is not the whole of the person. It is not an issue that should eclipse or blanket. It shouldn’t define the person - their gender at birth and their gender at the time they step into your office,” he says. “Most transgendered individual’s health issues are just health issues like everybody else. It’s really important for physicians to care for people as people. These are people,” Austin states. “They’re patients. They have insurance. They’re nice people. They don’t stink. They don’t mess up your office. They come to their appointments on time. What difference does it make what their gender is at birth.” ♦

When your patients  
need support,  
they can count on you.

When your practice  
needs support,  
you can count on us.

**HERSHNER HUNTER** LLP  
ATTORNEYS

541-686-8511 | [HershnerHunter.com](http://HershnerHunter.com)



Hershner Hunter attorneys  
Andy Lewis and Jeff Kirtner