



Ministry of
Health

British Columbia Health Information Standards

Gender, Sex and Sexual Orientation (GSSO) Health Information Standard and Guidance

Version 3.4

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Maintenance:

This is a living document that will be updated as provincial requirements, emerging evidence, and relevant standards evolve.

Comments:

Questions, feedback and/or requests for new concepts or synonyms related to this standard can be directed at:

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1.0 Acknowledgements

The Conformance, Integration and Standards (CIS) team, part of Connected Services BC (CSBC), representing the B.C. Ministry of Health, gratefully acknowledges the individuals and organizations whose expertise and collaboration made this document possible.

1.1. Territorial Acknowledgement

We respectfully acknowledge that this standard was researched, drafted, and refined in Victoria, B.C.—on the unceded homelands of the Ləkʷəŋən peoples, whose descendants are represented today by the Songhees Nation and the Esquimalt Nation (Xwsepsum). We also honour the neighbouring W̱SÁNEĆ Peoples—Tsartlip, Tseycum, Tsawout, and Pauquachin First Nations—whose stewardship and cultural relationships with this land and surrounding waters remain strong and enduring.

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1.2. Clinical & Informatics Advisors

- William Clifford OBC, BMedSci, MScF, MD, FCFP
- Kelly Davison MN, MSc, RN, CPMHN(C), CTSS

1.3. Contributing Organizations

- Canada Health Infoway - Sex-Gender Working Group
- Canadian Institute for Health Information
- Centre for Gender and Sexual Health Equity
- First Nations Health Authority
- Trans Care B.C.
- University of Victoria GSSO Research Team

1.4. Governance

- Former Health Information Standards Standing Committee (HISSC)
- Digital Health Standards Office (DHSO)
- Office of the Chief Information Officer (OCIO)

2.0 Introduction

The B.C. Ministry of Health created this Gender, Sex, and Sexual Orientation (GSSO) Health Information Standard and Guidance to advance inclusive, equitable, high-quality care. It provides a plain language core standard, optional expansions, evidence-based rationale, implementation guidance, and visual quick reference figures to support implementation in digital health information systems (DHIS).

2.1. Purpose of this Standard and Guidance

Our aim with this Standard and Guidance is to support a consistent approach to the ongoing modernization of GSSO information practices in B.C. healthcare, and to support improved delivery of health programs and services by:

- Providing a framework, concepts, definitions, and guidance for the selection of technical artefacts such as concepts from controlled medical vocabularies/health terminology standards (e.g., SNOMED CT CA Edition, LOINC) and code values from health information exchange standards (i.e., HL7 International) which are used to share data between DHIS.
- Outlining minimum (common), expanded and exceptional GSSO data collection standards.
- Clarifying practices for consistent and accurate representation, collection and use of gender and sex health information.
- Supporting quality, affirming and culturally safe care for 2SQTBIPOC¹ and improved health outcomes through evidence-based design and implementation guidance.
 - This includes data elements that can be used to address Indigenous-specific racism and support the outcome of cultural safety (i.e., Name Used). Laying the foundation for improved visibility into 2SQTBIPOC data collection and definitions for gender identity and sexual orientation and acts as a policy to guide providers to use patient chosen names and pronouns, while ensuring protections for Sex at Birth data.

¹ 2SQTBIPOC stands for Two-Spirit, Queer, Trans, Black, Indigenous, Multi-Racial, People of Colour and is used in this standard in the manner described by the Health Equity Collaborative in their publication [*Believe Me: Identifying Barriers to Health Equity for Sexual and Gender Diverse Communities in British Columbia*](#).

- Modernizing principles, policies, processes, and information practices that include defining, collecting, organizing, exchanging, and using GSSO concepts in HIS which include DHIS such as electronic health records (EHRs), electronic medical records (EMRs), and patient portals.
- Promoting the integration of a wide range of health and social services (e.g., public health, population health, epidemiology, cancer staging and registry).
- Illustrating how modernized gender and sex information practices can help meet the information needs of a wide range of users within healthcare.

2.2. 3.4 Release-specific Information

Since the inaugural March 2023 release, provincial, national, and international standards have advanced. This release includes:

- Alignment with the [CIHI Pan-Canadian Gender, Sex and Sexual Orientation Data Standard Guidance](#)
- Additional evidence, guidance and usage notes to Part Five: Documenting Negative Experiences.
- Corrected outdated hyperlinks and removed hyperlink in the GSSO Infographic Summary.

2.3. Target Audience

This document is intended for everyone involved in planning, design, development, evaluation and conformance of systems that support health and social services that deliver affirming, person and family-centred care for all people—from system and solution architects, clinical informaticists, clinicians, data scientists, database administrators, and systems designers to health information managers, other health information technology (HIT) professionals, researchers, and interested members of the public.

3.0 Background

This Standard and Guidance is intended to support quality healthcare for all people, regardless of race, country of origin, sex, sexual orientation, gender identity, or socioeconomic status. It provides guidance on the collection and use of information important for providing affirming, culturally safe and culturally competent person, and family-centered care to British Columbians.

Fundamentally, this Standard and Guidance is designed to support trauma-informed care, and addresses barriers to accessing healthcare such as misnaming, misgendering, outing and missed opportunities for preventive screening—negative experiences and avoidable harms that contribute to health inequities.

It is expected that inclusive healthcare can be achieved by applying a consistent, respectful approach to the representation, documentation, and use of GSSO information, electronic or otherwise, in direct patient care and administration.

3.1. Rationale

In the absence of standardized GSSO data elements and value options, GSSO information quality in DHIS is inadequate and contributes to health inequities. (1) Most DHIS are unable to unambiguously capture gender and sex information. (2) In many systems there is a single field labelled either “Gender” or “Sex” with only female, male, or unknown options. (2)

Misrepresentation through conflation or aggregation of sex and gender concepts, and misrepresentation by limitation of value options to choices that unnecessarily reinforce a gender and sex binary have made gender minorities largely invisible in DHIS. (3–5) Invisibility has negative impacts to access to and delivery of quality healthcare, as well as our ability to accurately understand correlations between sex, gender, gender identity, sexual orientation, and patient health needs and outcomes through analytics. (5,6)

When clinicians have access to accurate information about a person’s gender such as their pronouns, the name they use, and their gender identity, negative experiences of healthcare related to misnaming, misgendering and accidentally “outing” patients can be avoided. (1,5,7,8)

3.2. Context

Expert clinicians, health information professionals, researchers, standards development organizations, and the broader community of British Columbians and Canadians with lived and living experience have contributed to the development of this Standard and Guidance.

Sex and gender data may be collected for the identification of disparity and inequity in the broader health system, and to provide optimal healthcare services and reporting.

3.2.1. Human Rights in B.C.

In July 2016, the [B.C. Human Rights Code](#) was amended to include protections for “gender identity or expression.”

In February 2018, the B.C. Public Service implemented [Gender-Based Analysis Plus](#) (GBA+) as a requirement for policy, program, and legislative processes. Through GBA+, the province recognizes the importance of how diverse groups of people may experience policies, programs, and initiatives. By updating both sex and gender terminology and formally integrating it into clinical care, we can positively influence health outcomes for gender-diverse populations.

Since November 2018, British Columbians who do not identify as male or female have had the choice to display an “X” as an option in the “gender” field of their B.C.-issued driver’s license, identity card, birth certificate and B.C. Services Card. In recognition of the challenges that patients have experienced with marker updates; further legislative changes were made in B.C. that transitioned the province to a non-medical model of gender identification allowing residents to change the gender on their birth certificate without confirmation by a physician or psychologist.

In September 2020, B.C.’s Office of the Human Rights Commissioner (BCOHRC) issued recommendations for the provincial government, titled [Disaggregated demographic data collection in British Columbia: The grandmother perspective](#). This document outlines how to collect and use disaggregated gender and ethnicity-based data to reveal systemic racism and inequities in our province. The BCOHRC report offers a framework for disaggregated data collection that includes defining the purpose of the project, setting up a respectful process and defining the scope and limitations of data collection tools within the community.

3.2.2. Health Information in B.C.

Health information is currently governed by numerous Acts applying to regulated health professionals, health authorities, community operated, and private health care settings, resulting in downstream effects on patient care. In 2024, the Ministry of Health proceeded with a [Population and Public Health Framework](#), which outlines the provincial strategy for the long-term vision and direction for population and public health in B.C. This framework includes working together as a province to support integrated, interoperable population health systems that provide data for timely use and analysis. This is crucial for a more comprehensive understanding of the health of the population.

In addition, the B.C. Government, in partnership with the Provincial Health Services Authority and regional health authorities, developed the [B.C. Digital Health Strategy](#). The strategy sets the direction for digital health transformation in the province, supporting a connected, safe, and trusted health system through the modernization of technologies and enhanced access to health care services.

3.2.3. Government of Canada

The Government of Canada has also enhanced its recognition of gender identity diversity:

- In July 2017, the Government of Canada added gender identity or expression to the [Canadian Human Rights Act](#) and the [Criminal Code of Canada](#), which made it necessary to distinguish the concepts of sex and gender.
- November 2017, the Government of Canada issued a [formal apology](#) due the government's historical legislation, policies and practices that led to systematic oppression, criminalization and violence against the LGBTQ2+ communities.
- In mid-2018, the Treasury Board of Canada Secretariat and the Department of Justice Canada presented a [report](#) with recommendations on ways to modernize how the Government of Canada handles information on sex and gender, and Statistics Canada released [sex at birth and gender variables](#) and classifications in order to better reflect how Canadians describe themselves.
- By February 2021, the Government of Canada and Statistics Canada started [consultations](#) with stakeholders to review proposed amendments to the gender standard.
- In November of 2021, Statistics Canada released data on [Classification of cisgender, transgender and nonbinary people in Canada](#).
- December of 2021, [Bill C-4](#) was passed unanimously to criminalize conversion therapy practices in Canada which came into effect early 2022.

- In August of 2022, the first federal [2SLGBTQI+ Action Plan](#) was launched with the purpose of advancing rights and equality for 2SLGBTQI+ people in Canada by collaborating with several federal departments and agencies.

3.2.4. Standards Developments

In November 2019, the Canada Health Infoway's Sex and Gender Working Group was convened with the aim of modernizing gender, sex, and sexual orientation (GSSO) information practices in Canada.

In January 2020, with a [planning grant](#) from the Canadian Institutes of Health Research (CIHR) a team of researchers established a coalition of communities and organizations across Canada to co-create an action plan to modernize GSSO information practices in EHR systems in Canada.

The [Action Plan](#), which outlines the plan to modernize GSSO information practices for supporting and integrating gender and sex data collection in Canadian EHRs, was published in 2021 with the aim of advancing health equity for 2SLGBTQ+ people. (3)

Development and publication of the Action Plan coincided with the development and publication of the [HL7 International Gender Harmony Model](#), with which this standard is harmonized.

In 2023, HL7 International, with input from Canada Health Infoway's Sex-and Gender Working Group and an international, transdisciplinary cohort of contributors, published the [HL7 Cross Paradigm Implementation Guide: Gender Harmony—Sex and Gender Representation, Edition 1](#), which represents a refinement of the content outlined in the HL7 Gender Harmony Model and provides guidance for the implementation of the Gender Harmony Model across HL7 messaging paradigms, some of which are used widely in B.C. (i.e., HL7 Version 2).

This Standard and Guidance draws on the [Action Plan](#) and draws heavily on content from the Office of the Chief Information Officer's *Guidelines to the Gender Identity and Sex Information Data Standard* with minor modifications ensuring relevance to the healthcare sector.

In September 2024, the Canadian Institute for Health Information (CIHI) engaged Canadians in an open review of the proposed [Pan-Canadian Health Data Content Framework](#).

CIHI official published the Pan-Canadian Health Data Content Framework in September of 2025, along with the first [Pan-Canadian Gender, Sex and Sexual Orientation Data Standard Guidance](#). The Ministry continues to collaborate with pan-Canadian Health Organization partners such as CIHI and Canada Health Infoway to ensure that standards are inclusive, evidence-based, aligned and support clinical requirements effectively.

3.3. Protection of Privacy

Gender and sex information are personal identity information and must therefore only be collected as authorized under the [Freedom of Information and Protection of Privacy Act](#) (FOIPPA) or under the [Personal Information Protection Act](#) (PIPA).

Ministries, agencies, boards and commissions must have administrative controls in place to ensure that they collect the minimum amount of personal information necessary for the purpose, and that the information is directly related to an operating program or activity (e.g., gender-based analysis, health program and service delivery, research, operational decisions) as part of the *Core Policy & Procedures Manual*, specifically [Chapter 12: Information Management and Information Technology Management](#).

3.3.1. Notification

Patients need to know and understand why personal information is being collected and how it will be used. Under FOIPPA and PIPA, government and non-government organizations must be able to clearly explain why the information is needed, and how it will be maintained and used. Where personal information is collected as part of a survey, it is also important to explain why the information is helpful, and how it will be maintained and used.

3.4. Ethics & Use

There are two key considerations when collecting personal information, including GSSO information:

- What are the ethical considerations around the collection of this personal information?
- Does the program or initiative have a legislated authority to collect, maintain, use, and/or disclose information?

3.4.1. Legislated Authority

GSSO information is personal identity information, FOIPPA and PIPA legislation must be considered when gathering and managing such information. It is also important to note that there are limitations to what is outlined in legislation: it determines what can be done but does not typically provide guidance about how to do it.

This Standard and Guidance is provided with the intent to adhere to the recommendations outlined by the BCOHRC in the report: [Disaggregated demographic data collection in British Columbia: The grandmother perspective](#).

Guidance:

The following questions may be helpful when considering whether or not to collect GSSO information beyond that which is needed for the clinical record:

- Is the information necessary for care or a clinical program or initiative?
- If the information will be analyzed, is it possible to analyze the information by Gender or Sex at Birth (e.g., is the group you are collecting information from too small for this kind of analysis, or is the group of a sufficient size for analysis)?
- Could this information be useful for informing programs, practices, and/or policies?
- How will this information benefit clinicians, the healthcare system or society?
- Could the information be harmful to specific communities (e.g., in development or resource allocation decisions, healthcare)?
- If the information could be used against specific communities, is it possible to avoid or prevent harmful usage?
- Could the collection of information be done in consultation or collaboration with representatives from the relevant communities?

3.4.2. Why are Ethical Considerations important?

The concept of ethics in health information standards is complex but generally refers to what ought to be done when it comes to collecting, maintaining, using, and disclosing information. Ethics inform best practice, and ethics are not necessarily set out in legislation but are a key element that factors in work-related decisions of many types of healthcare staff, including those in the public service. (9)

This Standard and Guidance, and the values of inclusivity and anti-discrimination that it embodies align with the ethical codes developed for health professions including health information management professionals, nursing, and medicine. (10–12)

3.4.3. Minimizing Harm & Maximizing Benefits

It is for both legal and ethical reasons that we want to be mindful about collecting personal information to support a program or initiative. When we collect more information than what we need or can use, we can:

- increase the risk of harm (e.g., resurface stress or trauma in respondents),
- increase risk of inappropriate use of extra information, and
- decrease potential benefits of data use.

The importance of minimizing harm and maximizing the benefits of collected information cannot be overstated and is particularly important for vulnerable groups—including those who identify as nonbinary, Two-Spirit, Indigiqueer, transgender, or others who are gender diverse.

It is helpful to remember that healthcare workers are representatives of the broader health system. People who are in vulnerable groups and/or who are at-risk of marginalization often have a history of negative experiences with the health system. (1,4,5) For example, transgender and nonbinary people commonly report experiences of stigmatization and discrimination after disclosing their gender identities to healthcare providers. (8,13–17) The [In Plain Sight](#) report (2020) revealed widespread Indigenous-specific racism in B.C.'s healthcare system and called for urgent, systemic reforms to ensure culturally safe, equitable care for Indigenous peoples, including Indigenous people who identify with diverse gender identities and sexual orientations. People who have had negative experiences such as discrimination in healthcare may not trust how healthcare workers will maintain, share, and use this kind of data. Also, there may be discomfort in providing the information, especially if it does not appear to be relevant, or if the wording (e.g., survey question, intake form) does not follow best practice.

3.4.4. Small Numbers

When using GSSO data for analysis or decision-making, be cautious of the number of respondents. To determine if a survey group is too small, it is necessary to have a good understanding of that specific population and risks of identifiability. [B.C.'s De-Identification Guidance](#) is a process to follow wherein a recommended framework wherein contextual and data-related factors are considered to determine the overall risk of re-identification and how to mitigate them. Generally, when sample sizes approach five individuals, it is especially important to use a formal approach to weigh survey needs against risks.²

² [The Definitive Guide to De-identification](#). Privacy Analytics Whitepaper, 2017

3.4.5. De-identification, Storage & Disclosure

Complex situations that cannot be addressed by these guidelines alone will arise. Organizations should consider whether it is necessary to tie the collected GSSO information to a specific individual. If it is not, organizations should consider de-identifying or anonymizing the collected information since doing so can mitigate the risk that personal information is associated with a specific individual. Organizations should also consider whether the information can be collected in a way that is fully anonymous, such as not linking a person's name to their survey responses, and what level of security is warranted to protect the identifying information.

Secure storage includes making sure that only people who need to see the information can access it, and that they access it in an appropriate way.

In most cases, public servants and people who work in healthcare do not have the authority to disclose GSSO information unless it is clinically relevant. For example, surveys or other reviews and reports should provide aggregated information, or information that has been anonymized in a way that prevents others from knowing who is being discussed. In other cases, a person's gender will need to be displayed on documents such as a driver's license or passport. However, even when GSSO information is displayed for specific purposes, an organization still needs to protect the personal information it maintains in accordance with legislation and policy.

Scenario: A caseworker is caring for a minor who shares that they identify as transgender or nonbinary. If the minor has not disclosed their gender to the guardians (or disclosure is unclear), how should the caseworker refer to the minor when speaking to legal guardians?

Discussion: This situation is ethically complex. It requires balancing gender affirmation, consent to disclose (where disclosure can include using the minor's chosen pronouns with third parties), and legal guardians' information needs (e.g., to make informed healthcare decisions). Additional factors, including the minor's age, legal requirements, and professional guidelines also make it problematic to assert general guidelines on how to respond. In complex situations such as this, consult the standards/guidelines in your professional organization, regulatory body, and/or ministry for additional guidance. Some questions that may be helpful to ask yourself in situations such as this may include:

- Has the individual consented to their information being shared with others?
- Are there any limits to confidentiality in the collection, maintenance, use, and/or disclosure of this information (e.g., legislated requirements, display requirements)?
- What can be done to protect confidentiality and/or anonymity?

3.5. Use of Standard and Guidance

Use of the Standard and Guidance must be considered in conjunction with corporate policies, standards and strategic direction issued by the government and legislation that may apply to specific organizations (e.g., Health Authorities and/or Medical Associations) including:

- [Standards of Conduct for B.C. Public Service Employees](#);
- [Draft Principles that Guide the Province's Relationship with Indigenous Peoples](#);
- [Province's Digital Code of Practice](#); and
- [IM/IT policies and standards](#) issued by Office of the Chief Information Officer.

3.6. Scope

The scope of this Standard and Guidance is limited to specifying the GSSO data elements that will enable consistency in B.C.'s healthcare system including:

- Gender, including Gender Identity, and components of gender expression such as Pronouns, and Name Used.
- Sex, including Sex at Birth, Sex Parameter for Clinical Use, sex-related anatomy, sex-related hormone and medication context artefacts, and sex-related surgical procedures.
- Sexual orientation. Nuanced aspects of sexual orientation including sexual identity, sexual attraction, and sexual behaviour are not included, although they may be relevant to clinical sexual health assessments.
- Administrative data elements such as Gender Used and the Health Services Sex and Gender Marker.

This Standard and Guidance does not:

- Necessitate or limit the collection of data that a health authority, health agency or the health ministry may require to fully support its programs or services.
- Instruct business programs on the use or storage of gender and sex data nor detail the specific business processes that support use of a standard in a specific system/application nor detailed technical specifications, such as field length and cardinality, which may be found in the respective application's technical documentation.
- Consider Titles and/or Honorifics (e.g., Dr., Mr., Mrs., Ms., Mx., Sir., Madam) as outlined in the guidelines for gender-inclusive writing or recommended style (i.e., Public Works and Government Services Canada, B.C. Ministry of Health Writing Guide, Translation Services Style Guide).

Indigenous Peoples' Information:

This Standard and Guidance is not intended to instruct business programs on the collection, use or storage of GSSO information of Indigenous Peoples, or to provide guidance on how to engage with Indigenous Peoples or communities.

However, it is important to note that it remains incumbent on organizations to adhere to the principles of Ownership, Control, Access, and Permission (OCAP).

3.6.1. Controlled Medical Vocabularies & Health Terminology Standards

Many of the modern concepts required to support this Standard and Guidance are either not available in health terminology standards or are currently specified in a manner considered to be outdated and offensive. (18,19)

Examples of this include SNOMED CT concepts that currently offer Fully Specified Names (FSNs) or synonyms that use outdated language (e.g., “Eunuchoidism”, “Feminism in boy”, “Masculinized female”, “Frigidity”, “Transvestism”, “Counseling for homosexuality”). Stigmatizing concepts such as these must not be used in DHIS because they are harmful (19) and contribute to negative experiences.

The terms intended for clinical use presented in this standard may therefore be incomplete, in the process of being modernized, or named as unencoded terms pending their incorporation or modification into controlled medical vocabularies, health terminology standards and code systems.

Work is currently underway locally, nationally, and internationally, to make such modifications to SNOMED CT, LOINC and other terminologies or ontologies so that they support the clinical requirements for respectful, affirming communication and accurate documentation. (3)

Implementation of this Standard and Guidance should allow for escape from common value set options to expanded options for richer expression of concepts and capture of more granular structured data. It is vital that users and system implementors are aware of the limits of acceptability in choice of terms because of the risk of harm associated with stigmatizing language.

There are many resources available to inform language, including the [B.C. Centre for Disease Control \(BCCDC\) Inclusive Language Guide](#), [B.C. Government’s inclusive language and terms](#), and [Trans Care BC creating affirming care resources](#).

Value sets developed for this standard align with existing international standards and underwent extensive review before publication.

4.0 Cultivating a Culture of Acceptance & Inclusion

The [Standard of Conduct for B.C. Government Employees](#) requires that employees provide courteous and equitable service to the public and that they treat each other with respect and dignity. As public servants, the language we use can allow us to promote a more just and inclusive society and lead through example, or it can signal to people that they or members of their community are not respected or do not belong. Repeatedly hearing language that implies that you are not or should not be accepted or should be excluded can be distressing and can lead to dire outcomes. Furthermore, the burden of constantly having to correct how someone addresses a person can be exhausting and can impact physical and mental health. (1,4,13,17)

The following guidance is meant to expand on those policies and help employees behave in ways that ensure all people are respected, safe and made to feel welcome in our province.

4.1. Reduce Gendered Language

Gendered language is pervasive in our society.(20) Many of us were probably welcomed in school with familiar phrases such as “.... good morning, boys and girls,” or “welcome, ladies and gentlemen.” This is common language, but using it emphasizes that gender is the most important thing about the people with whom you are speaking and limits them to a gender binary. Repeated studies have found that emphasizing gender categories leads to increased tensions and harassment. We should instead look for ways to welcome all people. (20,21) For example, when speaking to a large group, simply say:

- “Welcome;” or
- “Good morning/afternoon/evening everyone,” or
- “Hi folks.”

Helpful Hint(s):

You might also consider making it a practice to default using gender-neutral language when interacting with the public and your colleagues. For example, say:

- “child” instead of daughter or son;
- “partner” instead of husband or wife;
- “folks” instead of “guys”; and
- “person who is pregnant” or “life giver” instead of “pregnant woman”.

Referring to colleagues as being on “parental leave” rather than “maternity leave” or “paternity leave” is also more inclusive.

Small changes such as these are meaningful, can help change the way you think about gender identity, and can ensure that you do not inadvertently exclude people that you are serving.

4.2. Use A Person's Pronouns & Name Used

In our everyday language we use pronouns in the place of names. Common pronouns include “he” and “she” as well as “they.” Simply ask people what pronouns they use and in what contexts. For example, youth or adolescent patients seeking healthcare may disclose and permit the use of nonbinary or neopronouns by healthcare staff in healthcare interactions but may not want this information shared with their parents.

If you are unsure of a person's pronouns, it is acceptable to use “they” as a single-person pronoun (e.g., in a question like “What did they say?”) until you can confirm the pronouns that should be used with the patient. For example, if you have an interaction with a patient and later, when talking to a colleague about the patient's file, you are unsure about their pronouns, use “they”:

- “They were experiencing issues with our online system and were unable to submit the application. I asked them if they could send it via email.”

It is important to use a person's identified pronouns both in their presence and when they are not in the room. Listen carefully to what people ask for, including how they refer to themselves, the gender pronouns they use, and how they ask to be addressed. For example, if someone asks to not be referred to as a man, it is harmful to misgender them using the honorifics “Mr.” or “Sir.” The use of titles and honorifics such as these is discouraged because they are often gendered and increase the risk of misgendering or outing people we interact with.

A good way to normalize inclusion is to share your pronouns and name used on your email signature (i.e., [First Name] [Last Name], RN (*he/him*)). Or consider sharing your pronouns at the beginning of meetings during the roundtable introduction (i.e. “I am [First Name] [Last Name], I am a nurse, and I use the pronouns he/him/his”). As stated previously, these small changes can make a big difference for people.

Helpful Hint(s):

Avoid making assumptions about a person's pronouns based on how the person looks to you.

Not all people look a certain way or come from the same background, and they may not appear to visibly belong to a gender group.

Using the term “they” in both the singular and plural is considered acceptable grammar. (18)

4.3. When You Make a Mistake, Apologize & Move On

Mistakes happen. The best thing we can do is let the individual know you regret the mistake and will do better in future. (1) Use the opportunity to reflect on and manage your own biases, take accountability, and apologize, and commit to correcting them in the future without drawing too much unwanted attention to it.

4.4. Understand Your Role as a B.C. Public Service Representative

How something is said is just as important as what is said. Be mindful of your facial expressions and body language so as not to inadvertently give the impression of being judgmental. The B.C. Public Service is committed to treating everyone with dignity and humanity by listening to their individual needs, establishing respectful relationships, showing compassion and sensitivity, and providing services in a way that respects all people.

Now that we have outlined the importance of language and inclusivity, we will move on to introducing the main content of the Standard and Guidance.

5.0 GSSO Conceptual Framework & Information Model

The primary challenges that this and other GSSO standards attempt to address are the pervasive conflation of administrative and clinical data elements and the conflation of sex and gender concepts in DHIS. As a result, inaccurate sex and gender information is sometimes used by clinicians in providing care. (2) In turn, this has led to negative experiences, patient harm and barriers to healthcare access for some people. (1,4) Negative experiences include discrimination such as being deadnamed, outed or misgendered, or unnecessary examinations and tests, and can result in avoidance of healthcare and missed opportunities for preventive screening. (1,5)

Modernizing GSSO information practices means separating administrative from clinical data elements and concepts, using them for their intended purpose, and specifying them to a sufficient degree to prevent and mitigate harms caused by outdated information practices. (3) It also means ensuring that providers have access to information about a person when needed to communicate with them in an affirming manner, avoid assumptions about their gender identity and about the organs they have, and provide appropriate care based on their presentation.

This standard has been designed to support affirming social interactions, clarify administrative use cases, and specify important standards development that enable affirming, culturally safe, person-centred care. There are five parts to this Standard and Guidance and the framework that underlies it (see Figure 1):

- Part One describes demographic data elements that are common to social, administrative, and clinical domains including Name Used, Personal Pronouns and Gender Used.
- Part Two covers clinical entries related to gender and sex, which includes Gender Identity, Sex at Birth, and Health Services Gender or Sex Marker where gender and sex are conflated by a single-field system.
- Part Three describes the use of Sex Parameter for Clinical Use.
- Part Four outlines Sexual Orientation.
- Part Five provides options for the documentation of Negative Experiences.

In Figure 2, we provide a conceptual framework and high-level information model for all GSSO data elements contained in this Standard and Guidance. It is provided as a reference diagram and a preamble to the content that follows it.

Details about each data element presented in the Standard and Guidance are provided in each section. Value options included as part of the common standard will meet most use cases and can be considered the minimum data standard requirement. Expanded codes are included as additional options to the common standard and are depicted in the tables with italicized text. Exceptional codes accommodate use cases where known information cannot be captured including "Unknown," "NullFlavor," and "data-absent-reason" type codes.

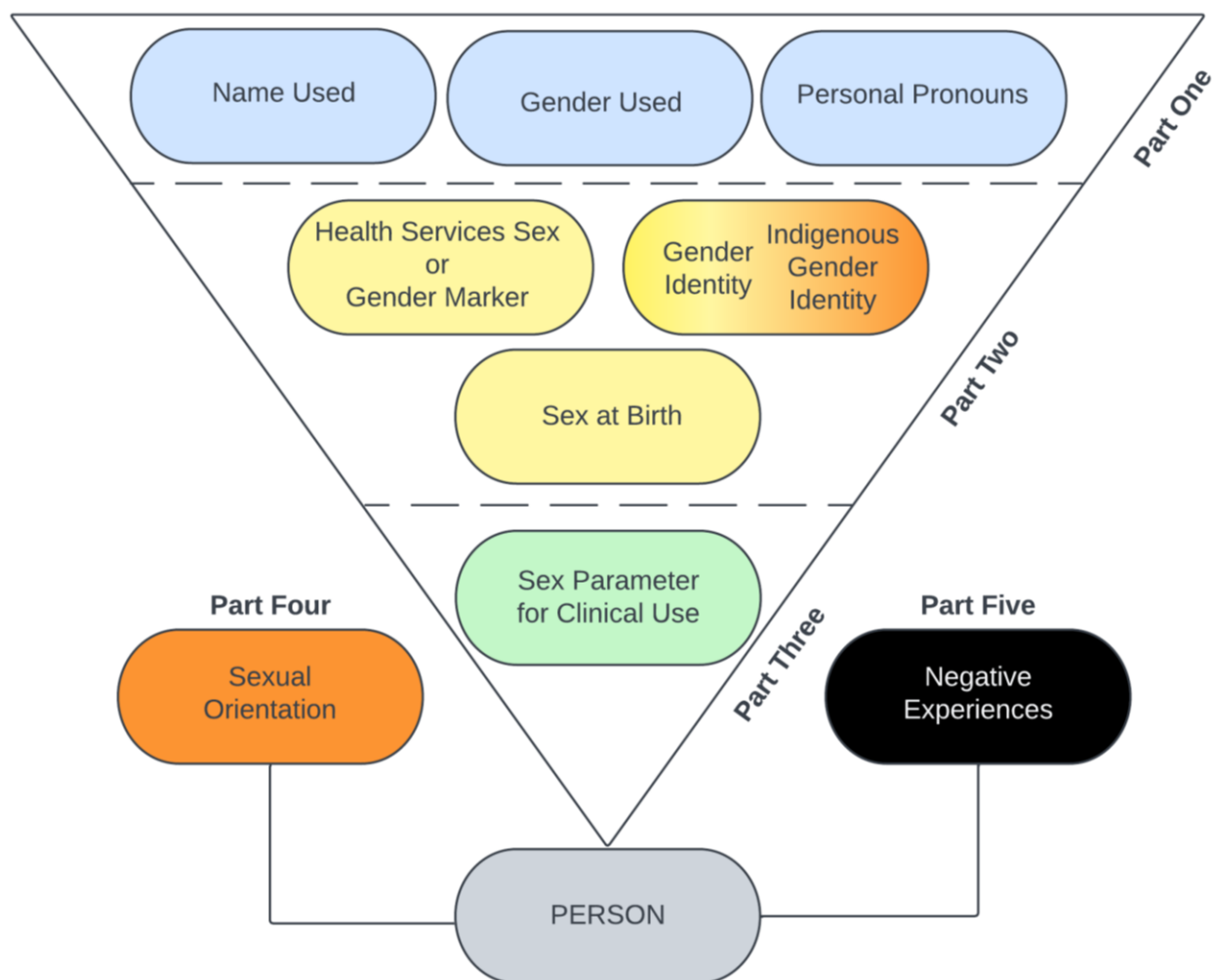


Figure 1: Parts of this Standard and Guidance.

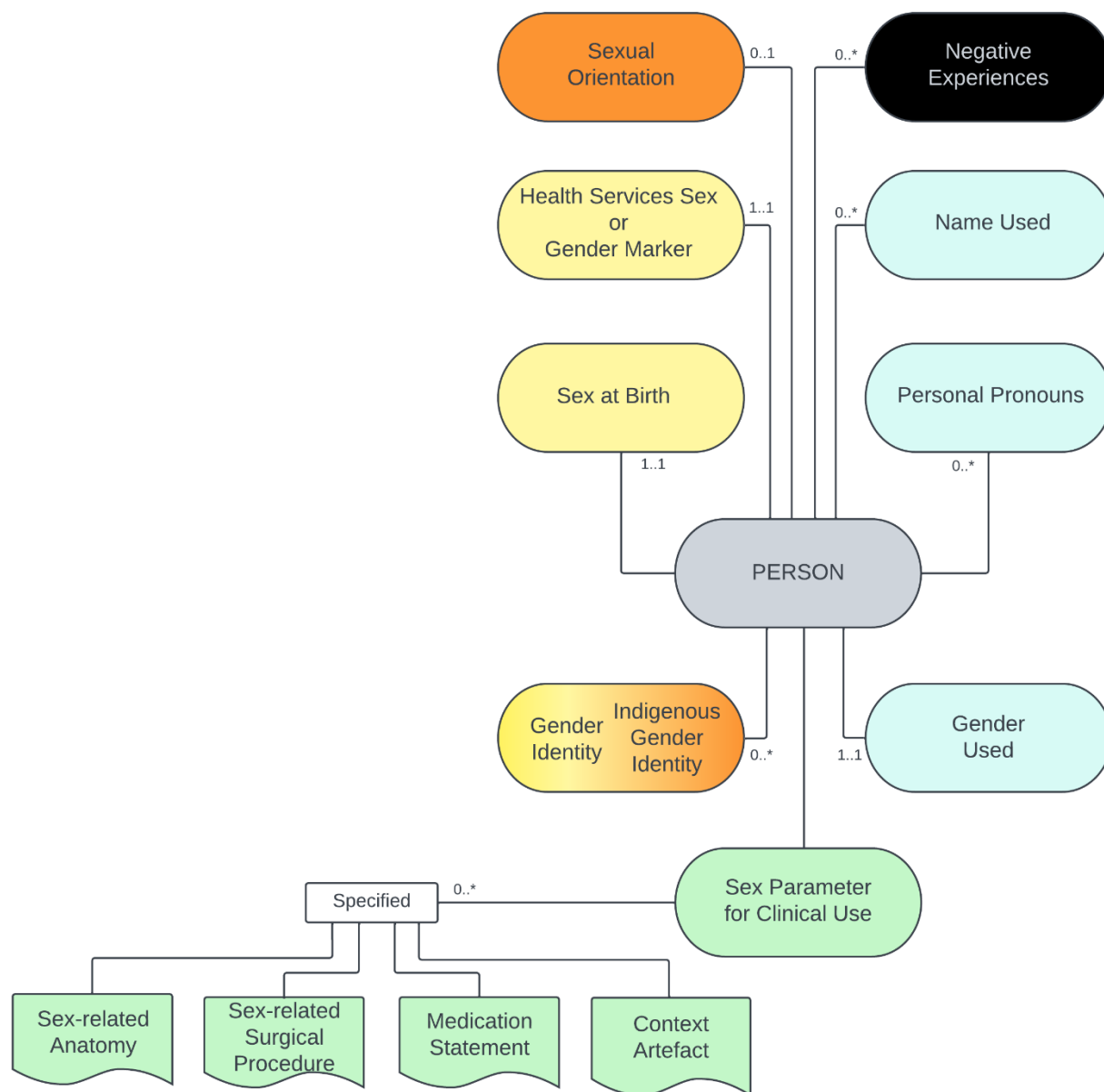


Figure 2: GSSO Conceptual Framework and Information Model.

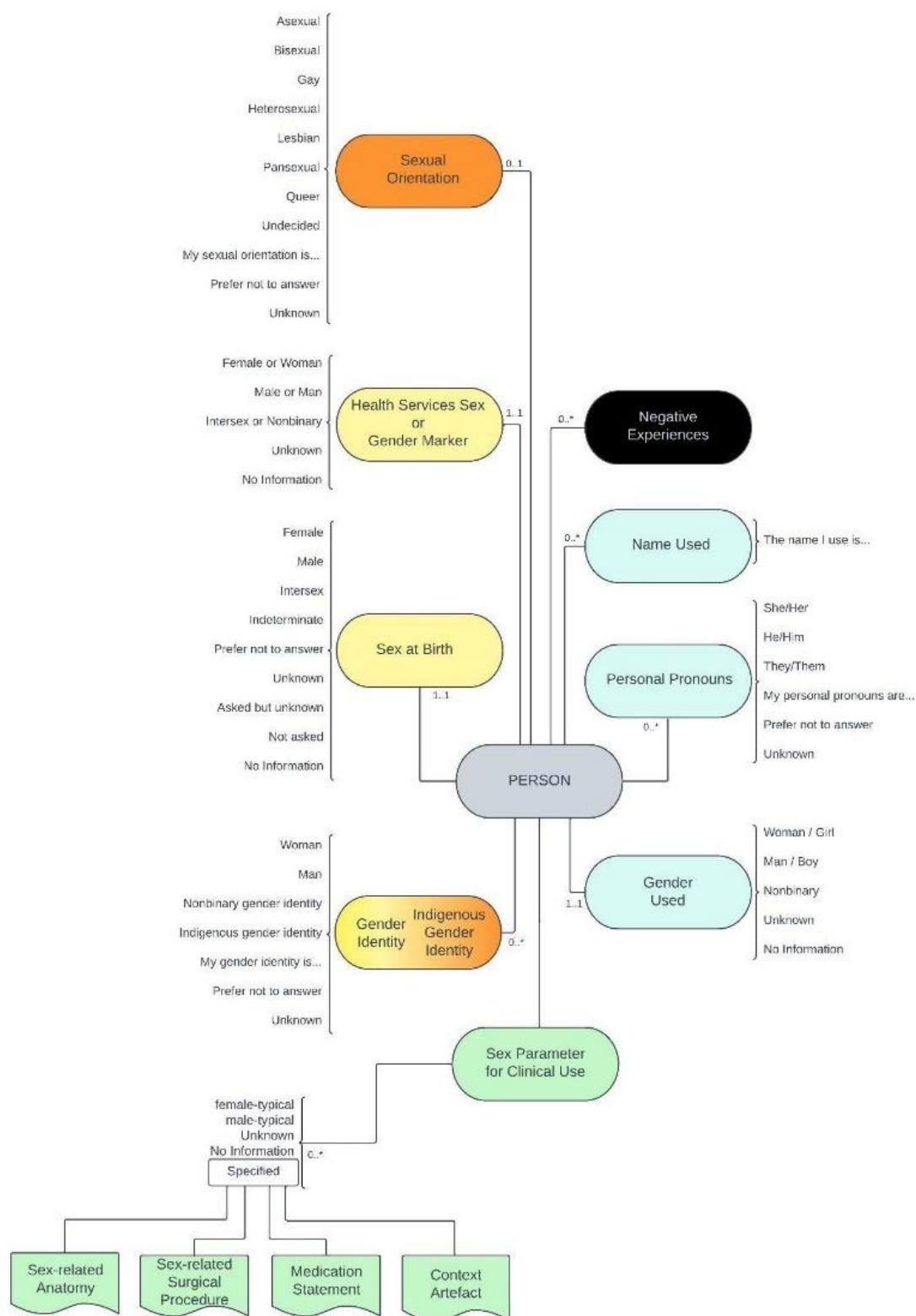


Figure 3: Detailed GSSO Conceptual Framework and Information Model.

6.0 Part One: Demographic Data Elements & Gender Used

Part One of this Standard and Guidance outlines the data elements that are common to social, administrative, and clinical domains. These elements include Name Used, Personal Pronouns, and Gender Used. There is some overlap in these concepts with Health Services Sex or Gender Markers and Gender Identity, which will be covered in Part Two. These elements can be implemented and used to support affirming care interactions for all people and can be integrated into EHRs, EMRs, pharmacy and lab information systems, point of care (POC) healthcare applications, or wherever they can be used to avoid misgendering, misnaming and outing.

Details about each data element including scope, usage and interoperability considerations are provided.

6.1. Scope

The scope of Part One includes Name Used, Personal Pronouns and Gender Used. These data elements provide the information required for affirming, culturally safe, person-centered interactions and an inclusive healthcare culture. They also support accurate identification of individuals. A conceptual and information model is presented in Figure 4.

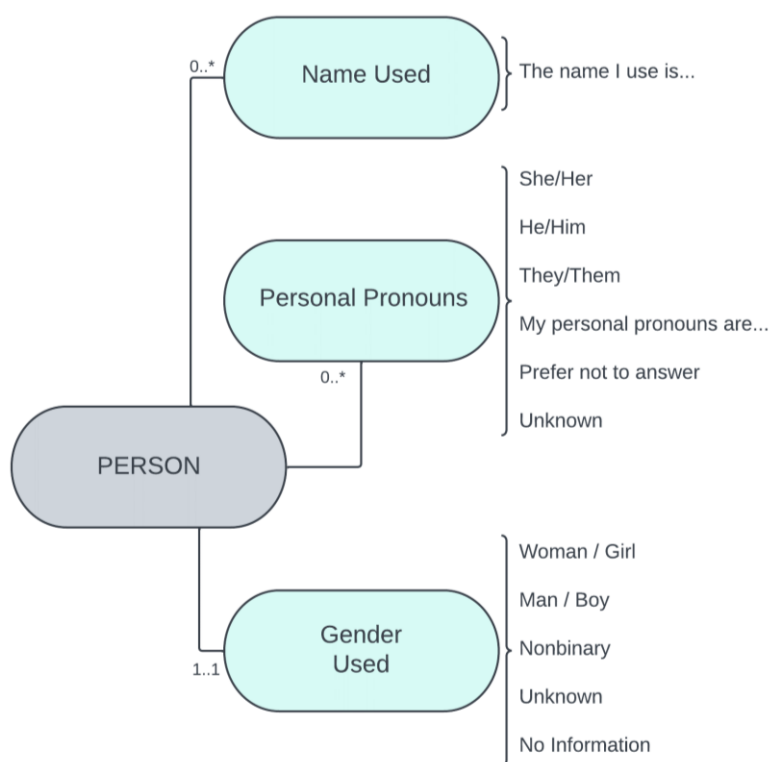


Figure 4: Demographic Data Elements and Gender Used.

6.2. Name Used

People may use different names in different settings. They may use legal names or names other than their legal name to identify themselves. (7) These include nicknames, middle names, language specific alternatives (e.g., Bill, William, Guillaume, Guillermo), or names that affirm gender identity. The B.C. preferred term for this data element will be “Name Used.”

Name Used is based on the HL7 Gender Harmony Model Data Element Name to Use and aligns with the [HL7 Cross Paradigm Implementation Guide: Gender Harmony—Sex and Gender Representation, Edition 1 data element Name to Use](#). (7,22) This data element is also harmonized with the Canadian Institute for Health Information’s [Pan-Canadian Health Data Content Framework Data Content Standard](#).

Name Used is the name that should be used in context of health and social services. It is the usual name a person chooses when addressing or referencing themselves. In health service delivery contexts, the Name Used represents the name the patient chooses to be called and has recorded accurately in their health record. Using the Name Used helps ensure respectful interactions and reduces potential harm caused by misnaming.

Healthcare service providers should always use the name a patient wishes to go by to reduce potential harm caused by misnaming. (1)

6.2.1. Usage

Digital health systems should support the documentation of the name used by the person and display it for routine use when the legal name is not required, or in addition to legal names when legal names are required.

When both names must appear together (e.g., matching incoming documents to the record), the Name Used should be more visually prominent than the legal name by default. Implementation options include providing the Name Used in parentheses following the person’s legal name in existing banners or headers. Such banners or headers should be provider-facing and not obfuscated throughout applications to ensure that providers are operating with the correct record for the person and are aware of their Name Used. (3)

6.2.2. Interoperability Considerations

For Name Used, use patient.Name of datatype HumanName where name.use is “usual.” There may be other contexts beyond patient.Name where SNOMED or LOINC codes are appropriate, but appropriate SNOMED CT CA and LOINC codes for this element do not yet exist.

6.3. Personal Pronouns

Personal pronouns are linguistic tools used to refer to people instead of using their name, a noun or noun phrase. Gender pronouns are third-person pronouns that may reference a person's gender identity (e.g., he, she, they), and which may be a part of their gender expression. People may use:

- Gender pronouns such as he/him/his and she/her/hers,
- Multiple or mixed pronouns depending on context (e.g., he/they and she/her/they/them),
- Different pronouns in different settings for distinct reasons (e.g., to maintain personal safety),
- Neopronouns such as xe/hir, or
- No pronouns at all (e.g., use name only and without pronouns when referring to a person in the third person).

Healthcare service providers should confirm with the person which pronouns they use. In some instances, misgendering and outing can happen when a person is referred to by pronouns they don't use. In other instances, a person may have strategically asked for you to use pronouns they don't use, but only in certain situations to keep themselves safe.

6.3.1. Usage

Pronouns must be identified by the person and not be assigned by healthcare workers. A person's gender identity or sex does not determine the pronouns that should be used.

Patients should be asked to clearly identify the pronouns to be used in the clinical setting. A clinician might go about doing this by introducing themselves and their pronouns first:

"Hello, my name is Jojo. I use he/they pronouns and will be your nurse today. What name and pronouns would you like me to use? Is it okay if I enter this into your chart so that my team members know how to address you correctly?"

If a person or patient does not have pronouns, simply use their Name Used when communicating with or about them. Pronouns provided by patients are not optional and therefore should not be referred to as "preferred pronouns." Misgendering people with the wrong pronouns, once informed, may be considered discriminatory behaviour. It is acceptable to use "they/them" pronouns or the person's name for social interactions if the pronouns of the patient or person are unknown, until such time as they are known. Gender pronouns support affirming care for all people.

6.3.2. Interoperability Considerations

The code system for the gender pronoun element is LOINC and the code is [90778-2 Personal pronouns—Reported](#). Value options are marked as either common or expanded.

The minimum recommended common set of options, which should meet the needs of patients and clinicians in most health organizations, is presented in Table 6.3.2.1. This list of common pronouns aligns with the [HL7 Cross Paradigm Implementation Guide: Gender Harmony—Sex and Gender Representation, Edition 1 data element Pronouns](#) (7,22) and is harmonized with the [Pan-Canadian Health Data Content Framework Data Content Standard](#).

Expanded options, which include an expanded array of pronouns that may be useful in specialty services, are also presented. Table 6.3.2.1 is based on the [LOINC answer list for patient-reported personal pronouns](#).

Exceptional options are presented in Table 6.3.2.2.

The PersonalPronounsConceptCode subset includes common, expanded and exceptional options are available for consumption on the [B.C. Ministry of Health's Health Information and Interoperability Standards Catalogue](#).

Table 6.3.2.1 – Common and Expanded Options for Personal Pronouns

Code System	Answer ID	Answer	Description
LOINC	LA29518-0	he/him/his/his/himself	Personal pronouns reported as he/him.
LOINC	LA29519-8	she/her/her/hers/herself	Personal pronouns reported as she/her.
LOINC	LA29520-6	they/them/their/theirs/themselves	Personal pronouns reported as they/them.
LOINC	LA29523-0	ze/zir/zir/zirs/zirself	Personal pronouns reported as ze/zir.
LOINC	LA29521-4	xie/hir ("here")/hir/hirs/hirself	Personal pronouns reported as xie/hir.
LOINC	LA29515-6	co/co/cos/cos/coself	Personal pronouns reported as co/co.
LOINC	LA29516-4	en/en/ens/ens/enself	Personal pronouns reported as en/en.
LOINC	LA29517-2	ey/em/eir/eirs/emself	Personal pronouns reported as ey/em.
LOINC	LA29522-2	yo/yo/yos/yos/yoself	Personal pronouns reported as yo/yo.
LOINC	LA29524-8	ve/vis/ver/ver/verself	Personal pronouns reported as ve/vis.

Source(s): [LOINC Personal Pronouns](#); [HL7 Gender Harmony Cross-Paradigm Implementation Guide](#); [CIHI Pan-Canadian Health Data Content Framework](#)

Table 6.3.2.2 – Exceptional Options for Personal Pronouns

Code System	Code	Display	Description
HL7	UNC	My pronouns are...	Free text option ³ .
HL7	asked-declined	Asked But Declined	Prefer not to answer.
HL7	UNK	Unknown	Known to be unknown.
HL7	<i>NI</i>	<i>No Information</i>	<i>The reason for the value being absent is not known.</i>
HL7	<i>NASK</i>	<i>Not asked</i>	<i>Not asked.</i>
HL7	<i>ASKU</i>	<i>Asked but unknown</i>	<i>Sought not found.</i>

Source(s): <http://terminology.hl7.org/CodeSystem/data-absent-reason>; <http://terminology.hl7.org/CodeSystem/v3-NullFlavor>

³ If patient does not use pronouns, may prompt user to enter “use Name Used”.

6.4. Gender Used (Administrative Gender)

Gender Used, a data element that was named Administrative Gender in previous versions of this standard, represents the gender a person wishes to have recorded on legal documents or for interactions with official agencies (e.g., Drivers' License). Gender Used can be determined by asking:

"What gender do you want on your documentation?"

It may be helpful to remind the reader here that Gender Used, Gender Identity, and gender expression are distinct but related concepts. Gender expression refers to how a person publicly presents their gender according to cultural and colonial norms. Gender Used is the gender identity they wish to have presented on their legal documentation or recorded in agency databases. Gender Identity is an individual's personal experience of being a woman, man, nonbinary or something else for the purpose of clinical interactions.

Gender Used may be different than the clinical Gender Identity value a person provides to clinicians for affirming care interactions and communication.

6.4.1. Usage

Administrative Gender (now called Gender Used) is a longstanding data element that conflates sex and gender and should be used in conjunction with the clinical data element Gender Identity to ensure person-centred clinical interactions in multi-field systems.

Gender Used is an administrative data element. Gender Identity is a clinical data element. Since Gender Used may be different than the Gender Identity of some people, separate data elements with distinct use cases are necessary. Separation of Gender Used and Gender Identity allows people some control over the information about them in government records as well as in their clinical record.

Gender Used is intended to give people the option to choose the gender entered in government databases that have both a sex and a gender field (two-field systems) and should not be confused with Gender Identity for affirming communication or Health Services Gender or Sex Marker (for single-field systems).

6.4.2. Interoperability Considerations

The code systems for the Gender Used element are [HL7 Administrative Gender](#) and SNOMED CT. “Other” has been replaced with a nonbinary gender representation option. “No Information” has been added to the common standard for this data element to accommodate the use case where there is no information for Gender Used available.

Please note that the preferred clinical terminology codes to use are SNOMED CT codes, however HL7 codes are acceptable to support legacy implementations.

The GenderUsedConceptCode subset includes common, expanded and exceptional options and is available for consumption on the [B.C. Ministry of Health’s Health Information and Interoperability Standards Catalogue](#).

The minimum recommended common set of options, which should meet the needs of patients and clinicians in most health organizations, is presented in Table 6.4.2.1. Value options for this data element should be constrained to those presented in Table 6.4.2.1. Value options and definitions align with [Pan-Canadian Health Data Content Framework](#) and supports a nonbinary use case option for jurisdictions like B.C. where “X” is an option for citizens to use on their government documentation.

Table 6.4.2.1 – Common Options for Gender Used (Administrative Gender)

Code System	Code	Display	Marker	Description
SNOMED CT CA	446141000124107	Woman	W or F	- Persons who report their gender used as a woman or girl. - Usage note: corresponds to the administrative gender markers "W" or "F". - The "F" marker is required to accommodate legacy system integration. Systems that consume "F" should beware of source definition and provenance.
HL7	female	Female	W or F	- Persons who report their gender used as a woman or girl. - Usage note: corresponds to the administrative gender markers "W" or "F". - The "F" marker is required to accommodate legacy system integration. Systems that consume "F" should beware of source definition and provenance.
SNOMED CT CA	446151000124109	Man	M	- Persons who report their gender used as a man or boy. - Usage note: corresponds to the administrative gender marker 'M'.
HL7	male	Male	M	Persons who report their gender used as a man or boy.

Code System	Code	Display	Marker	Description
				Usage note: corresponds to the administrative gender marker 'M'.
SNOMED CT CA	33791000087105	Nonbinary	X	- Persons who report their gender used as neither exclusively woman, girl, female nor man, boy, male or who do not identify with the binary gender construct. - This can include persons who report their used gender as non-binary, Two-Spirit, Indigiqueer, transmasculine, transfeminine, gender-fluid, agender and more. - Usage Note: corresponds to the administrative gender marker 'X'.

Source(s): [CIHI Pan-Canadian Health Data Content Framework; http://hl7.org/fhir/administrative-gender](http://hl7.org/fhir/administrative-gender)

Table 6.4.2.3 – Exceptional Options for Gender Used (Administrative Gender)

Code System	Code	Display	Marker	Description
HL7	UNK	Unknown	U	- Persons whose administrative gender is not known at the time of data collection. - Unknown corresponds to the administrative gender marker 'U'.
HL7	NI	No Information	NI	The reason for the value being absent is not known.

Source(s): <http://terminology.hl7.org/CodeSystem/v3-NullFlavor>

7.0 Part Two: Clinical Entries Related to Gender & Sex

Part Two of this Standard and Guidance is intended for use by individuals and organizations that capture clinical data related to Gender Identity and Sex at Birth. These data elements are frequently integrated into EHRs, EMRs, pharmacy and lab information systems, and POC healthcare applications. Details about each data element including scope, usage and interoperability considerations are provided. For systems where there is only one field to enter sex or gender, this standard describes the use of a field intended to record sex *or* gender data as a Health Services Gender or Sex Marker.

Gender Identity must be reported by the patient and not assigned by a healthcare provider, staff person, or researcher.(7)

7.1. Scope

Data elements that are in scope for this section are Gender Identity, Sex at Birth, and Health Services Sex or Gender Marker where sex and gender are conflated in a single-field system.

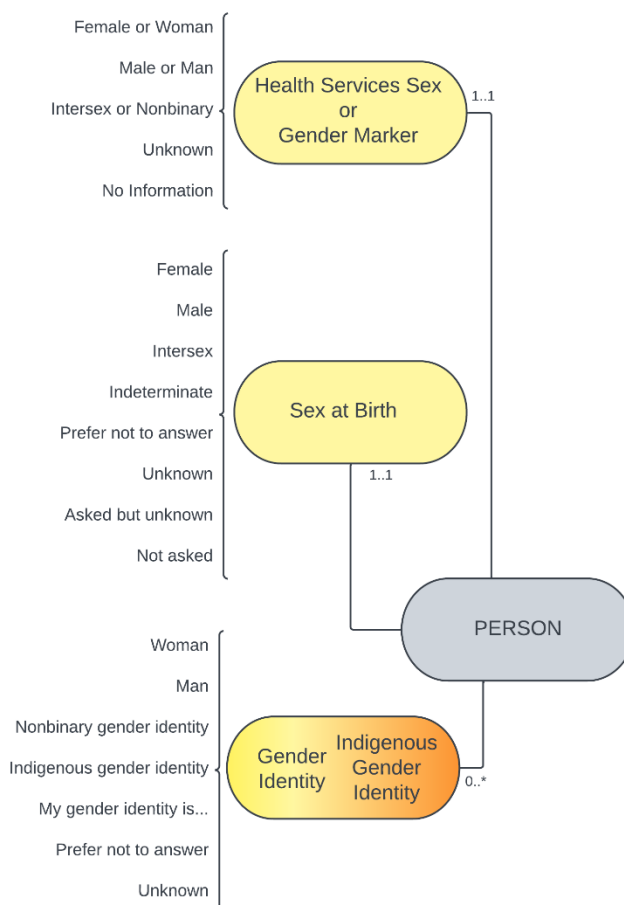


Figure 5: Gender Identity, Sex at Birth and Health Services Sex or Gender Marker

7.2. Gender Identity

Gender Identity is an individual's personal experience of being a woman, man, nonbinary or how the person prefers to self-describe. People may identify with more than one gender identity or use different gender identities in different settings. (7) The data element Gender Identity represents the gender identity that a person identifies with and can be determined by asking them:

- "What is your gender identity?" or,
- "What is your gender?"

A person's current gender identity may align or differ from what is commonly assumed based on the Sex at Birth (e.g., female, male) or by what indicated on their current legal documents. Gender Identity information is intended to support affirming care interactions between clinicians and patients and may or may not be aligned with demographic or administrative data elements such as Health Services Gender or Sex Marker or Gender Used.

People who identify as Indigenous may also identify with Indigenous Gender Identities which include Two-Spirit and Indigiqueer. These identities are by and for Indigenous Peoples. It is very inappropriate for non-Indigenous people to use Indigenous Gender Identities.

7.2.1. Gender Expression

Gender identity and gender expression are separate concepts. Gender expression refers to a person's behaviour, mannerisms, interests, and appearance, which can be described as feminine, masculine, gender-neutral, or androgynous. A person's gender expression may or may not align with their gender identity. Gender expression may change over time, independently from or in alignment with a person's gender identity. Gender expression cannot be deduced from a person's sex at birth, the gender/sex indicated on their legal documents, or their reported gender identity or pronouns. Gender expression, including whether someone is gender non/conforming, may nevertheless be important in the context of a clinical encounter. (1)

The concept of gender conformity refers to the degree to which a person's gender identity and expression align (i.e., a feminine woman). Gender nonconformity refers to the degree to which gender identity and expression do not align (i.e., a masculine woman).

7.2.2. Usage

Since the data in the Gender Identity element may be different than the gender collected in demographics (Gender Used), a separate data element for DHIS is necessary and should be situated with other clinical data as an observation. This separation allows for control of access to the information applied in clinical records.

7.2.3. Interoperability Considerations

The code system for Gender Identity element is SNOMED CT. The minimum recommended common set of options, which should meet the needs of patients and clinicians in most health organizations in B.C., is presented in Table 7.2.3.1. This list of gender identities aligns with the [HL7 Cross Paradigm Implementation Guide: Gender Harmony—Sex and Gender Representation, Edition 1 data element Gender Identity](#) (7,22) and is harmonized with the [Pan-Canadian Health Data Content Framework Data Content Standard](#), but can be expanded significantly to meet clinical needs. Expanded options include a wider array of specific gender identities that may be useful in specialty services because they may contain additional detail and are more granular than the common options. Expanded options are presented in Table 7.2.3.3. It is important to note that Canadian preferred descriptions for many of these SNOMED CT concepts should be used as the display terms in DHIS. These include woman, man and nonbinary options.

There are Gender Identity values that apply specifically to Indigenous Peoples who identify with them. Indigenous gender identity concepts are not appropriate for use by non-Indigenous people. Common non-Indigenous and Indigenous gender identity value options are presented in presented in Tables 7.2.3.1 and 7.2.3.2 respectively. Expanded options are in Tables 7.2.3.3 and 7.2.3.4.

Exceptional options for both Indigenous and non-Indigenous gender identities are presented in Table 7.2.3.5 and include a free text “My gender identity is...” option, an “Unknown” option (null flavor) that can be expanded to “Not yet collected,” “Not asked,” and “Sought not found.”

The GenderIdentityConceptCode subset includes Indigenous and non-Indigenous common, expanded and exceptional options is available for consumption on the [B.C. Ministry of Health’s Health Information and Interoperability Standards Catalogue](#).

Table 7.2.3.1 – Common Options for Gender Identity

Code System	Code	Display	Description
SNOMED CT CA	446141000124107	Woman or Girl	Person identifies as a woman or a girl.
SNOMED CT CA	446151000124109	Man or Boy	Person identifies as a man or a boy.
SNOMED CT CA	33791000087105	Nonbinary gender identity	Person identifies as nonbinary gender.

Source(s): [HL7 Gender Harmony Cross-Paradigm Implementation Guide; CIHI Pan-Canadian Health Data Content Framework](#)

Table 7.2.3.2 – Common Options for Indigenous Gender Identity

Code System	Code	Display	Description
SNOMED CT CA	33771000087106	Indigenous gender identity	Person identifies as Indigenous gender identity.

Table 7.2.3.3 – Expanded Options for Gender Identity

Code System	Code	Display	Description
SNOMED CT CA	51371000087107	<i>Ciswoman</i>	<i>Person identifies as a cisgender woman.</i>
SNOMED CT CA	51411000087106	<i>Transwoman</i>	<i>Person identifies as a transgender woman.</i>
SNOMED CT CA	51361000087103	<i>Cisman</i>	<i>Person identifies as cisgender man.</i>
SNOMED CT CA	51401000087109	<i>Transman</i>	<i>Person identifies as transgender man.</i>
SNOMED CT CA	51351000087101	<i>Agender</i>	<i>Person identifies as agender.</i>
SNOMED CT CA	51381000087109	<i>Fluid gender identity</i>	<i>Person identifies as gender fluid.</i>
SNOMED CT CA	51391000087106	<i>Transfeminine</i>	<i>Person identifies as transfeminine.</i>
SNOMED CT CA	51421000087103	<i>Transmasculine</i>	<i>Person identifies as transmasculine.</i>

Table 7.2.3.4 – Expanded Options for Indigenous Gender Identity

Code System	Code	Display	Description
SNOMED CT CA	33801000087109	<i>Two-Spirit</i>	<i>Person identifies as Two-Spirit.</i>
SNOMED CT CA	51341000087104	<i>Indigiqueer</i>	<i>Person identifies as Indigiqueer.</i>

Table 7.2.3.5 – Exceptional Options for Gender Identity & Indigenous Gender Identity

Code System	Code	Display	Description
HL7	UNC	My gender identity is...	Free text option ⁴ .
HL7	asked-declined	Asked but declined	Prefer not to answer.
HL7	UNK	Unknown	Known to be unknown.
HL7	<i>NI</i>	<i>No Information</i>	<i>The reason for the value being absent is not known.</i>
HL7	<i>NASK</i>	<i>Not asked</i>	<i>Not sought.</i>
HL7	<i>ASKU</i>	<i>Asked but unknown</i>	<i>Sought not found.</i>

Source(s): <http://terminology.hl7.org/CodeSystem/data-absent-reason>; <http://terminology.hl7.org/CodeSystem/v3-NullFlavor>

⁴ If patient does not use pronouns, may prompt user to enter “use Name Used”.

7.3. Sex at Birth

Sex at Birth is a clinical finding, usually determined by a clinician based on phenotypic (e.g., genitals or gonads), physiologic (e.g., hormone levels) and/or genetic characteristics that is typically recorded shortly after birth by a clinician. Sex at Birth is recorded in a clinical information system, legal system and/or document, like a birth certificate or jurisdictional registry (i.e. male, female, intersex or indeterminate).

The term Intersex is defined as “...people that are born with sex characteristics (such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns) that do not fit typical binary notions of male or female bodies.” (24) The term Indeterminate is used when the sex characteristics are visually neither male nor female. In both cases further assessment may be required for sex determination and should be updated by the provider if a more definitive sex observation value can be documented.

7.3.1. Usage

The Sex at Birth finding is frequently used to support clinical care (e.g., interpreting imaging studies or laboratory tests that refer to binary reference ranges or categories). It is recommended that the storage of this information be masked, or access to it restricted, to only those collecting the information to support clinical care and clinicians providing direct patient care. Deidentified Sex at Birth data is also used for aggregation and reporting.

7.3.2. Interoperability Considerations

In the collection of sex information findings for demographic and administrative purposes or that identified directly by the patient, the code system for the element is SNOMED CT CA. This data element aligns with the [Pan-Canadian Health Data Content Framework Data Content Standard](#).

The concepts “Intersex” and “Indeterminate” may be represented using the same code ‘I’ in some systems. This is problematic, since the two concepts are not synonymous and have different use cases.

The SexAtBirthConceptCode subset is available for consumption on the [B.C. Ministry of Health's Health Information and Interoperability Standards Catalogue](#).

Table 7.3.2.1 – Common Options for Sex at Birth

Code System	Code	Display	Description
SNOMED CT CA	248152002	Female	Persons whose sex at birth was female.
SNOMED CT CA	248153007	Male	Persons whose sex at birth was male.
SNOMED CT CA	32570691000036108	Intersex	The term intersex refers to persons who are born with any of several variations in sex characteristics, including chromosomes, gonads, sex hormones, or genitals that may not fit typical notions of binary male or female bodies.
SNOMED CT CA	32570681000036106	Indeterminate sex	The term indeterminate is used as a temporary marker and refers to persons where the sex at birth cannot be determined with accuracy without further testing. This value should be updated by the provider if testing produces results that allow for definitive sex assignment.

Source(s): [CIHI Pan-Canadian Health Data Content Framework Data Content Standard](#)

Table 7.3.2.2 – Exceptional Options for Sex at Birth

Code System	Code	Display	Description
HL7	asked-declined	Asked but declined	Prefer not to answer.
HL7	UNK	Unknown	Known to be unknown.
HL7	NI	No Information	The reason for the value being absent is not known.
HL7	NASK	Not asked	Not sought.
HL7	ASKU	Asked but unknown	Sought not found.

Source(s): <http://terminology.hl7.org/CodeSystem/data-absent-reason>; <http://terminology.hl7.org/CodeSystem/v3-NullFlavor>

7.4. Health Services Sex or Gender Marker

Health Services Sex or Gender Marker (HSSGM) refers to the documented gender or sex of an individual used for clinical, official, or legal purposes where only one data field for sex and gender is available, and where it is the value found in the local system and/or historical documentation. This data element may also be called “Administrative Gender or Sex,” “Legal Gender or Sex,” “Recorded Gender or Sex,” “Documented Gender or Sex” or “Recorded Sex or Gender.”

HSSG is designed for HIS in B.C. that are not capable of distinguishing between gender and sex.

7.4.1. Usage

Provenance including source jurisdiction or organization, purpose (e.g., birth certificate, passport, B.C. services card), validity period source field name, source field description, and acquisition date, is extremely important for interpreting the content of incoming HSSGM data. The local system is just one source of potentially many, each of which represents the actual value found in official or legal documents.

Entries for HSSGM should be restricted to the markers presented in Table 7.4.2.1 (F, M, X) and 7.4.2.2 (U, NI). The X marker can be used by people who do not wish to identify as solely male or female. The U marker can be used by people who do not want a specific gender marker to be visible on their identification. If HSSGM is not required in the local system, default to collecting Gender Used and Gender Identity in the manner described in previous sections.

7.4.2. Interoperability Considerations

The LOINC code [99502-7 Recorded Sex or Gender](#) may be used to support HSSGM. Given that there may be many instances of this data collected in different contexts, DHIS must be able to consume one too many values from other systems. Incoming data coded as Gender Used should not be automatically used to update Gender, Gender Identity and Sex at Birth fields in DHIS. When reconciling and consuming incoming information, it is important to carefully consider the provenance information before using the sex or gender information to update gender and/or sex fields in the local system.

This data element aligns with the [HL7 Cross Paradigm Implementation Guide: Gender Harmony—Sex and Gender Representation, Edition 1 data element Recorded Sex or Gender](#) (7,22) and is harmonized with the [Pan-Canadian Health Data Content Framework Data Content Standard data element Recorded Sex or Gender](#).

The HealthServicesSexOrGenderMarkerConceptCode subset is available for consumption on the [B.C. Ministry of Health's Health Information and Interoperability Standards Catalogue](#).

Table 7.4.2.1 – Common Options for Health Services Sex or Gender Marker

Code System	Answer ID	Marker	Description
LOINC	LA13504-8	F	A value which corresponds to female or female gender (i.e., woman/girl) has been recorded in some context.
LOINC	LA15170-6	M	A value which corresponds to male or male gender (i.e., man/boy) has been recorded in some context.
LOINC	LA32969-0	X	A value which corresponds to 'X' (i.e., nonbinary, intersex, or difference in sex development) has been recorded or the value is unspecified.

Source(s): <https://loinc.org/99502-7>

Table 7.4.2.2 – Exceptional Options for Health Services Sex or Gender Marker

Code System	Code	Marker	Description
HL7	UNK	U	Known to be unknown.
HL7	NI	NI	The reason for the value being absent is not known.

Source(s): <http://terminology.hl7.org/CodeSystem/v3-NullFlavor>

8.0 Part Three: Sex Parameter for Clinical Use

This section introduces the Sex Parameter for Clinical Use (SPCU) data element which can be integrated with DHIS (e.g., electronic medical record, clinical information systems, pharmacy management systems), and other related health sector point of service applications.

It is expected that most clinical and business needs with respect to gender and sex will be met by the data elements that support affirming communication such as Name Used and Personal Pronouns. However, in some circumstances, additional parameters and context may be necessary to support person-centered care.

SPCU is a parameter that provides guidance on how a recipient should apply settings or reference ranges that are derived from observable information, such as an organ inventory, recent hormone lab tests, genetic testing, menstrual status or obstetric history. SPCU is intended to support safe clinical decision-making. SPCU is a novel design attribute that allows clinicians to communicate additional context about clinical observations and interventions tailored to specific circumstances.

8.1. Scope

There are various methods that can be used to organize or locate sex-related information relevant to care. Sex Parameter for Clinical Use is context-sensitive and may be related to entries such as:

- Sex-related anatomy
- Sex-related surgical procedure
- Medication statement

All sex-related surgical procedures should be found in past procedure lists. Past and current sex-related medications should be found in orders (prescriptions) and lists of medication statements (e.g., best possible medication histories or a collection of continuous, long-term medications maintained by providers and utilized for prescribing).

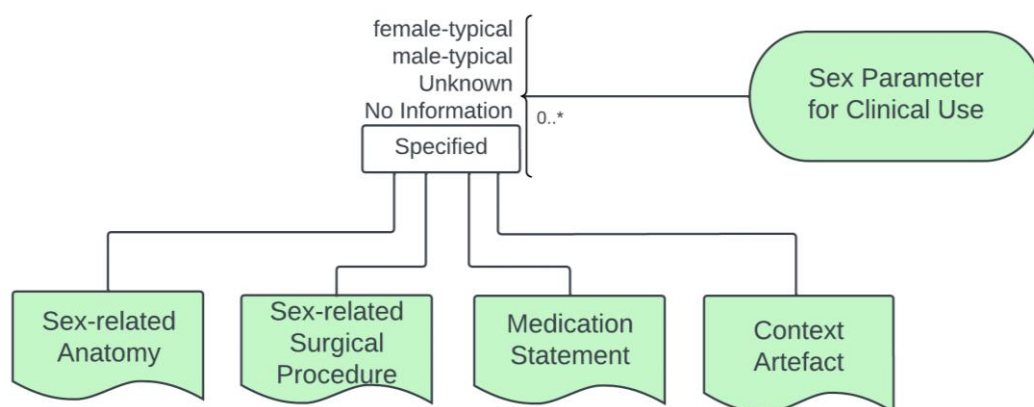


Figure 6: Conceptual and Information Model for Sex Parameter for Clinical Use.

8.2. Sex Parameter for Clinical Use Terms

The following terms should be used where needed to provide the biological distinction of male or female in the context of a healthcare procedure or process.

Table 8.2.1 – Common Options for Sex Parameter for Clinical Use

Code System	Code	Display	Description
HL7	female-typical	Apply female-typical setting or reference range	Available data indicates that diagnostics, analytics, and treatments should consider best practices associated with female reference populations.
HL7	male-typical	Apply male-typical setting or reference range	Available data indicates that diagnostics, analytics, and treatments should consider best practices associated with male reference populations.
HL7	specified	Apply specified setting or reference range	Available data indicates that diagnostics, analytics, and treatment best practices may be undefined or not aligned with sex-derived reference populations. Additional information may be available in the form of comments and/or observations.

Source(s): <http://terminology.hl7.org/CodeSystem/sex-parameter-for-clinical-use>

Table 8.2.2 – Exceptional Options for Sex Parameter for Clinical Use

Code System	Code	Display	Description
HL7	unknown	Unknown	The value is expected to exist but is not known.
HL7	NI	No Information	The reason for the value being absent is not known.

Source(s): <http://terminology.hl7.org/CodeSystem/data-absent-reason>; <http://terminology.hl7.org/CodeSystem/v3-NullFlavor>

8.3. Usage

Observations related to clinical sex or the patient's anatomy in general are frequently scattered as unstructured narrative text in event compositions such as progress notes or consult reports which does not lend itself to a summative view or clinical decision support. This problem exists for a variety of use cases beyond SPCU, especially when the observation has neither previously nor currently represented a health concern in the problem list (e.g., presence of a small non-functioning third kidney, incidental finding of lung atresia or acquired absence of a uterus).

Most of the time, SPCU will be equivalent to Sex at Birth. However, there are important situations where Sex at Birth may not correctly represent the patient's sex for healthcare purposes, and where providers may need specific additional context to provide safe and affirming care. (7)

SPCU was designed to enable clinicians to specify parameters to support decision making and interpretation for clinical orders. It does this by alerting clinicians and technicians to refer to a specific artefact or clinical parameter such as sex-related anatomy, a sex-related medication or hormonal inventory, a surgical inventory or other useful artefacts. Standardization of context artefacts to support SPCU is currently underway by [HL7 International](#). Until such context artefacts are available, free text can be used to provide the desired context.

The absence or presence of certain hormones may impact many physiological markers thereby affecting the interpretation of laboratory results and dosing of some medications.

The presence or absence of certain organs may change the safe configuration for setting up lead vests and positioning for medical imaging procedures.

Although this data element still contains a typical male/female sex binary, it is a key step in the evolution of person-centred informatics in that it enables the user to avoid making assumptions and refer to refined representations of anatomy, surgery, and medication histories to provide quality care for all people. Once this data element matures, and supporting artefacts are developed, evaluated, and standardized, the male/female binary categorization may become obsolete. When SPCU is relevant (e.g., in a laboratory or medical imaging requisition), this information should be exchanged as a separate field or in a comment at the document or requested item levels. It should not be substituted into Gender Identity, Gender Used, or Sex at Birth fields.

8.4. Interoperability Considerations

Sex related clinical observations used for determination of SPCU can be represented using the [HL7 FHIR Observation Resource](#), qualified with the appropriate clinical codes from LOINC and/or SNOMED CT. Some examples of these are karyotype, phenotype, hormonal values, organ status, surgical procedures, genetic observations, external genital appearance and internal organ morphology.

A summative view representing the patient's "status" could include observations relevant to organ status (e.g., presence or absence of organs), physical function/disability, and therapeutic class of selected medications such as sex-related hormones provided historically and currently. Such an approach reduces clutter in the problem list and provides a useful alternative to inappropriate or disrespectful problem list entries such as "Transgender" which is neither a problem nor a health concern. Regardless of how these observations are collected, organized, and displayed, the tables below provide terms and codes that can be used for clinical documentation.

The minimum recommended common set of options, which should meet the needs of patients and clinicians in most health organizations, is presented in Table 8.2.1. This list of SPCU value options aligns with the [HL7 Cross Paradigm Implementation Guide: Gender Harmony—Sex and Gender Representation, Edition 1 data element SPCU](#) (7,22) and is harmonized with the Canadian Institute for Health Information [Pan-Canadian Health Data Content Framework Data Content Standard](#).

8.4.1. Sex-Related Anatomy

Presently, there are several ways in which observations are collected and organized for use in a DHIS. Sex related anatomy data, whether collected and organized as an anatomical inventory or collected as observations over time, can be used to enrich clinical context and build accurate automated decision support within the DHIS. Observations can support appropriate screening or case finding and provide essential context that enables clinicians to provide quality care. Table 8.4.1.1 presents examples of SNOMED CT concepts to consider for the presence or absence of sex-related anatomic structures that can be used to provide additional context via SPCU. There are gaps in terminology content that will need to be addressed to ensure robust and accurate use.

Table 8.4.1.1 – Examples of Pre-Coordinated Sex-Related Anatomy Inventory using SNOMED CT

Organ	Present Qualifier Concept	Absent Qualifier Concept
Breast	• 290053009 Breast present • 449844005 Breast prosthesis in situ	• 723025005 Bilateral acquired absence of breast • 721551005 Acquired absence of breast
Cervix	• 289755002 Uterine cervix present	• 248911005 Uterine cervix absent
Fallopian Tubes	• 289832005 Fallopian tube present	• 289833000 Fallopian tube absent • 237052004 Acquired absence of fallopian tube
Ovaries	• 289835007 Ovary present	• 723172008 Bilateral acquired absence of ovary
Uterus	• 289619002 Uterus present	• 248942000 Uterus absent
Vagina	• 289511006 Vagina present	• 248871003 Vagina absent

Table 8.4.1.2 – Examples of Post-Coordinated Sex-Related Anatomical Inventory using SNOMED CT

Organ	Lateralized Body Structure Concept	Present or Absent Qualifier Concept
Breast	• 361716006 Entire left breast • 361715005 Entire right breast • 63762007 Both breasts	• 52101004 Present • 2667000 Absent
Fallopian Tubes	• 280107002 Entire left fallopian tube • 280106006 Entire right fallopian tube • 32987009 Both fallopian tubes	• 52101004 Present • 2667000 Absent
Ovaries	• 280124008 Entire left ovary • 280123002 Entire right ovary • 83238006 Both ovaries	• 52101004 Present • 2667000 Absent
Penis	• 265793009 Entire penis	• 52101004 Present • 2667000 Absent
Prostate	• 181422007 Entire prostate	• 52101004 Present • 2667000 Absent
Testes	• 367720001 Entire left testis • 367719007 Entire right testis • 42774007 Both testes	• 52101004 Present • 2667000 Absent

Organ	Lateralized Body Structure Concept	Present or Absent Qualifier Concept
Uterus	• 181452004 Entire uterus	• 52101004 Present • 2667000 Absent
Vagina	• 181441005 Entire vagina	• 52101004 Present • 2667000 Absent

8.4.2. Sex-Related Hormone Medication History

Sex-related drug therapy or surgical procedures may be relevant in referrals or specification using SPCU.

The sex-related hormone medication history allows structured entry to unambiguously describe the needed context.

DHIS medication list should include medications of all types including sex related hormone therapy, the effective period for the medications (i.e., stop and start dates), dose, indication and other elements of a medication order or statement.

By using an associated drug class such as the [World Health Organization \(WHO\) Anatomic Therapeutic Chemical \(ATC\) Classification](#), it is possible to group drugs for viewing or exchange in a document.

Tables 8.4.2.1, 8.4.2.2, and 8.4.2.3 present sex-related hormone concepts, age and duration of first use.

Table 8.4.2.1 – Examples of Sex-Related Hormone Medications using ATC Classification

Code System	Code	Drug Group	Description
ATC	G03C G03H	Estrogen-based or anti-androgen medication therapy	Present or past estrogen-based hormone therapy (or nonprescribed medications).
ATC	H01CA	Gonadotropic releasing hormone analogs (puberty suppressants)	Present or past use of puberty suppressing medications.
ATC	G03B	Testosterone-based medication therapy	Present or past use of testosterone-based hormone therapy (or nonprescribed medications).

Table 8.4.2.2 – Age of First Use and Duration of Use

Concept	Description
Effective period by age	Age started; age ended
Effective period by date	Date started; date ended

Table 8.4.2.3 – Examples of Sex-Related Hormone Medication Treatments using SNOMED CT

Concept	Description
707266006 Androgen deprivation therapy	Androgen antagonists spironolactone, cyproterone acetate, 5-alpha reductase inhibitors, GnRH agonists and antagonist.
243125009 Estrogen hormone therapy	Hormone therapy with estrogens.
243126005 Progestogen hormone therapy	Hormone therapy with progestins.
724163007 Testosterone replacement therapy	Hormone therapy with testosterone.

8.4.3. Sex Related Surgical Procedures

A sex related surgical inventory contains common treatments and procedures which should be included in the medical or surgical history of all patients regardless of gender. A non-exhaustive list of procedures and observations for procedure history is presented in

Tables 8.4.3.1 and 8.4.3.2 should be un-coupled from any gender-coded marker.

Table 8.4.3.1 – Examples of Sex Related Surgical Procedures using SNOMED CT

Term(s)	Concept	Description
Breast construction	172067003 Breast prosthesis operation 52852000 Insertion of bilateral breast prostheses	Procedure of implanting prosthesis to enhance the size or change.
Chest contouring	33496007 Reconstruction of breast 836272003 Gender confirmation top surgery	Procedures to remove breast tissue and create a flatter and/or sculpted chest. This surgery could also include breast reductions.
Facial surgery	62996004 Reconstruction of facial bones 77419007 Reduction osteoplasty of facial bones 119863003 Lip reconstruction 232470004 Reconstruction of nose	Procedures to make alterations to the facial bones, cheeks, forehead, nose, hairline, and areas surrounding the eyes, ears, or lips.
Feminization Laryngoplasty	173013001 Chondroplasty of larynx	Procedures to remove the anterior thyroid cartilage, collapsing the diameter of the larynx as well as shortening and tensioning.
Gonadectomy, Orchidectomy, Oophorectomy	236334001 Total orchidectomy 83152002 Oophorectomy	Procedures to remove the testes or ovaries which results in a loss of gonadal production of sex steroids.

Term(s)	Concept	Description
Hysterectomy	236886002 Hysterectomy 116140006 Total hysterectomy	Procedure for the removal of the uterus, ovaries, and fallopian tubes.
Labiaplasty	276187001 Operation on labia	Procedure that involves creating or modifying the labia minora (inner lips), and/or the labia majora (outer lips).
Liposuction or lipofilling	302441008 Liposuction of subcutaneous tissue	Technique that removes or transfers body fat to achieve the desired body contour from specific areas of the body, such as the abdomen, hips, thighs, buttocks, arms, or neck.
Mastectomy	27865001 Excision of bilateral breasts	Procedure to remove breast tissue that covers the chest muscles.
Metoidioplasty	890194007 Gender confirmation metoidioplasty	Procedures for clitoral release plus urethral lengthening and incorporation into penis, increased girth of penis using skin from the labia.
Penectomy	80855002 Amputation of penis	Procedure to remove part or all the penis.
Phalloplasty	890193001 Gender confirmation phalloplasty	Procedure that creates a penis, scrotal sac, and testes using genital and tissue grafted.
Scrotoplasty	120024003 Scrotum reconstruction	Procedure to either repair or treat an existing scrotum or to create a scrotum and often paired with testicular implants.

Term(s)	Concept	Description
Testicular implants	77171007 Insertion of testicular prosthesis	Procedure to cosmetically fill a newly created or repaired scrotum.
Urethroplasty / Urethral lengthening	287762004 Reconstruction of urethra	Procedure to lengthen the urethra and incorporate it into the penis.
Vaginectomy	65756000 Vaginectomy	Procedure to remove all or part of the vagina.
Vaginoplasty	176687003 Vaginoplasty	Procedure that creates a vagina and vulva (including mons, labia, clitoris, and urethral opening). May be combined with Vulvoplasty.
Vulvoplasty	120033001 Vulva reconstruction	Procedure that rebuilds structure of the vagina using the body's own tissue (including mons, labia, clitoris).

Table 8.4.3.2 – Examples of Sex-Related Observations for Procedure History using SNOMED CT

Organ	Associated Procedure History (Situation) Concepts
Breast	• 429009003 History of left mastectomy • 429242008 History of right mastectomy • 428529004 History of bilateral mastectomy • 1331000119107 History of bilateral breast implants
Fallopian Tubes and Ovaries	• 10878431000119105 History of left salpingo-oophorectomy • 10878471000119108 History of right salpingo-oophorectomy • 427851004 History of bilateral salpingo-oophorectomy
Ovaries only	• 429333003 History of left oophorectomy • 427818008 History of right oophorectomy
Penis	• 896381601000119109 History of construction of penis • 951563051000119105 History of metoidioplasty
Prostate	• 690511000119109 History of radical prostatectomy
Testes	• 699304000 History of bilateral orchiectomy
Uterus	• 161800001 History of hysterectomy
Vagina	• 10978131000119107 History of vaginoplasty

9.0 Part Four: Sexual Orientation

Sexual orientation disclosure by a person can be important for quality healthcare, especially in the context of sexual health assessments, and is often an element of clinical interviews. (23) Sexual Orientation is also often used in research and by governments in public health to measure inequities between populations.

Documentation of sexual orientation for clinical purposes with the informed consent of the patient can serve to positively influence outcomes addressing related health concerns.⁵ This data element is intended as a dedicated space for general findings related to sexual orientation and can be used to document findings related to sexual attraction and behaviour that are not presently included in the subset.

The Sexual Orientation data element is harmonized with the Canadian Institute for Health Information's [Pan-Canadian Health Data Content Framework Data Content Standard](#). Value options for Sexual Orientation which should meet the needs of patients and clinicians in most health organizations is presented in Table 9.0.1. Exceptional options are presented in Table 9.0.2.

The SexualOrientationConceptCode subset is available for consumption on the [B.C. Ministry of Health's Health Information and Interoperability Standards Catalogue](#).

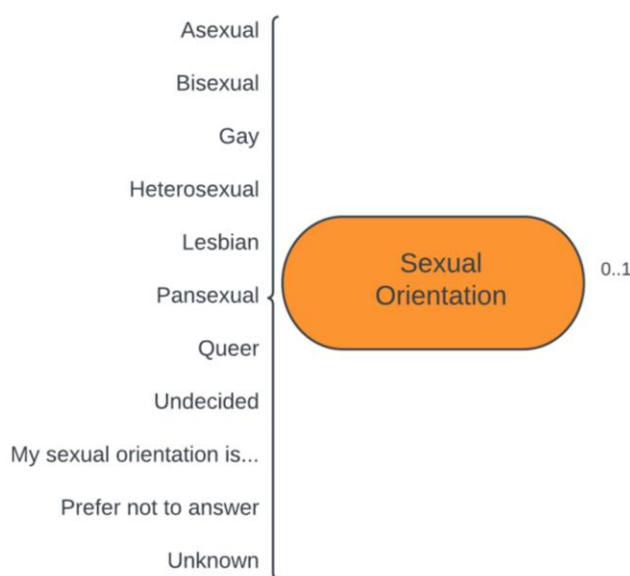


Figure 7: Conceptual and Information Model for Sexual Orientation.

⁵ Maragh-Bass AC. The "Ask" Is the "Answer": Implementing Routine Documentation of Sexual Orientation and Gender Identity in Health Care. [Am J Public Health. 2019 Aug;109\(8\):1071-1073](#)

Table 9.0.1 – Common Options for Sexual Orientation

Code System	Code	Display	Description
SNOMED CT CA	765288000	Asexual	Person who feels little to no sexual attraction.
SNOMED CT CA	42035005	Bisexual	Person who is sexually and/or romantically attracted to those of the same gender and to those of one or more genders.
SNOMED CT CA	38628009	Gay	Person who is sexually and/or romantically attracted to people of the same gender.
SNOMED CT CA	20430005	Heterosexual	Person who identifies as one gender and is mainly attracted to people of a different gender.
SNOMED CT CA	89217008	Lesbian	Woman who is sexually or romantically attracted to people of the same gender.
SNOMED CT CA	51431000087101	Pansexual	Person who is sexually and/or romantically attracted to people regardless of their sex or gender.
SNOMED CT CA	34071000087106	Queer	A sexual orientation used by those who generally reject traditional sexual orientations and/or who find sexual identifies such as gay, straight, lesbian or bisexual too restrictive.
SNOMED CT CA	1064711000000108	Undecided	Person who is undecided about their sexual orientation identity.

Source(s): [Action Plan to Modernize GSSO Information Practices in Canadian EHRs.](#)

Table 9.0.2 – Exceptional Options for Sexual Orientation

Code System	Code	Display	Description
HL7	UNC	My sexual orientation is...	Free text option.
HL7	asked-declined	Asked but declined	Prefer not to answer.
HL7	UNK	Unknown	Known to be unknown.
<i>HL7</i>	<i>NI</i>	<i>No Information</i>	<i>The reason for the value being absent is not known.</i>
<i>HL7</i>	<i>NASK</i>	<i>Not asked</i>	<i>Not sought.</i>
<i>HL7</i>	<i>ASKU</i>	<i>Asked but unknown</i>	<i>Sought not found.</i>

Source(s): <http://terminology.hl7.org/CodeSystem/v3-NullFlavor>; <http://terminology.hl7.org/CodeSystem/data-absent-reason>

10.0 Part Five: Documenting Negative Experiences

The underlying principle of this standard is the promotion of health equity by addressing DHIS design that contributes to bias in healthcare. Negative experiences such as discrimination are the result of institutional and unconscious bias that act as barriers to care because they can result in avoidance of healthcare when a patient needs it most. Discrimination in health care is defined as "...negative actions or lack of consideration directed towards an individual or group based on preconceived notions about their. . . sexual orientation" or other factors. (25) Discrimination and stigma disproportionately affect 2SLGBTQIA+ patient's higher compared to their cisgender and heterosexual counterparts. Patients have reported discriminatory actions in the healthcare system such as denial of care, dismissive behaviour, and overall inadequate treatment. (26)

Fundamentally, we believe that when providers have access to specific information about a person's gender such as their pronouns, their name used, and their gender identity, negative experiences of healthcare related to misnaming, misgendering and accidentally outing patients can be avoided, and diverse people can access preventive and affirming care. In addition, it is important for providers to have adequate training and education to delivery culturally safe care.

Note: when gender expression is considered to play a role in a patients reported negative experiences or worries related to gender, it can be documented as needed in encounter notes with terms such as "feminine", "gender-neutral", "masculine", "gender-conforming" or "gender-nonconforming."

Tables 10.0.1, 10.0.2, and 10.0.3 lists the SNOMED CT common options for documenting events of discrimination related to an individual's sexual orientation, gender identity, and Indigenous gender identity, as there is a strong need to capture this granular data across in the healthcare experience. (26) Please note that the SNOMED CT concepts and the corresponding fully specified names/synonyms are still under development and are subject to change based on community feedback.

Table 10.0.1 – Common Options for Sexual Orientation Discrimination

Code System	Code	Display	Description
SNOMED CT CA	92091000087107	Victim of sexual orientation discrimination	A person who has experienced negative actions or lack of consideration from others based on preconceived notions about their sexual orientation.
SNOMED CT CA	92171000087107	Victim of discrimination related to female homosexual orientation	A person who has experienced negative actions or lack of consideration from others based on preconceived notions about their female homosexual orientation.
SNOMED CT CA	92181000087109	Victim of discrimination related to male homosexual orientation	A person who has experienced negative actions or lack of consideration from others based on preconceived notions about their male homosexual orientation.
SNOMED CT CA	92141000087104	Victim of discrimination related to bisexual orientation	A person who has experienced negative actions or lack of consideration from others based on preconceived notions about their bisexual orientation.
SNOMED CT CA	92131000087105	Victim of discrimination related to asexual orientation	A person who has experienced negative actions or lack of consideration from others based on preconceived notions about their asexual orientation.

Code System	Code	Display	Description
SNOMED CT CA	92201000087108	Victim of discrimination related to pansexual orientation.	A person who has experienced negative actions or lack of consideration from others based on preconceived notions about their pansexual orientation.

Table 10.0.2 – Common Options for Gender Identity Discrimination

Code System	Code	Display	Description
SNOMED CT CA	92081000087105	Victim of gender identity discrimination	A person who has experienced negative actions or lack of consideration from others based on preconceived notions about their gender identity.
SNOMED CT CA	92221000087102	Victim of discrimination related to transgender woman identity	A person who has experienced negative actions or lack of consideration from others based on preconceived notions about their transgender woman identity.
SNOMED CT CA	92211000087105	Victim of discrimination related to transgender man identity	A person who has experienced negative actions or lack of consideration from others based on preconceived notions about their transgender man identity.
SNOMED CT CA	92161000087103	Victim of discrimination related to cisgender woman identity	A person who has experienced negative actions or lack of consideration from others based on preconceived notions about their cisgender woman identity.

Code System	Code	Display	Description
SNOMED CT CA	92151000087101	Victim of discrimination related to cisgender man identity	A person who has experienced negative actions or lack of consideration from others based on preconceived notions about their cisgender man identity.
SNOMED CT CA	92191000087106	Victim of discrimination related to nonbinary gender identity	A person who has experienced negative actions or lack of consideration from others based on preconceived notions about their nonbinary gender identity.

Table 10.0.3 – Common Options for Indigenous Gender Identity Discrimination

Code System	Code	Display	Description
SNOMED CT CA	92101000087102	Victim of Indigenous gender identity discrimination	An Indigenous person who has experienced negative actions or lack of consideration from others based on preconceived notions about their Indigenous gender identity.
SNOMED CT CA	92121000087108	Victim of discrimination related to Two-Spirit gender identity	An Indigenous person who has experienced negative actions or lack of consideration from others based on preconceived notions about their Two-Spirit gender identity.
SNOMED CT CA	92111000087100	Victim of discrimination related to Indigiqueer gender identity	An Indigenous person who has experienced negative actions or lack of consideration from others based on preconceived notions about their Indigiqueer gender identity.

11.0 Implementation Guidance

This Standard and Guidance can be implemented in whole or in part, depending on context of use and the design of the DHIS in which it is being implemented. Implementers, which may include vendors, health authorities, primary care clinics, lab systems, pharmacy systems and legacy systems, will all play their part in modernizing B.C.'s healthcare system, and in making it world-class.

Full implementation will require a significant effort to make appropriate changes to digital health information systems.

The purpose of these changes is to allow the digital health information systems to accurately represent the sex, gender, and sexual orientation diversity of persons accessing healthcare in B.C.

Affirming care cultures will require implementation of expanded gender identifiers outlined in the Standard and Guidance, as well as elements that support affirming care interactions such as Name Used and Personal Pronouns. Making these changes will require doing an inventory and assessment of how individual DHIS collect data about gender and how that data is presented to users.

11.1. Collection of GSSO Information

The B.C. government typically collects information about people through written forms (online or paper) or through verbal interaction (face to face or by telephone or in telehealth encounters). This information is then entered into a digital system or recorded on paper. Both situations require tailoring the collection methods of GSSO information to the specific interaction format.

It is recommended that all patients, at a minimum, have fields in their record that represent Gender Used, Gender Identity (if different from Gender Used), Pronouns, and Name Used (if different from the name on insurance or legal documents) that can be viewed by staff accessing the system to provide care. If such fields are unavailable, then consideration should be made to use a comment field.

The following sections provide guidance on how to collect gender information in four mediums: paper, online, telephone/telehealth and in-person.

11.2. Advice for Form-based Collection of Gender

11.2.1. Considerations for Paper Collection⁶

Collecting any type of data on paper results in increased risks related to data accuracy.

There are two key reasons for this:

- The first risk is that respondents or patients can provide data in inconsistent or difficult-to-interpret ways. These difficulties can range from respondents using a variety of terms (e.g., Male Gender, M, Man, Guy), having illegible handwriting, and notes written in the form's margins.
- The second risk is that data collected on paper forms eventually need to be digitized. This process can include manual data entry (which also has a risk of input or transcription errors), or scanning (which can result in the data being stored as an image rather than an alphanumeric data type making it easier to consume). Whenever possible, online data collection is preferred.

11.2.2. Considerations for Online Collection⁷

Online data collection is preferable to paper collection because data collected via online forms are stored directly in digital systems and are often immediately available for use.

An important consideration for online forms is the requirements for integration with other information systems, which often entails mapping different terms or value options that are similar, but not identical, both textually and semantically.

These terms can be standardized to reference terminology standards such as LOINC and SNOMED CT in online forms. Online forms can also be set up to include skip-logic (also called IF THEN logic) which enables nested data collection (e.g., if question 1 is answered a specific way, then question 2 is applicable) and business rules (e.g., no answer equals Unknown).

⁶ Content is taken from the OCIO *Guidelines to the Gender Identity and Sex Information Data Standard*

⁷ Ibid

11.3. Advice for the Verbal Collection of GSSO information (Telehealth or In-person)⁸

Depending on time and other constraints, one benefit of telephone and in-person data collection may be that it presents a good opportunity to build rapport by having respondents report their gender identity using their own words. However, as with paper and online collection, the focus should remain on collecting information that adheres to the Standard and Guidance and then providing opportunities for individuals to provide more nuanced responses.

11.3.1. Considerations for Verbal Collection⁹

With verbal collection, the respondent may provide a response that does not align with one of the available options, increasing the difficulty associated with interpreting and recording. Unless responses are recorded in a system, verbal collection shares the same risks with paper collection in that responses will need to be digitized. This process can include manual data entry (which also has a risk of input errors) or scanning (which can result in the data being stored as an image). When possible, recording responses directly into a DHIS is preferred. In some contexts, language translation may also be important.

In telehealth or in-person interactions, if the patient will have an ongoing relationship with the program, ensure all staff are aware of how to ask about personal pronouns with sensitivity and consider whether this information will also be stored as data in any information systems.

Sample Script(s):

- “My name is Lina, and I use the pronouns she and her. What pronouns do you use for yourself?”
- “What pronoun, like “he, she, they”, would you like me and my colleagues to use when referring to you?”

Please see the section titled “Cultivating a Culture of Acceptance & Inclusion” for more information.

⁸ Ibid

⁹ Ibid

11.4. Advice for the Collection of GSSO Information¹⁰

While the common standard presents the most common gender information that can be collected, program and services areas have the option of collecting additional gender identity information (expanded options) that is more nuanced and detailed than the common standard. This allows individuals to give gender information in their own words which can help program areas build rapport with their patients and provide more information about the patients the program serves.

It is recommended that program areas focus on the collection of data in the format presented in the Standard and Guidance and then if desired, provide options for individuals to expand concepts in their own words. This is recommended because it is exceedingly difficult to associate open-ended responses with standardized codes or concepts. Attempting to standardize open-ended responses can negatively influence data quality, accuracy, and coverage.

When providing any list of GSSO options to select from, it is important to provide an option for the person not to answer (prefer not to answer) and a free-text option where they can describe their gender identity, personal pronouns or sexual orientation using their own words. Please note it is important that any of the exceptional value options like asked-declined (prefer not to answer) are not to be used as a workaround for providers. If a provider were to enter asked-declined without properly asking the patient (due to being uncomfortable asking gender identity or sexual orientation questions), it undermines downstream opportunities for systems to collect GSSO information.

If a new SNOMED CT concept or synonym is required for the value set(s), please email HLTH.HISSupport@gov.bc.ca.

¹⁰ Ibid

11.4.1. Making Responses Voluntary

It is best practice to make demographic responses or responses of a personal nature optional, including questions about gender, sex, or sexual orientation. For example, allowing people to skip over a question or providing a response option like “prefer to not respond.”

- Be aware that voluntary response may impact information quality and completeness of your dataset, and any business processes linked to them.
- Gender Used supports identity matching, especially in billing or matching incoming paper or digital records. It also enables gender affirming interactions when there is a disparity between their gender identity and how they wish to be known as in social interactions. With this flexibility, patients are likely to become more trusting of how information will be maintained or used and more likely to provide authentic information.

With surveys, it is especially important to consider the response rates as part of any [GBA+](#) analysis. Helpful questions to consider include:

- How will you respond to questions about how the information will be maintained, used, and/or disclosed?
- Can you collect Gender or Gender Identity information on a voluntary basis (status quo)?
- If gender information is mandatory, what legislation, policy, business process requires it?

11.5. The Two-Step Method

The two-step method is an evidence-based method for collecting Gender Identity and Sex at Birth endorsed by expert organizations such as the Fenway Institute and has been adopted and endorsed by the CIHI in support of health equity-measurement. (3) The adoption of a 2-step method and standardized process to collect one's gender and sex that involves asking all patients the questions:

- "What gender would you like to be identified as?", or "What is your gender?"
- Followed by if clinically relevant, "What was your sex at birth?"

This process helps staff provide gender inclusive care and avoid assumptions about a person's gender and sex that can impact care quality.

Patients must have the option to opt out of answering the question.

11.6. GSSO Display Considerations

When gender information must be displayed for official identification purposes (such as identity cards), the markers "W", "M", "X", or "U" can be used.

- The "F" marker for gender may be necessary to accommodate legacy systems but should be replaced by "W" when possible.
- The gender "X" marker will be available to individuals whose current gender is not exclusively female or male.
- The gender "U" marker will be used to represent the variations of "Unknown" which includes accommodating individuals who prefer not to disclose their gender.

11.7. Business Rules

The following are general business rules that apply to the core gender identity and sex, and sexual orientation components.

- Gender or sex information is both personal and health information and therefore must only be collected as authorized under *FOIPPA*.
- [FOIPPA](#) states that personal information may be collected under [Section 26](#) of the Act, while the use and disclosure of personal information by public bodies is in accordance with [Sections 32](#) and [33](#).
- Ministries, agencies, Health Authority boards and commissions must have administrative controls in place to ensure that they collect the minimum amount of personal information necessary for the purpose, and that the information is directly related to an operating program, clinical service, or activity (e.g., clinical decision support, gender-based analysis, program and service delivery, research, operational decisions).
- Gender and sex are two distinct concepts and should not be used interchangeably. Gender is comprised of Gender Used and Gender Identity.
- Gender Used should be collected routinely and displayed by default where gender information is needed for identity matching, or where a patient-specified Gender Identity has not been recorded. In cases where Gender Identity is shared with clinicians and consent to record and share with the care team is granted, Gender Used and as appropriate, Gender Identity, should be displayed to support gender affirming clinical interactions.
- Gender Identity should be identified by the patient and should not be assumed or assigned by a healthcare provider, staff member, or researcher based on their Sex at Birth (e.g., if sex hormones need to be known as part of medical information this should be asked separately rather than inferred by a person's gender).
- Sex at Birth should only be displayed and used for clinical purposes and may be collected in lieu of, or in addition to gender in a separate field.
- Sex information will be collected and used by exception for those health programs or services where biological information is necessary (e.g., medical, clinical, population health, and research purposes).

- Sex at Birth and/or Sex Parameter for Clinical Use in correspondingly named fields, should be used for all relevant lab and imaging requisitions.
 - Note: A clear distinction between gender, Sex at Birth, and Sex Parameter for Clinical Use must be made for patient safety purposes.
- Sex Parameter for Clinical Use should only be documented when clinically required and in a manner or location that will alert only those who need the information. Free text can be used to provide context until such time as standard context artefacts are available.
- It is important to note that characteristics influencing sex assignment include chromosomes, gonads, sex hormones (e.g., testosterone or 17 α -hydroxyprogesterone levels), and genitals. Final determination may be based on any number of such characteristics.
- For some health programs and services, the “X” marker can be used by people who do not want a specific gender identity or sex marker to be visible on their identification. Individuals with the “X” marker must be treated with respect and mindfulness of their choice to ensure appropriate use of their name and pronouns.
- Sexual Orientation documentation should be maintained in clinical documentation with appropriate access controls.

11.8. Advice for Indirect Collection of Gender Information

11.8.1. When can a guardian of a minor provide the gender information of the minor?¹¹

A guardian may act for a minor if the minor is incapable of providing their own information, but only if it is within the scope of the guardian's duties or powers.

When possible, ask the minor directly. This will be particularly important when providing programs or services to youth with whom you build trust and rapport.

11.8.2. When can a representative of an adult provide the gender information of the adult?¹²

A representative of an adult may provide the adult's gender information in circumstances where a person is unable to answer the question asked (e.g., in the case of death, or incapacity because of disability, injury, sickness, or absentia) and, only if the power to provide gender information is within the scope of the representative's duties or powers.

In both these situations, it is important to try to balance gender affirmation, consent to disclose, and legal guardians' or representatives' information needs.

¹¹ Ibid

¹² Ibid

11.9. Understand Your Systems

Systems may be enterprise systems (e.g., databases, LAN drives, SharePoint, electronic document and record management systems, intranet, internet) or line of business Information Management/Information Technology (IM/IT) systems (e.g., databases, case management systems, cloud-based systems). In any case, the following steps may be helpful:

- Identify the official that is the system owner or is responsible for managing each system (i.e., system administrator/architect/developer) and who is responsible for managing the information in the system (i.e., head of the work unit/program area/information owner/data custodian).
- Perform an inventory of the data held by your systems (data asset mapping). This should include detailed information about each data element including its label, definition, value options, source, data type/format, and usage.
- Identify which of your systems are used to collect and store gender and sex information within your business area.
- Create and implement a plan to upgrade this information to adhere to this Standard and Guidance.
- Give higher priority to systems where data is relied upon heavily by the program area or shared widely with other program areas or agencies.

11.10. Understanding the Information in Your Systems

When the gender information that is collected by your systems is identified, answer the following questions about the information contained within your systems:

- In what context was the information collected?
- How was the information collected (e.g., directly from the individual, or indirectly from sources other than the individual the information is about)?
- Who entered the information (e.g., government employee, clinician, the individual the information is about)?
- Are there any quality issues with information (e.g., incomplete data field that conflates sex and gender)?
- What biases are evident during collection (e.g., collection makes assumptions about the sex or gender of individuals based upon appearance or outdated information)?
- What other sources may be used to understand the nature of the information within systems (e.g., Personal Information Registries, Privacy Impact Assessments, Security Threat and Risk Assessments, and internal information management documentation)?

11.11. Compare How Your Information is Collected, Used & Stored to the Standard's Recommendations

Identify:	Additional Notes
Which parts of your information technology systems are already adherent to the standard?	
What required information by the Standard and Guidance is not being captured?	
How can additional or different information be collected to meet the standard (e.g., maintenance of long-term medication lists, structured documentation of surgical procedures, documentation of Pronouns or Name Used)?	This would be expected to have far-reaching benefits.
Whether or not any of the non-compliant information can be re-coded or transformed to meet the Standard and Guidance?	- The existing data in a local system may have ambiguous sex and gender information if there has been only one field to represent sex and gender. - Getting to accurate sex and gender information may require considerable process re-design and staff training after the digital health information system has been updated to support the required data elements.

Identify:	Additional Notes
Whether or not any of the non-compliant information can be re-coded or transformed to meet the Standard and Guidance? (Continued)	• A two-pronged approach may be helpful: ○ Validation of gender at encounters through the approach described earlier in this guide can be done. ▪ A demographic “reviewed” flag with data (e.g., like clinical reviews of allergies, problem list) would likely make this more efficient. ○ Utilize other information in the digital record as well as clinical knowledge of the patients to target records for review (e.g., use of hormonal therapy and history of specific surgeries). ▪ In the clinical setting, Sex at Birth and Sex Parameter for Clinical Use can be particularly important in some circumstances (e.g., laboratory requisitions for tests where reference range is influenced by clinic sex).

Identify:	Additional Notes
Whether or not any of the non-compliant information can be re-coded or transformed to meet the Standard and Guidance? (Continued)	• Ongoing incoming data may inform legitimate updates to existing sex or gender information, but they may also be ambiguous or erroneous/out of date. ○ When the sending system has mixed gender and sex information in the same field, it should be sent with contextual information so the recipient can choose whether to update the Gender field. ○ The document/result matching process in digital health information systems should allow the user to reconcile gender, sex, and other information when matching is uncertain.

11.12. Map the Design of the Information Elements

- Develop a schema or table to describe both the standard data elements and any additional gender information that needs to be captured (e.g., free form fields).
 - This could be in the form of a Data Dictionary (e.g., PDF, Document, Table, JSON Schema).
- Ensure there is metadata to support all the data elements that are captured.
- Design the data and system with interoperability in mind so that information can easily be shared and used by others.
- Consider how easily the data in the system can be extracted and shared with others.

12.0 Changing Gender Information

Consistent with our aim of enabling the B.C. government's collection and maintenance of accurate data about an individual's gender identity, individuals have the right to apply to change how they are identified by B.C. government programs and documents. Please consider the following guidance when assisting individuals with changing their gender information to ensure that the individuals can maintain identity documents and personal records that align with their gender identity while also supporting the integrity of government programs.

The amount of documentation required to change an individual's gender information should be proportionate to the degree to which gender information determines how an organization interacts with an individual. For example, changing gender information in

"The BC provincial government is working to standardize how gender identity is recognized across all provincial programs and services.

However, some programs currently require either an M or F.

Would you be okay advising me of which option you would feel most comfortable selecting at this time?

Alternatively, you can always think about it and reach out to us later."

Sites for Changing Information:

- BC Services Card: Change Your Name, Address or Gender: [Changing/Correcting a Name, Birthdate, or Gender - Province of British Columbia \(gov.bc.ca\)](https://www2.gov.bc.ca/gov/content/identity/csc/change-name-address-gender)
- Vital Statistics: Change Gender Designation on BC Birth Certificates: [Change of Gender Designation on Birth Certificates - Province of British Columbia \(gov.bc.ca\)](https://www2.gov.bc.ca/gov/content/identity/vital-statistics/change-gender-designation)

medical records or government identification would require more documentation from an applicant than changing gender information that is collected from an individual voluntarily for the purpose of an organization's [GBA+](#) analysis.

Key Points to consider when assisting someone who is changing their gender information:

- Let the person know that you are there to help them get what they need.
- When dealing with programs that have not yet implemented X or W as a gender identifier, explain that the work is ongoing. If someone needs help, we recommend that they contact the Ministry or Health Authority in their area. For example, by saying citizens can be directed to government websites to assist them in changing their sex or gender information on their Birth Certificate, B.C. Services Card, B.C. Driver's License or B.C. ID.

Non-intrusive requirements for changing gender information:

- a) Statutory declaration by the individual or, in certain situations, a third-party attestation supporting the application should be considered sufficient to change sex or gender information.
- b) During the time it takes to process a change request and upon request, use the new name and gender title for all purposes (e.g., emails, phone directories, corporate identification/access cards, name plates).

Gender and sex documentation can change over time, so it is important to:

- a) Understand how this can impact administrative data, longitudinal studies, and the overall integration of data.
- b) Have a clear understanding of which other public bodies are notified when an individual makes changes to their gender.
- c) Prioritize updating systems that are currently in use or are likely to be used in the future (for those government organizations that must change multiple and separate IT to accommodate a change in gender information, prioritize changing systems that are currently in use or are likely to be used in the future).
- d) Use entry logs in a DHIS or keep an annotated record when gender information is changed.

13.0 Resources

The following is a list of resources the readers may find helpful:

- [Action Plan to Modernize GSSO Information Practices in Canadian EHRs](#)
- [B.C. Endocrine Standards](#)
- [B.C. Gender equity & 2SLGBTQIA+ resources](#)
- [CIHR Sex and Gender in Health Research](#)
- [Gender, Diversity and Inclusion Statistics \(GDIS\) Hub – Statistics Canada](#)
- [HL7 Informative Document: Gender Harmony-Modeling Sex and Gender Representation, Release 1](#)
- [Rainbow Health Ontario Trans Health Guide](#)
- [Sherbourne Hormone Therapy Guidelines](#)
- [Trans Care B.C. Gender-affirming Care for Trans, Two-Spirit, Indigiqueer, and Gender Diverse Patients in B.C.: A Primary-Care-Toolkit](#)
- [World Professional Association on Transgender Health \(WPATH\) Standards \(Version 8\)](#)

14.0 Definitions & Terminology

Standardization and precision in the use of sex and gender identity terminology will lead to a greater understanding and appropriate translation of GSSO terms. Terms used in this Standard and Guidance align with definitions found in the following resources:

Term	Link
Action Plan to Modernize GSSO Information Practices in Canadian EHRs	https://infocentral.infoway-inforoute.ca/en/resources/docs/3496-gssso-action-plan-full-document/view-document
BCCDC Public Health Language Guide	http://www.bccdc.ca/Health-Professionals-Site/Documents/public_health/Language_Guide.pdf
Gender-Based Analysis Plus	https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/services-policies-for-government/gender-equity/factsheet-gba.pdf
Indigenous Gender Based Analysis Plus (IGBA+)	https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/maciw_igba_toolkit.pdf
Government of Canada: Gender and Sexual Diversity Glossary	https://www.btb.termiumplus.gc.ca/publications/diversite-diversity-eng.html
Trans Care B.C. Glossary	https://www.transcarebc.ca/glossary
WPATH - The Standards of Care (8 th Version) Glossary	https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644
Statistics Canada	http://www23.statcan.gc.ca/imdb/p3Var.pl?Function=DEC&Id=410445
Trans Student Educational Resources	https://transstudent.org/about/definitions/

14.1. Terms & Definitions

The following terms and definitions are based on the cited literature and available resources:

Term	Definition
Asexual	A sexual orientation identity that refers to a person who feels little to no sexual attraction.
Bisexual	A sexual orientation identity that refers to a person who is sexually and/or romantically attracted to those of the same gender and to those of one or more other genders.
Cisgender	Refers to persons whose current gender aligns with their sex assigned at birth.
Digital Health Information Systems	- Refers to electronic health records (EHR), electronic medical records (EMR), lab information systems and patient portal health records, among others. - Broadly speaking, the term refers to the computerized component(s) of health information systems, distinct from manual or paper-based information systems.
Female	A category of biological sex, typically associated with XX chromosome complement but which is also influenced by gonadal development and other factors unrelated to the X chromosome.
Healthcare Workers	A category that can include clinicians, healthcare support staff, or anyone who supports or delivers healthcare services to patients directly or indirectly within the health system.
Gay	A sexual orientation identity that refers to a person who is sexually and/or romantically attracted to people of the same gender.

Term	Definition
Gender Diverse	- Gender diverse is an umbrella category that includes persons whose current gender identity is not cisgender or not exclusively male or female. - The term refers to gender identities that demonstrate a diversity of expression beyond the binary construct. - It includes persons who are reported as being unsure of their gender, persons who are reported as both male and female, or neither male nor female.
Gender Identity	- Refers to an individual's personal experience of being a woman, man, nonbinary or how the person prefers to self-describe. - A person's current gender identity may differ from the Sex at Birth and may differ from what is indicated on their current legal documents (Gender Used). - A person's gender identity may change over time.
Gender Expression	- Describes how a person chooses to publicly present their gender, including behaviour and outward appearance. - Gender expression should not be used to infer the gender or sexual orientation of an individual.
Heterosexual	A sexual orientation identity that depends on a gender binary that refers to a person who identifies as one gender and is sexually and/or romantically attracted to people of a different gender.
Indigenous Peoples	- An international term referring to the original people of a colonized land. - In Canada, the term refers to distinct populations of people: First Nations (status and non-status), Métis, and Inuit. - These large divisions of Indigenous Peoples are comprised of hundreds of individual nations, communities, and cultural groups. - The term Indigenous people (with a lower case "people") refers to more than one Indigenous person rather than a collective group of Indigenous Peoples.

Term	Definition
Indigiqueer	An Indigenous gender identity.
Lesbian	A sexual orientation identity that refers to a woman who is sexually or romantically attracted to people of the same gender.
Male	A category of biological sex, typically associated with XY chromosome complement but which is also influenced by gonadal development and other factors unrelated to X or Y chromosomes.
Man	A social construct, man is a gender identity typically situated within a binary complex of man/woman and is typically associated with masculine behaviors and social constructs or roles.
Medical Gender Transition or affirmation	- Refers to a process through which one aligns one's physical sex characteristics (e.g., through hormones, surgery) with one's gender identity. - Transgender people may seek medical care such as hormone therapy or surgery to effect changes in their primary and secondary sex characteristics to resemble more closely those of the gender and sex with which they identify. - Not all transgender people will seek a medical transition.
Name Used	The usual name a person chooses when addressing or referencing themselves. This may include nicknames, language specific alternatives, and names that affirm gender identity, with or without associated personal pronouns.
Nonbinary / Non-Binary	An umbrella term that refers to persons whose gender identity is not exclusively man or woman.
Pansexual	A sexual orientation identity that refers to a person who is sexually or romantically attracted to people regardless of their sex or gender

Term	Definition
Sex	Refers to categories based on biological and physiological characteristics and is usually recorded at birth based on observable external genitalia of the neonate.
Sex at Birth	- The sex of a person at birth. Usually but not always determined by a clinician based on phenotypic (e.g., genitals or gonads), physiologic (e.g., hormone levels) and/or genetic characteristics. - Most commonly, this is limited to phenotypic observations. - Sex at Birth is typically recorded shortly after birth, usually by a clinician, and usually indicated in a legal system and/or document, like a birth certificate or provincial registry.
Sexual Orientation	Refers to who you're attracted to and who you feel drawn to romantically, emotionally, and sexually.
Transgender	Refers to persons whose gender identity is not aligned with their sex at birth.
Two-Spirit	- Refers to an Indigenous person who identifies as having both a masculine and a feminine spirit and is used by some Indigenous and First Nations people to describe their sexual, gender and/or spiritual identity. - It reflects complex Indigenous understandings of gender roles, spirituality, and the long history of sexual and gender diversity in Indigenous cultures.
Undecided	In the context of this standard, this sexual orientation identity concept refers to a person who is undecided about their sexual orientation identity.
Woman	A social construct, woman is a gender identity typically situated within a binary complex of man/woman and is associated with feminine behaviors and social constructs/roles.

15.0 Related Standards

Type	Standard
National	• CIHI Reference Data Model Toolkit • CIHI Pan-Canadian Health Data Content Framework • CIHI Pan-Canadian Gender, Sex and Sexual Orientation Data Standard Guidance ○ CIHI Pan-Canadian Gender, Sex and Sexual Orientation Data Standard Technical Attributes • Equity stratifiers CIHI • Statistics Canada: ○ Gender of person ○ Sex (at birth) of person ○ Sexual orientation of person • Participate in the consultation on gender and sexual diversity statistical metadata standards
International	• Australian Government Guidelines • HL7 Informative Document: Gender Harmony- Modeling Sex and Gender Representation, Release 1 • National Health Service (NHS) - Gender Standards • Data standard for gender, sex, and variations of sex characteristics Stats NZ • OpenEHR archetypes

16.0 List of Acronyms

Acronym	Definition
B.C.	British Columbia
BCOHRC	B.C.'s Office of the Human Rights Commissioner
CIHI	Canadian Institute for Health Information
CIHR	Canadian Institutes of Health Research
CIS	Clinical Information System
DHIS	Digital Health Information System
EHR	Electronic Health Record
EMR	Electronic Medical Record
FOIPPA	Freedom of Information and Protection of Privacy Act
GBA+	Gender-Based Analysis Plus
GSSO	Gender, Sex, and Sexual Orientation
HL7	Health Level Seven International
HLTH	Ministry of Health
OCAP	Ownership, Control, Access, and Permission
OCIO	Office of the Chief Information Officer
PIPA	Personal Information Protection Act
POC	Point of Care

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