GUIDING QUESTIONS:
- How do we ethically consider narratives of disadvantage and suffering that are offered up in exchange for needed resources/services?
- How do institutions under an economic system of capitalism gatekeep these resources/services, and how does this impact already vulnerable communities?

NARRATIVE IN TRAUMA CAPITALISM:
- Narrative in trauma capitalism refers to a phenomenon where systematized institutions gatekeep resources/services under the guise of meritocracy.
- These resources/services are given in exchange for their narratives, garnered with the aim of distinguishing across a purportedly objective spectrum of deserving and non-deserving.
- Because of the scarcity of resources/services, individuals may feel the need to report the worst story to emblesh their disadvantage, mired in a system of competition.
- Conversely, some tales of pain and suffering are so mulilayered and difficult to tell in a cohesive narrative that it is difficult for it to be considered a “competitive” narrative.

MEDICAL SCHOOL ADMISSIONS, INSTITUTIONAL DIVERSITY, TRAUMA CAPITALISM:
- We argue that in the application process to becoming a physician, an applicant is expected to perform a trauma narrative while simultaneously performing a narrative of “overcoming” this trauma underneath the guise of meritocracy.
- The 2019 AMCAS Applicant Guide published by the American Medical College Application Service suggests inclusion in the personal statement “information such as: unique hardships, challenges, or obstacles that may have influenced your educational pursuits” (AMCAS, 2019, p. 54).
- The application also asks for racial/ethnic and gender identity in order to assess the extent to which applicants may “contribute to institutional diversity” (AMCAS, 2019, p. 22).
- These asks on the admissions documents also strategically aid institutional diversity initiatives, which seek to increase the image and outward value of the institution without supporting the students that provide that value.

TRANS IDENTITY, SURGERY, AND TRAUMA CAPITALISM:
- For individuals who seek medical affirmation of their genders, there is an expectation for trans people to offer up narratives of suffering in exchange for access to medical services.
- In order to access treatment such as hormones or surgery, trans individuals must tell their stories over and over again to a series of different strangers, including but not limited to general practitioners, social workers, psychiatrists, OBGYNs and surgeons, each with the power to block access.
- The construct of “trans enough” is imposed on trans people as a gatekeeping strategy, ostensibly to mitigate “regret” while being completely subjective and impossible to quantify. As a result, trans patients frequently do not feel safe to discuss their experiences and stories freely in clinical settings.
- What is “trans enough”? Standards for judgment range from consistently presenting as your gender — which can be very dangerous, especially to trans women of color — to exhibiting particularly gendered behavior as a child, policing the behaviors of trans people based on stereotypes of how binary gendered people should act.
- Most of all, the patient must prove dysphoria causes sufficient suffering to deserve access to the medical services they request. Since dysphoria is an internal experience, “proving” it involves disclosing personal, intimate and painful information to professionals who may or may not have any training in or familiarity with gender dysphoria. Medical and psychiatric professionals are frequently under-equipped to the medical services they request. Since dysphoria is an internal experience, “proving” it involves disclosing personal, intimate and painful information to professionals who may or may not have any training in or familiarity with gender dysphoria. Medical and psychiatric professionals are frequently under-equipped to the medical services they request. Since dysphoria is an internal experience, “proving” it involves disclosing personal, intimate and painful information to professionals who may or may not have any training in or familiarity with gender dysphoria. Medical and psychiatric professionals are frequently under-equipped to the medical services they request. Since dysphoria is an internal experience, “proving” it involves disclosing personal, intimate and painful information to professionals who may or may not have any training in or familiarity with gender dysphoria. Medical and psychiatric professionals are frequently under-equipped to the medical services they request. Since dysphoria is an internal experience, “proving” it involves disclosing personal, intimate and painful information to professionals who may or may not have any training in or familiarity with gender dysphoria. Medical and psychiatric professionals are frequently under-equipped to the medical services they request. Since dysphoria is an internal experience, “proving” it involves disclosing personal, intimate and painful information to professionals who may or may not have any training in or familiarity with gender dysphoria. Medical and psychiatric professionals are frequently under-equipped to the medical services they request. Since dysphoria is an internal experience, “proving” it involves disclosing personal, intimate and painful information to professionals who may or may not have any training in or familiarity with gender dysphoria. Medical and psychiatric professionals are frequently under-equipped to the medical services they request. Since dysphoria is an internal experience, “proving” it involves disclosing personal, intimate and painful information to professionals who may or may not have any training in or familiarity with gender dysphoria. Medical and psychiatric professionals are frequently under-equipped to the medical services they request. Since dysphoria is an internal experience, “proving” it involves disclosing personal, intimate and painful information to professionals who may or may not have any training in or familiarity with gender dysphoria. Medical and psychiatric professionals are frequently under-equipped to

IMPACT ON PHYSICIAN AND PATIENT COMMUNICATION & ETHICS:
- Dr. Gowda writes in Distracted Doctoring: Returning to Patient-Centered Care in the Digital Age, that how we learn and how we are assessed influences values.
- Assessment of trauma narratives, whether from medical school applicants or from patients, through a capitalistic lens, reduces human experience as discrete pieces of information.
- This reduction of the human experience (shared through story) decreases rapport between patient and physician, thus reducing the influence that medical care has on individuals.
- Additionally, with the increasing rate of physician burnout and the changing complex health needs of vulnerable communities, there is a moral imperative to change the way in which we listen on a system-wide and interpersonal level.

FUTURE WORK:
- Advocate for transgender patients to be able to receive multiple healthcare needs in a supportive, streamlined way.
- Educate providers on the burden patients take on when having to reiterate narratives of suffering, especially when the story is not attended to clearly.
- Advocate for a more emotionally ethical and economically affordable application process for medical school.

REFERENCES: