

Reflections about patient care and professional training in trans-inclusive Dentistry: challenges in the Brazilian scenario

Reflexões sobre o cuidado e a formação profissional na Odontologia transinclusiva: desafios no cenário brasileiro

Victoria Geisa Brito de OLIVEIRA¹ , Fernanda Alves FEITOSA² , Leonardo Lemos de SOUZA³ ,
Mônica Ghislaine Oliveira ALVES¹ 

1 - Universidade Estadual Paulista, Instituto de Ciência e Tecnologia, Departamento de Biociências e Diagnóstico Bucal, São José dos Campos, SP, Brazil.

2 - Universidade Estadual Paulista, Instituto de Ciência e Tecnologia, Departamento de Odontologia Social e Clínica Infantil, São José dos Campos, SP, Brazil.

3 - Universidade Estadual Paulista, Instituto de Biociências, Letras e Ciências Exatas, São José do Rio Preto, SP, Brazil.

How to cite: Oliveira VGB, Feitosa FA, Souza LL, Alves MGO. Reflections about patient care and professional training in trans-inclusive Dentistry: challenges in the Brazilian scenario. *Braz. Dent. Sci.* 2026;29:e5056. <https://doi.org/10.4322/bds.2026.e5056>

ABSTRACT

Background: The transgender population faces historical stigmatization and pathologization of their gender identities, which negatively impacts their access to dignified health care. Although the Brazilian public health system (SUS) advocates for free and universal care, systemic barriers still hinder the provision of dignified and comprehensive care to transgender persons. **Objective:** To briefly discuss the challenges of trans-inclusive dental practice, ranging from terminological updates to identifying gaps in applied technical and clinical competencies. **Method:** This critical reflection focused on the current landscape of dental education, clinical practice barriers, and the structural needs for providing adequate care to the transgender population. **Results:** The discussion highlights the urgent need to update dental education by revising higher education curricula and implementing continuing education programs. These educational strategies must prioritize comprehensive training on the unique characteristics of transgender people and address specific technical aspects of their oral health. **Conclusion:** Ensuring humane and technically sound dental care for transgender persons requires systemic educational reforms that equip professionals to overcome current clinical and terminological gaps.

KEYWORDS

Dental education; Dentistry; Humanization of assistance; Oral health; Transgender.

RESUMO

Contexto: A população transgênero enfrenta uma estigmatização e patologização históricas de suas identidades de gênero, o que afeta negativamente seu acesso a cuidados de saúde dignos. Embora o Sistema Único de Saúde (SUS) brasileiro defenda a assistência gratuita e universal, barreiras sistêmicas ainda dificultam a prestação de cuidados dignos e abrangentes às pessoas transgênero. **Objetivo:** Discutir brevemente os desafios da prática odontológica inclusiva para pessoas trans, desde atualizações terminológicas até a identificação de lacunas nas competências técnicas e clínicas aplicadas. **Método:** Esta carta concentrou-se no panorama atual da formação odontológica, nas barreiras à prática clínica e nas necessidades estruturais para a prestação de atendimento adequado à população transgênero. **Resultados:** A discussão destaca a necessidade urgente de atualizar a formação odontológica por meio da revisão dos currículos do ensino superior e da implementação de programas de educação continuada. Essas estratégias educacionais devem priorizar o treinamento abrangente sobre as singularidades de transgêneros e abordar aspectos técnicos específicos da saúde bucal dessas pessoas. **Conclusão:** Garantir atendimento odontológico humano e tecnicamente adequado para pessoas transgênero requer reformas educacionais que capacitem os profissionais a superar as lacunas clínicas e terminológicas existentes.

PALAVRAS-CHAVE

Educação em saúde bucal; Odontologia; Humanização da assistência; Saúde bucal; Transgêneros.

INTRODUCTION

In Brazil, universality, integrality, and equity serve as guiding principles of Unified Health System (*Sistema Único de Saúde, SUS*), ensuring access to health for all individuals, including transgender (TG) people [1,2]. Gender identity is not solely defined at birth and is not confined to a binary biological framework. TG defines people whose lived experiences of gender differ from those assigned at birth [3]. The recognition of LGBTQIAP+ diversity, including TG people, has been expanding its presence in scientific discussions and public policies worldwide, promoting more sensitive and committed research into the experiences of these populations [4].

As the TG community has achieved higher visibility in civil society representation and holding political offices, such progress coexists with a persistent reality of identity-based violence. Data presents Brazil, a country with 3 million people self-declared TG [5], persisting as the nation with the highest homicide rate of TG people for the 18^o consecutive year [6,7]. Despite advances in policies and legislation aimed at ensuring the fundamental rights and respect of the TG population [8,9], these remain incipient and fail to provide a satisfactory resolution [10]. Prejudice against the TG population often arises in the family environment. It extends to social institutions, compounding a chain of discrimination that contributes to experiences characterized by indignity and limits access to basic human rights and to the construction of security trajectories [11].

The segregation, the transphobia entrenched in society, and, in the end, the prejudice institutionalized in health services [12,13]. These constitute significant barriers, infringement of fundamental rights, and the sustained social marginalization of those people. Prejudice, combined with a lack of professional training in inclusive healthcare and the dissemination of public policies affecting the TG population, results in limited access to health services, particularly dental care [14,15].

In this scenario, a discussion arises about democratizing access to medical and dental care for the TG population, including updating the curricula of health professional education courses, especially in dental surgeon training. Therefore, there is a lack in professional training aimed at humanized and active dental practice, respecting the singularities of each person and gender self-determination.

CURRENT SCENARIO AND CHALLENGES

Globally, public policies for LGBTQIAP+ rights, including those for the TG population, are often restricted. Although Brazil's legislative context [16] contrasts with countries that criminalize gender expression through extreme measures like the death penalty [17], the situation remains critical. Focusing on Brazil, the levels of violence are alarming. Because the mapping of such violence relies on independent organizations and is hindered by underreporting, the true scale of the issue is significantly compounded [7]. In criminal terms, transphobia in Brazil is still framed as a racism crime subtype, with mild penalties [10]. Furthermore, the first Brazilian census to include information on the TG population was conducted only in 2022. The incomplete mapping delays the systematization of effective public policies that support and protect that population [18].

Some advances are evident, such as the inclusion of the transition process and the guarantee of free, multidisciplinary treatment at the point of use [9]. It is important to highlight the fundamental role of the SUS as a universal and comprehensive public health system, representing a major social achievement in ensuring healthcare as a right for all citizens. Nevertheless, as Brazil is a continental country marked by significant regional inequalities and economic constraints, important challenges remain in guaranteeing equitable access and consistent quality of care across all populations [19].

However, it is important to emphasize that the barriers faced by TG persons within the SUS [20] are distinct from those experienced by cisgender individuals. While the general population commonly encounters structural challenges, such as shortages of specialists, transgender people often face additional barriers related to stigma, discrimination, and insufficient professional training in gender-affirming care. These factors may lead to delays in seeking care, underutilization of services, and negative healthcare experiences, further reinforcing existing inequities in access and outcomes [21-24].

The literature describes different populations that experience specific vulnerabilities in the context of health care. Pregnant women, for example, are recognized as a vulnerable

population due to a combination of biological, social, and institutional demands that can limit their access to adequate care, increase clinical risks, and increase susceptibility to situations of oral health neglect and obstetric violence. Although experiences and needs vary, the importance of person-centered care approaches that are sensitive to structural barriers and stigma is emphasized [25].

For TG individuals, the barrier often begins at the health unit's entrance through institutional transphobia, such as misgendering, an act of the attribution of a gender to an individual that contradicts their self-identification, and even explicit refusal of care [26,27]. Even when access is granted, there are technical deficiencies at the dental practice. The inadequate communication protocols, such as the absence of LGBTQIAP+ terminology, hinder conducting clinical interviews that respect and affirm the patient's gender identity. In addition, there is a lack of clinical knowledge regarding Gender-Affirming Hormones (GAH) and their oral implications, exemplified by situations of a lack of awareness of drug interactions between sex hormones in those patients and the local anesthetics, or even the influences on periodontal status. Furthermore, there is a stigmatization of the TG population, associating these individuals wrongly with the occurrence of sexually transmitted infections (STIs), which often prioritizes stigma over evidence-based dental care [28–30].

In research terms, a critical gap in the literature is the scarcity of studies investigating the long-term effects of GAH on oral tissues, whether prescribed or self-administered. Some studies have correlated therapy use with female sexual hormones and periodontal alterations [31,32]. Periodontal problems are observed even in TG patients who do not use GAH, when compared with cisgender people [33]. Oral lesions, including nicotine stomatitis and oral leucoplakia, present a higher prevalence in some studies involving TG patients compared to the control group. Furthermore, *Candida albicans* colony levels are higher than in the control group [34].

Evidence suggests that inadequate oral hygiene, associated with hormonal changes during gender transition, also affects salivary composition and flow, potentially altering the buccal microbiome [35]. In this context, oral health problems have an association with the

quality of life of TG women in GAH use [36]. All these factors may contribute to a decrease in TG's use of care services, which can worsen treatable conditions and exacerbate preventable clinical conditions [37]. That panorama consolidates the barriers to accessing dental care services with dignity for any TG person [36].

NEW PERSPECTIVES

To achieve greater inclusion and respect for diversity in a gradual and effective manner, efforts are needed on multiple fronts within the healthcare context [38,39]. At the research level, future longitudinal studies are needed to understand, both qualitatively and quantitatively, the influences of GAH on TG individuals from a dental perspective. Such research will further strengthen education for students and professionals, improving their clinical practices [38,40].

In the educational context, government levels must update the curricular components of dentistry courses at the higher education level [41]. In the first years, known as the pre-clinical phase, students took courses such as Psychology applied to Dentistry, Social Dentistry, and Anthropology [42]. In these fields, modules should be designed with a focus on LGBTQIAP+ literacy, including terminology, country-level overviews, and legal rights for these populations. Therefore, strategies for promoting inclusive and humanizing care should be taught [43].

As progress to clinical levels in the undergraduate program, technical specifics must be addressed. In the Periodontics course, it is essential to discuss how gender-affirming hormones can affect gingival health [37]. Furthermore, knowledge about local dental pharmacology must be refined to identify potential drug interactions between hormones and local anesthetics used in Dentistry [44]. In addition, the implementation of extension activities that promote continuing education and oral health practices for the TG population must be encouraged [45].

Across the levels of healthcare, from primary care to hospital-level services, it is imperative to establish guidelines for professional training and qualification programs. All sectors involved must be composed, in part or entirely, of active

agents of the TG community [46]. However, the effective humanization of the system requires not only policy but the active inclusion of trans professionals in healthcare teams and continuous diversity training for all staff, from administrative to clinical levels [47].

In this context, Distance Learning (DL) emerges as a vital tool for large-scale literacy [48-50]. Training programs covering strategies to counter transphobia, terminology, and identity-affirming patient reception can be delivered online and sponsored by both academic institutions and public health authorities. The purpose should be to achieve healthcare staff, ranging from frontline administrative professionals to clinical practitioners. Focused on clinical practitioners, DL can deliver modules introduced at the undergraduate level, promoting a broader scope of knowledge updates [43].

CONCLUSIONS

As demonstrated by numerous sources, including the United Nations Sustainable Development Goals, particularly Goal 9, it is imperative to ensure access to health care and promote quality of life for all people, without distinction. Public policies must guide the effective operationalization of health care to the TG community. Regarding the formation and upgrading of health professionals, especially in Dentistry, it is mandatory to encourage integral health care, consolidating respect for the rhythms and ways of life of every individual, valuing their singularity, and promoting the dignity of TG people.

Acknowledgements

To the extension project “Transformando Sorrisos” (@transformandosorrisosunesp) and Tutorial Education Program (@petodontosjc), both from São Paulo State University, São José dos Campos, Brazil.

Data availability

None.

Author's Contributions

VGBO: Conceptualization, Methodology, Investigation, Resources, Data Curation,

Writing - Original Draft, Writing - Review & Editing, Visualization, Funding acquisition. FAF: Conceptualization, Validation, Formal Analysis, Resources, Writing - Original Draft, Writing - Review & Editing, Visualization, Supervision. LLS: Conceptualization, Validation, Formal Analysis, Resources, Writing - Review & Editing, Visualization, Supervision. MGOA: Conceptualization, Methodology, Validation, Formal Analysis, Resources, Data Curation, Writing - Review & Editing, Visualization, Supervision, Funding acquisition.

Conflict of Interest

The authors declare that this article was prepared without commercial or financial relationships that could be perceived as a potential conflict of interest.

Funding

This work was supported by the São Paulo Research Foundation (FAPESP) [grant #2025/09986-3] and by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) – Brazil, under Finance Code 001 (grant #88887.149543/2025-00); and with support from São Paulo State University Public Notice PROPG/PROEC – Curricularização da Extensão na Pós-Graduação (Pró-Reitoria de Extensão Universitária e Cultura).

Regulatory Statement

None.

REFERENCES

1. Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais. Brasília, DF: Ministério da Saúde; 2013
2. Brazil. Law No. 8.080 of 19 September 1990. Provides for the Conditions for the Promotion, Protection and Recovery of Health, the Organization and Functioning of the Corresponding Services, and Other Provisions. Diário Oficial da União; Brasília; 1990.
3. Davies R. Do transgender patients experience more barriers in accessing oral healthcare and suffer an increased risk of poor oral health: can this lead to a lower oral health-related quality of life? *BDJ Team*. 2023;10(4):18-21. <https://doi.org/10.1038/s41407-023-1816-3>.
4. Silva Filho AWR, da, Silva MKA, da, Gonzaga GLP. Atendimento odontológico humanizado à comunidade transexual: revisão de literatura. *Research. Soc Dev*. 2021;10(13):e587101321553. <https://doi.org/10.33448/rsd-v10i13.21553>.

5. Spizzirri G, Eufrásio R, Lima MCP, de Carvalho Nunes HR, Kreukels BPC, Steensma TD, et al. Proportion of people identified as transgender and non-binary gender in Brazil. *Sci Rep*. 2021;11(1):2240. <https://doi.org/10.1038/s41598-021-81411-4>. PMID:33500432.
6. TGEU. Trans Murder Monitoring 2025 reveals new trend in anti-trans violence: Systematic targeting of activists and movement leaders [Internet]. 2025 [cited 2026 Apr 20]. Available from: <https://tgeu.org/trans-murder-monitoring-2025-reveals-new-trend-in-anti-trans-violence-systematic-targeting-of-activists-and-movement-leaders/>
7. Benevides BG. ANTRA Dossiê: assassinatos e violências contra travestis e transexuais brasileiras em 2025. Brasília, DF: Distrito Drag; 2026.
8. Brazil. Ministério da Saúde apresenta o Programa de Atenção à Saúde da População Trans [Internet]. 2024 [cited 2026 Apr 20] Available from: <https://www.gov.br/saude/pt-br/assuntos/noticias/2024/dezembro/ministerio-da-saude-apresenta-o-programa-de-atencao-a-saude-da-populacao-trans>
- [9] Brazil. Ministério da Saúde. Processo Transsexualizador no Sistema Único de Saúde (SUS). Brasília, DF: Ministério da Saúde; 2017.
10. ANTRA: Associação Nacional de Travestis e Transexuais. ANTRA cobra do Ministério da Saúde política de saúde para população trans [Internet]. 2025 [cited 2026 Apr 20] Available from: <https://antrabrazil.org/2025/04/08/antra-cobra-saude-populacao-trans/>
11. Lins JCS, Alves VM, Santos VA, Santos AAP. Sofrimento mental, suporte familiar e empoderamento de pessoas transgênero. *Acta Paul Enferm*. 2024;37:eAPE02465. <https://doi.org/10.37689/acta-ape/2024ao00002465>.
12. Giblon R, Bauer GR. Health care availability, quality, and unmet need: a comparison of transgender and cisgender residents of Ontario, Canada. *BMC Health Serv Res*. 2017;17(1):283. <https://doi.org/10.1186/s12913-017-2226-z>. PMID:28420361.
13. Mohd FN, Said AH, Ali A, Lestari W, Draman S, Aris M. Oral health related quality of life among transgender women in Malaysia. *Journal of Critical Reviews*. 2020;7(18):4624-31.
14. Rigolon M, Carlos DM, Oliveira WAD, Salim NR. "Health does not discuss trans bodies": oral History of transsexuals and transvestites. *Rev Bras Enferm*. 2020;73(suppl 6):e20190228. <https://doi.org/10.1590/0034-7167-2019-0228>. PMID:33146304.
15. Tamrat J. "Trans-forming" dental practice norms: exploring transgender identity and oral health implications. *Can J Dent Hyg*. 2022;56(3):131-9. PMID:36451990.
16. Ceará. Secretaria da Diversidade do Ceará. Marcos Legais sobre os Direitos e Garantias da População LGBTI+ no Brasil [Internet]. 2023 [cited 2026 Apr 20]. Available from: www.diversidade.ce.gov.br/marcos-legais-da-populacao-lgbti-cearense/
17. Death Penalty Information Center. International Perspectives [Internet]. 2023 [cited 2026 Apr 20]. Available from: <https://deathpenaltyinfo.org/policy-issues/biases-and-vulnerabilities/lgbtq-people/international-perspectives>
18. Spizzirri G, Eufrásio R, Lima MCP, de Carvalho Nunes HR, Kreukels BPC, Steensma TD, et al. Proportion of people identified as transgender and non-binary gender in Brazil. *Sci Rep*. 2021;11(1):2240. <https://doi.org/10.1038/s41598-021-81411-4>. PMID:33500432.
19. Rodrigues DLG. Challenges and opportunities in the Brazilian Unified Health System: pathways to sustainability and equity. *Public Health*. 2025;247:105844. <https://doi.org/10.1016/j.puhe.2025.105844>. PMID:40663923.
20. Santos DER, Santos LRC, Sousa MGS, Santos LM, Costa Júnior IP. Barreiras ao acesso à saúde para pessoas transgênero na atenção primária. *Research Soc Dev*. 2025;14(6):e11214649104. <https://doi.org/10.33448/rsd-v14i6.49104>.
21. Rocon PC, Rodrigues A, Zamboni J, Pedrini MD. Dificuldades vividas por pessoas trans no acesso ao Sistema Único de Saúde. *Cien Saude Colet*. 2016;21(8):2517-26. <https://doi.org/10.1590/1413-81232015218.14362015>. PMID:27557024.
22. de Castro IF, Filho AR, Moreira DR, Salgado PO, Cardoso SA. Os entraves à população transgênero no acesso à saúde. *Revista Eletrônica Acervo Saúde*. 2021;13(1):e5289-5289. <https://doi.org/10.25248/reas.e5289.2021>.
23. Sousa FO, Medeiros KR, Gurgel GD Jr, Albuquerque PC. Do normativo à realidade do Sistema Único de Saúde: revelando barreiras de acesso na rede de cuidados assistenciais. *Cien Saude Colet*. 2014;19(4):1283-93. <https://doi.org/10.1590/1413-81232015218.14362015>. PMID:24820611.
24. Leite LA, Santos EMJ, Gomes ISLS, Figueredo VA, Lombardi GB, Sousa FAF, et al. Acesso ao atendimento primário no SUS: principais barreiras que impedem a universalidade da atenção em saúde. *Contribuciones a las Ciencias Sociales*. 2025;18(6):e18838. <https://doi.org/10.55905/revconv.18n.6-230>.
25. Araujo G, Casarin M, Savian CM, Emmanuelli B, Tomazoni F, Santos BZ. Dental anxiety and oral health-related quality of life among pregnant women: a cross-sectional study. *Braz Dent Sci*. 2025;28(2):e4586. <https://doi.org/10.4322/bds.2025.e4586>.
26. Leal GC, Silva JNBS Jr, Ferreira QR, Ballesterio JGA, Palha PF. Institutional violence perpetrated against transgender individuals in health services: a systematic review of qualitative studies. *Int J Environ Res Public Health*. 2024;21(8):1106. <https://doi.org/10.3390/ijerph21081106>. PMID:39200715.
27. Kumar V, Thakker J, Royal A, Bhanushali N, Baghdadi ZD. Oral health and hygiene status of global transgender population: a living systematic review and meta-analysis. *Int J Environ Res Public Health*. 2025;22(3):433. <https://doi.org/10.3390/ijerph22030433>. PMID:40238508.
28. Varotto BLR, Massuda M, Nápole RCD, Antequera R. LGBTQIA+ population: access to dental treatment and the preparation of the dental surgeon an integrative review. *Rev ABENO*. 2022;22(2):1542-54. <https://doi.org/10.30979/revabeno.v22i2.1542>.
29. Marques LCF, Mendes N, Conceição TS. Atendimento odontológico à população transgênero: percepções, experiências e práticas profissionais. *Caderno Pedagógico*. 2026;23(1):e22854. <https://doi.org/10.54033/cadpedv23n1-139>.
30. Lovison R, Ascari TM, Zocche DAA, Durand MK, Ascari RA. Travestis e transexuais: despiando as percepções acerca do acesso e assistência em saúde. *Enfermagem Em Foco*. 2020;10(5). <https://doi.org/10.21675/2357-707X.2019.v10.n5.2370>.
31. Cornejo Ulloa PE, van der Ploeg GR, Heintz-Buschart A, Westerhuis JA, Smilde AK, Zaura E, et al. Shifting hormones, shaping health: gender-affirming therapy & oral care. *Int J Transgender Health*. 2025;1-17. <https://doi.org/10.1080/26895269.2025.2549794>. [In press]
32. Jafri Z, Bhardwaj A, Sawai M, Sultan N. Influence of female sex hormones on periodontium: a case series. *J Nat Sci Biol Med*. 2015;6(3, Suppl 1):146. <https://doi.org/10.4103/0976-9668.166124>. PMID:26604605.
33. Kumbhalwar A, Shetiya SH, Kakodkar P, Mehta V. Oral health status and treatment needs of transgender in Pune City, Maharashtra, India: a pilot survey. *Int J Curr Res Rev*. 2021;13(19):159-63. <https://doi.org/10.31782/IJCRR.2021.131914>.
34. Manpreet K, Ajmal MB, Raheel SA, Saleem MC, Mubeen K, Gaballah K, et al. Oral health status among transgender young adults: a cross-sectional study. *BMC Oral Health*.

- 2021;21(1):575. <https://doi.org/10.1186/s12903-021-01945-x>. PMID:34772385.
35. WHO: World Health Organization. Oral health [Internet]. 2025 [cited 2026 Apr 20]. Available from: https://www.who.int/health-topics/oral-health#tab=tab_1
 36. Soares MO, Gírianelli VR. Assistência à saúde bucal na população LGBTQIA+. *Saude Debate*. 2023;47(1):e8970.
 37. Mélo AM, Mendes BS, Costa R, Magri LV, Lara LAS, Mazzi-Chaves JF. Atenção integral à população trans: panorama da atuação do cirurgião-dentista na atenção primária à saúde. *Bol Epidemiol Paul*. 2023;20:1-17.
 38. Yılmaz B, Sagman H, Köse T, Emingil G. Transgender individuals in the eyes of dental professionals: a data-driven study. *Oral Dis*. 2025;31(8):2652-60. <https://doi.org/10.1111/odi.15310>. PMID:40087819.
 39. Noonan EJ, Sawning S, Combs R, Weingartner LA, Martin LJ, Jones VF, et al. Engaging the transgender community to improve medical education and prioritize healthcare initiatives. *Teach Learn Med*. 2018;30(2):119-32. <https://doi.org/10.1080/10401334.2017.1365718>. PMID:29190167.
 40. Haley CM, Macri D, Perez HL, Schwartz SB. LGBTQ+ and dental education: analyzing the present and recommendations for the future. *J Dent Educ*. 2022;86(9):1191-7. <https://doi.org/10.1002/jdd.13100>. PMID:36165245.
 41. Morello Sartori LR, Britto Corrêa M, Chisini LA. Ensino em saúde LGBTQI+ para alunos de odontologia: uma revisão sistemática. *Rev Fac Odontol (Univ Passo Fundo)*. 2023;26(1):135-43. <https://doi.org/10.5335/rfo.v26i1.11491>.
 42. Araújo Rodas L, da Nóbrega Holanda JK, de Sousa Lacerda WHM, de Oliveira Filho AA, Alves MASG, da Penha ES. Atenção à saúde de minorias sexuais e de gênero nos cursos de Odontologia das instituições públicas do Brasil. *Revista Coopex*. 2023;14(2):1090-102.
 43. Yu H, Flores DD, Bonett S, Bauermeister JA. LGBTQ+ cultural competency training for health professionals: a systematic review. *BMC Med Educ*. 2023;23(1):558. <https://doi.org/10.1186/s12909-023-04373-3>. PMID:37559033.
 44. Hasimoto L. Contextualizando o paciente transgênero no ensino e na prática odontológica: uma revisão de literatura [dissertation]. Campo Grande: Universidade Federal do Mato Grosso do Sul; 2023.
 45. Noonan EJ, Sawning S, Combs R, Weingartner LA, Martin LJ, Jones VF, et al. Engaging the Transgender Community to Improve Medical Education and Prioritize Healthcare Initiatives. *Teach Learn Med*. 2018;30(2):119-32. <https://doi.org/10.1080/10401334.2017.1365718>. PMID:29190167.
 46. Spizzirri G, Ankier C, Abdo CHN. Considerações sobre o atendimento aos indivíduos transgêneros. *Diagn Tratamento*. 2017;22(4):176-9.
 47. White Hughto JM, Reisner SL, Pachankis JE. Transgender stigma and health: a critical review of stigma determinants, mechanisms, and interventions. *Soc Sci Med*. 2015;147:222-31. <https://doi.org/10.1016/j.socscimed.2015.11.010>. PMID:26599625.
 48. Taroco ALC Jr, Valente TCO, Carbogim CS. Distance learning for updating health professionals in palliative care: a systematic review. *BMJ Support Palliat Care*. 2017;7(2):205-11. <https://doi.org/10.1136/bmjspcare-2015-001042>. PMID:28062410.
 49. Konstantinidis K, Apostolakis I, Karaiskos P. A narrative review of e-learning in professional education of healthcare professionals in medical imaging and radiation therapy. *Radiography (Lond)*. 2022;28(2):565-70. <https://doi.org/10.1016/j.radi.2021.12.002>. PMID:34937680.
 50. Karunathilake IM, Bandara J, Attygalle D, Gunawardena CN, Egodage T, Chandrasena U. Primary healthcare strengthening through distance education for health professionals. *South-East Asian Journal of Medical Education*. 2020;14(2):140-6. <https://doi.org/10.4038/seajme.v14i2.281>.

Victória Geisa Brito de Oliveira
(Corresponding address)

Universidade Estadual Paulista, Instituto de Ciência e Tecnologia, Faculdade de Odontologia, Departamento de Biociências e Diagnóstico Bucal, São José dos Campos, São Paulo, Brazil.
Email: victoria.gb.oliveira@gmail.com

Editor-in-chief: Sergio Eduardo de Paiva Gonçalves

Editor: Sergio Eduardo de Paiva Gonçalves

Date submitted: 2025 Nov 03

Accept submission: 2026 July 07