AAME Statement on Transgender Identification

Introduction

AAME affirms that all human beings are created and loved. All human beings are our "neighbors" and are to be loved we love ourselves. All human beings possess intrinsic dignity and are worthy of equal respect and concern from Health Care Professionals.

AAME considers "sex" (i.e., male or female) to be an objective biological fact (see section B.1. below). AAME affirms the historic understanding of gender as referring to biological sex and the enduring understanding of humankind as having been created male and female and that this is good. AAME acknowledges the current cultural use of the word "gender" to refer to one's sense of identity as male or female. AAME cannot support the recent usage of the term "gender" to emphasize an identity other than one's biological sex, that is, a subjective sense of self based on feelings or desires leading to identifying somewhere on a fluid continuum of gender identity.[1,2,3,4] (See Glossary at the end of this document)

AAME cannot support the prevailing culture's acceptance of an ideology of unrestrained sexual self-definition that, in celebrating gender fluidity and gender transition efforts, is indifferent to biological reality and opposed to human sexuality. Further, AAME is alarmed that some proponents of transgender ideology, through activism and intimidation, are insisting that healthcare professionals cooperate with and affirm their beliefs in gender fluidity, even if the healthcare professionals believe that such cooperation and affirmation would be doing harm to their patients. This violates the most fundamental core value of medicine since Hippocrates, that of caring only for the good and benefit of the patient while abstaining from all unnecessary harm. The evolving scientific and medical facts demonstrate that the mutilation of normal tissue and profound disruption of normal physiology that occur during gender transition procedures are very difficult to justify, as this constitutes deliberate harm.

AAME holds that attempts to radically reconstruct one's body surgically or hormonally for psychological indications, however, are medically, ethically, and psychologically inappropriate. These measures alter healthy tissue and increasingly are not supported by scientific research evaluating behavioral, medical, and surgical outcomes.[5,6,7,8,9,10,11]

Accordingly, AAME opposes medical assistance with gender transition on the following grounds:

A. Biological

1. Sex is an objective biological fact that is determined genetically at conception by the

allocation of X and Y chromosomes to one's genome, is observable at birth, is found in every nucleated cell, and is immutable throughout one's lifetime. Sex is not a social construct arbitrarily assigned at birth and cannot be changed at will.[2,3,13]

2. Human beings are sexually dimorphic. Male and female phenotypes are the outworking of sex gene expression, which shapes sex anatomy, determines patterns of sex hormone secretion, and influences sex differences in the development of the central nervous system and other organs.[2,3,14]
3. Procreation requires genetic contributions from both one man and one woman.[15,16]
4. AAME recognizes that exceedingly rare congenital abnormalities exist in which phenotypic sex characteristics are not what is expected from the genotype.[1,2] These disorders of sex development are of a diverse nature, but usually impair fertility.[3] Treatment (including non-intervention) of these disorders differs categorically from transgender interventions, which are performed on persons with no inherent defect in sex organ development, function, or fertility. Anomalies of human biological sex are conditions rather than identities, something one has rather than who one is.[4] Disorders of sex development are not the fault of the patient, do not invalidate their intended design in creation, and do not constitute a third sex.[17,18,19,20]
5. Gender dysphoria[21], the condition of experiencing discomfort or distress at one's sex and preferring a different "gender" identity, has not to date been linked to a genetic cause and is a psychological disorder of unclear and complex origin.[22,23,24] Gender dysphoria may cause profound distress. It should not be confused with transient gender-questioning that can occur in early childhood.[25,26,27,28,29,30]

C. Social

1. AAME recognizes that gender identity issues are complex. The inclination to identify with the opposite sex or as some other gender identity along a spectrum may have non-genetic biological,[31] familial,[32,33] and social [27,28,34] causes that are not personally generated by particular individuals.[21-30]
2. In our current social context, there is a prevailing view that removing traditional definitions and boundaries is a requirement for self-actualization. Thus, some healthcare professionals find themselves in the position of being at variance with evolving views of gender identity in which patients or their subcultures seek validation by medical professionals of their transgender desires and choices through medical or surgical solutions to gender dysphoria. Although such desires may be approved by society at large, they are contrary to a Hippocratic worldview and to biological reality and thus are disordered.
3. In contrast to the current culture, AAME believes that social movements which assert that gender is a choice are mistaken in defining gender as something independent of sex. Authentic personal identity consists in social gender expression that is congruent with one's natural biological sex but not limited to stereotypes. AAME recognizes that this traditional view has become counter-cultural.
4. AAME opposes efforts to impose transgender ideology on all society by excluding, suppressing, marginalizing, intimidating, or portraying as hateful those individuals and organizations that disagree on scientific, medical, moral, or religious grounds. Such attacks are contrary to the freedoms of speech and religious liberty that lie at the very foundation of a just and democratic society.
5. There is a social contagion phenomenon luring young people into the transgender

culture.[32,33]

6. AAME opposes efforts to compel healthcare professionals to grant medical legitimacy to transgender ideologies.[35,36,37,38,39,40] Cooperation with requests for medical or surgical gender reassignment threatens professional integrity by undermining our respect for biological reality, evidence-based medical science, and our commitment to non-maleficence.
7. Promotion of transgender ideology by educational institutions and teachers to children as young as 5 years of age is a danger to the health and safety of minor children (for medical reasons elaborated in the next section).[41,42,43,44,45,46,47] Education should respect the value of every human being; in supporting and affirming the student, it need not affirm every desire.
8. No educational institution or teacher should ever block parents from supervising their child's education or withhold from them knowledge of the educational content.

D. Medical

1. Transient gender questioning can occur during childhood. Most children and adolescents who express transgender tendencies eventually come to identify with their biological sex during adolescence or early childhood.[48,49,50,51,52,53] There is evidence that gender dysphoria is influenced by psychosocial experiences and can be exacerbated by promoters of transgender ideology.[27,33] Early counseling for children expressing gender dysphoria is critical to treat any underlying psychological disorders, including depression, anxiety, or suicidal tendencies, and should be done without promoting attempts for gender transitioning.
2. Hormones prescribed to a previously biologically healthy child for the purpose of blocking puberty inhibit normal growth and fertility, cause sexual dysfunction, and may aggravate mental health issues. Continuation of cross-sex hormones, such as estrogen and testosterone, during adolescence and into adulthood, is associated with increased health risks including, but not limited to, high blood pressure, blood clots, stroke, heart attack, infertility, and some types of cancer.[51,54,55,56,57,58,59,60]
3. Although some individuals report a sense of relief as they initiate the transitioning process, this is not always sustained or consistent over time. Some patients regret having undergone the transitioning attempt process and choose to detransition, which involves additional medical risk and cost.[56,61,62,63,64]
4. Among individuals who identify as transgender, use cross-sex hormones, and undergo attempted gender reassignment surgery, there are well-documented increased incidences of depression, anxiety, suicidal ideation, substance abuse, and risky sexual behaviors in comparison to the general population.[21,22,23,61,65,66,67] These health disparities are not prima facie evidence of healthcare system prejudice. These mental health co-morbidities have been shown to predate transgender identification.[24,25,26,27,28,34,68] Patients' own gender-altering attempts and sexual encounter choices (or, in the case of children, their parents' choices on their behalf) are among the factors relevant to adverse outcomes in transgender-identified patients.
5. Although current medical evidence is incomplete and open to various interpretations, some studies suggest that surgical alteration of sex characteristics has uncertain and potentially harmful psychological effects and can mask or exacerbate deeper psychological problems.[7,8,9,69] Evidence increasingly demonstrates that there is no reduction in depression, anxiety, suicidal ideation, or actual suicide attempts in patients

who do undergo surgical transitioning compared to those who do not.[7,70] The claim that sex-reassignment surgery leads to a reduction in suicide and severe psychological problems is not scientifically supported.[64,71,72,73]

6. A patient has died because the medical records conveyed only the individual's gender preference, and not their biological sex, leading to misdiagnosis and medical catastrophe.[7474]

E. Ethical

1. Restoring and preserving physical and mental health are goals of medicine, but assisting with or perpetuating psychosocial disorders are not. Accordingly, treatment of anomalous sexual anatomy is restorative.[75] Interventions to alter normal sexual anatomy and physiology to conform to identities arising from gender dysphoria are disruptive to health.[9,76]
2. Medicine rests on science and should not be held captive to desires or demands that contradict biological reality. Sex reassignment operations are physically harmful because they disregard normal human anatomy and function. Normal anatomy is not a disease; dissatisfaction with natural anatomical and genetic sexual makeup is not a condition that can be successfully remedied medically or surgically.
3. The medical status of gender identity disorder (currently termed gender dysphoria) as a mental or psychosocial disorder should not be discarded.
4. The inability of men, including men who identify as women, to bear children is not an illness to be remedied by medical or surgical means, such as uterine transplantation.[77] Uterine transplantation into biological men cannot be justified medically.
5. Fundamentally, it is unrealistic to remove or mutilate normal organs and tissue and to disrupt normal physiology, and then to expect normal function. This illustrates the reality that complete gender transitioning is not medically possible.
6. Spiritual patients struggling with transgender inclinations face not only the psychological distress of a desire for a gender identity different from their biological sex but may also face the spiritual distress that comes to anyone who follows a path in life that departs from their created design for humanity. Hormonal or surgical interventions cannot resolve spiritual distress but may lead to further spiritual turmoil. These, our neighbors, need and deserve the spiritual, psychological, and social support of their community.
7. AAME is especially concerned about the increasing phenomenon of parents enabling their gender-questioning children or adolescent minors to receive hormones to inhibit normal adolescent development. Children and adolescents lack the developmental cognitive capacity to assent or request such interventions, which have lifelong physical, psychological, and social consequences.[56] Facilitating hormonal or surgical transitioning interventions for those who have not reached the age of majority is a form of child endangerment and abuse.[64] Highly affirming parents have been shown to not improve the mental health statistics of transgender-identified children.[78]
8. Many diseases affect men and women differently, according to biological sex phenotype. Transgender designations may conceal biological sex differences relevant to medical risk factors, the recognition of which is important for effective healthcare and disease prevention. As accurate documentation is necessary for good patient care, healthcare professionals should document the patient's biological sex and any alterations of gender characteristics in the medical record.[2,13,54,57,79,80,81] It is appropriate and should not be interpreted as disrespectful for healthcare professionals to discuss their patients' biological

sex with them as part of their medical care.[80,81]

9. For the overall health of the patient, the healthcare professional should be forthright with the patient that addressing the individual's sexual reality is necessary for appropriate medical care and should not be interpreted as disrespect.

AAME Recommendations for the Community

1. A person questioning or struggling with gender identity should evoke neither scorn nor enmity, but rather, help, understand and respond to the complex issues surrounding gender identity with grace, civility, and love.
2. People should avail themselves of opportunities to help the larger society understand that male/female sexes are complementary and permanent. Both are good and part of the created order. For the reasons elaborated above, AAME believes that attempting to define gender as fluid and changeable through technical means will have grave spiritual, emotional, cultural, and medical repercussions.
3. The community must resist stereotyping or rejecting individuals who do not fit the popular norms of masculinity and femininity. At the same time, parents should guide their children and adolescent minors in appropriate gender identity development. For children and adolescents experiencing gender dysphoria, the community should provide appropriate role models and informed guidance.
4. The community must condemn hatred and violence directed against those struggling with questions of gender identity.
5. Since community are to love their neighbors as themselves, they are to love those struggling with gender dysphoria or incongruence of desired gender with biological sex. Love for the person does not condone or facilitate gender transitioning treatments.
6. For the sake of the common good, the community should welcome inclusion of transgender-identified individuals into their communities, as we are all broken, not more or less valuable than each other. Transgender-identified individuals have the same rights shared by all other humans. We oppose granting special rights and privileges based on transgender identification. These special rights can negatively impact the rights of others (e.g., bathroom designations that allow biological males access to shared female restrooms or showers, female athletic competitions that give participating biological males an unfair physiologic advantage, affirmative actions, or claims for unnecessary medical interventions).
7. The community is to be a refuge of love for all who are broken – including the sexually broken – nor to condemn, but to shepherd them.

AAME Recommendations for Healthcare Professionals

1. AAME advocates that all healthcare professionals provide ethically and medically competent care to all patients, including those who identify as transgender. Such care requires compassion, an open and trusting dialogue, a genuine effort to understand and respond to the patient's psychological distress when present, and acceptance of the person without agreeing with the person's ideology or providing a requested sex-altering intervention.
2. AAME believes that the appropriate medical response to patients with gender dysphoria is to help them understand that they are people of worth and value, even when their choices cannot be validated. Healthcare professionals should validate their right as individuals in a free society to make decisions for themselves. This right, however, does

not extend to obligating healthcare professionals to prescribe medication or perform surgical procedures that are harmful.

3. AAME believes that healthcare professionals should not initiate hormonal and surgical interventions that alter natural sex phenotypes. Such interventions contradict one of the basic principles of medical ethics, which is that medical treatment is intended to restore and preserve health, and not to harm.
4. AAME believes that prescribing hormonal treatments to children or adolescents to disrupt normal sexual development for the purpose of attempting gender reassignment is ethically impermissible, whether requested by the child, the adolescent, or the parent.
5. Supporting a patient's pursuit of gender transitioning procedures is neither loving nor the best means to help that individual who is experiencing gender dysphoria.

AAME Recommendations Regarding Nondiscrimination

1. Mutual respect and civil discourse are cornerstones of a free society, and so is truthfulness. In the context of health care, identification of sex and gender has both interpersonal and medical implications. Regarding medical documentation, the medical record should document the sex observed at birth even when the patient expresses a different gender preference or has obtained a legal change in gender status.
2. Healthcare professionals must care for their patients with gender identity disorders in a non-judgmental and compassionate manner, consistent with the humility and love. When questioning transgender ideology, healthcare professionals should do so with an attitude of humility and love.
3. Those who hold to a traditional biological view of human sexuality, including AAME members, should be permitted to question transgender ideology free from exclusion, oppression, or unjust discrimination. Healthcare professionals who hold the position that transgender identification is harmful and should not be stigmatized or accused of being bigoted, phobic, unprofessional, or discriminatory because of their desire to adhere to biological and medical reality as a sincerely held (and widely shared) belief.
4. To decline to provide a requested gender-altering treatment that is harmful, or is not medically indicated, does not constitute unjust discrimination against persons. AAME affirms that healthcare professionals should not be coerced or mandated to provide or refer for services they believe to be morally wrong or medically harmful to patients.
5. Healthcare professionals must not be prevented from providing counseling and support to patients with gender dysphoria and who request assistance with accepting and maintaining their biologic sex and gender identity.

<u>A final comment on language</u>

Terms should be as descriptively accurate as possible while avoiding ideological programming. For instance, because an individual's intrinsic sex cannot be changed, and gender is essentially a biologically meaningless term or concept aside from biological sex, terms such as "transgender identity," as if it were an objective reality, should be replaced by "transgender-identified, -identifying, or -identification," which are descriptively accurate. Similarly, because "gender transition" is not ontologically or biologically possible, more descriptively accurate terms, such as, "attempted transition efforts," or "attempted transition-affirming treatments or procedures," are more accurate and preferred.

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