As October is LGBTQ+ history month, the AMA looks at its history fighting conversion therapy. The AMA first adopted policy opposing the use of conversion therapy in 2000. At the 2000 Annual Meeting of the House of Delegates, Resolution 506 instructed the AMA to “oppose the use of “reparative” or “conversion” therapy.

So-called “conversion therapy” refers to therapies or interventions aimed at changing a person’s sexual orientation, gender identity or gender expression. Underlying this “treatment” is the assumption that same-sex orientation and trans or non-binary gender identity can and should be changed. This assumption is not based on medical evidence. Professional consensus rejects pathologizing same-sex orientation and gender-diverse identities, and no major medical association recognizes conversion therapy as a legitimate practice.

Nevertheless, the unfounded misconception of sexual orientation and gender identity “conversion” persists today. Not only is the practice ineffective at achieving its purported goals, but evidence has also shown that conversion therapy can be harmful, increasing suicidal behaviors and causing significant psychological distress, anxiety, internalized homophobia, self-blame, intrusive imagery and sexual dysfunction.

That is why the AMA opposes the use of conversion therapy. AMA policy emphasizes that a health care provider’s nonjudgmental recognition of and respect for patients’ sexual orientations, sexual behaviors and gender identities are essential elements in rendering optimal patient care. This recognition is especially important to address the specific health care needs of people who are or may be LGBTQ, as these patients often experience disparities in access to care, as well as heightened risk for depression, suicide, domestic violence and victimization.

The AMA first adopted policy opposing the use of conversion therapy in 2000. At the 2000 Annual Meeting of the House of Delegates, Resolution 506 instructed the AMA to “oppose the use of ‘reparative’ or ‘conversion’ therapy that is based upon the assumption that homosexuality is per se a mental disorder or based upon the a priori assumption that the patient should change his/her homosexual orientation.” Over time, the AMA House of Delegates has modified the policy, which now
states that the AMA “opposes, the use of ‘reparative’ or ‘conversion’ therapy for sexual orientation or gender identity” (AMA Policy H-160.991).

California was the first state to prohibit the practice of conversion therapy on minors in 2012, and, to date, 21 states and the District of Columbia prohibit the practice. In 2021, Minnesota Governor Tim Walz issued an executive order prohibiting conversion therapy on minors. Three additional states have partially prohibited the practice by either barring the use of state and/or Medicaid funding for conversion therapy or prohibiting specific professionals from engaging in the practice. Some states also deem the advertisement and provision of conversion therapy to be an unfair or deceptive business practice since evidence has demonstrated the practice is not effective at changing an individual’s sexual orientation or gender identity.

The AMA has long supported efforts to ban this harmful and discriminatory practice and works with state medical associations to support legislation, communicate with legislators and provide supporting evidence of the need for such laws. Model legislation is also available from the AMA Advocacy Resource Center.

More articles in this issue

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