

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 014
(A-22)

Introduced by: Women Physicians Section

Subject: Healthcare Equity Through Informed Consent and a Collaborative Healthcare Model for the Gender Diverse Population

Referred to: Reference Committee on Amendments to Constitution and Bylaws

- 1 Whereas, Gender dysphoria is defined as the “discomfort or distress that is caused by a
2 discrepancy between a person’s gender identity and that person’s sex assigned at birth”⁶; and
3
- 4 Whereas, A 2021 national survey analyzed the experiences of LGQBT youth and found that
5 “75% experienced discrimination based on their sexual orientation or gender identity,” while
6 “48% reported they wanted counseling...but were unable to receive it this past year”²; and
7
- 8 Whereas, A longitudinal study of 6327 transgender and gender diverse individuals, found that
9 younger people had 7 times greater risk for suicide attempts underneath the age of 18 years
10 old⁵; and
11
- 12 Whereas, A study of cisgender and transgender individuals, found that transgender groups
13 experienced “worse mental health” and “higher odds of multiple chronic conditions, poor quality
14 of life, and disabilities than both cisgender males and females”³; and
15
- 16 Whereas, An article found that “few transgender youth eligible for gender-affirming treatments
17 actually receive them,” with potential barriers spanning from “accessible...providers trained in
18 gender affirming care,” “gatekeeping or uncoordinated care,” “limited or delayed access” to
19 treatments, and “insurance exclusions”⁴; and
20
- 21 Whereas, Federal Civil Rights Laws such as Section 1557 Patient Protection and Affordable
22 Care Act prohibits discrimination on the basis of race, color, national origin, sex, age, and
23 disability in covered health programs or activities; and
24
- 25 Whereas, The Supreme Court’s Decision in Bostock and Title IX enforces Section 1557’s
26 prohibition on discrimination on the basis of sex to include: (1) discrimination on the basis of
27 sexual orientation; and (2) discrimination on the basis of gender identity; and
28
- 29 Whereas, There are “two common approaches to assess an individual before commencing of
30 gender-affirming hormone therapy (GAHT); a mental health practitioner assessment and
31 approval or an informed consent model undertaken with a primary care general practitioner
32 (GP)” and a “sexual health physician or endocrinologist”⁷; and
33
- 34 Whereas, In gender affirming care, “medical interventions for transition may affect risk profiles
35 for many diseases, including cancer and cardiovascular disease”⁸; and
36
- 37 Whereas, The American Academy of Family Physicians currently opposes medically
38 unnecessary surgeries in intersex infants, along with the World Health Organization (WHO) and
39 many other intersex-led organizations across the world¹; therefore be it

1 RESOLVED, That our American Medical Association support shared decision making between
2 gender diverse individuals, their families, their primary care physician, and a multidisciplinary
3 team of physicians and other health care professionals including, but not limited to, those in
4 clinical genetics, endocrinology, surgery, and behavioral health, to support informed consent
5 and patient personal autonomy, increase access to beneficial gender affirming care treatment
6 options and preventive care, avoid medically unnecessary surgeries, reduce long term patient
7 dissatisfaction or regret following gender affirming treatments, and protect federal civil rights of
8 sex, gender identity, and sexual orientation. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 05/04/22

References:

1. AAFP. "Genital Surgeries in Intersex Children." (2018 July BOD) (2018 COD). American Academy of Family Physicians. 2021. https://www.aafp.org/about/policies/all/genital_surgeries.html.
2. 2021 National Survey on LGBTQ Youth Mental Health. The Trevor Project. Accessed July 15, 2021. <https://www.thetrevorproject.org/survey-2021/>
3. Downing, Janelle M. et al. Health of Transgender Adults in the U.S., 2014–2016. American Journal of Preventive Medicine, Volume 55, Issue 3, 336 - 344. DOI:<https://doi.org/10.1016/j.amepre.2018.04.045>
4. Gridley, Samantha J. et al. Youth and Caregiver Perspectives on Barriers to Gender-Affirming Health Care for Transgender Youth. Journal of Adolescent Health, Volume 59, Issue 3, 254 - 261. DOI:<https://doi.org/10.1016/j.jadohealth.2016.03.017>.
5. Mak J, et al. Suicide Attempts Among a Cohort of Transgender and Gender Diverse People. Am J Prev Med. 2020 Oct;59(4):570-577. doi: 10.1016/j.amepre.2020.03.026. Epub 2020 Aug 12. PMID: 32798005; PMCID: PMC7508867.
6. Kirouac N, Tan M. Gender Creative or Transgender Youth and Advanced Nursing Practice. Pediatr Endocrinol Rev. 2017 Jun;14(Suppl 2):441-447. doi: 10.17458/per.vol14.2017.kt.gendercreativetransgender. PMID: 28647948.
7. Spanos, Cassandra et al. The Informed Consent Model of Care for Accessing Gender-Affirming Hormone Therapy Is Associated With High Patient Satisfaction. The Journal of Sexual Medicine, Volume 18, Issue 1, 201 - 208. <https://doi.org/10.1016/j.jsxm.2020.10.020>.
8. von Vaupel-Klein AM, Walsh RJ. Considerations in genetic counseling of transgender patients: Cultural competencies and altered disease risk profiles. *J Genet Couns.* 2021;30(1):98-109. doi:10.1002/jgc4.1372

RELEVANT AMA POLICY

Medical Spectrum of Gender D-295.312

Given the medical spectrum of gender identity and sex, our AMA: (1) will work with appropriate medical organizations and community based organizations to inform and educate the medical community and the public on the medical spectrum of gender identity; (2) will educate state and federal policymakers and legislators on and advocate for policies addressing the medical spectrum of gender identity to ensure access to quality health care; and (3) affirms that an individual's genotypic sex, phenotypic sex, sexual orientation, gender and gender identity are not always aligned or indicative of the other, and that gender for many individuals may differ from the sex assigned at birth.

Citation: Res. 003, A-17; Modified: Res. 005, I-18

Clarification of Medical Necessity for Treatment of Gender Dysphoria H-185.927

Our AMA: (1) recognizes that medical and surgical treatments for gender dysphoria, as determined by shared decision making between the patient and physician, are medically necessary as outlined by generally-accepted standards of medical and surgical practice; (2) will advocate for federal, state, and local policies to provide medically necessary care for gender dysphoria; and (3) opposes the criminalization and otherwise undue restriction of evidence-based gender-affirming care.

Citation: Res. 05, A-16; Modified: Res. 015, A-21

Affirming the Medical Spectrum of Gender H-65.962

Our AMA opposes any efforts to deny an individual's right to determine their stated sex marker or gender identity.

Citation: Res. 005, I-18