AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: 2
(June 2022)

Introduced by: Varudhini Reddy, MD

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

Referred to: Reference Committee
(, MD, Chair)

Whereas, Gender Dysphoria is defined as the "discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth"[6]; and

Whereas, A 2021 national survey analyzed the experiences of LGQBT youth and found that "75% experienced discrimination based on their sexual orientation or gender identity," while "48% reported they wanted counseling...but were unable to receive it this past year"[2]; and

Whereas, A longitudinal study of 6327 transgender and gender diverse individuals, found that younger people had 7 times greater risk for suicide attempts underneath the age of 18 years old[5]; and

Whereas, A study of cisgender and transgender individuals, found that transgender groups experienced "worse mental health" and "higher odds of multiple chronic conditions, poor quality of life, and disabilities than both cisgender males and females"[3]; and

Whereas, An article found that "few transgender youth eligible for gender-affirming treatments actually receive them," with potential barriers spanning from "accessible…providers trained in gender affirming care," "gatekeeping or uncoordinated care," "limited or delayed access" to treatments, and "insurance exclusions"[4]; and

Whereas, Federal Civil Rights Laws such as Section 1557 Patient Protection and Affordable Care Act prohibits discrimination on the basis of race, color, national origin, sex, age, and disability in covered health programs or activities; and

Whereas, The Supreme Court's Decision in Bostock and Title IX enforces Section 1557's prohibition on discrimination on the basis of sex to include: (1) discrimination on the basis of sexual orientation; and (2) discrimination on the basis of gender identity; and

Whereas, There are "two common approaches to assess an individual before commencing of gender-affirming hormone therapy (GAHT); a mental health practitioner assessment and approval or an informed consent model undertaken with a primary care general practitioner (GP)" and a "sexual health physician or endocrinologist"[7]; and

Whereas, In gender affirming care, "medical interventions for transition may affect risk profiles for many diseases, including cancer and cardiovascular disease"[8]; and

Whereas, The American Academy of Family Physicians currently opposes medically unnecessary surgeries in intersex infants, along with the World Health Organization (WHO) and many other intersex-led organizations across the world[1]; therefore be it

RESOLVED, That the AMA support shared decision making between gender diverse individuals, their families, their primary care physician, and a multidisciplinary team of physicians and other health care professionals including, but not limited to, those in clinical genetics, endocrinology, surgery, and behavioral health, to support informed consent and patient personal autonomy, increase access to beneficial gender affirming care treatment options and preventive care, avoid medically unnecessary surgeries, reduce long term patient dissatisfaction or regret following gender affirming treatments, and protect federal civil rights of sex, gender identity, and sexual orientation. (Directive to Take Action)

Fiscal note: Modest - between $1,000 - $5,000

Received: 3/25/2022

RELEVANT AMA POLICY

1. Medical Spectrum of Gender D-295.312
2. Clarification of Medical Necessity for Treatment of Gender Dysphoria H-185.927
3. Affirming the Medical Spectrum of Gender H-65.962

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