

SOGI TRAINING IN CATHOLIC HEALTH CARE

Ethicists of the NCBC



In response to activists' demands and new regulations and guidance, some Catholic health care institutions and systems have begun implementing mandatory sexual orientation and gender identity (SOGI) training programs for employees. The National Catholic Bioethics Center is concerned that such programs may be heavily influenced by, or adapted directly from, transgender advocacy organizations. If these programs fail to accurately reflect Catholic teaching, they can undermine the witness of the Church and create conflicts of conscience for many in Catholic health care.

Catholic Witness

Catholic health care expresses and continues the healing ministry of Jesus Christ. Therefore, it must be animated by the spirit of Christ and guided by the moral tradition of the Church in all dimensions of its services. Thus, any SOGI training program implemented in a Catholic health care institution should integrate the full scope of Catholic teachings. This includes, first and foremost, the Catechism's teaching that people accept their sexual identity and that sexual difference and complementarity are ordered to the human good.¹

Any SOGI training should also be grounded in a truly Catholic anthropology. Catholic teaching holds that the human person is a body-soul union and that sexual identity is a fixed and unchanging endowment of God that is manifested through the body. SOGI training ought to affirm these realities and not accept, either explicitly or implicitly, a dualistic ideology that proposes a "self" that is separate from the body.² In addition, the training should counter both the false premise that biological realities (chromosomes, genitalia, etc.) are irrelevant for understanding sexual identity and the notion that sex and gender are unconnected or fluid.

Any SOGI training in a Catholic institution should offer a proper understanding of dignity. Catholicism teaches that human dignity is grounded in our creation in the image of God as male and female. As the Catechism notes, "Man and woman have been *created*, which is to say, *willed* by God: on the one hand, in perfect equality as human persons; on the other, in their respective beings as man and woman. 'Being man' or 'being woman' is a reality which is good and willed by God: man and woman possess an inalienable dignity which comes to them immediately from God their Creator" (n. 369, original emphasis). This understanding of dignity should be emphasized, not secular approaches

that define *dignity* as affirming the perceptions that people have of themselves.

In addition, the doctrinal and moral resources in the *Ethical and Religious Directives for Catholic Health Care Services* should be employed to integrate all applicable Church teachings into any SOGI training program. Relevant directives include those that address respect for human dignity (n. 23), the integrity of the human body (n. 29), human fertility (n. 53), and the mission of Catholic health care (nn. 9 and 67).

Avoiding the Affirmation of Transgender Ideology

Secular SOGI training programs are often designed by transgender advocacy organizations. If a Catholic health care institution or system were to uncritically adopt such a program, or key parts thereof, it could affirm or even advance transgender ideology. This can occur in a number of ways.

First, secular programs instruct employees to use the "preferred" names and pronouns of those who claim to be transgender. They also instruct employees to apologize if they use a "wrong" name or pronoun, and suggest "correcting" fellow employees who do the same. This is problematic because it encourages employees to affirm another's misguided beliefs, conveys legitimacy to false notions of human anthropology, and disregards employees who have religious or moral objections to transgender affirmation. Catholic institutions should not require personnel to use preferred pronouns or sex-specific identifiers that explicitly contradict the person's biological sex.³ Good medical care does not require adopting a new set of pronouns.

Second, secular programs employ terminology and concepts that are constitutive of transgender ideology. Examples include use of *cisgender* in place of male or female, and *gender affirmation surgery* in place of sex-change operation. Further explicit, and possibly manipulative, examples can be found in the glossaries of advocacy groups that are referenced in some secular training programs. For example, the National LGBT Health Education Center states, "We avoid using the phrases 'biological male' and 'biological female' because . . . they may not reflect how a person identifies in regard to their gender."⁴ Catholic health care institutions should avoid using or even referencing such language. While there may be legal or regulatory pressure to incorporate "industry standard" terms and data fields into electronic medical records, instructing employees to use such language in their professional and personal interactions raises significant concerns.⁵

Two further cautions deserve mention. First, some secular training programs draw on the so-called platinum rule—"Treat others in the way they wish to be treated"—and teach that employees, including clinicians, should follow this rule literally in treating persons claiming to be transgender. Compelling employees to treat patients as they wish to be treated affirms the ever-expanding notion of autonomy in health care (including Catholic health care)—that people should be given whatever they want, regardless of whether it is in their best medical interests. Second, SOGI terms and concepts are being used by state and local governments to

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change anti-discrimination laws—often bypassing the legislative process. By uncritically adopting SOGI language and concepts in mandated employee training, Catholic institutions could implicitly affirm and advance these efforts.

Clinical Realities

To the extent that they address clinical care, any SOGI training program in a Catholic institution should provide objective, evidence-based information about the medical realities associated with transgenderism. This is particularly important for clinicians. Secular training programs emphasize health disparities experienced by those who claim to be transgender; however, they often only identify “stigma” and “discrimination” as reasons for these disparities and fail to acknowledge that mental health conditions such as depression and dissociative disorders often underlie, or at least may contribute to, such disparities. These programs also state that transgender individuals experience higher rates of mental health conditions, HIV infection, and suicide, yet they do not identify why these realities exist or how they may be linked to transgenderism itself. These are glaring omissions given the fact that numerous studies demonstrate links between transgenderism and negative health outcomes.

Beyond basic, objective clinical information, a SOGI training program needs to address practical questions that face employees in Catholic health care. For example, how is the program related to institutional or system policies that address gender identity? What resources does the institution or system provide to clinicians to help them guide patients to suitable counseling that addresses the root causes of transgender perceptions? And what strategies does the institution or system provide to help clinicians best respond to patients seeking hormones, medications, or procedures that the clinician cannot in good conscience provide or that would, in the clinician’s medical judgment, work contrary to the patient’s best interests? The training also needs to address how the institution or system will support clinicians

and other employees who, for reasons of conscience and religious liberty, cannot affirm transgenderism by using preferred pronouns or by adopting transgender language and concepts. Overall, any training must offer guidance, drawn from the Catholic moral tradition, for navigating with integrity the realities of gender identity confusion in light of the integral well-being of persons.

Catholic health care institutions that uncritically adopt secular SOGI training programs are in fact promoting transgender ideology. The guidance typically offered by these programs—mandating “correct” pronoun usage in accord with personal preference and incorporating gender-fluid concepts and language—contradicts logic, basic biology, and Catholic anthropology. While gender ideology poses a grave threat to Catholic health care, it also offers an opportunity. Catholic health care should respond to this ideology by faithfully articulating and applying Church teachings in the areas of sexuality, embodiment, and dignity. It should also commit itself to formulating holistic approaches to care that respect persons in their biological reality, accompany them in their suffering, and bring them to authentic healing through Christian charity and compassion. We must not miss this opportunity.

Notes

1. *Catechism*, n. 2333. See also US Conference of Catholic Bishops, “Gender Theory/Gender Ideology: Select Teaching Resources,” February 2, 2017, <http://www.usccb.org/>.
2. NCBC, “Brief Statement on Transgenderism,” *National Catholic Bioethics Center Quarterly* 16.4 (Winter 2016): 600–601. See also John A. Di Camillo, “Gender Transitioning and Catholic Health Care,” *National Catholic Bioethics Quarterly* 17.2 (Summer 2017): 219–220.
3. NCBC, “Statement on Transgenderism,” 602.
4. Fenway Health, *Glossary of LGBT Terms for Health Care Teams*, s.v. “biological male/female,” National LGBT Health Education Center, updated March 2018, <https://www.lgbthealtheducation.org/>.
5. See Fenway Health, “Landmark Decision by Department of Health and Human Services Will Reduce Disparities Experienced by LGBT People,” Fenway Focus, October 7, 2015, <http://fenwayfocus.org>.

