

THE NATIONAL CATHOLIC BIOETHICS CENTER



TRANSGENDER TRANSITIONING THROUGH BEHAVIORAL, SURGICAL, AND PHARMACOLOGICAL APPROACHES

PREPARED BY THE ETHICISTS OF THE NCBC
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“All persons served by Catholic health care have the right and duty
to protect and preserve their bodily and functional integrity.”
—USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), n. 29.

SUMMARY

Among health care providers and public officials and in popular opinion, gender dysphoria is coming to be regarded as an anatomical pathology that can be medically corrected, rather than primarily a psychological pathology. Hence, gender transitioning, including behavioral, hormonal, and surgical treatments, is coming to be accepted more broadly as a form of “therapy.” The concept of gender transitioning stands in radical opposition to a proper understanding of the human person, however, and a number of the proposed interventions represent mutilating or damaging forms of treatment.

Biological Sex is the Foundation for Gender

Human sexual identity is determined by key biological factors, including but not limited to chromosomes and genes. Gender awareness is a psychosocial concept. Our internal sense of ourselves as male or female, while grounded in biology, is shaped by sociological and psychological factors. Each person’s awareness as male or female arises as he or she matures and, along with other developmental processes, may become confused because of interpersonal relationships and environmental factors.

Identifying Appropriate Interventions for Those Struggling with Gender Dysphoria

Individuals who believe they were born the wrong sex suffer from gender dysphoria, which calls for appropriate psychotherapeutic treatments. Those with gender dysphoria need evidence-based care that includes evidence based on the truth of human nature. The treatment should strive to correct the false, problematic nature of the assumption and to resolve psychosocial conflicts without further provoking them. With children, this may be best carried out in family therapy. Surgeries, the administration of cross-sex hormones or pubertal blockers, and social or behavioral modifications for the purposes of gender transitioning raise serious moral concerns. Such surgical approaches typically represent mutilatory interventions on the human body. Pubertal blockers cause a disease state by suspending puberty and are chemically mutilating by their action of inhibiting the normal growth and development of an otherwise biologically healthy child. Cross-sex hormones involve similar disruptions to a properly working biological system.

For further information, visit the NCBC website at www.ncbcenter.org.
To request a consultation, e-mail consults@ncbcenter.org or call 215-877-2660.

FAQs

Question 1. If some persons believe that they were born with the wrong “body configuration,” that they were really meant to be the opposite sex, and also believe, along with many in the medical community, that surgical and pharmacological transitioning would be appropriate, how can we explain the moral issues clearly?

Reply: Sometimes the use of parallel examples can be helpful. In its essence, a man’s belief that he is “a woman trapped in man’s body” hardly differs from the feelings of a woman with anorexia nervosa who is convinced that she is massively obese even though she is emaciated. We do not perform liposuction on anorexics. Similarly, it is unreasonable to amputate the genitals of patients who labor under misperceptions about their gender identity.

Question 2. Are there particular ethical concerns for children and youth struggling with issues of gender identity?

Reply: Yes. Children who experienced transgender feelings and received no medical or surgical interventions were studied at both Vanderbilt University and London’s Portman Clinic. The studies found that 70 to 80 percent of them spontaneously lost those feelings. Hence, the majority of children who experience cross-gender identification will not continue to do so into adulthood. This reveals yet another important reason that special care must be exercised when addressing transgender issues in the situations of vulnerable. Children should not be conditioned or otherwise misled into believing that a lifetime of behavioral, chemical, and surgical impersonation of the opposite sex is normal or appropriate. Gender transitioning interventions and related forms of “gender affirmation” for such individuals are morally inappropriate and contraindicated.

Question 3. Are there risks associated with the techniques themselves, that is, with surgical and pharmacological approaches to dealing with gender dysphoria?

Reply: Yes. Surgery itself invariably involves risks, such as anesthesia and post-operative recovery, and given that the surgical interventions themselves involve significant reconfiguration of genitalia and other structures of the human body, the risks are real. Hormonal regimens (testosterone and estrogen) utilized in transitioning procedures also involve significant risk, as these powerful agents have been associated with blood clots, high blood pressure, and an increased frequency of stroke and cancer.

RESOURCES

Lawrence S. Mayer, Paul R. McHugh, “Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences,” special report, *New Atlantis* 50 (Fall 2016), www.thenewatlantis.com/.

American College of Pediatricians, “Gender Ideology Harms Children,” updated August 17, 2016, <http://www.acped.org/>.