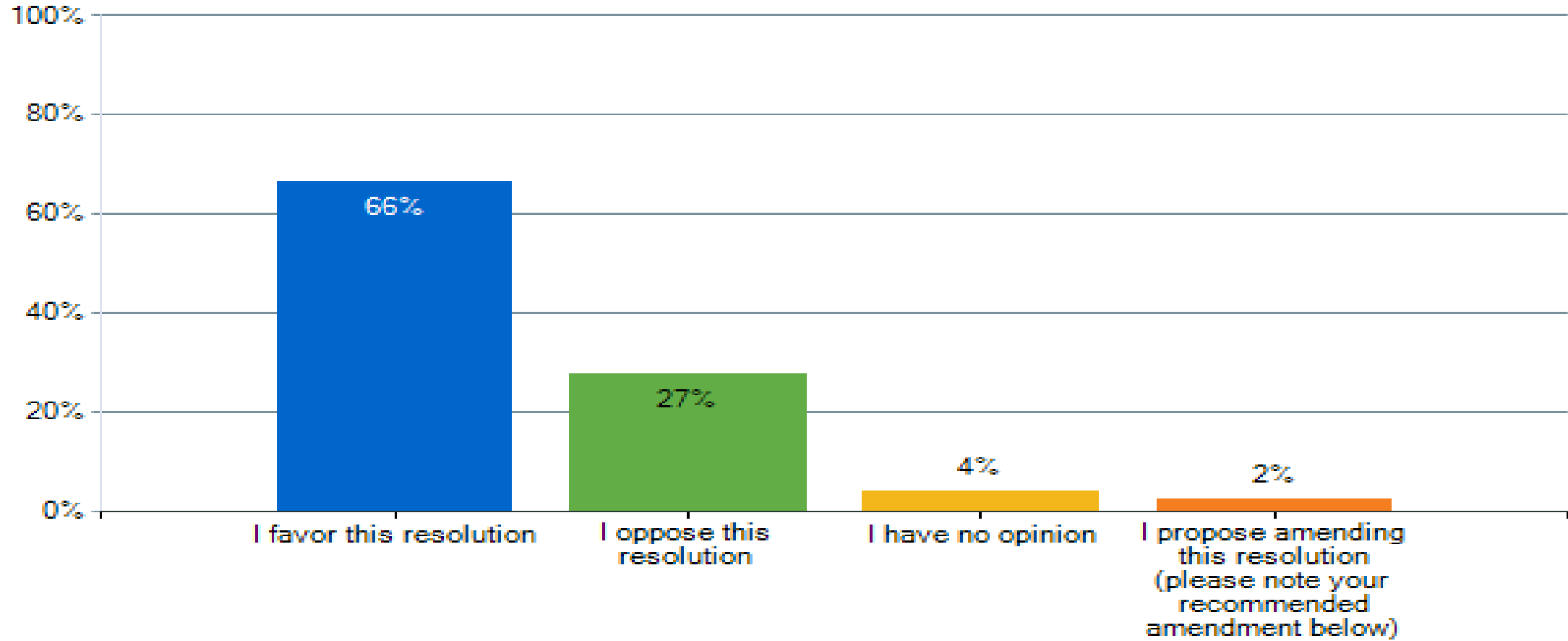
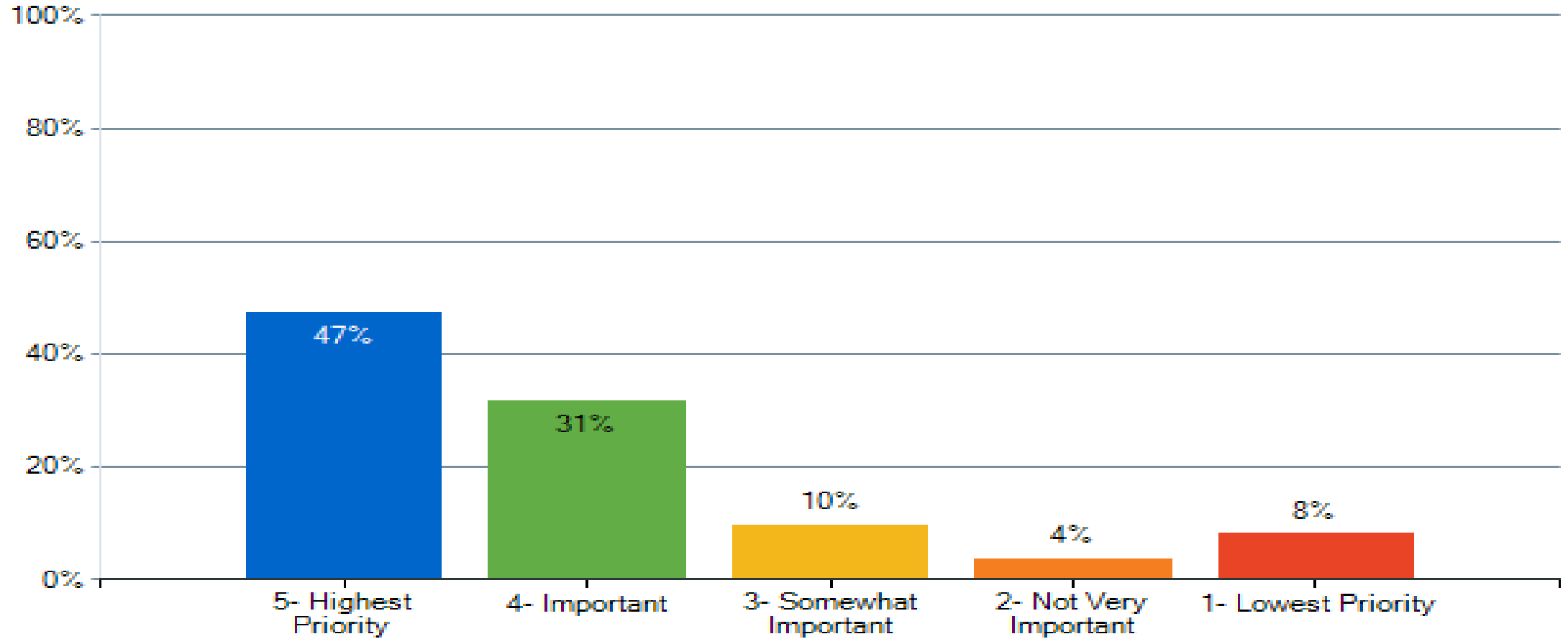


First Do No Harm: Medical/Surgical Gender Transition Procedures in Minors



252 responses

Please indicate your view of this resolution as an ISMS priority.



251 responses

Comments

Response Text

With trans individuals having a high suicide rate due to a lack of support from family or friends, the medical community has an opportunity to be a bastion of support and prevent the loss of life. By supporting this resolution, the ISMS will be indicating their acceptance of high suicide rates within the trans community. Do no harm would be to not discuss these issues when brought to attention, not to run from the issue.

I don't oppose gender affirming care.

I agree with the evidence-based portion of this resolution but disagree with the discussion of gender transition with patients requiring parental consent. This discussion should be able to part of sexuality discussions that may also include contraception and STI prevention and these occur without parental consent.

Gender transition for pre-pubescent persons is more likely than not in appropriate treatment. If we used the current level of evidence for gender transition on any other treatment, we would be committing malfeasance at best, so why isn't gender transition surgery for minors in the same category?

No minor should have any procedure without parental consent.

I've not been persuaded that gender transition should be consider standard of care and have concerns that it's not fully understood.

Programs to transition are becoming widespread and promoted by a fringe group of people with a big voice on social media. I believe that it needs to be studied extensively and consider criminal charges to those that perform these procedures on minors.

This resolution is inappropriate. Parents and their children know best.

I support this resolution as well. I believe that the current status of gender affirming care with hormonal treatment and surgery is assault and battery to our children. We all know "tomboys" from childhood who suffered from gender dysphoria as a child who have grown into amazing, beautiful women who have given birth and now endorse their natural gender wholeheartedly: I consider life altering hormones and surgery at that age to be tragic and shortsighted. We can lovingly come alongside patients, parents and families with children finding their way without life altering means. I'm still doubtful that peer reviewed studies can be without bias regarding these treatments. The timeframe of some studies have been way too short to really understand the psychological implications of such treatments. How can we lose sight of the underdeveloped forebrain of an adolescent or prepubescent and rely on decisions for life altering treatments based solely on their feelings at such a young age. First do no harm!! I recommend waiting to age 18-21 before consent can be obtained.

This seems to ask for interference in practice.

This is transphobic and furthermore, simply inaccurate. There are many peer reviewed studies on the issue of medical/surgical transition-related care for minors.

<https://www.wpath.org/media/cms/Documents/Public%20Policies/2022/USPATHWPATH%20Statement%20re%20Nov%2014%202022%20NYT%20Article%20Nov%2022%202022.pdf> I am a psychiatrist specializing in care for transgender patients. I see adult patients primarily, but also consult on care for adolescent patients. The piece of the resolution, requiring parental consent for any counseling of minors regarding transition, in all venues, would have a massive negative impact on adolescent mental health. This proposed policy would effectively require schools, physicians' offices, therapists, community centers, etc. to out young people to parents. This would very likely place some adolescents at risk of immediate physical harm. It also violates usual confidentiality rules for both medical and other mental health providers. See: official position statement from American Association of Child and Adolescent Psychiatrists: https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx and the American Academy of Pediatrics: <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for> I am unclear why the ISMS would consider proposing a policy that

runs directly counter to established evidence AND consensus opinion from specialty organizations whose clinical expertise is directly pertinent to this topic. We should in fact be doing the exact opposite of this proposal Dr. Roy appears to be a geriatrician without any expertise in transgender care. This resolution appears to parrot mass media talking points without actually reviewing the currently available literature or body of evidence.

Agree.

ISMS should stay out of it. This is a very controversial topic and cannot be resolved at the State level. No pointing wasting our time and resources on this issue. Let American Academy of Pediatrics have an opinion on this and let them handle it. Not worth our time and efforts.

This is a horrifically violent resolution that is beneath contempt and surely issued by someone with little to no knowledge of the broader state of literature regarding transgender medicine in minors. Transgender children deserve care; withholding care in the perceived absence of evidence has never been ethically acceptable medical practice, and the goalpost for what is considered "evidence" will move capriciously at the political whims of the worst actors. Frankly, such a proposal is disgusting. Whoever wrote this has clearly had minimal open dialogue with transgender children or adults and is plainly parroting political talking points with minimal expertise. It should not be the position of the Medical Society to restrict the practice options of physicians in concert with their patients without direct and compelling evidence of harm, none of which is on offer or has ever been demonstrated. To adopt such a position is a naked assault on all four pillars of medical ethics, most obviously patient autonomy, social justice (restricting medical care of a class of people), beneficence and non-maleficence. It is an embarrassment to our profession and to the Illinois Medical Society that such a resolution should even be considered. This should never see the light of day and I will vigorously oppose not just the proposal but the state Medical Society, should this ever pass.

Seems like a right-wing resolution!!

I. agree

I do not believe that minors have the mental maturity to undergo gender transition surgeries at all and should be banned until they reach adulthood and can make an informed decision. Giving parents the ability to choose the surgery for their children is reflective of the adult's desire to have the child have the surgery and not the child's choice.

Some reversible medical treatment could be begun on a minor, knowing that the minor on transition to adulthood should make a decision to stop that medical treatment or to proceed with further treatment, including surgery. I would mandate that parent or other trusted relative, or guardian be involved in all counseling given to minors.

Again opposing this seems outrageous. It's okay to say there is no evidence (although this is a stretch in this field) but it is not okay to oppose counseling patients on gender transitions in any regard. This should be considered closely related to sex education or drug education in that if the minor does not want the parents to know, they shouldn't know.

Surgery is not performed on minors.

We really do not know the right answer and both sides of the coin have reasonable arguments. The middle ground is that until solid science accumulates no permanent sex-altering drugs/procedures be permitted for minors. Once they reach the legal age of making decisions it will be up to the individual to be categorized and identified any way they want. My son wanted to be a garbage collector at 5 years of age, followed by policeman and fireman at 6-8 years of age, followed by history teacher at 12-13 years of age and now he is a dentist.

This issue must wait until quality peer-reviewed evidence-based studies are available.

No need for ISMS to take this position, clearly being forwarded by right-wing elements. Our non-binary, gender-questioning children and their families already have enough issues to deal with and there are other points of view out there. Strongly oppose this resolution.

I support this resolution given that it is an issue of minors who cannot consent to most other serious medical surgeries before age 18, along with the medical field's still evolving understanding of gender

dysphoria vs transgender identification, we cannot as a field support such a life altering surgery, with the inadequacy of research to support that surgical gender transition procedures improve the wellbeing of the child and/or best treat their dysphoria. Additionally, given the immense political involvement in this issue, it is imperative that the medical field first develop unbiased and rigorous research on the psychological outcomes of various forms of gender affirming treatment as well as the psychological state of trans and gender dysphoric individuals. On top of that, given the still developing brain until at least age 21, allowing minors to make a life altering physical change of this nature before age 18 is not in their best interest, as their wishes, goals and treatment may still evolve.

In the second resolved, the 2nd through 5th words of the resolution be stricken (i.e., that until such time). If I understand the sense of the second resolved, the words 2 through 5 just confuse the issue. I do support this resolution in the spirit of do not harm. However, the topic is highly contentious and must be handled carefully.

This violated the Mature Minor Doctrine, which enables minors to receive confidential care and, in essence, become medically emancipated from their parents in situations of pregnancy and sexual-related health services

I agree - not well studied. Minors not well informed, may change mind when brain matures more. Many complications, expensive drugs etc

This resolution, as written, strongly mentions that no evidence exists in support of medical-surgical gender transition procedures for minors. Zero citations, prominent journal articles, etc. are produced in this resolution to support this assertion. A simple PubMed search would produce various bits of evidence regarding benefits and neutralities associated with either medical delay of puberty and hormonal changes or initiation of hormonal therapy. Physicians who practice in this area are the experts we should defer to in this area. Pediatric patients who do not feel supported by their physicians will be let down by the field of medicine should the asks of this resolution be supported. Strongly oppose.

Policies like this are harmful to transgender youth and create yet another barrier to their access to comprehensive care. These types of resolutions and politically motivated policies have been shown to directly lead to more instances of suicide in transgender youth. As physicians we should be supporting our patients not denying them care. Absolutely oppose this resolution.

This is scientific and ethical issue. Physician who support minor gender transition surgeries often use the tactics of schoolyard bullies, they haven't made the case for their business.

About time! Parents are in charge, not government.

We must protect our minor patients from this dangerous, "trendy" treatment which changes their lives forever. This area of medicine has not been studied enough to proceed with such irreversible treatments.

Medical/Surgical gender transition procedures are MEDICAL EXPERIMENTATION without any justification. The people who promulgate these therapies and procedures openly admit that they are following "thought leaders and experts" without ANY long term evidence that they are helping anyone. Offering therapies or procedures to minors is child abuse and should be prosecuted. These therapies and procedures should be banned. The people (children and adults) receiving these therapies and procedures are not lab animals!

No good studies done on this issue at all; just opinion. Many countries are pulling back on this gender conversion for children. When I encourage my patients to wait until adulthood, they almost always ultimately choose to stay with their natural gender, homosexual or not. It is scary to me that we allow children to make such life altering decisions. They can't even buy cigarettes or alcohol until 21, but they can choose to mutilate their bodies, often because of suggestions by well-meaning (hopefully) adults that Gender Dysphoria may be at the root of their depression/Anxiety (which it usually is not). As a pediatrician, when I ask 15 years olds with whom I have this discussion how they perceive future sexual activity and child bearing to go, they generally have no idea or say they are not interested in these things. Believe me, they may not be interested at 15 because they know nothing about it, but they will come back to haunt us when they are.

Minors should only receive any informed consent for transition of their biological and psychological interventions necessary to effect gender transition from parents or legal guardians--and the recommendation for medical and psychiatric interventions should only be made by not less than two separate, board certified, licensed Physicians.-- due to the extreme fragility of a cognitively developing minor who is seeking gender change under the guidance of peers or adults who are not fully educated, licensed Physicians.

I provide gender affirming care (I am referring both to patient approach that respects and recognizes gender diverse identities as well as interventions such as hormone therapy or surgery, in those who seek it) to adults in Illinois and have seen first hand how it is life-saving as well as the detrimental mental health effects of not having access, including suicide. I understand that there are differences in youth compared to adults but through my own experience, learning more about gender affirming care in youth and discussing with colleagues in family medicine and pediatrics, I strongly oppose any restrictions in access to gender affirming care. What is most disturbing to me about this resolution is that it seeks to restrict even information about gender affirming care to youth. Again, certainly there are additional challenges with youth, assent/consent and parental input, but I do not believe that these should restrict youth from merely learning about what gender affirming care may entail.

I created this resolution and obviously support it.

Important to be a voice protecting children despite the political side of this issue.

Child abuse, a crime and mutilation. grooming for a mental illness

A 16 year old understands their gender. Didn't you at that age? This is at its basis about counselling: what the proposal is against is just talking to teen kids. It's censorship, pure and simple, and doesn't belong in a discussion among healthcare providers. It's tragic that this is even proposed by our medical society.

There is no evidence to support sterilizing minors in the name of gender transition. Gender dysphoria is a psychological disorder that should be treated by counseling, not by powerful sterilizing drugs or mutilating surgery.

This is really needed.

.First this resolution should attempt to establish ISMS policy. Then the ISMS delegation could try to submit a resolution to the AMA. However, ISMS and organized medicine needs to be cautious with regard to establishing policy on controversial topics. Taking a stance could jeopardize membership who do not feel the organization represents their values. This has been debated at the AMA and there is a body of literature that addresses this topic. One also needs to be aware of emancipated minors and that there is commonly a process for counseling on such matters. Not an issue that ISMS or the AMA should be anxious to take a strong position for fear of membership. Please have author review current AMA policy.

The second resolved clause does not flow logically, and the topic is also one that goes against the AMA's currently policy which was created off of a report that was created by the councils within the house of delegates. Gender affirming care is a spectrum of care, and should be handled as such, and parental consent is often times harmful to the physical and mental health of the minor seeking care. Similar to laws that empower pregnant minors to consent to care for their pregnancy or child, or laws that allow for minors to consent for care related to pregnancy and sexual health, transgender care should be allowed based upon evidenced based guidelines. In the absence of well controlled studies as listed above, expert opinion should be sought, as has been done by the AAP, ACOG, and the AMA. We cannot wait for RCTs when real harm befalls patients who do not receive even the most reversible of care options, and we should not refrain from supporting experts in the field as they care for their patients while awaiting the results of studies that may never be ethically able to be preformed.

Typically minors would seek help in an institution where experts on gender identity and transition would go through the whole process with the minor. They are not going to their family physician. This is an attempt at demonizing trans kids.

why is a geriatrician proposing a resolution related to pediatrics?

As long as the age for consent for sex, contracting, purchase of substances and firearms and treatment of all kinds is 18 or an emancipated minor, irreversible treatments of all kinds should be subject to the same rules.

I am in favor of this resolution. Sadly, the medial community at large, at least those in the public health sector and in "alphabet" organizations, has ignored the scientific method. It is similar to the COVID vaccine mandates - some in the medical community with loud voices are pushing ideological ideas/beliefs without sufficient unbiased scientific data to back them up. If we don't allow minors to get a tattoo without parental consent, or purchase a firearm (both of which are good common sense), why would we allow a child, whose critical thinking ability is not fully developed, to make these types of decisions?

Totally agree.

The AMA and ISMIE should NOT oppose counseling for children in distress, who may be suicidal because of gender identity issues. Not all parents acknowledge or accept gender identity struggles in their children. Getting parental consent may be impossible and may then lead to irreparable harm to the child.

"Gender affirming surgery" in children less than 18 years old is child abuse. It should not be allowed until the person is legally able to make the decision on his/her own. Personally I believe gender dysphoria is a psychiatric issue. Do we do obesity surgery on a person with anorexia? No, we give them psychiatric care.

I agree with stopping experimental gender reassignment treatments for minors. Other countries (Sweden, England) have already stopped these types of therapies for minors, given the lack of demonstrated efficacy/safety.

Should have language that exempts emancipated minors from parental consent

This is contrary to the best medical knowledge regarding the discipline. The resolution should be opposed.

You had me in support of this until the final paragraph of the resolution that reads: RESOLVED that until such time, the Illinois delegation to the AMA submit a resolution directing the AMA, to oppose individual, personal, counselling of minors regarding gender transition, in all venues, until parental consent is obtained.

I am firmly against this bill. It is flawed in its logic. That study that it cites about increased mortality has been highly criticized. This type of measure is of resolution is often weaponized and used against providers and trans patients. Furthermore, from what I gather, its author is not a pediatrician nor an endocrinologist nor a surgeon.

Irreversible interventions on minors

Surgeons who have participated in gender-altering procedures on individuals under 18 years of age should have their medical licenses revoked. The current debate should be focused on if it is even appropriate before 21 years of age!

I cannot answer this question.

I would suggest a more nuanced approach to this very sensitive issue. First, grade school children are in a very different developmental stage than teenagers. To use the generic term "minor" does not allow for these distinctions. There are cases, in which an adolescent may want privately to explore the topic of gender but would find that very difficult to do with parents involved, especially if the parents are not open to such a discussion. There may need to be ways for these older minors to have an outlet for such discussion with an appropriate professional, such as a psychiatrist. But even for younger children, there should be ways to explore their gender questions/concerns if they are exhibiting serious distress about this topic. Appropriate "counseling" should not imply trying to talk any child/adolescent into gender transition procedures. Gender fluidity/exploration is part of our current (especially youth) culture with its consequences still not always clear. Therapy can be a helpful process when conducted by properly trained mental health professionals to examine lots of different aspects to anyone's individual struggles/concerns. The way this resolution is worded disparages "counseling" as an important process for sorting out a person's own feelings/conflicts/desires that yes, may also be wrapped up in gender issues as well. And in reality, this risks physicians/psychiatrists, as well as other mental health professionals, being policed more in terms of what they can or cannot discuss in their sessions with patients. If the topic came up and we had to shut down talking about it out of fear of legal consequences, we could not be effective therapists

since an essential part of the therapy process is to allow the patient to have a private, non-judgmental space to talk about anything of concern. The concern is that by policing gender transition discussions, such may have unintended consequences in terms of how to discuss gender at all.

Can't agree more. Parents must be involved in such a major life decision.

yes, I feel we need more data. Second part of resolution could use some grammar smithing (why is personal sandwiched by commas, and may not need to be in the sentence since individual implies personal). Additionally, if I am reading the spirit of the second part: wait to counsel a patient until their parent says we can. There are so many topics young patients don't want to discuss with their parents and parents don't understand, so tying a doctor's hands so they can't speak to their patient is NEVER a good idea. If a doctor feels uncomfortable, they should refer to a practice partner or other clinician to give their patient a voice and give their patient information.

An issue far beyond IL. Seems like gender neutral school bathrooms are more a public concern.

I fully support this resolution.

Once again, why are we politicizing public health? ISMS should stay out of this. The AAP, actual experts on pediatric care, supports that every child (including transgender youth) receive quality care they deserve.

Strongly agree.

Evidence based medicine and science should not be discarded to promote gender transition procedures. We should learn from the British action to shut down the Tavistock Clinic. Australia and NZ have also moved the needle toward counseling rather than radical irreversible surgery. The 4000% increase in patient volume at the Clinic defied science, logic and reason. <https://www.bbc.com/news/uk-62335665>

-Agree with this approach. -We have very little data on the long term psychological or medical effects of this protocols and procedures. -There is a high risk of placebo effect with the subjective and political nature of how these basically off label/experimental protocols are being implemented which could negatively effect adolescent health and welfare and reproductive options for their future which parents have a right and responsibility to be involved with -We actually have extensive policy about this relating to anti-doping in sports within ISMS and AMA policy. This type of approach reminds me of the fall out of what happened after the Berlin Wall fell and documents about the extensive and secret program the East German System had implemented within their State Sponsored System/Stasi enforced program and brought to light by Dr. Franke and his spouse. -This was horrific what was done to these children/adolescents and young adults. They were later able to sue the government and medical doctors involved. We have an ethical responsibility to prevent harm to young influencible children/young adults and protect them from harm. In this situation it was similar in that these young people were also separated and isolated from caring parents and influenced by coaches and the state and state sanctioned insurance industry who had monetary gains and prestige reward for pushing this policy..... -We should not be involved in similar transgressions or have physicians or the medical system of the US corrupted in this way. -See reference from Dr. Franke <https://pubmed.ncbi.nlm.nih.gov/9216474/>

The important thing is to make sure the parents are involved in any decisions made by minors. The medical profession has to consider the views of the parents before implementing any decision by the minors.

What we need is continued research into the best ways to approach gender transition, broken down by any meaningful age or other information. What we have are numerous unreconciled personal points of view that are strongly held. I clearly support the first RESOLVED. I take the point of the 2nd RESOLVED as being support for parental consent, which I support. However, it's easy to misread the 2nd RESOLVED as opposing counselling or care for minors, which doesn't seem to be the case. I'd like a better written 2nd RESOLVED.

Minors should not undergo irreversible surgery until they reach age of consent. Agree with counselling but with parental involvement. Am very concerned about use of hormonal medications also in minor patients. Feel AMA should be very conservative on these issues and refrain from endorsing until more data is obtained. Also, am very opposed to any laws blocking open discussion on these issues.

Oppose- again the science and the data confirm that gender confirming care prevents suicide, improves self-esteem. This resolution combines surgery and good medical care and interferes with the doctor/patient relationship.

If doctors don't support the transgender youth who will? They and their families need help.

A very reasonable resolution by Dr. Roy. I can't understand why a subset of medicine has pressed this concept of gender reassignment surgery with a paucity evidence. The harm to these children will be immeasurable. Our medical ancestors made numerous mistakes based on "science" - slave medicine, lobotomies, forced sterilization of the mentally disadvantaged, the Muskegee experiments, pain as the "fifth vital sign" and the subsequent opioid epidemic, etc. There were all sorts of papers and peer reviewed articles supporting these "mainstream" medical beliefs. (Let's not forget the numerous physician spokesmen who go paid to push Purdue Pharmaceuticals falsehoods). I'm more pessimistic than Dr. Roy: since this area is so politicized, peer review articles will likely be more propaganda than science. As physicians, we should learn to be more circumspect and not be taken in by such nonsense. We're shocked by female genital mutilation in certain African cultures but fail to see our error since we drape our conviction under "medicine".

that this type of activity/care can be provided to children without parental consent-unless ordered by the Court-is an absolute abomination.....this mutilation of children needs to be stopped