ILLINOIS STATE MEDICAL SOCIETY

Resolution 12.2023-17
(A-24)

Introduced by: Stephen J. Smart, MD, ISMS Member

Subject: Limiting Transgender Hormonal and Surgical Treatment to Clinical Trials

Referred to: Council on Medical Service

Whereas, recommendations in the U.S. on transitioning children and adolescents with gender dysphoria (GD) are based on low and very low quality evidence; and

Whereas, historically the natural history of children with GD is desistence, with up to 88% of boys becoming comfortable with their biological sex and associated gender (1,2); and

Whereas, hormonal suppression of puberty and cross-sex hormones place patients on virtually a path of no return (3,4,5); and

Whereas, in stark contrast to the claim that pubertal suppression with GnRH analogues is safe and reversible based on its use in premature puberty, commonsense dictates that suppressing normally timed puberty is not without medical and psychosocial consequences; and

Whereas, side effects of cross-sex hormones include infertility, cardiovascular and thromboembolic events, acne, sleep apnea, weight gain, polycythemia, hypertension, dyslipidemia, type II diabetes, hyperprolactinemia, visceral fat accumulation, and voice alteration (6); and

Whereas, children and adolescents cannot realistically provide informed consent for treatment with life-long consequences; and

Whereas, the traditional population of gender dysphoria (in DSM IV, termed gender identity disorder) has been extremely small (approx. 0.01%), comprised mostly of young boys with insistent, consistent and persistent feelings that they are in the wrong body until puberty; and

Whereas, gender identity in children is best understood using a multifactorial model incorporating biological, psychosocial, social cognition, associated psychopathology and psychodynamic mechanisms (7); and

Whereas, there has been a huge recent spike in girls age 10-18 (an order of magnitude) presenting for gender identity issues, distinct from the traditional patient population, recently described as having rapid-onset gender dysphoria (ROGD); and

Whereas, a 2018 publication on ROGD described this cohort as distinct with (a) cases occurring in friendship groups, (b) a preponderance of adolescent (natal) females, (c) absence of childhood gender dysphoria and the (d) perceived suddenness of onset (8); and

Whereas, many of these girls are being influenced by social media, counseling trends and medical personnel into pubertal suppression, hysterectomies, oophorectomies, mastectomies and testosterone in the absence of definitive diagnosis and lack of therapeutic data; and

Whereas, a 2023 speech by the Danish Minister of Health stated that their highly specialized gender identity center is now more reluctant to offer hormone treatment, especially when gender dysphoria arises in connection with puberty, and "among other things are referred to a process of reflection or clarification;" and

Whereas, contrary to claims that gender transition procedures "save lives", results of long-term studies of adult transgender populations failed to demonstrate convincing improvements in mental health, and some studies suggest that there are treatment-associated harms (9); and

Whereas, a Swedish long-term follow-up of sex reassignment surgery in 324 patients revealed a hazard ratio of 4.9 for suicide attempts and 19.1 for actual suicides and a marked increase in all-cause mortality between 10 and 30 years after sex-reassignment surgery (10); and

Whereas, the oft-quoted "positive" study by Branstrom and Pachankis (11) in 2020 failed to find a benefit for hormonal therapy and while initially reporting an improvement in mood disorders after gender transition surgery, had an independently calculated number-needed-to-treat (NNT) of 49 (49 surgeries required to prevent one treatment for mood disorder). A correction to the original publication admitted no advantage of surgery in relation to subsequent mood or anxiety disorder-related health care visits or prescriptions or hospitalizations following suicide attempts in patients diagnosed with gender incongruence (12); and

Whereas, a growing population of "detransitioners" are sounding the alarm with deep regret and anger at the medical community for advocating transitioning in the absence of comprehensive psychological evaluations and convincing positive outcome data, eroding trust in the medical profession; and

Whereas, clinics such as Planned Parenthood will prescribe cross-sex hormones (with all of their attendant long-term, irreversible consequences) to adolescents after a single visit and in the absence of comprehensive psychological evaluation; and

Whereas, medical authorities in Britain, Finland, France, Norway and Sweden, while supporting "talking therapy" as a first step, have misgivings about the pharmacological and surgical elements of treatment (13); and

Whereas a Finnish review, published in 2020, concluded that gender reassignment in children is "experimental" (13); and

Whereas, a 2020 British NICE (National Institute for Health and Care Excellence) literature review has determined there is little to no change from pre- to post-treatment with puberty-suppressing GnRH analogues (14); and

Whereas, on this basis NHS England recommends that access to PSH (puberty suppressing hormones) for children and young people with gender incongruence/dysphoria should only be available as part of research; and

Whereas, NICE also reported that there is limited evidence for effectiveness of cross-sex hormones in children and adolescents with gender dysphoria (15); and

Whereas, Swedish authorities found that the risks of physical interventions "currently outweigh the possible benefits" and should only be offered in "exceptional cases" (16); and

Whereas, the Cochrane Library, in an attempt to evaluate the literature in transitioning transgender women (with antiandrogen or estradiol treatment) found not a single study that met their criteria for inclusion in a 2020 meta-analysis stating "We found insufficient evidence to determine the efficacy or safety of hormonal treatment approaches for transgender women in transition" (17); therefore, be it

RESOLVED, that ISMS adopt policy in support of limiting gender-affirming hormonal and surgical treatments in children and adolescents to legitimate clinical trials; and be it further

RESOLVED, that ISMS support or cause to be introduced legislation that limits gender-affirming hormonal and surgical treatments in children and adolescents to legitimate clinical trials; and be it further

RESOLVED, that the Illinois delegation to the AMA submit a resolution directing the AMA to support limiting gender-affirming hormonal and surgical treatments in children and adolescents to legitimate clinical trials.

References:

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12. Kalin NH: Reassessing mental health treatment utilization reduction in transgender individuals after gender-affirming surgeries: a comment by the editor on the process (letter). Am J Psychiatry 2020; 177:765
13. "The evidence to support medicalized gender transitions in adolescents is worryingly weak". The Economist, Apr 5, 2023.

14. Evidence review: Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria. Prepared by NICE; October 2020
15. Evidence review: Gender-affirming hormones for children and adolescents with gender dysphoria. Prepared by NICE; October 2020
16. Uppdaterade rekommendationer för hormonbehandling vid könsdysfori hos unga. 2022; accessed at https://www.socialstyrelsen.se/om-socialstyrelsen/pressrum/press/uppdaterade-rekommendationer-for-hormonbehandling-vid-konsdysfori-hos-unga/
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Fiscal Note:

None

Existing ISMS policy related to this issue:

ISMS provides the following functional definition of "primary care" as the provision of a broad range of personal medical care (preventive, diagnostic, palliative, therapeutic, curative, counseling and rehabilitative) in a manner that is accessible, comprehensive and coordinated by a physician licensed to practice medicine in all its branches over time. Care may be provided to an age-specific or gender-specific group of patients, as long as the care of the individual patient meets the above criteria. (HOD 2000; Last BOT Review 2012)

The Illinois State Medical Society adopts the American Medical Association (AMA) policy titled "Patient-Reported Outcomes in Gender Confirmation Surgery, H-460.893, adopted in 2018, which supports: (1) initiatives and research developed by specialty societies and other relevant stakeholders to establish standardized protocols for patient selection, surgical management, and preoperative and postoperative care for transgender patients undergoing gender confirmation surgeries; and (2) implementation of standardized tools, such as questionnaires, developed by specialty societies and other relevant stakeholders to evaluate outcomes of gender confirmation surgeries. (2021 Annual Meeting; BOT 2019-OCT; Last BOT Review 2019)

Board of Trustees adopted Resolution 09.2019-07 (A-20), Sexual Reassignment Surgery on Young Patients, as amended, as follows (with title change): RESOLVED, that the Illinois State Medical Society (ISMS) adopt the American Medical Association (AMA) policy Patient-Reported Outcomes in Gender Confirmation Surgery H-460.893 adopted in 2018 which supports: (1) initiatives and research developed by specialty societies and other relevant stakeholders to establish standardized protocols for patient selection, surgical management, and preoperative and postoperative care for transgender patients undergoing gender confirmation surgeries; and (2) implementation of standardized tools, such as questionnaires, developed by specialty societies and other relevant stakeholders to evaluate outcomes of gender confirmation surgeries. RESOLVED, that ISMS support initiatives and research developed by specialty societies and other relevant stakeholders to establish standardized protocols for patient selection, surgical management, and preoperative and postoperative care for child and adolescent transgender patients undergoing sex reassignment surgeries; and implementation of standardized tools, such as questionnaires, developed by specialty societies and other relevant stakeholders to evaluate outcomes of sex reassignment surgeries on children and adolescents. (BOT - OCT 2019)

The Illinois State Medical Society adopts the American Medical Association (AMA) policy titled "Patient-Reported Outcomes in Gender Confirmation Surgery, H-460.893, adopted in 2018, which supports: (1) initiatives and research developed by specialty societies and other relevant stakeholders to establish standardized protocols for patient selection, surgical management, and preoperative and postoperative care for transgender patients undergoing gender confirmation surgeries; and (2) implementation of standardized tools, such as questionnaires, developed by specialty societies and other relevant stakeholders to evaluate outcomes of gender confirmation surgeries. (2021 Annual Meeting; BOT 2019-OCT; Last BOT Review 2019)

Board of Trustees did not adopt Resolution 11.2022-25 (A-23), First Do No Harm: Medical/Surgical Gender Transition Procedures in Minors. (BOT - APR 2023)

Existing AMA policy related to this issue:

Clarification of Evidence-Based Gender-Affirming Care (Note that Policy Finder is not showing a number for this policy.)
Our AMA: (1) recognizes that medical and surgical treatments for gender dysphoria and gender incongruence, 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 work with state and specialty societies and other interested stakeholders to: A) Advocate for federal, state, and local laws and policies to protect access to evidence-based care for gender dysphoria and gender incongruence; B) Oppose laws and policies that criminalize, prohibit or otherwise impede the provision

of evidence-based, gender-affirming care, including laws and policies that penalize parents and guardians who support minors seeking and/or receiving gender-affirming care; C) Support protections against violence and criminal, civil, and professional liability for physicians and institutions that provide evidence-based, gender-affirming care and patients who seek and/or receive such care, as well as their parents and guardians; and D) Communicate with stakeholders and regulatory bodies about the importance of gender-affirming care for patients with gender dysphoria and gender incongruence; and (3) will advocate for equitable, evidence-based coverage of gender-affirming care by health insurance providers, including public and private insurers.

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.

Patient-Reported Outcomes in Gender Confirmation Surgery H-460.893
Our AMA supports: (1) initiatives and research developed by specialty societies and other relevant stakeholders to establish standardized protocols for patient selection, surgical management, and preoperative and postoperative care for transgender patients undergoing gender confirmation surgeries; and (2) implementation of standardized tools, such as questionnaires, developed by specialty societies and other relevant stakeholders to evaluate outcomes of gender confirmation surgeries.