

# THE NATIONAL CATHOLIC BIOETHICS CENTER



## TRANSGENDER ISSUES IN CATHOLIC HEALTH CARE

PREPARED BY THE ETHICISTS OF THE NCBC  
FEBRUARY 2017

---

“All persons served by Catholic health care have the right and duty to protect and preserve their bodily and functional integrity. . . . The well-being of the whole person must be taken into account in deciding about any therapeutic intervention or use of technology.”

— USCCB, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), nn. 29, 33.

---

### SUMMARY

Legitimate health concerns surrounding gender dysphoria and disorders of sexual development have been utilized to promote “gender transitioning,” whereby persons of an unambiguous biological sex intend to “change” their behaviors and bodies to match a perceived, subjective sexual identity.

#### **Gender Transitioning Interventions: Behavioral, Hormonal, and Surgical**

- *Gender transitioning* of any kind is intrinsically disordered, because it cannot conform to the true good of the human person, who is a body–soul union unalterably created male or female. Gender transitioning should never be performed, encouraged, or positively affirmed as a good in Catholic health care. This includes surgeries, the administration of cross-sex hormones or pubertal blockers, and social or behavioral modifications.
- *Direct mutilation* of healthy, functioning reproductive organs without a proportionate benefit is intrinsically immoral and very grave. Such surgical interventions should never be performed by Catholic physicians or health care entities.

#### **Cooperation with Evil: Maintenance, Referral, Coverage, Policies, and Mandates**

- *Maintenance* of cross-sex hormone regimens or other transitioning interventions by Catholic physicians or at Catholic health care facilities—even if a patient is being treated for unrelated reasons—amounts to formal cooperation with gender transitioning and is immoral.
- *Referrals* for gender transitioning, and policies requiring such referrals to ensure patient access, amount to formal cooperation with such interventions and are immoral.
- *Insurance coverage* for gender transitioning in a Catholic organization’s own insurance product or self-insured health care insurance amounts to formal cooperation and is immoral.
- *Policies* requiring affirmation of a “transitioning” person’s perceived gender identity, including access to sex-specific facilities and services, amount to formal cooperation with gender transitioning and are immoral.
- *Government mandates* do not alter the immorality of gender transitioning interventions, maintenance, referrals, self-funded or owned insurance, and affirmation policies. Exemptions should be sought and litigation may be appropriate in response to unjust legal coercion.

For further information, visit the NCBC website at [www.ncbcenter.org](http://www.ncbcenter.org).  
To request a consultation, e-mail [consults@ncbcenter.org](mailto:consults@ncbcenter.org) or call 215-877-2660.

## FAQs

**Question 1.** Our Catholic hospital does not allow sex reassignment surgeries affecting the genitalia, since this would violate the prohibition on sterilization in directive 53 of the *ERDs*. We do allow double mastectomies, voice alterations, and other non-sterilizing interventions for persons who are transitioning. Is this acceptable?

*Reply:* No. While it is true that “bottom surgeries” result in sterilization by destroying healthy genitalia, any transitioning intervention is intrinsically disordered because it entails a rejection of the person’s actual sexual identity in favor of a falsification. This can never serve the good of the whole person, so even less drastic surgical and hormonal transitioning procedures remain unacceptable for Catholic health care.

**Question 2.** In light of regulatory prohibitions on gender identity discrimination, our Catholic health system plans to require employees to address transgender patients with preferred pronouns, put them in rooms with other patients of their claimed sex, and grant them access to bathrooms for the claimed sex. It will not, however, perform or refer for any gender transitioning interventions at all. Is this an appropriate response?

*Reply:* The stance against all gender transitioning interventions is morally appropriate and obligatory. However, requiring “gender affirmation” of all employees by way of policy is not appropriate. Your system would be implicitly approving of and contributing to the falsehood of gender transitioning in this manner.

**Question 3.** Our Catholic organization is committed to maintaining professional standards of medicine. There are standards of care for the gender transitioning process. On what grounds can we prohibit gender transitioning when it is acknowledged as a good by major medical associations and even has accepted standards?

*Reply:* First, the data on gender transitioning do not support the claim that it is therapeutic. In fact, some medical associations make the opposing claim, that gender transitioning is harmful. Second, regardless of outcome data, male or female sexual identity is established in the human person at the time of his or her creation and cannot be changed. No amount of data or claims by medical associations can alter this.

**Question 4.** A male-to-female transgender patient who had sex reassignment surgery elsewhere was admitted to our emergency room following a car accident and needs to be kept several days for treatment. The patient has been on a regimen of female hormones to maintain the transition. The patient wants to continue the regimen to avoid interruptions. Can we allow this?

*Reply:* No. Maintenance entails approval by the physician writing orders, and makes those who administer the drugs principal agents in the transitioning. However, if cessation of the hormones would cause serious physical harm, providing a dosage necessary to avoid the harm could be legitimate.

## RESOURCES

R. P. Fitzgibbons, P. M. Sutton, and D. O’Leary, “The Psychopathology of ‘Sex Reassignment’ Surgery,” *National Catholic Bioethics Quarterly* 9.1 (Spring 2009): 97–125, doi: 10.5840/ncbq20099183.

C. Dhejne et al., “Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden,” *PLoS ONE* 6.2 (2011): e16885, doi: 10.1371/journal.pone.0016885.