

## AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: Late 1001  
(I-18)

Introduced by: GLMA: Health Professionals Advancing LGBTQ Equality; New York;  
Minority Affairs Section; Medical Student Section

Subject: Affirming the Medical Spectrum of Gender

Referred to: Reference Committee on Amendments to Constitution and Bylaws  
(Todd M. Hertzberg, MD, Chair)

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- 1 Whereas, The current US population of transgender adults is estimated to be about 390 per  
2 100,000 people, or about 1 million adults<sup>1</sup>; and  
3
- 4 Whereas, The current US population of people with differences in sexual differentiation is  
5 difficult to accurately calculate due to the variety of etiologies, with some estimates ranging from  
6 0.05-1.7%<sup>2-4</sup>; and  
7
- 8 Whereas, Our AMA believes that the physician's nonjudgmental recognition of patients' gender  
9 identities enhances the ability to render optimal patient care (H-160.991); and  
10
- 11 Whereas, Sex and gender are complex and fluid parts of individuals' identities that may not  
12 align with the sex assigned to them at birth<sup>5</sup>; and  
13
- 14 Whereas, Having a sex or gender identity that differs from that assigned at birth determines  
15 certain healthcare decisions and modes of treatment, including hormone replacement therapy,  
16 gender-affirming surgery, and HIV prevention interventions<sup>6</sup>; and  
17
- 18 Whereas, Our AMA has existing policy directing the organization to "work with appropriate  
19 medical organizations and community based organizations to inform and educate the medical  
20 community and the public on the medical spectrum of gender identity" (D-295.312); and  
21
- 22 Whereas, Persons who identify as transgender are recognized by professional organizations  
23 such as the American Psychiatric Association, the American Medical Association, and the  
24 American Academy of Family Physicians with each organization having issued statements that  
25 emphasize the importance of transgender health; and  
26
- 27 Whereas, Data has shown that there may be a connection between policies that protect people  
28 who are transgender and better mental health in these persons including significantly lower  
29 reports of mood disorders and self-harm; and  
30
- 31 Whereas, Pursuant to existing AMA policy H-65.965 and H-65.964, our AMA opposes  
32 discrimination on the basis of gender identity and specifically advocates for "policies that  
33 promote social equality and safe access to basic human services and public facilities for  
34 transgender individuals according to one's gender identity"; therefore be it

1 RESOLVED, That our American Medical Association amend HOD Policy D-295.312, "Medical  
2 Spectrum of Gender," by addition to read as follows:

3  
4 Medical Spectrum of Gender D-295.312

5  
6 Given the medical spectrum of gender identity and sex, Our AMA:

7  
8 (1) Will work with appropriate medical organizations and community based  
9 organizations to inform and educate the medical community and the public on the  
10 medical spectrum of gender identity;

11  
12 (2) Will educate state and federal policymakers and legislators on and advocate for  
13 policies addressing the medical spectrum of gender identity to ensure access to  
14 quality health care; and

15  
16 (3) Affirms that an individual's genotypic sex, phenotypic sex, sexual orientation,  
17 gender and gender identity are not always aligned or indicative of the other, and that  
18 gender for many individuals may differ from the sex assigned at birth. (Modify  
19 Current HOD Policy); and be it further

20  
21 RESOLVED, That our AMA oppose any effort to prohibit the reassignment of an individual's  
22 sex. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000.

Received: 10/31/18

**References:**

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5227946/> *Transgender Population Size in the United States: a Meta-Regression of Population-Based Probability Samples*

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pubmed/12476264> *How common is Intersex?;*

<sup>3</sup> [https://www.intersexequality.com/how-common-is-intersex-in-humans;](https://www.intersexequality.com/how-common-is-intersex-in-humans)

<sup>4</sup> <http://www.isna.org/faq/frequency>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4062023/> *Sex and Gender in the US Health Surveillance System: A Call to Action*

<sup>6</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4969060/> *Integrated and Gender-Affirming Transgender Clinical Care and Research*

**RELEVANT AMA POLICY**

**Medical Spectrum of Gender D-295.312**

Our AMA 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.

Citation: Res. 003, A-17

**Conforming Birth Certificate Policies to Current Medical Standards for Transgender Patients H-65.967**

1. Our AMA supports policies that allow for a change of sex designation on birth certificates for transgender individuals based upon verification by a physician (MD or DO) that the individual has undergone gender transition according to applicable medical standards of care.
2. Our AMA: (a) supports elimination of any requirement that individuals undergo gender affirmation surgery in order to change their sex designation on birth certificates and supports modernizing state vital statistics statutes to ensure accurate gender markers on birth

certificates; and (b) supports that any change of sex designation on an individual's birth certificate not hinder access to medically appropriate preventive care.

Citation: (Res. 4, A-13; Appended: BOT Rep. 26, A-14)

**Accuracy, Importance, and Application of Data from the US Vital Statistics System H-85.961**

Our AMA encourages physicians to provide complete and accurate information on prenatal care and hospital patient records of the mother and infant, as this information is the basis for the health and medical information on birth certificates.

Citation: (CSA Rep. 6, I-00; Reaffirmed: Sub. Res. 419, A-02; Modified: CSAPH Rep. 1, A-12)

**Reducing Suicide Risk Among Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Through Collaboration with Allied Organizations H-60.927**

Our AMA will partner with public and private organizations dedicated to public health and public policy to reduce lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth suicide and improve health among LGBTQ youth.

Citation: (Res. 402, A-12)

**Health Care Needs of Lesbian, Gay, Bisexual, Transgender and Queer Populations H-160.991**

1. Our AMA: (a) believes that the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian, gay, bisexual, transgender, queer/questioning, and other (LGBTQ) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBTQ; (b) is committed to taking a leadership role in: (i) educating physicians on the current state of research in and knowledge of LGBTQ Health and the need to elicit relevant gender and sexuality information from our patients; these efforts should start in medical school, but must also be a part of continuing medical education; (ii) educating physicians to recognize the physical and psychological needs of LGBTQ patients; (iii) encouraging the development of educational programs in LGBTQ Health; (iv) encouraging physicians to seek out local or national experts in the health care needs of LGBTQ people so that all physicians will achieve a better understanding of the medical needs of these populations; and (v) working with LGBTQ communities to offer physicians the opportunity to better understand the medical needs of LGBTQ patients; and (c) opposes, the use of "reparative" or "conversion" therapy for sexual orientation or gender identity.

2. Our AMA will collaborate with our partner organizations to educate physicians regarding: (i) the need for sexual and gender minority individuals to undergo regular cancer and sexually transmitted infection screenings based on anatomy due to their comparable or elevated risk for these conditions; and (ii) the need for comprehensive screening for sexually transmitted diseases in men who have sex with men; (iii) appropriate safe sex techniques to avoid the risk for sexually transmitted diseases; and (iv) that individuals who identify as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer/questioning individuals) experience intimate partner violence, and how sexual and gender minorities present with intimate partner violence differs from their cisgender, heterosexual peers and may have unique complicating factors.

3. Our AMA will continue to work alongside our partner organizations, including GLMA, to increase physician competency on LGBTQ health issues.

4. Our AMA will continue to explore opportunities to collaborate with other organizations, focusing on issues of mutual concern in order to provide the most comprehensive and up-to-

date education and information to enable the provision of high quality and culturally competent care to LGBTQ people.

Citation: CSA Rep. C, I-81; Reaffirmed: CLRPD Rep. F, I-91; CSA Rep. 8 - I-94; Appended: Res. 506, A-00; Modified and Reaffirmed: Res. 501, A-07; Modified: CSAPH Rep. 9, A-08; Reaffirmation A-12; Modified: Res. 08, A-16; Modified: Res. 903, I-17; Modified: Res. 904, I-17; Res. 16, A-18

#### **Support of Human Rights and Freedom H-65.965**

Our AMA: (1) continues to support the dignity of the individual, human rights and the sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity, or transgender status, race, religion, disability, ethnic origin, national origin, or age; (3) opposes any discrimination based on an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies; (4) recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage of appropriate hate crimes prevention legislation in accordance with our AMA's policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States.

Citation: CCB/CLRPD Rep. 3, A-14; Reaffirmed in lieu of: Res. 001, I-16; Reaffirmation: A-17

#### **Nondiscriminatory Policy for the Health Care Needs of LGBTQ Populations H-65.976**

Our AMA encourages physician practices, medical schools, hospitals, and clinics to broaden any nondiscriminatory statement made to patients, health care workers, or employees to include "sexual orientation, sex, or gender identity" in any nondiscrimination statement.

Citation: Res. 414, A-04; Modified: BOT Rep. 11, A-07; Modified: Res. 08, A-16; Modified: Res. 903, I-17

#### **Access to Basic Human Services for Transgender Individuals H-65.964**

Our AMA: (1) opposes policies preventing transgender individuals from accessing basic human services and public facilities in line with ones gender identity, including, but not limited to, the use of restrooms; and (2) will advocate for the creation of policies that promote social equality and safe access to basic human services and public facilities for transgender individuals according to ones gender identity.

Citation: Res. 010, A-17

#### **Appropriate Placement of Transgender Prisoners H-430.982**

1. Our AMA supports the ability of transgender prisoners to be placed in facilities, if they so choose, that are reflective of their affirmed gender status, regardless of the prisoners genitalia, chromosomal make-up, hormonal treatment, or non-, pre-, or post-operative status.

2. Our AMA supports that the facilities housing transgender prisoners shall not be a form of administrative segregation or solitary confinement.

Citation: BOT Rep. 24, A-18