

Medical Profession Bows to Transgenderism: Part II

Scientific American/Nature

Scientific American and *Nature* are two of the most prominent scientific journals in the world. Both publications are owned by the same parent company.

August 29, 2017: *Scientific American* featured an article claiming that "sex, gender, and sexuality are all distinct from one another (although they are often related), and each exists on its own spectrum. Moreover, sex cannot be depicted as a simple, one-dimensional scale."

September 1, 2017: *Scientific American* featured an article claiming that "as science looks more closely, however, it becomes increasingly clear that a pair of chromosomes do not always suffice to distinguish girl/boy—either from the standpoint of sex (biological traits) or of gender (social identity)."

October 30, 2018: *Nature* featured an article claiming that "biology is not as straightforward...by some estimates, as many as one in 100 people have differences or disorders of sex development, such as hormonal conditions, genetic changes or anatomical ambiguities, some of which mean that their genitalia cannot clearly be classified as male or female."

June 13, 2019: *Scientific American* featured an article claiming that "the science is clear and conclusive: sex is not binary, transgender people are real. It is time that we acknowledge this. Defining a person's sex identity using decontextualized 'facts' is unscientific and dehumanizing."

October 24, 2023: *Scientific American* featured an article claiming that "both among the general public and in academia, the core argument boils down to the question of how many sexes exist. The tricky thing is that the answer to this question differs depending on the context."

New England Journal of Medicine (NEJM)

December 2019: A NEJM study found that "as part of their gender affirmation, some nonbinary people may pursue body modification through surgical procedures, hormone therapy, or both. For nonbinary patients, it's more appropriate for discussion of these procedures to focus on achieving specific features than on 'feminization' or 'masculinization.'"

January 19, 2023: A NEJM study found that "increasingly, transgender and nonbinary youth receive medical care to alleviate gender dysphoria, including gonadotropin-releasing hormone (GnRH) agonists to suppress gender-incongruent puberty and gender-affirming hormones (GAH; testosterone or estradiol) to foster gender-congruent secondary sex characteristics. An important goal of such treatment is to attenuate gender dysphoria by increasing appearance congruence — that is, the degree to which youth experience alignment between their gender and their physical appearance."

January 19, 2023: A NEJM study found that "In this 2-year study involving transgender and nonbinary youth, [gender-affirming hormones] improved appearance congruence and psychosocial functioning."

American Medical Association (AMA)/JAMA (Journal of the American Medical Association)

June 15, 2021: AMA Board Member Michael Suk, MD, JD, MPH, MBA stated that "the AMA opposes the dangerous intrusion of government into the practice of medicine and the criminalization of health care decision-making. Gender-affirming care is medically-necessary, evidence-based care that improves the physical and mental health of transgender and gender-diverse people."

June 15, 2021: AMA issued a statement claiming that "the majority of transgender and diverse-gender patients report improved mental health and lower rates of suicide after receipt of gender-affirming care."

February 25, 2022: A JAMA study found that "in this prospective cohort of 104 [trans non-binary] youths aged 13 to 20 years, receipt of gender-affirming care, including puberty blockers and gender affirming hormones, was associated with 60% lower odds of moderate or severe depression and 73% lower odds of suicidality over a 12-month follow-up....these data suggest that access to pharmacological interventions may be associated with improved mental health among [trans non-binary] youths over a short period."

February, 25 2022: A JAMA study found that "specifically, [puberty blockers, gender-affirming hormones], and gender-affirming surgeries have all been found to be independently associated with decreased rates of depression, anxiety, and other adverse mental health outcomes. Access to these interventions is also associated with a decreased lifetime incidence of suicidal ideation among adults who had access to [puberty blockers] during adolescence."

Endocrine Society

September 1, 2017: The Endocrine Society declared that "gender-dysphoric/gender-incongruent persons should receive a safe and effective hormone regimen that will suppress the body's sex hormone secretion, determined at birth and manifested at puberty, and maintain levels of sex steroids within the normal range for the person's affirmed gender."

June 12, 2023: The Endocrine Society issued a statement on AMA House of Delegates passing its "resolution to protect access to evidence-based gender-affirming care for transgender and gender-diverse individuals....In the resolution, the AMA committed to opposing any criminal and legal penalties against patients seeking gender-affirming care, family members or guardians who support them in seeking medical care, and health care facilities and clinicians who provide gender-affirming care."

American Academy of Pediatrics (AAP)/*Pediatrics* (AAP Journal)

September 17, 2018: AAP releases its first policy statement to provide guidance for parents and clinicians through a gender-affirming approach. Additionally, AAP recommended "providing youth with access to comprehensive gender-affirming and developmentally appropriate health care. Supporting insurance plans that offer coverage specific to the needs of youth who identify as transgender, including coverage for medical, psychological and, when appropriate, surgical interventions."

October 1, 2018: A *Pediatrics* study found that "gonadotrophin-releasing hormones have been used to delay puberty since the 1980s for central precocious puberty. These reversible treatments can also be used in adolescents who experience gender dysphoria to prevent development of secondary sex characteristics and provide time up until 16 years of age for the individual and the family to explore gender identity, access psychosocial supports, develop coping skills, and further define appropriate treatment goals. If pubertal suppression treatment is suspended, then endogenous puberty will resume. Often, pubertal suppression creates an opportunity to reduce distress that may occur with the development of secondary sexual characteristics and allow for gender-affirming care, including mental health support for the adolescent and the family."

February 1, 2020: A *Pediatrics* study found "there is a significant inverse association between treatment with pubertal suppression during adolescence and lifetime suicidal ideation among transgender adults who ever wanted this treatment. These results align with past literature, suggesting that pubertal

suppression for transgender adolescents who want this treatment is associated with favorable mental health outcomes."

October 1, 2020: A *Pediatrics* study found that "late pubertal stage and older age are associated with worse mental health among [gender-incongruent] youth presenting to [gender-affirming medical care], suggesting that this group may be particularly vulnerable and in need of appropriate care."

August 3, 2023: The *New York Times* reported that "the American Academy of Pediatrics renewed its support of gender care for minors while commissioning a fresh look at the evidence."

Journal of Adolescent Health

December 2021: *Journal of Adolescent Health* issued findings supporting "a relationship between access to [Gender-affirming hormone therapy] and lower rates of depression and suicidality among transgender and nonbinary youth."

American College of Physicians (ACP)/*Annals of Internal Medicine*(ACP Journal)

July 2019: A study by *Annals of Internal Medicine* found that "transgender persons are a diverse group whose gender identity differs from their sex recorded at birth. Some choose to undergo medical treatment to align their physical appearance with their gender identity. Barriers to accessing appropriate and culturally competent care contribute to health disparities in transgender persons, such as increased rates of certain types of cancer, substance abuse, mental health conditions, infections, and chronic diseases."

May 19, 2023: ACP declared that it "firmly believes that gender-affirming care is an important component of comprehensive health care services for transgender and nonbinary patients. The College has long had policy affirming that public and private health benefit plans include comprehensive transgender health care services and provide all covered services to transgender persons as they would all other beneficiaries, including gender-affirming care."

May 19, 2023: ACP declared that "for individuals with gender dysphoria, gender-affirming care seeks to support them in exploring and living their life in a way that aligns with their gender identity. It includes medical interventions that facilitate the alignment of one's physiology with their gender identity, such as the use of puberty blockers and other forms of hormone therapy, combined with other social, psychological and behavioral interventions."

American College of Obstetricians and Gynecologists

December 2011: American College of Obstetricians and Gynecologists released a statement claiming that "although the care for [transgender] patients is often managed by a specialty team, obstetrician–gynecologists should be prepared to assist or refer transgender individuals with routine treatment and screening as well as hormonal and surgical therapies."

January 2017: American College of Obstetricians and Gynecologists issued consensus guidelines "initiating medical therapy after an adolescent has an established diagnosis of transgender identity and has reached Tanner stage II development. Medical management involves the suppression of puberty (typically in the form of gonadotropin-releasing hormone agonists) followed by cross-sex hormone therapy to induce puberty at age 16 years. A variety of surgical options are available, including bilateral mastectomy, hysterectomy with bilateral salpingo-oophorectomy or salpingectomy, and possible neophallus creation."

March 2021: American College of Obstetricians and Gynecologists released a statement claiming that "The majority of medications used for gender transition are common and can be safely prescribed by a wide variety of health care professionals with appropriate training and education, including, but not limited to, obstetrician–gynecologists, family or internal medicine physicians, endocrinologists, advanced practice clinicians, and psychiatrists. Hysterectomy with or without bilateral salpingo-oophorectomy is medically necessary for patients with gender dysphoria who desire this procedure."