OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 17 – 2025

Introduced by: Johannes Olsen, MD, Joeseph Hellman, MD, Elizabeth McIntosh, MD, Philip Roholt, MD

Subject: Gender Dysphoria

Referred to: Resolutions Committee No. 1

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WHEREAS, Gender Dysphoria is a culturally complex condition in which a person feels incongruent with their biological birth sex causing extreme psychological stress (1); and

WHEREAS, The American Psychological Association writing as recently as July 2024 differentiated the words Sex and Gender as:

> Sex is assigned at birth, refers to one's biological status as either male or female, and is associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy. Gender refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for boys and men and girls and women. These influence the ways that people act, interact, and feel about themselves. While aspects of biological sex are similar across different cultures, aspects of gender may differ. (2); and

WHEREAS, these distinctly different meanings have been with us since antiquity, the word Gender has increasingly appeared in the medical literature employed as a synonym for Sex including in Harrison's Textbook of Internal Medicine (3) (4) (5) (6); and

WHEREAS, conflating the word Sex which is physical, immutable, and anchored in biology with Gender which is culturally and socially determined and mutable, perhaps even fluid, has resulted in conflating the concepts that the words engender, giving rise to the idea that a person uncomfortable with the expectations of culture and society can be in the 'wrong body", a condition known as Gender Dysphoria, and furthermore that the body can be changed to conform to internal feelings that conflict with cultural expectations (7) (8); and

WHEREAS, this has given rise to "Gender Affirming Care" which is promoted as a lifesaving treatment involving medical transition such as taking puberty blocking drugs or cross-sex hormones and sometimes undergoing surgery to alter sex characteristics; and

WHEREAS, there is not a single long-term study to demonstrate the safety and efficacy of puberty blockers, cross-sex hormones, and surgery for restoring wellbeing in transgender believing youth. To paraphrase Hillary Cass, the former president of the Royal College of Pediatric and Child Health Services in England and author of the Cass Review, the scientific foundations for gender affirming care rest on “shaky ground” (9) (10) (11) (12); and

WHEREAS, gender incongruence is neither innate nor immutable and 61-98% of incongruent identities have been documented to align with their biological sex across their lifespan, and usually by late adolescence, including with or without counseling (15) (16) (17) (18) (19); and

WHEREAS, 43-75% of incongruent youth have a significant and untreated mental illness that pre-dated their symptoms of gender incongruence, and many supposed gender non-conforming teens may confuse their anxiety disorders, eating disorders, autism spectrum disorders, mood disorders or childhood trauma with gender dysphoria (20) (21) (22) (23); and

WHEREAS the use of puberty blockers to suppress normally timed puberty is dangerous to youth as evidence points to such interventions being associated with mental illness and other serious health consequences, and over 90% of adolescents on blockers will go on to use cross-sex hormones (24) (25) (26) (27); and

WHEREAS, the package-insert for Lupron, the number one prescribed puberty blocker in America lists “emotional instability” as a side effect and warns prescribers to “monitor for development or worsening of psychiatric symptoms during treatment”; and

WHEREAS, temporary use of Lupron has been associated with and may be the cause of many serious permanent side effects including osteoporosis, mood disorders, seizures, cognitive impairment, voice change, and when combined with cross-sex hormones, sterility. In addition to the Lupron harm, cross-sex hormones bring youth increased risk of heart attacks, stroke, diabetes, blood clots and cancers across their lifespan (27) (28) (29) (30) (31) (32) (33) (51) (57); and

WHEREAS, “gender affirming care” in youth frequently fails to achieve the goal of improving the life of the recipient, and the incidence of suicide is much higher in recipients of “gender affirming care” than in the non-treated transgender population (8) (10) (11) (15) (31) (34) (36); and

WHEREAS, currently, girls as young as age 13 are receiving double mastectomies, and boys as young as 16 years of age are receiving breast implants and are being surgically castrated, undergoing penectomies and having pelvic wounds created to simulate female vaginas. No parent or guardian has any right to allow such mutilation (52) (53) (54) (58) (59) (60); and

WHEREAS, OSMA has already adopted Policy 07-2019 Female Genital Mutilation Ban which condemns the practice of female genital mutilation as defined by the World Health Organization and considers female genital mutilation a form of child abuse; and

WHEREAS, youth transition can be considered experimental, bringing into question the ability of and the right of parents or guardians to provide informed consent, the propriety of providers to request and obtain informed consent, and of minors to assent to such medical or surgical treatments (13) (14) (49); and

WHEREAS, many European nations have called a halt on gender affirming care in minors including Norway, Sweden, Finland, Belgium, the Netherlands, France and the United Kingdom (UK) unless in rigidly controlled circumstances such as in England, where treatment is part of a carefully crafted controlled multicenter study including thorough pre- and long term post-psychological evaluation and follow-up, designed to determine the harms vs benefits of such treatments (10) (37 (38) (39); and

WHEREAS, there is appearing on the horizon some potential legal jeopardy for parents, guardians, providers and institutions from plaintiffs who feel that as transgender individuals their lives were permanently and cruelly altered in the name of "gender affirming care". Organizations espousing such treatments could potentially also become targets of imaginative attorneys (40) (41) (42); and

WHEREAS, the most truthful and compassionate approach toward children and adolescents questioning their gender is to allow them to be themselves without undue attention and pressure related to culturally determined gender roles, while providing adequate psychological care addressing mental and emotional health concerns; and therefore

BE IT RESOLVED, that our OSMA rescind its prior policies 05-2023 & 15-2020 which support gender-altering treatments; and be it further

RESOLVED, that OSMA recommend to the AMA that the United States join with the nations of England, Scotland, Finland, Norway, Sweden, The Netherlands, Belgium, and France in calling a halt to all gender altering treatments in minors unless administered in rigidly controlled circumstances such as part of a tightly controlled long term study; and be it further

RESOLVED, that OSMA recommend to any interested parties that a retrospective study be instituted for long-term follow up evaluation of all minors who have been subject to gender altering interventions; and be it further

RESOVLED, that OSMA report to the Governor and the leaders of the Ohio House and Senate that OSMA supports the recent gender legislation (HB 68) that was passed into law; and be it further

RESOLVED, that the term “gender affirmation” be replaced with “gender alteration” in all discussions regarding the attempt at changing a person’s sex to fit socially constructed roles; be it further

RESOLVED, that our OSMA adopt as a standard policy recommendation that people struggling with gender dysphoria be allowed to develop free of external pressures while having mental, emotional, and spiritual support services that help them through their unique individual process of understanding who they are.

Fiscal Note: $ 500 (Sponsor)
$ 500+ (Staff)

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