Transgender Identification

CMDA affirms the historic and enduring Christian understanding of humankind as having been created male and female. CMDA has concerns about recent usage of the term "gender" to emphasize an identity other than one's biological sex, that is, a sense of self based on subjective feelings or desires of identifying more strongly with the opposite sex or with some combination of male and female.[1,2,3,4,5]

CMDA affirms the obligation of Christian healthcare professionals to care for patients struggling with gender identity with sensitivity and compassion. CMDA holds that attempts to alter gender surgically or hormonally for psychological indications, however, are medically inappropriate, as they repudiate nature, are unsupported by the witness of Scripture, and are inconsistent with Christian thinking on gender in every prior age. Accordingly, CMDA opposes medical assistance with gender transition on the following grounds.

A. Biblical

1. God created humanity as male and female (Genesis 1:27, 5:2; Matthew 19:4; Mark 10:6). God's directives – to have dominion over the earth and to fulfill his goals of procreation, union, fellowship, and worship – are given to men and women together (Genesis 1:26-28, 2:18-24).
2. Men and women are morally and spiritually equal (Galatians 3:28) and are created to have roles that are in some respects alike and in other respects wonderfully complementary (Ephesians 5). (See CMDA statement on Human Sexuality)
3. All people are loved by God (John 3:16-17). All struggle with moral failure and fall short of God's standards (Romans 3:10-12) and, therefore, need the forgiveness that God provides through Christ alone (John 3:36; Romans 3:22-24; Colossians 1:15-22; 1 Timothy 2:5-6).
4. We live in a fallen world (Genesis 3), and we are all fallen creatures with a sinful nature (Romans 3:9-12). The fall is expressed in nature and in humanity in many ways, including sexuality. Confusion of gender identity is but one example of the fall, as are also marital breakdown and sexual immorality (Romans 1:24-32; Ephesians 5:3).
5. A lifestyle that is directed by pursuing sexual desires or governed by personal sexual fulfillment[6,7,8] misses the divinely ordained purpose of sex, which is for procreation and for facilitating unity in the lifelong commitment of marriage between one man and one woman, which fosters a secure and nurturing environment for children and which reflects the unity of Christ and the church (Exodus 20:1-18; Leviticus 20:10-21; Romans 1; Ephesians 5:23-33).

B. Biological

1. Sex is an objective biological fact that is determined genetically at conception by the allocation of X and Y chromosomes to one's genome, immutable throughout one's lifetime, and not a social construct arbitrarily assigned at birth or changed at will.
2. Human beings are sexually dimorphic. Male and female phenotypes are the outworking of sex gene expression, which shapes sex anatomy, determines patterns of sex hormone secretion, and influences sex differences in the development of the central nervous system and other organs.
3. Procreation requires genetic contributions from both one man and one woman.
4. Anomalies of human biological sex are an outcome of the fall and do not invalidate God's design in creation.

C. Social

1. CMDA recognizes that gender identity issues are complex, and inclination to identify with the opposite gender may have biological, familial, and social origins that are not of the making of particular individuals.[9]
2. In our current social context there is a prevailing view that removing traditional definitions and boundaries is a requirement for self-actualization. Thus, Christian healthcare professionals find themselves in the position of being at variance with evolving views of gender identity in which patients seek validation by the medical community of transsexual desires and choices that may be socially approved but which are contrary to a Christian worldview.
3. In contrast to the current culture, CMDA believes that finding one's identity within God's design will result in a more healthy and fulfilled life. CMDA believes, moreover, that social movements which contend that gender is decided by choice are mistaken in defining gender, not by nature, but according to desire. Authentic personal identity consists in social gender expression that is congruent with one's natural biological sex. CMDA recognizes that this traditional view has become counter-cultural; however, CMDA

affirms that God's design transcends culture.

4. CMDA is concerned that efforts to impose transgender ideology on all society by excluding, suppressing, marginalizing, intimidating, or portraying as hateful those individuals and organizations which, on scientific, moral, or religious grounds, reasonably disagree, are contrary to the freedoms of speech and religious liberty that lie at the very foundation of a just and democratic society.[10,11]
5. CMDA is concerned that efforts to compel healthcare professionals to affirm transgender ideology, provide medical legitimization for transgender psychology, or cooperate with requests for medical or surgical sex reassignment threaten professional integrity.

D. Medical

1. Among individuals who identify as transgender, use cross-sex hormones, and undergo sex reassignment surgery, there is well-documented increased incidence of depression, anxiety, suicidal ideation, substance abuse, and risky sexual behaviors.[12,13,14,15,16,17,18,19,20,21] Patients' gender-altering and sexual encounter choices are among the factors relevant to these health disparities in transgender patients as compared to the general population.[22,23,24]
2. Hormones prescribed to a previously biologically healthy child for the purpose of blocking puberty inhibit normal growth and fertility.[25] Continuation of cross-sex hormones, such as estrogen and testosterone, during adolescence is associated with increased health risks including, but not limited to, high blood pressure, blood clots, stroke, and some types of cancer.[26,27,28,29]
3. Although current medical evidence is incomplete and open to various interpretations, some studies suggest that surgical alteration of sex characteristics has uncertain and potentially harmful psychological effects and can mask or exacerbate deeper psychological problems.[30,31,32]
4. Transient gender questioning can occur during childhood. There is evidence that gender identity has some degree of malleability and is influenced by psychosocial experiences, including therapeutic interventions.[33,34,35,36,37,38]
5. CMDA recognizes that exceedingly rare abnormalities exist in which chromosomal and phenotypic sex characteristics are in discord. These disorders of sex development include congenital adrenal hyperplasia, ambiguous genitalia, and androgen insensitivity syndrome. Treatment of these disorders differs categorically from transgender interventions, which are performed on persons whose sex phenotype is in agreement with their chromosomal sex designation.

E. Ethical

1. Medicine rests on science and should not be held captive to desires or demands that contradict biological reality. Sex reassignment operations are physically harmful because they disregard normal human anatomy and function. Normal anatomy is not a disease; dissatisfaction with natural anatomical and genetic sexual makeup is not a condition that can be successfully remedied medically or surgically.
2. The medical status of gender identity disorder as a mental or psychosocial disorder should not be discarded on the basis of social activism.
3. For Christians struggling with transgender inclinations, spiritual, psychological, and social support are needed, as attempts to change gender through hormonal or surgical interventions only lead to further spiritual turmoil and distress.
4. CMDA is especially concerned about the increasing phenomenon of parents of children who question their gender intervening hormonally to inhibit normal adolescent development.[25,39,40,41,42,43] Children lack the developmental cognitive capacity to assent or request such interventions, which have lifelong physical, psychological, and social consequences.[44]
5. The purpose of medicine is to heal the sick, not to collaborate with psychosocial disorders. Whereas treatment of anatomically anomalous sexual phenotypes is restorative, interventions to alter normal sexual anatomy to conform to transgender desires are disruptive to health.[45]
6. The inability of men, including men who identify as women, to bear children is not an illness to be remedied by medical or surgical means, such as uterus transplantation.
7. Many diseases affect men and women differently, according to biological sex phenotype. Transgender designations may conceal biological sex differences relevant to medical risk factors, recognition of which is important for effective healthcare and disease prevention. As accurate documentation is necessary for good patient care, healthcare professionals should document patients' biological sex and any alterations of gender characteristics factually in the medical record.

CMDA Recommendations for the Christian Community

1. A person struggling with gender identity should evoke neither scorn nor enmity, but rather our concern, compassion, help, and understanding. Christians must respond to the complex issues surrounding gender

identity with grace, civility, and love.

2. The Christian community must help society understand that gender complementarity and fixity are both good and a part of the natural order. CMDA is concerned that attempting to reconstruct gender as something that is fluid and changeable through technical means would have grave spiritual, emotional, cultural, and medical repercussions.
3. The Christian community and especially the family must resist stereotyping or rejecting individuals who do not fit the popular norms of masculinity and femininity. Parents should guide their children in appropriate gender identity development. For children who are experiencing gender identity confusion, the Christian community should provide appropriate role models and informed guidance.
4. The Christian community must condemn hatred and violence directed against those struggling with gender identity. Love for the person does not equate with support of the decision to change sex anatomy or gender identity.
5. For the sake of the common good, Christians should welcome inclusion of transgender individuals but oppose claims to grant special rights based solely on transgender identification.
6. The Christian community is to be a refuge of love for all who are broken – including sexually broken – not to affirm their sin, nor to condemn or castigate, but to shepherd them to Jesus, who alone can forgive, heal, restore, and redirect to a Godly, honorable, and virtuous way of life. God provides the remedy for all moral failure through faith in Jesus Christ and the life-changing power of the Holy Spirit.

CMDA Recommendations for Christian Healthcare Professionals

1. CMDA advocates culturally competent medical care of patients who identify as transgender. Such care requires our compassion, an open and trusting dialogue, a genuine effort to understand and respond to the patient's psychological distress, and acceptance of the person without necessarily agreeing with the person's ideology or providing a requested sex-altering intervention.
2. CMDA believes that the appropriate medical response to patients with gender confusion should be to support and encourage them in areas we can affirm and to help them understand themselves as people God loves and who are made in his image, even when we cannot validate their choices. We should validate their right as individuals in a free society to make decisions for themselves, while explaining that their right does not extend to obligating the healthcare professional to prescribe medication or perform surgical procedures that we believe to be harmful, such as interventions that deface, disfigure, or mutilate the patient's biological sex.
3. CMDA believes that Christian physicians should not engage in hormonal and surgical interventions that alter natural sex phenotypes, as this contradicts the basic principles of Christian medical ethics, which regards medical treatment as intended to heal and not to harm.
4. CMDA believes that prescribing hormonal treatments to children or adolescents to disrupt normal sexual development for the purpose of gender reassignment is ethically impermissible, whether requested by the child or the parent. (See CMDA statements on Limits to Parental Authority in Medical Decision-Making, and Abuse of Human Life)

CMDA Recommendations Regarding Nondiscrimination

1. Mutual respect and civil discourse are cornerstones of a free society. The Christian healthcare professional should respect how a patient wishes to be addressed.
2. Christian healthcare professionals, in particular, must care for their patients with gender identity disorders in a non-judgmental and compassionate manner, consistent with the humility Jesus modeled and the love Jesus commanded us to show all people.
3. Those who hold to a biblical or traditional view of human sexuality should be permitted to question transgender dogma free from exclusion, oppression, or unjust discrimination. Healthcare professionals who hold the position that transgender identification is harmful and inconsistent with the will of God should not be stigmatized or accused of being bigoted, phobic, unprofessional, or discriminatory because of this sincerely held and widely shared belief.
4. To decline to provide a requested gender-altering treatment that is harmful or is not medically indicated does not constitute unjust discrimination against persons. CMDA affirms that healthcare professionals should not be coerced or mandated to provide or refer for services that they believe to be morally wrong or harmful to patients. (See CMDA statement on Healthcare Right of Conscience)
5. Healthcare professionals must not be prevented from providing counseling and support to patients who are experiencing confusion in regard to gender orientation and who request assistance with accepting and maintaining their biologic sex and gender identity.

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