

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 5-19

INTRODUCED BY: Residents and Fellows Section

SUBJECT: Evidence-Based Care of Individuals Born with Differences in Sex
Development (DSD)

1 Whereas, 0.05 and 1.7% of people are born with sex characteristics, including chromosomes,
2 gonads, genitals, and other reproductive structures, that do not fit typical notions of either “male”
3 or “female” bodies;¹ and
4

5 Whereas, around 200 early cosmetic genital surgery such as clitoral reductions and vaginoplasties
6 are still performed in medical institutions across the United States on children who are born with
7 DSD;^{2,3} and
8

9 Whereas, patient narratives and observational studies highlight the consequences of such surgeries
10 to include diminished or absent sexual sensation, sexual dysfunction, chronic pain, sterilization,
11 urinary incontinence, depression, post-traumatic stress disorder, suicidality, and incorrect gender
12 assignment leading to gender dysphoria;^{2,4} and
13

14 Whereas, multiple health organizations such as the World Health Organization (WHO), the
15 American Academy of Family Physicians (AAFP), GLMA: Health professionals Advancing
16 LGBT Equality, Physicians for Human Rights and the American Medical Students Association, as
17 well as previous US Surgeons General, Dr. Joycelyn Elders, Dr. David Satcher and Dr. Richard
18 Caromna all issued statements⁵⁻¹² calling for the cessation of medically unnecessary surgeries and
19 genitoplasty in DSD patients; and
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21 Whereas, DSD organizations and patient advocacy groups agree that DSD individuals must be
22 able to provide consent to medical procedures when they are desired; and agree that, in a small
23 subset of cases, urgent procedures must be undergone before the individual has capacity to give
24 consent; and
25

26 Whereas, a review of the evidence showed that early gonadectomies are medically indicated to be
27 protective from cancer risk only in few cases of DSD³ but remain falsely widely applied for that
28 indication;^{1,3} and
29

30 Whereas, reliance on parental consent has the potential to prioritize addressing parental
31 preferences and anxiety at the expense of the autonomy of the child;⁵ and parents of DSD children
32 are sometimes presented with unsubstantiated statements concerning the benefits of procedures
33 like clitoral reductions and vaginoplasties, while the risks are often not mentioned or fully
34 discussed;³ and

1
2 Whereas, there is lack of evidence that supports the hypothesis that having genitalia that is
3 considered atypical would cause psychological harm;⁴ and DSD individuals who underwent
4 genital surgery in childhood report feelings of shame, stigma and distress related to the procedures;
5 ⁴ and individuals who delayed undergoing genital surgery were found to be generally
6 psychologically healthy;³ therefore be it

7
8 Resolved, that MedChi policy be that the care of individuals born with differences in sex
9 development be based on the most current scientific evidence, including, but not limited to,
10 recommendations to delay non-emergent surgical interventions until the individual has the
11 capacity to participate in the decision; and be it further

12
13 Resolved, that MedChi support the education of providers, parents, patients, and multidisciplinary
14 teams on the most current evidence concerning the care for individuals born with differences in sex
15 development, including, but not limited to, recommendations to delay non-emergent surgical
16 interventions until the individual has the capacity to participate in the decision.

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19 Resolution 5-19 was referred to the Board of Trustees for consideration.

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