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)

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

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

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

Whereas, multiple health organizations such as the World Health Organization (WHO), the American Academy of Family Physicians (AAFP), GLMA: Health professionals Advancing LGBT Equality, Physicians for Human Rights and the American Medical Students Association, as well as previous US Surgeons General, Dr. Joycelyn Elders, Dr. David Satcher and Dr. Richard Caromna all issued statements⁵-¹² calling for the cessation of medically unnecessary surgeries and genitoplasty in DSD patients; and

Whereas, DSD organizations and patient advocacy groups agree that DSD individuals must be able to provide consent to medical procedures when they are desired; and agree that, in a small subset of cases, urgent procedures must be undergone before the individual has capacity to give consent; and

Whereas, a review of the evidence showed that early gonadectomies are medically indicated to be protective from cancer risk only in few cases of DSD; but remain falsely widely applied for that indication;¹,³ and

Whereas, reliance on parental consent has the potential to prioritize addressing parental preferences and anxiety at the expense of the autonomy of the child;⁵ and parents of DSD children are sometimes presented with unsubstantiated statements concerning the benefits of procedures like clitoral reductions and vaginoplasties, while the risks are often not mentioned or fully discussed;³ and
Whereas, there is lack of evidence that supports the hypothesis that having genitalia that is considered atypical would cause psychological harm; and DSD individuals who underwent genital surgery in childhood report feelings of shame, stigma and distress related to the procedures; and individuals who delayed undergoing genital surgery were found to be generally psychologically healthy, therefore be it

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

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

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

References: