Medical Professional Consensus on Gender Affirming Hormone Therapy, its Appropriateness in the Primary Care and Student Health Settings, and on Physician Autonomy in Prescribing

There is a strong consensus in the medical literature regarding the low risk and major benefits of gender-affirming hormone therapy for transgender patients who suffer from gender dysphoria. All relevant national and international societies support this therapy, condemn its withholding or delay as unethical gender-based discrimination, and/or declare that primary care providers are appropriate prescribers. Physicians have professional autonomy and ethical obligations to offer this care when able in the proper setting. Relevant national and state oversight associations of university Student Health Centers (SHC) unanimously support the offering of this therapy in SHCs.

Medical literature and consensus on gender affirming hormone therapy being primary care

Gender affirming hormone therapy appears to **greatly reduce an extremely high suicide risk** (more than 10% per year)[1] as noted in the medical literature. When a "doctor or other provider refused to treat [one for being] transgender", lifetime suicide risk soars to 60%,[2] though there are other major negative effects on quality of life (depression, career achievement, etc.), a fact that is also noted on an RIT project.[3]

- The **American Medical Association** (the largest physician professional association in the US) House of Delegates adopted a resolution[4] in 2008 to support public and private health insurance coverage for treatment of gender identity disorder, and declared both the scientific validity of treatment, including hormone therapy and WPATH guidelines, and the need of non-discriminatory access to care for transgender patients.
    - "an established body of **medical research demonstrates the effectiveness** and medical necessity of mental health care, **hormone therapy** and sex reassignment surgery as forms of therapeutic treatment **for many people diagnosed with GID [Gender Identity Disorder]**"
    - "though many of these same treatments, such as psychotherapy, hormone therapy, […] often covered for other medical conditions; [the] **denial of these otherwise covered benefits for patients suffering from [Gender Identity Disorder] represents discrimination based solely on a patient's gender identity**"
    - "**Delaying treatment for GID can cause and/or aggravate additional serious and expensive health problems,** such as stress-related physical illnesses, depression, and substance abuse problems, which further endanger patients' health"

- Multiple medical societies that have a defining voice in the matter state that gender affirming hormone therapy is appropriate primary care activity
    - The American Academy of Family Physicians (that effectively defines primary care) officially endorsed LGBT Guidelines that state that "**hormonal treatment options for transitioning […] can be provided by family physicians without specialist consult"** [5]

[1] https://www.ncbi.nlm.nih.gov/pubmed/26032733
[2] https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf
[3] https://people.rit.edu/~fab1047/140/project3/project3_stats.shtml
[4] http://www.tgender.net/taw/ama_resolutions.pdf
[5] http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint289D_LGBT.pdf

- The American Academy of Pediatrics Policy Statement proposes that the decision of providing gender affirming hormone therapy depends on the physician's professional judgment whether doctors "**feel competent to provide specialized care for sexual minority** teenagers" [6]
- The World Professional Association of Transgender Health (WPATH) "Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People" latest, 7th version states that: "feminizing/masculinizing **hormone therapy can be managed by** […] **primary care physicians**"[7]
- The Center of Excellence for Transgender Care at UCSF states that "Prescribing gender affirming hormones **is well within the scope of** […] **primary care physicians**". [8]
- The International Medical Advisory Panel of International Planned Parenthood Federation created a "Statement on hormone therapy for transgender patients" that declares that "**Primary care providers are** […] **appropriate professionals to provide hormone therapy**"[9]

Physician society position statements regarding professional scope and obligations of physicians

Multiple authoritative medical associations clearly state that a physician's clinical decision making (in this case prescribing hormone therapy) is guided by autonomous professional judgment (there is no prerequisite for any "protocol", and even existing protocols serve only as guidelines rather than limits) and providing non-discriminatory medical care is a physician's explicit ethical obligation. Care should be kept in the primary care setting whenever possible, and referral for consult or specialist is a shared decision between physician and patient.

- The **World Medical Association** (that includes more than hundred national medical associations, including the **American Medical Association**) issued a **Declaration [on] Professional Autonomy and Clinical Independence** in 2008 that is its active policy, clearly stating the physician's role:
  - "The central element of professional autonomy and clinical independence is the assurance that **individual physicians have the freedom to exercise their professional judgment in the care and treatment of their patients** without undue influence by outside parties or individuals."[10]

- The **American College of Physicians** issued its current 6th edition of **Ethic Manual**[11] in 2012 that states that "[m]edical and professional ethics often establish positive duties (that is, what one should do) to a greater extent than the law" yet sets clear limits on unethical practice:
  - The "**denial of appropriate care to a class of patients for any reason is unethical**. […] Physicians have an important role to play in promoting health and human rights and addressing social inequities. This includes caring for vulnerable populations, such as the uninsured and **victims of violence or human rights** abuses. Physicians have an opportunity and **duty to advocate for the needs** of individual patients as well as society."

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[6] http://pediatrics.aappublications.org/content/132/1/198.full?sid=baab3d90-dd2d-4618-8b7d-b3091d6eb732
[7] https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20(2)(1).pdf
[8] http://transhealth.ucsf.edu/trans?page=guidelines-initiating-hormone-therapy
[9] http://www.ippf.org/sites/default/files/ippf_imap_transgender.pdf
[10] https://www.wma.net/policies-post/wma-declaration-of-seoul-on-professional-autonomy-and-clinical-independence/
[11] http://annals.org/aim/article/1033289/american-college-physicians-ethics-manual-sixth-edition

- Furthermore, "**physician may not discriminate** against a class or category of patients" even though a "patient's preferences or interests may conflict with [those of] an institution".
- Also, the manual states that in "almost all circumstances, patients should be encouraged to initially **seek care from their principal physician**. Physicians should in turn obtain competent **consultation** whenever **they and their patients feel the need for assistance** in care".
- Of note, the ethic manual also protects the physician's clinical decisions from the alleged method of how the medical director interfered with patient care in this case, by stating that "**in the absence of substantial evidence of professional misconduct, negligence, or incompetence, it is unethical to use the peer review process to exclude another physician from practice**".

- The **American College of Physicians** issued A **Physician Charter** on **Medical Professionalism**,[12] stating that "Professionalism is the basis of medicine's contract with society. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health." It defines the physicians' role around three principles and a set of responsibilities/commitments.
  - **Principle of primacy of patient welfare** states that the patient interest is central and "societal pressures, and **administrative exigencies must not compromise this** principle."
  - **Principle of patient autonomy**. "Patients' decisions about their care must be **paramount**, as long as those decisions are **in keeping with ethical practice** and do not lead to demands for inappropriate care."
  - **Principle of social justice**. "Physicians should **work actively to eliminate discrimination in health care**, whether based on race, gender, socioeconomic status, ethnicity, religion, or any other social category."
  - **Commitment to professional competence [and] to improving quality of care**. "Physicians must be committed to lifelong learning [and] be dedicated to continuous improvement in the quality of health care. This commitment entails not only maintaining clinical competence but also working collaboratively."
  - **Commitment to a just distribution of finite resources**. "While meeting the needs of individual patients, physicians are required to provide health care that is based on the wise and cost-effective management of limited clinical resources."
  - **Commitment to improving access to care**. "Physicians must individually and collectively strive to reduce barriers to **equitable health care**. Within each system, the **physician should work to eliminate barriers to access based on** […] **social discrimination**."
  - **Commitment to professional responsibilities.** "These obligations include engaging in internal assessment and accepting external scrutiny of all aspects of their professional performance."

[12] http://annals.org/aim/article/474090/medical-professionalism-new-millennium-physician-charter

College Health Organizations Supporting Gender Affirming Hormone Therapy on Campus

- **American College Health Association (ACHA)** "is the principal leadership organization for advancing the health of college students and campus communities". It is a charter organization **of AAAHC, the accrediting body of RIT's SHC**. The ACHA issued multiple statements in support of transgender healthcare in Student Health Centers
    - **ACHA Guidelines on Trans-Inclusive College Health Programs**[13] directs Student Health Centers to "**train clinical health care providers on the initiation and continuation of gender affirming hormones**"
    - In a position statement it states, the **"ACHA rejects all forms of intolerance and subtler forms of discriminatory conduc**t with respect to the following: age; **gender identity**, **including transgender"**[14];
    - The **New York State College Health Association** and the **ACHA** provided educational sessions (2013-2015) that describe "**Why Student Health Centers Should Be Providing Medical Care to Transgender Students**" **[15]** including hormone therapy, and promote "**primary care for transgender** […] **patients, including provision of** […] **hormonal therapy**". **[16]**

- The **Consortium of Higher Education[17]** issued "Suggested Best Practices for Supporting Trans Students" in 2014 that recommends for Student Health Services
    - "**To train physicians so that they can initiate hormone treatment, write prescriptions for hormones, and monitor hormone levels for transitioning students**"

- The **National Association of Student Personnel Administrators**[18] published an article for University Administrators in 2014
    - It described the growing needs of transgender students, and did "predict that an increasing number may turn to the Department of Education **Office of Civil Rights if they believe they are not receiving equal treatment**"
    - Also, it referred them to a list, now more than hundred, American universities that **not only provide transgender care and prescriptions, but also cover the medical, and in most cases surgical, expenses of gender transition[19].**

[13] https://www.acha.org/documents/Resources/Guidelines/Trans-Inclusive_College_Health_Programs.pdf
[14] https://www.acha.org/ACHA/About/Position_Statements/ACHA/About/Position_Statements.aspx
[15] http://nechaonline.org/annual-meeting/includes/handouts/2013/D1-Transgender.pdf
[16] http://www.acha.org/ACHA/Programs_and_Services/CE_Activities/Primary_Care_for_Transgender_Patients.aspx
[17] https://lgbtcampus.memberclicks.net/assets/trans%20student%20inclusion%20.pdf
[18] https://www.naspa.org/rpi/posts/transgender-healthcare-at-colleges-and-universities
[19] https://www.campuspride.org/tpc/student-health-insurance/