

# PALM CENTER

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## BLUEPRINTS FOR SOUND PUBLIC POLICY

### INSISTING ON ONE MODEL OF GENDER TRANSITION WOULD CONTRADICT MEDICAL CONSENSUS

June 2016

**Context:** One particularly pernicious idea that gained support within the Pentagon during the 2015-2016 repeal process was the notion that each service member undergoing gender transition should have to conform to exactly the same model of gender transition. In some cases, advocacy for this position reflected a well-intended desire to minimize the complexity of inclusive policy, while in other cases, adherents of this idea seemed to reflect retrograde and needlessly conformist understandings of gender. In this policy memo, we showed that, according to medical consensus about standards of care, the process of gender transition is individual and varies from person to person. We circulated this memo to officials in charge of the repeal process, and it appears to have helped discredit the one-size-fits-all model of gender, establishing that inclusive policy allows for flexibility as determined by doctors and patients.

## INSISTING ON ONE MODEL OF GENDER TRANSITION WOULD CONTRADICT MEDICAL CONSENSUS

The gold standard of medical guidelines on treatment of transgender persons recognizes that, for those who have a medical need to transition gender (not all transgender persons will), the process of transition is individual and will vary. The World Professional Association for Transgender Health (WPATH) Standards of Care states:

Treatment is individualized: What helps one person alleviate gender dysphoria might be very different from what helps another person. This process may or may not involve a change in gender expression or body modifications.<sup>1</sup>

WPATH continues to oppose surgery or sterilization requirements to change legal sex or gender markers. No particular medical, surgical, or mental health treatment or diagnosis is an adequate marker for anyone's gender identity, so these should not be requirements for legal gender change.<sup>2</sup>

The American Medical Association has issued a report affirming the medical necessity of individualized care for transgender individuals:

For many persons, social transition and hormone therapy may be sufficient to treat GD. Others will require a different therapeutic regime, including gender affirmation surgery.”<sup>3</sup>

The American Psychiatric Association (APA) agrees:

To varying degrees, adults with gender dysphoria may adopt the behavior, clothing, and mannerisms of the experienced gender. They feel uncomfortable being regarded by others, or functioning in society, as members of their assigned gender. Some adults may have a strong desire to be of a different gender and treated as such, and they may have an inner certainty to feel and respond as the experienced gender without seeking medical treatment to alter body characteristics. They may find other ways to resolve the incongruence between experienced/expressed and assigned gender by partially living in the desired role or by adopting a gender role neither conventionally male nor conventionally female.<sup>4</sup>

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<sup>1</sup> Eli Coleman et al. (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7, *International Journal of Transgenderism*, 13: 165-232, at 168.

<sup>2</sup> WPATH Statement on Legal Recognition of Gender Identity, January 19, 2015, [http://www.wpath.org/uploaded\\_files/140/files/WPATH%20Statement%20on%20Legal%20Recognition%20of%20Gender%20Identity%201-19-15.pdf](http://www.wpath.org/uploaded_files/140/files/WPATH%20Statement%20on%20Legal%20Recognition%20of%20Gender%20Identity%201-19-15.pdf).

<sup>3</sup> American Medical Association, Report of the Board of Trustees 26-A-14 (2014). Conforming Birth Certificate Policies to Current Medical Standards for Transgender Patients, at 2.

<sup>4</sup> American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (2013), 454.

Foreign militaries with inclusive transgender policy also recognize that gender transition should not be one-size-fits-all:

Treatment can vary depending on the needs of the individual. ... Treatment options can include none, one or a combination of the following: [changes in gender role, counseling, hormone therapy, or surgery].<sup>5</sup>

The point at which an individual is considered to have completed gender transition may vary from individual to individual, depending on medical treatment and other factors, and each case should be considered on an individual basis.<sup>6</sup>

There is a clear medical consensus that the nature of gender transition varies on an individual basis. One-size-fits-all policies that mandate particular characteristics of a “proper” transition are inappropriate because they are designed to accommodate the uninformed preferences of others, not the medical needs of an individual.

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<sup>5</sup> Surgeon General, Australian Defence Force (2015). Health Directive No. 234, Medical Management of Gender Dysphoria and Gender Realignment in Defence Members, at 3.

<sup>6</sup> United Kingdom Ministry of Defence (2009). Policy for the Recruitment and Management of Transsexual Personnel in the Armed Forces, at ¶ 55.