



# Catholicism, Gender-Affirming Care, and the Transgender and Gender Non-Conforming Community

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## Abstract

Analysis of the relationship between Catholicism, gender-affirming care, and transgender and gender non-conforming (TGNC) communities is critical given the extensive influence of Catholic thought within healthcare systems. Limited research on this subject and the politicization of gender-affirming care makes this analysis especially valuable at this time. Examination of literature reveals that Catholics often condemn gender-affirming practices and advise professionals against offering such care. Justification for this perspective is rooted in the Catholic understanding of human dignity, which includes respect for life beginning at conception and adherence to the principles of totality and integrity. Data on TGNC health outcomes shows that gender-affirming care is beneficial for TGNC individuals. Catholic hospitals retain the right to refuse provision gender-affirming care under U.S. law; however, this refusal is a significant barrier to care for TGNC individuals, who already face disproportionate burdens when accessing care. This research reveals the connection between healthcare barriers created and/or upheld by Catholic principles and lower overall health outcomes for TGNC people.

*Keywords:* gender-affirming care, bioethics, Catholicism, transgender, gender non-conforming, barriers to care

## Introduction

Christianity and Catholic thought in particular has been highly influential in forming the foundations of United States educational, cultural, and healthcare structures (Baker, 1999; Kauffman & Marty, 1995). Advancements in medical technology and procedures often conflict with traditional Catholic values, beliefs, and teachings. Such conflict can affect individuals and communities that are seeking treatment for various conditions. Gender-affirming care for transgender and gender non-conforming (TGNC) people is one area of conflict which has been minimally researched. This paper examines how the relationship between Catholicism and gender-affirming care impacts health outcomes and accessibility to care for TGNC communities. It argues that the impact of Catholic influence has created barriers to care for TGNC people, which results in worse health outcomes.

## **What is Gender-Affirming Care, and Who Uses It?**

Data from the University of California Los Angeles Williams Institute has estimated that over 1.6 million people in the United States identify as transgender or non-binary (Herman et al., 2022). Individuals who identify as transgender or gender non-conforming often have unique health needs due to experiences of discrimination, stigma, and gender incongruence. Gender-affirming care is one type of care utilized by TGNC people and is defined here as the wide range of psychological and medical services which are intended to affirm a person's innate gender identity. Gender-affirming care is also frequently used by cisgender people, although discussions about procedures largely revolve around TGNC people (Schall & Moses, 2023). Available treatment options may be surgical or non-surgical. Some frequently used care methods include hormone replacement therapy, laser hair removal, vocal therapy, mental health and counseling services, and gender-affirmation surgeries. Common surgical procedures for individuals seeking this can include breast and chest procedures (commonly known as "top surgery"), genital procedures ("bottom surgery"), and facial reconstructive surgery. These services are often utilized by TGNC people as a means of alleviating gender dysphoria, a condition defined by the American Psychological Association as "psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity" (Turban, 2022).

## **Catholicism in Healthcare**

The Catholic Health Association (CHA) directly oversees more than 600 hospitals and over 1500 other health care facilities, which is about 10% of total hospitals in the United States (Catholic Health Association, 2023). Concentration of Catholic-affiliated establishments is higher than 10% in some states, particularly in the Midwest where prevalence can be as high as 30%. The CHA notes that Catholic institutions are more prevalent in urban areas than rural areas.

Given that Catholic hospitals constitute a significant percentage of the U.S. healthcare system, decisions made regarding the ethics of services impact thousands of individuals nationwide. An example of these effects is shown through research examining relationships between Catholic hospitals and access to reproductive care (Hasselbacher et al., 2020; Stulberg, 2016; Thorne et al., 2019). Data shows that patients presenting with pregnancy complications or attempting to access abortion services in Catholic hospitals often face barriers such as delays in

care or limited treatment options (Hasselbacher et al., 2020). These consequences are often a result of lengthy ethics committee deliberations and consultations, which frequently result in a patient's referral or transfer to a secular hospital. Delays to care were experienced even in cases where the procedure was ultimately approved in the Catholic institution (Hasselbacher et al., 2020). Observations of responses to controversial medical topics such as abortion clarify the guiding principles used by ethical committees in these institutions, and can be applied to other topics such as gender-affirming care. Knowing that a care center's religious affiliation can influence options, accessibility, and outcomes is key to understanding how Catholic institutions approach gender-affirming care practices, and the effects this has on TGNC communities.

### Methods

Analysis of peer-reviewed literature as well as contemporary discourse within primary sources is essential to comprehending the developing relationship between Catholicism, gender-affirming care, and TGNC health outcomes. Peer-reviewed literature was selected through database searches on Primo and PubMed using keywords, including *gender-affirming care*, *transgender*, *gender non-conforming*, *gender dysphoria*, *Catholicism*, *Catholic hospital*, and *Catholic bioethics*. Non-academic information was found within news channels, Catholic organization websites, and works published by Catholic theologians and theorists. To ensure a holistic and thorough analysis of the material, documents were grouped into one of three broad categories, including foundational Catholic bioethical principles (8 sources); direct statements regarding Catholicism and gender-affirming care (3 sources); and health outcomes for TGNC people (11 sources). All papers which fell outside of these categories were used for contextualization by providing information such as demographic statistics and definitions. The 29 cited writings were then examined by hand to identify patterns and trends within each category. Commonly observed trends were Catholic condemnation of most or all gender-affirming care practices for TGNC people, reference to the *Ethical and Religious Directives* (ERD) for ethical decision making in Catholic institutions, and generally lower health outcomes for TGNC people (United States Conference of Catholic Bishops, 2018). These patterns were then used to understand relationships between ethical principles and health outcomes, and to speculate broader impacts that such relationships have on the transgender and gender non-conforming community.

## Literature Review

### Guiding Principles in Catholic Bioethics

The New Testament directly instructs followers of Jesus Christ to aid those in poor health: “Heal the sick, raise the dead, cleanse lepers, cast out demons” (*English Standard Version Bible*, 2001, Matthew 10:8). Catholic interpretation of scripture places emphasis on health and charity, and this has historically led to high involvement of Catholic institutions in healthcare. Understanding the values and beliefs which are enumerated in foundational documents is important when exploring the impact of Catholicism within healthcare.

Catholic bioethics has become an extensive school of thought with certain well-established principles that guide moral decisions. These principles are often derived from scripture directly or interpretation of scripture by officials within the Catholic church. Tradition and culture similarly influence these central principles. Guidance based on tradition is developed and dispersed through historical practices, papal teachings, writings by established theologians. Sources such as the ERD present this information in a way that directly applies to medicinal practice. The guiding principles for theory and application of Catholic bioethics are found in these directives. Currently in its sixth edition, this document is a compendium of directives produced by the United States Conference of Catholic Bishops (USCCB), which presents Catholic healthcare providers with specific moral and ethical guidelines for medical practice. The 77 directives highlight the most central tenets of Catholic bioethics, including the protection of human dignity from conception until death, care for the poor, contribution to the common good, responsible stewardship of resources, and the impermissibility of performing procedures which are considered illicit. It is with these ethical priorities that Catholics arrive at their conclusions for medical practice. Particularly relevant to this discussion are the principles regarding human dignity and refusal of care that is deemed illicit.

#### A. The protection of human dignity.

The Catholic perception of human dignity consists of three main components: respect for life, the principles of totality and integrity, and human liberty (Życiński, 2006). Respect for life extends from the moment of conception until death, a value central to positions on abortion and reproductive care, as well as palliative care and doctor-assisted euthanasia. The principles of totality and integrity uphold a specific view of the mind-body connection which asserts that the physical body and soul are sacredly linked. Bodily mutilation is only permissible when it is

necessary to preserve the wellbeing of the whole person. This is exemplified in Directive 29 of the *ERDs*, which states “All persons served by Catholic health care have the right and duty to protect and preserve their bodily and functional integrity. The functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available” (2018, p.14). Human liberty is defined as the freedom to act in accordance with one’s own beliefs; in Catholic bioethics it is seen as freedom to act in accordance with the faith. Gender-affirming care is often viewed as unessential and substitutable with other “morally permissible” treatments that align more strongly with these principles.

### **B. Refusal to provide medical care deemed morally wrong.**

The *ERDs* explicitly state that Catholic institutions reserve the right to refuse care to individuals seeking procedures which are viewed as “morally wrong.” (2018, p.8) This operates in accordance with U.S. conscience clauses, which permit health care providers to refuse care on the basis of personal beliefs. This tenet highlights the Catholic view of healing as a means of preservation and protection of God’s creations, rather than healing as an end goal in itself.

Both of the aforementioned principles are critical within Catholic bioethics. These principles often work in conjunction with each other to guide the decision-making of Catholic healthcare institutions, because a violation of any component of human dignity serves as justification for refusing care. These two principles are responsible for many of the conclusions which are currently upheld in Catholic healthcare, such as prohibiting practice of abortion, doctor-assisted euthanasia, and gender-affirming care practices for TGNC people.

### **Modern Discourse Surrounding Catholicism and Gender-Affirming Care**

Due to the low visibility of gender-affirming care and TGNC people prior to the 21st century, there are few formal Catholic bioethics publications on this subject. Thus, contemporary sources offer the best insight into modern Catholic arguments and justifications relating to gender-affirming care. In April 2023, the United States Conference of Catholic Bishops released the first official statement from Catholic bishops regarding Catholicism and gender-affirming care. The *Doctrinal Note on the Moral Limits to Technological Manipulation of the Human Body* instructs Catholic providers against providing this care, stating that such procedures are unjust bodily mutilation and violate the “Natural Order” (Flores et al., 2023). Current material most frequently cites unjust mutilation as justification for disapproval of gender-affirming care (Guevin, 2005; O'Rourke et al., 2011). Another prevalent line of thought for refusal of care is

that such procedures may interfere with fertility and disrupt traditional family structures and values. Though no directive in the *ERDs* specifically addresses gender-affirming care, Directive 53 condemns direct sterilization (2018) and is frequently cited as support for this rationale. It should be noted that most gender-affirming care practices do not lead to direct sterilization and that many TGNC people have children or may choose to in the future (Carone et al., 2021)

### **Health Outcomes of Transgender and Gender Non-Conforming People**

The literature reviewed shows a consistent correlation between gender-affirming care and a variety of positive health outcomes (Almazan & Keuroghlian, 2021; Chyten-Brennan et al., 2022; Fisher et al., 2016; Tordoff et al., 2022; Turban et al., 2022; Wanta et al., 2021). This was especially true for mental health outcomes; some data showed as high as a 60% decrease in depression and 73% decrease in suicidality amongst TGNC youths who received gender-affirming care (Tordoff et al., 2022). Gender-affirming care has also shown positive impacts on other health conditions. For example, transgender women with HIV who received gender-affirming care had better outcomes concerning HIV than those who did not, with better care retention and higher rates of viral load suppression (Chyten-Brennan et al., 2022).

Outcomes are also significantly impacted by experiences of discrimination and stigma. A 2022 national survey showed that 24% of transgender people postponed care when they were in need due to discrimination (James et al., 2024). Rates were higher among people of color and those with low socioeconomic status. Frequent experiences of discrimination as well as elevated levels of poverty (James et al., 2016) and mental illness (Connolly et al., 2016) are significant barriers to care for TGNC people. This is reflected in low levels of health insurance coverage and lower likelihood of meeting regularly with a physician (Grant, 2011).

### **Discussion**

Catholicism continues to be influential in many areas of healthcare and bioethics, and this effect extends to gender-affirming care procedures. Protection of the body and soul from unjustified interference is central to Catholic bioethical decisions. Since most Catholics view gender-affirming care (especially forms which involve surgical procedures) as unjustified mutilation, it follows that Catholic healthcare institutions often condemn gender-affirmation practices (Flores et al., 2023; Guevin, 2005; O'Rourke et al., 2011).

Given that another central tenet of Catholic bioethics is refusal to perform procedures that are deemed illicit (United States Conference of Catholic Bishops, 2018), and that Catholic healthcare institutions largely view gender-affirming care as morally unacceptable (Catholic Health Association, 2017), it is likely that most Catholic health care institutions will not provide gender-affirming care services even if a patient is at risk of acute suffering or death. Support for this is shown in similar instances of abortion procedures, which are also deemed illicit in Catholic healthcare. Patients who are seeking abortion services or miscarriage procedures in Catholic hospitals are often denied care on these grounds, including in severe cases where the pregnant person's life is at risk. This is true even though Catholic statements often permit abortions in these cases (Freedman et al., 2008).

Refusal to provide gender-affirming care in Catholic healthcare institutions has important implications for the TGNC community. Within the United States, more than 1 in 7 patients cared for in a hospital daily are treated in a Catholic hospital (Catholic Health Association, 2023); thus, removal of care options from these institutions has a significant impact on accessibility. Moreover, many patients whose outcomes are affected by the religious affiliation of their primary hospitals are unaware of said hospital's affiliation. National survey data has shown that over a third of women in the United States whose primary hospital for reproductive care is Catholic are unaware of this affiliation (Wascher et al., 2018). This lack of knowledge may make it especially difficult for TGNC people to find other means of accessing gender-affirming care.

Gender-affirming care has proven beneficial in treating TGNC individuals experiencing a variety of health issues, including gender dysphoria, depression, and suicidality. (Almazan & Keuroghlian, 2021; Chyten-Brennan et al., 2022; Fisher et al., 2016; Tordoff et al., 2022; Turban et al., 2022; Wanta et al., 2021). Effective care is especially important in TGNC communities, because these groups are particularly vulnerable to mental illness, HIV/AIDS, and many other medical conditions (Centers for Disease Control and Prevention, 2021; Connolly et al., 2016). Substantial barriers to care, including restriction of services within Catholic institutions, reduce the likelihood of TGNC people receiving the care they need and ultimately obtaining positive health outcomes. These barriers remain present for TGNC folks even when trying to access care that is not related to their gender. Discrimination in healthcare settings is frequently reported by TGNC individuals and is linked to care being delayed or not received at all (Jaffree et al., 2016; Rodriguez et al., 2018).

As mentioned previously, the *ERDs* permit interference with a person's bodily integrity as a means of preserving the health or life of the person when no other morally permissible means are available (*Ethical and Religious Directives*, 2018). Given this, the rejection of gender-affirming care practices by Catholic healthcare facilities asserts either that they are unessential, or that there exist other morally permissible means which effectively improve and save the lives of TGNC people. Studies have demonstrated extensively that gender-affirming care has improved the health and wellbeing of TGNC people by decreasing rates of depression and anxiety, and preventing suicide. The life-saving outcomes for TGNC people support the claim that gender-affirming care is in fact essential for the preservation of health and life. There are currently no other well-documented methods in the literature which improve the health and wellbeing of TGNC people as effectively as gender-affirming care. Until other methods deemed morally permissible are found to be as effective, substituting or refusing gender-affirming care will not meet the demonstrated needs of the community or honor the Catholic principle of aiding those in poor health. As such, gender-affirming care should not be deemed a violation of the *ERDs*, because of its essential and irreplaceable role in preserving the life and health of TGNC people.

The conversation surrounding gender-affirming care is dominated by discourse about TGNC people who are seeking these services; however, backlash from Catholic institutions is not observed for cisgender people seeking this kind of care. There is a lack of research on responses from these institutions to cisgender people seeking gender-affirming care, which leaves the question of whether Catholic bioethical principles are the entire reason for refusal of care, or whether politicization and bias have played a role in these decisions. Healthcare institutions should address these concerns in relation to their decisions going forward, and should provide explicit recommendations for gender-affirming care practices that address the needs of patients with a variety of gender identities.

### **Conclusion**

The intersection between Catholic bioethics and gender-affirming care grows more important as advancements in technology progress and social and political polarization is heightened. Catholic bioethics approaches to other ethical issues and contemporary sources reveal a general disapproval of gender-affirming care on behalf of Catholic healthcare institutions. This is due to



foundational beliefs that humans were created in God's image and thus must preserve their bodily totality and integrity. Since gender-affirming care is considered a violation of this preservation, it is prohibited in institutions that subscribe to Catholic thought. Gender-affirming care is consistently associated with positive health outcomes for TGNC people, namely mental health. Given the extensive barriers which transgender and gender non-conforming people already encounter in healthcare, refusal to provide gender-affirming care within Catholic hospitals is a deterrent to accessing care and achieving positive health outcomes for these individuals. Catholic institutions must reconsider their reasoning for denial of care that has been well-documented as effective and essential for the health and wellbeing of TGNC people. Further research is needed to determine the extent of impact on TGNC communities, and how barriers to care may be overcome.

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