

1 OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

2
3 Resolution No. 27 – 2024

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5 **Introduced by:** Medical Student Section

6
7 **Subject:** Opposing Involuntary Surgeries on Intersex Youth and Infants

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9 **Referred to:** Resolutions Committee No. 2

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13 **WHEREAS**, the National Institutes of Health define intersex as “a general term
14 used to refer to individuals born with, or who develop naturally in puberty, biological sex
15 characteristics that are not typically male or female”¹; and

16
17 **WHEREAS**, the reproductive organs of intersex children do not necessarily
18 correlate with their gender identity in adulthood²⁻⁷; and

19
20 **WHEREAS**, variability in gender identity among intersex children and adults
21 following socialization as one of the binary genders necessitates an individualized
22 approach to treatment of intersex children, not necessarily involving surgery⁸; and

23
24 **WHEREAS**, most medically unnecessary surgeries performed on intersex
25 individuals are completed prior to the individual’s second birthday, before they have the
26 communication skills to comprehend a surgical intervention or provide informed assent,
27 which differs from consent in that it is an educated understanding of and agreement with
28 the treatment plan but is not a formal written agreement⁹⁻¹⁰; and

29
30 **WHEREAS**, informed assent in pediatrics requires that a child be old enough to
31 understand what is being done to their body, old enough to give their permission for it to
32 be done to them, and respect for their wishes and autonomy should they object to it,
33 with autonomy meaning their ability to provide educated input regarding their own
34 healthcare¹¹⁻¹³; and

35
36 **WHEREAS**, informed consent in pediatrics requires the voluntary agreement of a
37 child’s parents or guardians, in cases where the child is under 18, to a medical
38 intervention or participation in research trial¹¹⁻¹³; and

39
40 **WHEREAS**, current pediatric approaches to a diagnosis of difference in sexual
41 development (DSD) at birth or in childhood involve a multidisciplinary strategy with
42 delayed surgical intervention when possible and choice on the part of the individual
43 diagnosed with DSD^{12,14,15}; and

44
45 **WHEREAS**, the American Academy of Family Physicians opposes medically
46 unnecessary surgeries performed on intersex infants and children without their assent,

47 due to increased risk of substance use disorders, worsened sexual function, and suicide
48 attempts later in life, with approximately 31.8% of intersex adults attempting suicide at
49 some point in their life^{9,16-20}; and

50
51 **WHEREAS**, GLMA: Health Professionals Advancing LGBTQ Equality
52 recommends delay of gender-related medical interventions, including surgery and
53 hormone therapy, for patients with DSD until these patients are old enough to provide
54 informed consent²¹; and

55
56 **WHEREAS**, the North American Society for Pediatric and Adolescent
57 Gynecology supports respecting the autonomy of intersex patients and delaying
58 medically unnecessary surgeries for intersex patients until they are able to give
59 complete informed consent^{19,22}; and

60
61 **WHEREAS**, as of January 14, 2024, the Ohio House has voted to override Gov.
62 Mike DeWine's veto of House Bill 68, which would protect physicians who perform
63 medically unnecessary surgeries on intersex infants and youth, and the Ohio Senate will
64 hold their vote on January 24, 2024²³; and therefore

65
66 **BE IT RESOLVED**, that our OSMA supports the creation and distribution of
67 educational resources and strengthened family support for parents of intersex infants
68 and youth regarding surgical and medical options for treatment, including the option for
69 delayed care; and be it further

70
71 **RESOLVED**, that our OSMA supports informed decision-making and delayed
72 intervention in the surgical treatment of intersex infants and youth.

73
74 **Fiscal Note:** \$ (Sponsor)
75 \$ 100,000 (Staff)

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77 **References:**

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149 470.951

150 25. AMA Policy: Neonatal Male Circumcision H-60.945

151 26. AMA-MSS Policy: Supporting Autonomy for Intersex Patients and Patients with
152 Differences of Sex Development 245.020

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155 OSMA Policy:

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157 **Policy 22-2017 – Opposition to the Practice of LGBTQ “Conversion Therapy” or**

158 **“Reparative Therapy”**

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160 1. The OSMA affirms that individuals who identify as homosexual, bisexual, transgender, or
161 are otherwise not heteronormative are not inherently suffering from a mental disorder.

162 2. The OSMA strongly opposes the practice of “Conversion Therapy,” “Reparative
163 Therapy” or other techniques aimed at changing a person’s sexual orientation or gender
164 identity.

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