
MNORN Statement on Gender-Affirming Healthcare

It is the position of MNORN that gender- affirming care is a health care right which is not to be withheld from a patient based on age or other discriminatory factors. We support and defend our patients' access to this care, to the dignity of their identity, and to the promotion of health and wellness. MNORN condemns any action restricting access to appropriate, evidence-based, and beneficial healthcare. MNORN condemns political actions that violate a nurse's ethical obligations to their patient.

Introduction

The Minnesota Organization of Registered Nurses (MNORN) aligns with the American Nurses' Association (ANA) in recognizing that a respect for human rights and dignity is inherent in nursing. Our foundational documents insist on this. The Code of Ethics for Nurses with Interpretive Statements reminds us that nurses have a moral imperative to respect human dignity stating that "The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person."¹ The Nurses Scope and Standards of Practice (4th ed.) requires nurses to take action towards "unrelenting, unwavering, and encompassing efforts for equity, diversity, inclusion, and social justice."² The American Academy of Nursing in their 2018 Policy Brief: Protecting vulnerable LGBTQ youth and advocating for ethical health care, put it most succinctly when they said that the AAN "...supports access to healthcare for everyone..."³ As nurses, we are obligated to care compassionately for all who are recipients of care, to treat all with dignity and to advocate for their care. Simply, all of our patients deserve appropriate, evidence-based care - no matter who they are.

MNORN advocates for quality, evidence-based, medically beneficial and appropriate health care for children who identify as transgender and gender diverse (TGD) to include those who identify as non-binary. MNORN is unequivocally opposed to the denial of human and civil rights and condemns any discrimination based on sexual orientation, gender identity, and/or gender expression in access to or provision of healthcare.

Gender Affirming Care

Gender-affirming care offers developmentally appropriate care that is oriented towards understanding and appreciating the youth's gender experience. This integrative model of care combines medical and psychosocial services and supports for TGD youth and their families. There is significant data that gender affirming care

reduces negative health consequences, improves quality of life, reduces harm, and even reduces incidence of suicide.

Supportive environments significantly improve the mental health of TGD youth. The more supportive environments (e.g., home, school, work) in which TGD youth experience gender-affirming support (i.e., chosen name and pronoun use) the less they experience depressive symptoms, suicidal ideation and behavior.⁴

A 2011 study found that after an average of two years of pubertal suppression¹ clinically significant behavior problems (acting out in school and at home) dropped from 44% to 22%.⁵ Additionally, after two years of pubertal suppression and gender affirming care TGD youth experienced almost 20% less clinically significant emotional problems such as depression, anxiety, and self-harm.⁵

TGD youth who did use puberty blockers were found to have the same depression rates as their cisgender peers.⁶ A study in 2020 compared TGD youth who have not yet received gender-affirming care suffered twice as many suicidal thoughts and attempts as compared to those who received it.⁷ Puberty blockers and gender affirming hormones also reduce anxiety, improve body image, and help decrease suicidality.⁸ These positive effects last into adulthood.

The multitude of data indicating positive improvements in health for TGD youth has led many professional organizations such as ACOG, AAP, APA, AAN, ANA, AMA, and SAHM² to consider gender-affirming care as standard and basic healthcare. In fact, Healthy People 2030 has set a goals to improve health outcomes for transgender students. These include reducing "...suicidal ideation among transgender students, including those who seriously considered suicide, made a plan, or made an attempt in the past year."⁹

ANA Code of Ethics

The Code of Ethics for Nurses provides guidance when there is a discordance between ethical nursing practice and state/federal laws or institutional policies.

¹ The reversible suppression of puberty with hormone blocking medications.

² ACOG American College of Obstetricians and Gynecologists
AAP American Academy of Pediatrics
APA American Psychological Association
AAN American Academy of Nursing
ANA American Nurses Association
AMA American Medical Association
SAHM Society for Adolescent Health and Medicine

Provision 8.4 “Nurses must always stress human rights protection with particular attention to preserving the human rights of vulnerable groups such as the poor, the homeless, the elderly, the mentally ill, prisoners, refugees, women, children, and socially stigmatized groups. All actions and omissions risk unintended consequences with implications for human rights. Thus, nurses must engage in discernment, carefully assessing their intentions, reflectively weighing all possible options and rationales, and formulating clear moral justifications for their actions.”¹

Provision 1 “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person...the need for and right to healthcare is universal, transcending all individual differences...nurses consider the needs and respect the values of each person in every professional relationship and setting...factors such as culture, value systems, religious or spiritual beliefs, lifestyle, social support system, sexual orientation, or gender expression, and primary language when planning individual, family and population-centered care.”^{1, 10}

Provision 3.5 “Nurses must be alert to and must take appropriate action in all instances of incompetent, unethical, illegal, or impaired practice or actions that place the rights or best interests of the patient in jeopardy.”¹

Nurses have a primary responsibility to the patient. This ethical directive is a professional obligation that supersedes personal opinion and/or beliefs. While the Code maintains the right to conscientious objection this right cannot come at the expense of denying a patient access to healthcare.

Gender-affirming care is evidence-based healthcare and is well supported by the medical community. Criminalizing healthcare or removing access is a human rights issue. Nurses must consider the intentions and justifications for any action requested by the state involving patients. Nurses have a primary obligation to the patient regardless of personal factors. Nurses have an obligation to act when actions impede patient rights or ethical practice. These obligations supersede any immoral legal mandate.

Professional Organization Statements

American College of Obstetricians and Gynecologists

American College of Obstetricians and Gynecologists. (2021). Health Care for transgender and gender diverse individuals: ACOG Committee Opinion, Number 823. *Obstet Gynecol*, 137, e75.

American Academy of Pediatrics

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American Psychological Association

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832-864.

American Medical Association

<https://www.ama-assn.org/delivering-care/population-care/advocating-lgbtq-community>

Society for Adolescent Health and Medicine

Promoting Health Equality and Nondiscrimination for Transgender and Gender-Diverse Youth. The Society for Adolescent Health and Medicine (2020) 66 (6): P761-765 DOI:<https://doi.org/10.1016/j.jadohealth.2020.03.016>

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<https://health.gov/healthypeople/objectives-and-data/browse-objectives/lgbt/reduce-suicidal-thoughts-lesbian-gay-or-bisexual-high-school-students-lgbt-06>
10. ANA Ethics Advisory Board, (November 19, 2018) "ANA Position Statement: Nursing Advocacy for LGBTQ+ Populations" *OJIN: The Online Journal of Issues in Nursing*. 24(1).

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