Ethics & Medics

June 2022 Volume 47, Number 6

A Commentary of The National Catholic Bioethics Center on Health Care and the Life Sciences

Also in this issue: "Mainstream Media and Catholic Principles," by Tim Millea

Navigating Treatment of Gender Dysphoric Teens

Joleen M. Schanzenbach, RN

Accepted treatments for gender dysphoric teens raise serious ethical issues, including the inability of an adolescent to consent to treatments, the experimental nature of cross-sex hormone treatments, the long-term physical impairments to the human body, the limited scientific data available that determines this course of treatment, and questions about whether these treatments are a proportionate way to address gender dysphoria (GD) in the adolescent. Medical interventions involving cross-sex hormonal treatments that compromise the maturation of an adolescent are under scrutiny for several reasons and are an unethical approach to addressing adolescents who are questioning their biological gender.

Each adolescent experiences and presents differently with GD. The main symptom is significant distress over an ardent desire to be the opposite of their biological sex. The youth who experience this often have anxiety, depression, loneliness, difficulty in social situations, and a higher incidence of self-harming. Not only are the youth of today requesting hormone therapies, but it is the primary recommendation of health care professionals. The typical initial treatment for adolescents is to block puberty with a gonadotropin-releasing hormone that suppresses the release of sex hormones (testosterone and estrogen). For boys, this results in decreased facial and body hair, prevents vocal changes, and limits the growth of the penis. For young girls, puberty blockers stop the breasts from developing and prevent menstruation. Those who support giving puberty blockers to adolescents claim that it improves mental well-being, decreases anxiety and depression, improves social ability, and finally, reduces self-harming thoughts and actions. If chosen, around the age of sixteen this initial treatment would be followed by cross-sex hormone treatments with testosterone for the female to male transition and anti-androgen hormones to decrease testosterone as well as adding estrogen for the male to female transition. This latter treatment is considered a lifelong commitment.[1]

One of the ethical questions cross-sex hormone therapy raises is whether the adolescent has the capacity to understand all the implications of the treatments. The principle of free and informed consent is a foundational ethical requirement for the treatment of any individual, especially therapies that alter the human body. This means that the human subject should not feel undue pressure to have the treatments, have full knowledge and comprehension of the subject matter, be informed of all known treatment options, all possible side effects, and be fully evaluated on the individual's capacity to make life-altering decisions.[2] This principle is widely accepted and utilized by medical professionals throughout the world as a standard of ethical care.

The stages of brain development can be helpful in understanding an adolescent's capacity to make decisions. Catherine Hartley is the Assistant Professor of Psychology at New York University. Hartley and colleagues concluded that although adolescents learned well from direct experiences, reward systems, and context-dependent situations, they struggle with abstract goals, future outcomes, and cost-benefit calculations. An adolescent processes the relationship between the cost of a decision and the resulting value of the benefits with an under-developed lateral prefrontal cortex. Because the prefrontal cortex develops later, these complex, non-context oriented, life altering decisions on cross-sex hormone treatments prove to be too complex for them.[3] The ability to comprehend the permanent nature of cross-sex hormone therapy and its physical, psychological, and social side effects—which include but are not limited to: cardiovascular complications, weight gain, headaches, poor bone growth and density, future fertility issues, and psychological issues related to the delay of puberty in their peer groups—is imperative to true consent. Hartley and colleagues' research also suggested that adolescents are more influenced by what is exciting or dangerous than their own gained wisdom or knowledge about negative consequences. In other words, they take risks more often than an adult would. Adolescents do not typically have the developmental capacity to make a lifelong decision and some of the cross-sex hormone treatments cause permanent changes depending on how long the therapy is employed. With both things in mind, it would be reasonable to assume that an adolescent experiencing GD cannot freely consent with full knowledge to cross-sex hormonal treatments that will cause permanent physical and psychological changes.[4]

Along with the difficulty of full consent, the emotional struggle teens experience when they question their biological gender creates a vulnerability that can escalate to severe anxiety and depression followed by self-harm. Teens and parents are attempting to find solutions to these difficulties. This creates a challenging paradigm for parents to navigate, as they find themselves confronted with therapies that may permanently alter their child's body. Currently, psychotherapy as a treatment for GD is illegal in more than sixteen of the United States,[5] making hormone therapies their only option. Psychotherapy and Conversion Therapy have unfortunately been grouped in the same category. Conversion Therapy tends to be a coercive form of psychotherapy that pressures an individual out of GD. Explorative psychotherapy, on the other hand, is tailored support for the adolescent that includes treatments for any underlying issues, such as depression or anxiety, and talk therapy to give them