

1
2
3 Title: Opposing Surgical Sex Assignment of Infants with Differences of Sex
4 Development
5
6 Introduced by: Denise Collins, MD, for the Wayne County Delegation
7
8 Original Authors: Fereshteh Azad, Justin Bria, Lara Fahmy, Tabitha Moses, Brianna Sohl, and
9 Charles Tsouvalas
10
11 Referred to: Reference Committee D
12
13 House Action: **APPROVED AS AMENDED**
14

15
16 Whereas, differences of sex development (DSD), also known as intersex, are defined as
17 congenital development of ambiguous genitalia (e.g., 46,XX virilizing congenital adrenal
18 hyperplasia), congenital disjunction of sex anatomy (e.g., Complete Androgen Insensitivity
19 Syndrome), incomplete development of sex anatomy (e.g., gonadal agenesis), sex chromosome
20 anomalies (e.g., Turner Syndrome), and disorders of gonadal development (e.g., ovotestes)¹,
21 and
22

23 Whereas, sex (the biological state of being male or female), gender (a person's self
24 representation as male or female), and sexual orientation (direction(s) of erotic interest --
25 heterosexual, bisexual, homosexual) are three separate categories existing on a spectrum²,
26 and
27

28 Whereas, for many decades research has supported the idea that our experience of our bodies
29 and gender identity is inherent in us and not something that can be assigned^{3,4,5,6,7,8,9,10}, and
30

31 Whereas, DSD is currently presented as a pathological condition requiring medical attention
32 rather than biological variance outside of the hegemonic sex binary¹¹, and
33

34 Whereas, there is little research on the incidence of DSD, but estimates range from 1 in 5000
35 ambiguous genitalia to 1 in 1,500 for atypical genitalia^{12,13}, and
36

37 Whereas, the frequency of DSD from 1955 to 2000 was estimated to be as high as 2 percent of live
38 births worldwide; and the frequency of individuals receiving corrective genital surgery was
39 estimated to be 0.1-0.2 percent of all live births¹⁴, and
40

41 Whereas, no straightforward recommendations exist in the U.S. for sex assignment in
42 Neonates with DSD; however, there is a growing consensus that any surgical intervention in neonates
43 and infants leading to irreversible changes should be done with the utmost caution¹⁵, and
44

45 Whereas, the majority of reconstructive surgeries for DSD in the U.S. are typically performed
46 during the first year; however, this timing is controversial and there is limited data on the long
47 term psychological outcomes for patients^{16,17,18}, and
48

49 Whereas, a survey of young adults found that 93 percent of women would not have wanted their
50 parents to agree to a genitoplasty surgery for an enlarged clitoris unless the condition were life
51 threatening and almost all men would not have wanted sex reassignment for a micropenis if it
52 might have impacted their sexual pleasure¹⁹, and
53

54 Whereas, medical professionals (including three former U.S. Surgeons General: Doctor Joycelyn
55 Elders, Doctor David Satcher, and Doctor Richard Carmona) as well as national organizations such as United
56 Nations, Amnesty International and Human Rights Watch have recommended

57 against and are devoted to ending unnecessary surgeries on infants with DSD^{11,19,20,21}, and
58 Whereas, the human rights organization Amnesty International documented numerous
59 examples of human rights violations during instances of "invasive and irreversible 'normalizing'
60 surgeries" for children with DSD²¹, and

61
62 Whereas, the 2015 European Union Report on the current legal state of affairs regarding
63 intersex rights of member states found that at least 18 member states legally require patient
64 (rather than parental) consent for surgical intervention in DSD²², and

65
66 Whereas, medically unnecessary DSD surgery is defined as, "all surgical procedures that seek
67 to alter the gonads, genitals, or internal sex organs of children with atypical sex characteristics
68 too young to participate in the decision, when those procedures both carry a meaningful risk of
69 harm and can be safely deferred,"¹⁸ and

70
71 Whereas, the court case MC v. Aaronson, concerning the potential violation of constitutional
72 rights of a person who underwent intersex genital mutilation without consent at age one while a
73 ward of the state, was later dismissed by the Court of Appeals for the Fourth Circuit since there
74 was "no fair warning to those involved in the decision regarding M.C.'s surgery that they were
75 violating his clearly established constitutional rights,"²³ and

76
77 Whereas, there are minimal studies examining the long-term impact of these surgeries but
78 those studies found that persons with DSD that did not have surgical intervention as infants
79 primarily experienced psychological stress from feelings of isolation from other individuals,
80 communities, and support groups, rather than from the absence of early surgical intervention^{11,24}, and

81
82 Whereas, attempting to alter a person's sexual identity or sexual orientation through any type of
83 therapy may cause psychological harm²⁵, and

84
85 Whereas, chronic juvenile stress has been associated with the development of neuropsychiatric
86 illness in adulthood; much like the stress caused by having one's biological sex assigned for them at birth²⁶,
87 and

88
89 Whereas, permanent alterations to genitalia before a patient can consent may result in the child
90 being assigned a gender incongruent with their gender identity and lead to adverse outcomes
91 including loss of sensitivity, orgasmic function, and fertility^{2,12,27}; therefore be it

92
93 RESOLVED: That MSMS opposes the assignment of gender binary sex to infants with differences in
94 sex development through surgical intervention outside of the necessity of physical functioning for an
95 infant, and that children should have meaningful input into any gender assignment surgery; and be it
96 further

97
98 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA
99 to oppose the assignment of gender binary sex to infants with differences in sex development through
100 surgical intervention outside of the necessity of physical functioning for an infant and that children should
101 have meaningful input into any gender assignment surgery.

102

103

104 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant MSMS Policy: None

Relevant AMA Policy: None

¹ Consortium on the Management of Disorders of Sex Development. Clinical Guidelines for the Management of Disorders of Sex Development in Childhood.; 2006. <http://www.dsdguidelines.org/files/clinical.pdf>. Accessed December 28, 2017.

² Ainsworth C. Sex redefined. *Nature*. 2015;518(7539):288-291. doi:10.1038/518288a.

-
- ³ Hines M. Gender Development and the Human Brain. *Annu Rev Neurosci.* 2011;34(1):69-88. doi:10.1146/annurev-neuro-061010-113654.
- ⁴ Case LK, Brang D, Landazuri R, Viswanathan P, Ramachandran VS. Altered White Matter and Sensory Response to Bodily Sensation in Female-to-Male Transgender Individuals. *Arch Sex Behav.* 2017;46(5):1223-1237. doi:10.1007/s10508-016-0850-z.
- ⁵ Hines M, Constantinescu M, Spencer D. Early androgen exposure and human gender development. *Biol Sex Differ.* 2015;6:3. doi:10.1186/s13293-015-0022-1.
- ⁶ Nota NM, Kreukels BPC, den Heijer M, et al. Brain functional connectivity patterns in children and adolescents with gender dysphoria: Sex-atypical or not? *Psychoneuroendocrinology.* 2017;86:187-195. doi:10.1016/J.PSYNEUEN.2017.09.014.
- ⁷ Koolschijn PCMP, Crone EA. Sex differences and structural brain maturation from childhood to early adulthood. *Dev Cogn Neurosci.* 2013;5:106-118. doi:10.1016/J.DCN.2013.02.003.
- ⁸ Ruigrok ANV, Salimi-Khorshidi G, Lai M-C, et al. A meta-analysis of sex differences in human brain structure. *Neurosci Biobehav Rev.* 2014;39:34-50. doi:10.1016/J.NEUBIOREV.2013.12.004.
- ⁹ Kruijver FPM, Zhou J-N, Pool CW, Hofman MA, Gooren LJG, Swaab DF. Male-to-Female Transsexuals Have Female Neuron Numbers in a Limbic Nucleus. *J Clin Endocrinol Metab.* 2000;85(5):2034-2041. doi:10.1210/jcem.85.5.6564.
- ¹⁰ Rametti G, Carrillo B, Gómez-Gil E, et al. White matter microstructure in female to male transsexuals before cross-sex hormonal treatment. A diffusion tensor imaging study. *J Psychiatr Res.* 2011;45(2):199-204. doi:10.1016/j.jpsychires.2010.05.006.
- ¹¹ Davis G. Contesting Intersex : The Dubious Diagnosis. <https://nyupress.org/books/9781479887040/>. Accessed December 28, 2017.
- ¹² Leidolf EM, Curran M, Scout, Bradford J. Intersex Mental Health and Social Support Options in Pediatric Endocrinology Training Programs. *J Homosex.* 2008;54(3):233-242. doi:10.1080/00918360801982074.
- ¹³ Thyen U, Lanz K, Holterhus P-M, Hiort O. Epidemiology and Initial Management of Ambiguous Genitalia at Birth in Germany. *Horm Res Paediatr.* 2006;66(4):195-203. doi:10.1159/000094782.
- ¹⁴ Blackless M, Charuvastra A, Derryc A, Fausto-Sterling A, Lauzanne K, Lee E. How sexually dimorphic are we? Review and synthesis. *Am J Hum Biol.* 2000;12(2):151-166. doi:10.1002/(SICI)1520-6300(200003/04)12:2<151::AID-AJHB1>3.0.CO;2-F.
- ¹⁵ Hiort O, Birnbaum W, Marshall L, et al. Management of disorders of sex development. *Nat Rev Endocrinol.* 2014;10(9):520-529. doi:10.1038/nrendo.2014.108.
- ¹⁶ Wolffenbittel KP, Crouch NS. Timing of feminising surgery in disorders of sex development. *Endocr Dev.* 2014;27:210-221. doi:10.1159/000363665.
- ¹⁷ Mouriquand PDE, Gorduza DB, Gay C-L, et al. Surgery in disorders of sex development (DSD) with a gender issue: If (why), when, and how? *J Pediatr Urol.* 2016;12(3):139-149. doi:10.1016/j.jpuro.2016.04.001.
- ¹⁸ Advocates for Intersex Youth. "I Want to Be Like Nature Made Me" Medically Unnecessary Surgeries on Intersex Children in the US. *Hum Rights Watch.* 2017.
- ¹⁹ Diamond M, Garland J. Evidence regarding cosmetic and medically unnecessary surgery on infants. *J Pediatr Urol.* 2014;10(1):2-6. doi:10.1016/J.JPUROL.2013.10.021.
- ²⁰ Dalke K. A Changing Paradigm: US Medical Provider Discomfort with Intersex Care Practices. *Hum Rights Watch.* 2017.
- ²¹ Amnesty International. *First, Do No Harm: Ensuring the Rights of Children with Variations of Sex Characteristics in Denmark and Germany.* London; 2017. <https://www.amnesty.org/en/documents/eur01/6086/2017/en/>. Accessed December 28, 2017.
- ²² European Union Agency for Fundamental Rights. *The Fundamental Rights Situation of Intersex People.* Austria; 2015. <http://fra.europa.eu/en/publication/2015/fundamentalrightssituation-intersex-people>. Accessed December 28, 2017.
- ²³ CA4. *MC vs Amrhein.*(2006). doi:No. 13-2178.
- ²⁴ Bognères P, Bouvattier C, Cartigny M, Michala L. Deferring surgical treatment of ambiguous genitalia into adolescence in girls with 21-hydroxylase deficiency: a feasibility study. *Int J Pediatr Endocrinol.* 2016. doi:10.1186/s13633-016-0040-8.
- ²⁵ Ansara YG, Hegarty P. Cisgenderism in psychology: pathologising and misgendering children from 1999 to 2008. *Psychol Sex.* 2012;3(2):137-160. doi:10.1080/19419899.2011.576696.
- ²⁶ Watt MJ, Weber MA, Davies SR, Forster GL. Impact of juvenile chronic stress on adult cortico-accumbal function: Implications for cognition and addiction. *Prog Neuro-Psychopharmacology Biol Psychiatry.* 2017;79:136-154. doi:10.1016/J.PNPBP.2017.06.015.

²⁷ Lee P, Schober J, Nordenström A, et al. Review of recent outcome data of disorders of sex development (DSD): Emphasis on surgical and sexual outcomes. *J Pediatr Urol.* 2012;8(6):611-615. doi:10.1016/j.jpurol.2012.10.017.