



Catholic Teaching and the Care of Persons with Gender Dysphoria in Catholic Health Care

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CHAO 2024 Annual (Virtual) Conference

October 17, 2024




Learning Objectives

1. Synopsis of Catholic teaching on the creation of the human person as female or male
2. Suffering of adults diagnosed with gender dysphoria
3. Basic care for adult transgender patients in Catholic health care
4. Hormonal and surgical treatment for adult patients with gender dysphoria consistent with Catholic teaching



Catholic Teaching on Creation of the Human Person

- ▶ Catholic teaching has constantly maintained that God creates the human person as a unity of body and soul.
- ▶ “The unity of soul and body is so profound that one has to consider the soul to be the ‘form’ of the body: i.e., it is because of its spiritual soul that the body made of matter becomes a living, human body; spirit and matter, in man, are not two natures united, but rather their union forms a single nature” CCC, n. 365



Catholic Teaching on Creation of the Human Person

- ▶ When an individual human comes to be as a unity of body and soul, this act becomes the individual's sole act of existence for eternity.
 - ▶ This act of existence is ontologically always as a female or a male.
- ▶ “Man and woman have been created, which is to say, willed by God: on the one hand, in perfect equality as human persons; on the other, in their respective beings as man and woman. “Being man” or “being woman” is a reality which is good and willed by God.” CCC, n. 369
- ▶ The contingency of material existence means that there is variation among human individuals in their concrete materiality; e.g., intersex conditions



Suffering Caused by Gender Dysphoria

- *Lifetime suicidal ideation* for the population (ages 16–84) of people who identify their gender identity with their biological sex (cisgender) was 12.5% compared to 36.1% among transgender individuals;
- *Suicidal ideation in the past twelve months* 3.2% (cisgender) compared to 13.3% (transgender);
- *Suicide attempts in the past twelve months* 0.4% (cisgender) compared to 1.9% (transgender)

[Bränström, Richard et al. 2022.
Transgender-based disparities in suicidality: a population-based
study of key predictions from four theoretical models.
Suicide Life-Threatening Behavior 52(3):401-412]



Suffering from Gender Dysphoria

- A systematic review of the literature regarding lifetime Axis I mental disorders (formerly classified as mental health and substance use disorders) among individuals with gender dysphoria found “a high lifetime frequency of 53.2% of Axis I mental disorders in GD [gender dysphoria] individuals.
- Mood disorders (including major depressive disorder and bipolar disorder)
- Anxiety disorders
- Psychotic disorders
- Eating disorders
- Substance use disorders



Basic Care Consistent with Catholic Teaching

- Ensure standards regarding patient preferences in personal health information or other accommodations for all transgender persons:
 - Education of staff
 - Use of preferred gender pronouns
 - Appropriate room assignments
 - Accurate information and correct identification in the EMR
 - Fully informed plans of care
 - Accurate communication and ordering on behalf of the patient




Hormonal and Surgical Treatment Consistent with Catholic Teaching

- ▶ Primary sex characteristics
 - ▶ Physical properties that are *directly related* to reproduction.
 - ▶ Primary sex characteristics include the sex chromosomes XX and XY, gamete cells, and the reproductive organs
- ▶ Secondary sex characteristics
 - ▶ Physical properties that are to one degree or another *indirectly related* to reproduction
 - ▶ Mammary glands, body hair, size of hips, size of larynx, bone structure, and muscle mass, all of which develop differently in females and males
 - ▶ Sex hormones are not themselves sex characteristics.




Hormonal and Surgical Treatment Consistent with Catholic Teaching

- ▶ Primary sex characteristics have a direct role in the created complementarity of the sexes and in procreation as part of that complementarity.
 - ▶ Therefore, they have an ontologically primary or integral role in determining the coming-to-be of an individual as female or male in God's creative act.
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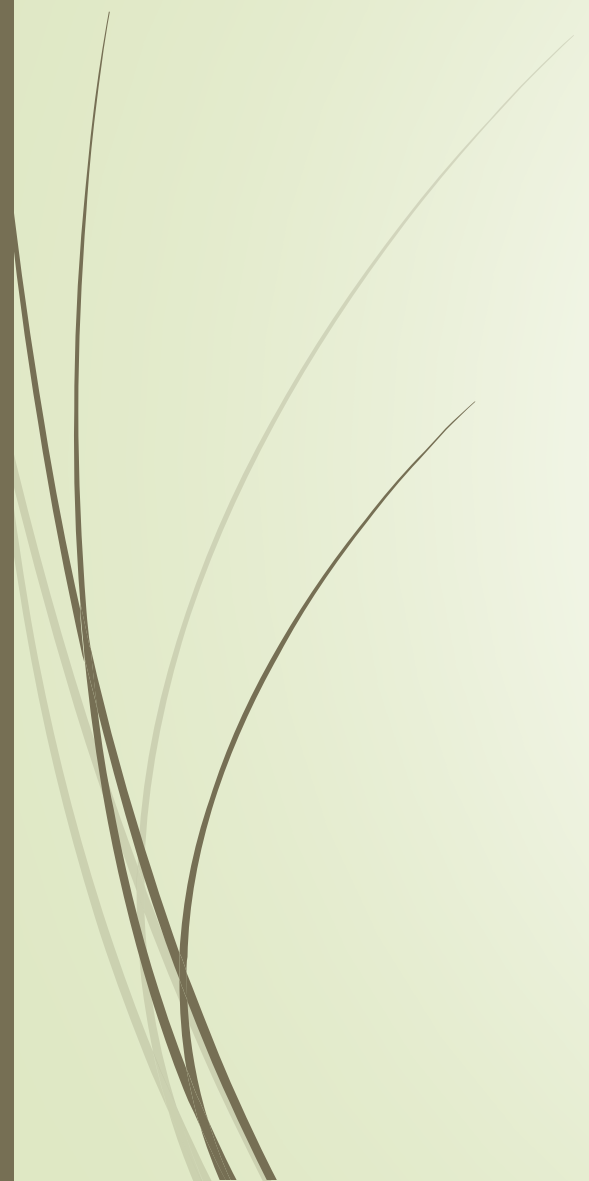
Hormonal and Surgical Treatment Consistent with Catholic Teaching

- ▶ Secondary sex characteristics are a necessary part in being male or female, but they do not have the integral role of the primary sex characteristics.
- ▶ Their loss or alteration as a treatment for gender dysphoria:
 - ▶ not an attempt to disrupt the fundamental ontological order of the human body *precisely as it exists as male or female and as created by God.*



Accompanying the Patient with Gender Dysphoria in Catholic Health Care: Conclusions

- Respectful, compassionate care in general
- Interventions on secondary sex characteristics of adult patients to treat gender dysphoria are consistent with Catholic teaching
 - Direct purpose is the alleviation of the patient's suffering without attempting to alter the fundamental order of the person as unity of body and soul.



DISCUSSION