News



A trans pride flag is seen at an April 2022 trans rights protest in London. The trans flag, which dates to 1999, features light blue and light pink to symbolize the traditional colors for baby girls and baby boys, according to Outright International. The white stripe represents people who identify as intersex, gender neutral or transitioning. (Unsplash/Karollyne Videira Hubert)



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The U.S. Catholic bishops will vote at their spring assembly this week on whether to amend their official directives for American Catholic health care institutions to mandate that Catholic facilities not provide gender-affirming medical treatment to transgender patients.

The vote, scheduled for one of the bishops' two public sessions during their June 15-16 meeting in Orlando, Florida, could mark the beginning of a substantial change in the provision of health care in Catholic hospitals, clinics and facilities across the U.S.

If approved, the measure would authorize the bishops' doctrine committee to begin the process of revising the Religious and Ethical Directives for Catholic Health Care, which are described as the "authoritative guidance" for U.S. Catholic health care institutions. The revision would change the directives to align with a doctrinal note the bishops released in March, which focused on what the prelates called the "moral limits to technological manipulation of the human body."

The directives, or ERDs, also include the bishops' mandates on issues that include end-of-life care and abortion.



Bishop Daniel Flores of Brownsville, Texas, chairs the Committee on Doctrine for the U.S. Conference of Catholic Bishops. (CNS/Robert Duncan)

The ballot item on which the bishops will vote this week, a copy of which was provided to NCR, says the Committee on Doctrine, led by Bishop Daniel Flores of Brownsville, Texas, intends to make minimal changes to the directives, but "is prepared to make those changes necessary for providing clear and useful guidance to Catholic health care services."

The item also says that the committee's "immediate concern" is the directives' Part III, which addresses the relationship between Catholic medical professionals and their patients. However, the ballot item adds that the committee "does not exclude the possibility of proposing minor revisions in other parts" of the directives.

More than 1 in 7 patients in the U.S. is cared for in a Catholic hospital, according to the Catholic Health Association, which is comprised of more than 600 hospitals and 1,600 long-term care and other health facilities. Catholic-affiliated health facilities make up the largest group of nonprofit health care providers in the nation, the association says on its website.

It's unclear how many Catholic health facilities currently provide gender-confirming medical treatment.

Opinions among Catholic theologians, bioethicists and LGBTQ advocates have been split about the controversial doctrinal note. Some observers, including Massimo Faggioli, a theologian and church historian at Villanova University, said the document's language reflected a cautious approach in an area of moral theology and doctrine that is not yet fully developed.

Related: Critics say US bishops' new statement on transgender health care lacks sound science and trans voices

"There is a certain amount of caution [in the document] that I think should be appreciated, because in past times we had other documents from other bishops that were much more belligerent," said Faggioli, who described the document as "one step in what is largely unknown in terms of Catholic doctrine."

But scholars including M. Therese Lysault, a Loyola University Chicago Stritch School of Medicine theologian who studies and has written about bioethics, criticized the document for reflecting "a striking inability to conduct a basic moral analysis."

Lysault told NCR that the doctrinal note displayed "next to zero knowledge of, experience with, or expertise in transgender persons and the complexities of Catholic health care, even less compassion or Christian virtue."

Lysault added: "As a moral theologian, I think it's important to note that the Congregation for the Doctrine of the Faith has not yet issued a statement on transgender health care. I would guess that this is due to the fact that the issue is so new and that they are prudently waiting for the scientific and clinical research to

advance so that the Church's moral discernment can be properly informed."

Related: US bishops' transgender document fails morally, theologically — and is poorly argued

The bishops' health care directives, last revised in the mid-1990s, do not specifically address questions of gender-affirming care for patients who identify as transgender or who are diagnosed with gender dysphoria.

When the directives were last updated, the doctrine committee says in the upcoming ballot action item, "it was not envisioned that it might be necessary to include specific guidance concerning radical modifications of the human body, such as are frequently advocated today for the treatment of the condition commonly known as gender dysphoria or gender incongruence."

The section that the doctrine committee is looking to amend makes a reference, in Directive 29, to patients having the "right and duty to preserve their bodily and functional integrity." Directive 33 mentions therapeutic procedures in the context of whether their benefits would be proportional to the likelihood of harm or undesirable side effects.

In the introduction to Part III, the bishops say patients in Catholic health care facilities must accept the facility's "public commitment to the Church's understanding of and witness to the dignity of the human person." The introduction also says that the medical professional's relationship with the patient cannot be separated from "the Catholic identity of the health care institution."



A prelate prepares to vote during the 2018 U.S. Conference of Catholic Bishops' spring assembly in Fort Lauderdale, Fla. The USCCB's 2023 spring gathering will be held in Orlando, Fla., June 14-16. (OSV News/CNS file, Bob Roller)

Several Catholic bioethicists, including some who declined to be identified on the record because of the sensitivity of the topic, told NCR that issues of gender-affirming care in Catholic health settings most often deal with whether the institution should address the patient by their preferred name, or to continue providing the patient with previously prescribed hormonal treatment while in their care.

The March 20 doctrinal note argues that gender-affirming medical treatments — which may include hormonal therapies and surgical procedures — are "injurious to the true flourishing of the human person," and says that Catholic health care services must not perform them. The note added that such interventions "do not respect the fundamental order of the human person as an intrinsic unity of body and soul, with a body that is sexually differentiated."

> 'When dealing with a patient population, from an ethical standpoint, if you can mitigate or ameliorate harm or suffering, you do so.'
> —Cory Mitchell

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The bishops conference said the doctrinal note was developed "in consultation with numerous parties, including medical ethicists, physicians, psychologists, and moral theologians." But several bioethicists who criticized the document told NCR that it did not reflect the evolving science on gender dysphoria nor the insights and lived experiences of transgender people.

John Brehany, executive vice president and director of institutional relations for the National Catholic Bioethics Center, told NCR he thought the March 20 document was "pretty well done."

Brehany said he hopes the bishops will consult his group, a Philadelphia-based nonprofit that advises church leaders on bioethical issues from a more conservative doctrinal perspective, as they prepare to revise the ethical and religious directives. "My hope would be that [the bishops] bring some clarity to a very important and complex issue," he said.

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Cory Mitchell, a professor of bioethics at Loyola University Chicago Stritch School of Medicine, told NCR that most medical professional bodies in the United States see gender-affirming care as evidence-based treatment to mitigate the suffering of people diagnosed with gender dysphoria.

"When dealing with a patient population, from an ethical standpoint, if you can mitigate or ameliorate harm or suffering, you do so," Mitchell said. "That's the story of the good Samaritan. We don't pass by on the other side of the road when we can help and continue Jesus' healing ministry."

However the bishops revise the ethical and religious directives, Mitchell said he hopes the process will reflect the "culture of encounter" that Pope Francis has

championed so that "norm-making does not become hurting, sanctioning, or othering" transgender people.

This story appears in the **USCCB Spring Assembly 2023** feature series. View the full series.

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