

## LETTERS—CONCISE RESEARCH REPORTS

# Conscientious Objection and the Impact on Transgender Patients: a Response to “Identifying and Addressing Barriers to Transgender Healthcare”



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Throughout the past year, a number of different states have introduced bills aimed at expanding the right of healthcare providers to object to providing certain treatments on religious or moral grounds, including over 16 states according to the American Civil Liberties Union.<sup>1</sup> In their paper, “Identifying and Addressing Barriers to Transgender Healthcare: Where We Are and What We Need to Do About It,” Warner and Mehta highlighted the anticipation of potential discrimination or mistreatment being a barrier to care for transgender and gender non-conforming patients.<sup>2</sup> We hope to validate the concern for potential discrimination and highlight the unprecedented legislation of discrimination across the country under the guise of religious and moral conscience.

As outlined by Brummett and Campo, despite the normal requirement for conscientious objection to be defined by objection to a procedure, rather than a group of people, the significant overlap allows for discrimination against a single group of people if a procedure versus people approach is not enforced.<sup>3</sup> They go on to explain, if a physician is willing to write a prescription for testosterone for a cisgender man, they must also be willing to prescribe it to a transgender man.<sup>3</sup> However, that sentiment is not shared by all ethicists, nor in practice.<sup>4</sup> As outlined by Eberl, there are a number of alternatives and compromises, like public disclosure of opposition to providing such procedures or prescriptions, and requiring referrals.<sup>5</sup> We would argue that even those compromises represent a failure of our healthcare system— it places the onus on the patient, not the provider refusing treatment. Whether it means researching objections prior to a visit, or determining if a referral as a result of conscientious objection is “in-network,” the exercise of conscience on the part of the physician places significant burdens on the patient.

There are significant burdens for transgender patients to receive healthcare, not only in regard to gender affirming care,

but care as a whole.<sup>2</sup> We, as a profession, are quick to identify barriers to care in our systems and society at large. However, we must also acknowledge and address our contribution on the individual level, such as through the use of legislated provisions of conscience, which are becoming more and more popular in the United States. It is time for us to combat the ways we as individuals complicate healthcare for our patients, particularly those who are the most vulnerable and historically excluded from receiving equitable care.

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