

# Catholic Hospitals and “Gender Reassignment” for Minors?

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In October of 2024, a group known as “Do No Harm” released the [Stop the Harm Database](#) (STHD), a searchable internet resource that comprehensively catalogs sex change treatments performed between 2019-2023 on minors in healthcare facilities throughout the United States.

Do No Harm profiled children’s hospitals and examined their advertised services to determine which medical interventions they provide. They also analyzed insurance claims data to determine which sex change procedures each healthcare facility had administered to minors. The data come from medical billing codes, which are submitted to insurance companies to claim payment.

The public release of the database revealed that a number of Catholic health care facilities have been involved in “gender reassignment” practices. According to the findings, Providence Health & Services, which owns 51 hospitals across seven western states, is the Catholic health system that performed the largest number of transgender interventions on children, carrying out a total of 81 transgender surgeries, and prescribing hormones or puberty blockers to 113 children. The National Catholic Bioethics Center, which has years of experience in working with the same types of medical billing codes, has analyzed

the STHD report and issued a statement on its homepage ([ncbcenter.org](#)) addressing the report and its findings.

The best interpretation of authoritative Catholic teaching and moral principles is that a person should not cause damage to his or her healthy body (via surgery or hormones) based on a mistaken and subjective impression that he or she was “born in the wrong body.” The corollary would be that Catholic health care institutions should not perform or cooperate with any gender-transitioning surgical procedures, nor provide puberty-blocking or cross-sex hormones for gender transitions.

The fact that some Catholic hospitals are involved in sex reassignment procedures reminds us of the need for continued vigilance on the part of diocesan bishops and Catholic health care leaders when it comes to Catholic health care facilities within their purview. There may also be a need for more thoroughgoing ethical formation for employees and administrators to assist them in countering the pro-transgender ideological messaging that has recently become commonplace.

When a Catholic hospital appears in a database as having offered hormones or carried out gender reassignment surgeries, it should be noted that this may not be indicative of cur-

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rent policy or practice. Some Catholic hospitals, for example, have had pediatric endocrinologists on staff who had prescribed puberty blockers or cross-sex hormones, but when the fact was discovered, and meetings were arranged to review and discuss the situation, the practice came to a stop. The cessation of such practices would not typically be indicated in such databases.

The [Ethical and Religious Directives for Catholic Health Care Services](#) (ERDs) are a set of authoritative ethical guidelines prepared by the US Conference of Catholic Bishops for Catholic hospitals and health care facilities. As of 2024, there was no directive dealing explicitly with transgenderism in the ERDs. The bishops are poised to address this matter in upcoming editions of the ERDs, and have offered other definitive guidance through their March 2023 “[Doctrinal Note on the Moral Limits to Technological Manipulation of the Human Body](#).” This latter document clarifies that gender reassignment interventions are not licit, even as some Catholic hospitals may have continued to operate under the impression that definitive guidance is not yet available.

Catholic hospitals clearly must hold to a higher standard than that of their secular counterparts. Secular

hospitals may promote practices that violate human dignity, by harming, mutilating, or even ending the lives of the those whose health they are supposed to be serving and protecting.

Catholic hospitals may never condone or participate in these unethical practices, whether they be vasectomies, tubal ligations, direct abortions or physician-assisted suicides, nor may they condone or participate in the range of practices coming under the heading of “gender transition.” This is especially important when these involve offering puberty blockers, cross-sex hormones, “top surgeries” and “bottom surgeries” to children and young people.

Our sex is a fixed reality of our being, given by God, not a personally-negotiable or otherwise malleable quantity, even if we may face significant struggles in accepting and fully integrating this remarkable gift.

To treat our human maleness or femaleness as “re-assignable” is to invite serious harm into the lives of those who may be dealing with genuine and deep-seated psychological challenges regarding their own “gender identity.” Catholic health care facilities serve the best interests of their patients with gender confusion by directing them towards supportive psychotherapy that works to

address the underlying psychiatric issues prompting them to seek gender-transition.

By holding firmly to the impermissibility of immoral procedures and safeguarding their patients’ dignity in the practice of medicine, Catholic health care leaders serve the Lord’s restorative designs and assure that medical practice remains an authentically healing art.

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