The Physician's Duty to Care for Others: Resistance Against Evidence-Based Gender-Affirming Care Among Physician Trainees

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ABSTRACT

Background: Gender-affirming care is an evidence-based form of medicine but is increasingly under threat across the country. We explored first-year resident physician attitudes toward gender-affirming care.

Methods: First-year residents in obstetrics and gynecology, urology, plastic surgery, family medicine, internal medicine, and pediatrics in the United States were invited to participate in a survey. Qualitative responses to an open-text question were analyzed inductively to identify themes.

Results: Among the 93 survey respondents, 14 (15%) responded to the open-ended question. Five respondents expressed negative attitudes toward transgender and gender-diverse people and toward gender-affirming care.

Conclusions: Some resident physicians oppose gender-affirming care. Further research is needed to elucidate the breadth and depth of these sentiments and their potential impact on patient care.

BACKGROUND

The 1948 Declaration of Geneva, a modern version of the Hippocratic Oath, is a pledge that graduating medical students may recite, committing to ethical principles as physicians. The pledge was most recently amended in 2017 by the 68th World Medical Association General Assembly. The Declaration includes the following statement: "I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient."[1] This line demonstrates a commitment to provide care for all patients, regardless of personal bias related to identity and other factors, and specifically calls out considerations of gender and sexual orientation.

The transgender and gender diverse (TGD) community includes people whose gender identity and/or gender expression do not align with the sex assigned to them at birth.[2] TGD people face discrimination in multiple facets of life, including their health.[3,4] Gender-affirming care (GAC) is the evidence-based standard of care for TGD people and refers to the inclusive and holistic social, medical, and mental health care that supports their gender identity.[2]

Medical GAC has been provided for many years, with the first documented case of gender-affirming genital surgery reported in Germany in 1922.[5] Since that time, the field has expanded substantially, and a variety of cross-sectional and longitudinal studies have explored the impact of this care on TGD patients. In both adults and adolescents, GAC has been associated with improvements in mental health, body image, quality of life, and psychological functioning.[2] Despite growing evidence supporting the benefits of GAC,[2,6] governing bodies across the United States (US) have introduced policies that inhibit access to GAC, particularly for adolescents.[7] Many of these policies rely on misinformation and disinformation.[8] The American Medical Association has encouraged governors to oppose legislation that restricts access to GAC and to instead uphold evidence-based medicine.[9]

Quantitative analysis of a recent survey of first-year resident physicians in the US across pediatrics, internal medicine, family

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medicine, urology, plastic surgery, and obstetrics and gynecology revealed that (1) education on GAC during medical school is variable and often inadequate, and (2) state legislation related to GAC, as well as opportunities to learn about GAC, influenced how residents ranked programs for the National Resident Matching Program Main Residency Match (Jewell TI, Bharucha K, Hanks L, unpublished data, 2025). This report uses qualitative approaches to further investigate the attitudes of some of these first-year resident physicians regarding GAC.

METHODS

A brief anonymous survey was distributed across the US from January 13, 2025, through February 10, 2025. The survey was sent to all email addresses associated with residency programs in obstetrics and gynecology, urology, plastic surgery, family medicine, internal medicine, and pediatrics using public records from the Accreditation Council for Graduate Medical Education. Contacts were asked to distribute the survey to first-year residents in their program. This study was determined to be exempt by the University of Wisconsin-Madison Institutional Review Board under 45 CFR 146.104.

Participants provided electronic informed consent before beginning the survey. Eligibility criteria included: (a) current first-year resident in a US residency program in one of the listed specialties; (b) age 18 years or older; and (c) consent to participate. Full details regarding the methodology, demographics, and quantitative results are detailed elsewhere (Jewell TI, Bharucha K, Hanks L, unpublished data, 2025).

This brief report focuses on responses to the optional, open-ended final question: "Please share anything else you would like us to know." Compiled responses were analyzed using conventional content analysis to identify recurring concepts and perspectives.[10] All responses were independently reviewed, inductively coded, and organized into broad categories reflecting common sentiments and beliefs.

RESULTS

Of the 136 residents who started the survey, 119 met eligibility criteria, and 93 completed a sufficient proportion to be included. Of the 93 respondents, 14 (15%) completed the open-ended question. These written comments offered insight into a wide range of beliefs toward GAC and TGD patients. Three overarching categories emerged: (1) negative attitudes toward TGD people and GAC; (2) inclusive attitudes toward TGD people and GAC; and (3) other reflections.

Negative Attitudes Toward TGD People and GAC

Five respondents wrote comments conveying negative sentiments toward TGD people and disapproval of GAC. Participant 1 wrote, *"We don't all agree with this type of training and do not believe it is necessary or even appropriate."* Another respondent tied their disapproval of GAC to their religion:

> *"I believe the Bible is the inspire[d] word of God and that all of what was mentioned in this survey is a sin. I know that is not the views of my institution or most of my attendings and is most likely not the views of most of the people conducting this survey. I think it's important to remember that there are people in health care who do not support gender-affirming care." (Participant 2)*

Other respondents grounded their disapproval in a perceived lack of evidence supporting GAC. One noted how these beliefs influenced residency choices:

> *"There is very weak evidence that the benefits of 'gender-affirming care' in children outweigh the substantial potential harm. As such, I support legislation restricting irreversible gender-affirming practices in minors. I somewhat preferred matching in a state where these practices are restricted so I wouldn't be coerced into participating." (Participant 3)*

Two respondents tied their discussion of lack of evidence to broader objections to gender identity, with philosophical or ideological concerns. Participant 4 wrote:

> *"Gender theory… is largely a fake field predicated on neo-Marxist critical theory… We will one day look at gender-affirming care (hormone blockers, hormone therapy, surgeries, etc...) the same way that we look at lobotomies today... Which is to say, as non-evidence-based interventions that were taking advantage of a vulnerable population because of either monetary self-interest on the part of physicians, professional reputation investment on the part of physicians, or both."*

Participant 5 wrote:

> *"Transgenderism is a delusional disorder and should [be] treated with therapy and psychiatry. Any doctor that gives life-altering treatment for a psychiatric disease should be stripped of their medical license."*

Inclusive Attitudes Toward TGD people and GAC

Three respondents articulated inclusive approaches to GAC and caring for TGD people. Participant 6 wrote:

> *"Helping someone who has differing ideas about his/her gender or sexual orientation does not change the fact [that] they are a human person and that they will receive the same compassionate care I would give to any patient."*

Participant 7 similarly expressed:

> *"The education I received in helping to care for individuals who have different sexual and/or gender identities is the same education I received to care for all people, irrespective of their sexual/gender identity."*

Participant 8 described their clinical approach: *"I am more sensitive when taking medical history and PE [physical examination?] with [a] patient who identifies with being trans."*

One additional respondent implied support for GAC while expressing frustration with the political climate of their residency location:

"I chose to do my residency in [state] for personal reasons… However, I very much hate the fact that I have to live and practice medicine in [state], due to how conservative it is and how negligent its government and culture can be toward women's health and LGBTQ+ (lesbian, gay bisexual, transgender, queer and questioning) health." (Participant 9)

Other Reflections

A few respondents did not explicitly express support or opposition to GAC. Instead, they reflected on their educational exposure to GAC during training (n = 2) or on broader politicized areas of health that influenced residency decisions (n = 1). Two responses were unclear and could not be interpreted (n = 2).

DISCUSSION

This exploration of qualitative themes arising from an optional, open-ended survey item sheds light on polarized attitudes toward GAC and the TGD community among resident physicians.

While not broadly generalizable due to the small sample and the low response rate for the written item, these findings highlight an ethical concern that should be considered by all involved in physician training.

The Declaration of Geneva asserts that an individual's identity should not affect a physician's responsibility to each patient.[1] However, we found that some residents hold biases that could negatively impact the care provided to TGD patients. Some questioned the philosophical foundations of gender, others doubted the evidence base for GAC, and one disapproved based on religious beliefs. Prior research based on patient perspectives has demonstrated the need for clinician education on TGD health.[3] Our findings echo this need and build upon this literature by incorporating the perspectives of physicians in training. Taken together, both patients and clinicians identify TGD health as an essential educational topic.

Limitations

Limitations of this study include a small sample (N=93) that likely is not representative of all first-year residents in the surveyed specialties due to self-selection bias. The response rate is unknown because the survey was disseminated through residency program contacts, and the number of residents who received it is unclear. Although the open-ended question was optional (15% response rate), the sentiments expressed are meaningful and warrant attention. Due to the small number of qualitative responses, respondent descriptors were not included due to concern for preserving confidentiality.

CONCLUSIONS

This brief report highlights that some physician trainees oppose gender-affirming care for TGD people, despite evidence to support it. Further research is needed to understand the breadth and depth of these sentiments in residency programs nationwide and to examine how personal beliefs may affect patient care. Physician trainees need more education on this compassionate, ethical, and evidence-based care.

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