Transgender couple wants a baby

The Arnold P. Gold Foundation Ethics for Lunch Seminar Series

A Difficult Case from the New York Presbyterian Hospital Ethics Committee

Kenneth Prager, M.D., Heino Meyer-Bahlburg, M.D.

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The Ethics for Lunch presentation began as Dr. Ruth Fischbach, Director of the Center for Bioethics at Columbia University, greeted the audience and thanked Drs. Arnold and Sandra Gold for their eight years of generosity that have made the Ethics for Lunch events possible. The Arnold P. Gold Foundation is committed to promoting humanism in medicine. By emulating compassionate physicians’ humanistic practice in ethically challenging cases, these sessions can serve as preparatory learning in navigating difficult conditions.

Dr. Fischbach presented the outlines of the novel and certainly difficult case, even in the ever advancing field of assisted reproductive technologies. Dr. Mark Sauer, a renowned physician who as Director of Columbia’s ART Program has pushed the ethical and medical boundaries in the field of ART, brought the case of the transgender couple who want to have a baby to the NYPH Ethics Committee. While Dr. Sauer pushes the boundaries, he also subscribes to the Bioethics mantra – it’s not what you CAN do, rather it is what you SHOULD do.

America is a great country which celebrates diversity. Yet in the medical setting, as Dr. Fischbach described, diversity in beliefs, practices, and gender orientation can lead to tension and conflict when a particular belief or practice may not coincide with what is considered acceptable in current medical practice. Healthcare professionals may not be informed or even comfortable facing particular gender or sexual settings, and this may cause transgender people needing medical attention to resist going to the doctor because they have experienced firsthand this lack of knowledge and understanding. Today’s session of Ethics for Lunch is particularly important as it will provide an important lesson for all of us. So think about how as a member of the public and as a healthcare professional, you could respond intelligently, respectfully, and compassionately to the features of the case of the transgender couple wanting to have a baby.

Dr. Fischbach introduced the two speakers for the day: Dr. Kenneth Prager, and Dr. Heino Meyer-Bahlburg. Dr. Prager is a Professor of Clinical Medicine who serves as Director of Clinical Ethics for NYPH, Chair of the Columbia University Medical Center Ethics Committee, and Director of Clinical Bioethics for the Center for Bioethics. Dr. Meyer-Bahlburg is an outstanding psychologist who holds several titles including Professor of Clinical Psychology at Columbia College of Physicians and Surgeons, NY State Psychiatric Institute’s Associate Director of the HIV Center and Director of the Program of Developmental Psycho-endocrinology as well as serving as Professional Psychologist at New York Presbyterian Hospital. Dr. Prager introduced the case of a transgender couple wanting to have a baby, and his presentation was followed by that of Dr. Meyer-Bahlburg.

Dr. Prager began by noting for the audience that sex is the classification of people as male or female assigned after birth based on chromosomes, hormones, internal reproductive organs, and genitals. Yet sometimes, people’s internal and personal sense of being a man or a woman doesn’t match their assigned sex. Such people whose gender identity is in conflict with their sex are called transgender.
Transgender people seek to make the external manifestation of themselves, such as their behavior, clothing, or body characteristics match their sense of gender identity. This is not to be confused with sexual orientation, which is an individual’s enduring physical, romantic, and or emotional attraction to another person. For example, transgender people may be straight, lesbian, gay or bisexual. Though transgender people feel as if they are trapped in the wrong sex, not all of them choose to alter their bodies hormonally and/or surgically. This transition can be very complex and occurs over a long period of time.

In the case presented by Dr. Prager, a couple made up of a transman (born a woman who identifies as a man) and a transwoman (born a man who identifies as a woman) wanted a biologically related child. Both individuals are taking appropriate hormone therapy to attain their transgender identities. But for them to conceive a child, they would need to discontinue their hormone therapies for several months in order for them to produce eggs and sperm that could be retrieved for IVF to take place. Since the transwoman is seropositive for HIV, before IVF can be carried out, his sperm would need to be washed to remove the risk of HIV being transmitted to mother and/or child. During the months the couple would discontinue their hormone therapy, the transwoman would masculinize. The transman, who would also need to take ovulating stimulating hormones would become quite feminized. Dr. Prager concluded his case presentation with the question to the audience: given the medical, social, and ethical complexities of the case, should a doctor agree with the couple’s request and assist them to get pregnant?

Dr. Meyer-Bahlburg then assessed the ethical dilemmas from different dimensions and explained thoroughly many concepts that are unfamiliar to the majority of the public including healthcare professionals. The main concerns raised in similar cases focus on the potential harm to the child, the transparents, society, and even the institution involved. The question of whether a child brought up in an unconventional family is not new and has a long history. Though society has come a long way in accepting homosexuals, Gender Identity Disorder, or Gender Dysphoria, a diagnosis given to transgender people, is still listed as a mental disorder. More importantly, the stigma associated with different gender identity or sexual orientation is still pervasive. In fact, follow-up studies after gender reassignment for transgender people show increased psychiatric problems and suicidality in comparison to the general population, largely accounted for by the stigmatization. Still, as of the year 2000, there are about 600,000 same-gender households in USA, and 35% of lesbian couples and 22% of gay couples are raising children.

Reported cases of transgender parents starting a family are much rarer, but children who were exposed early to their parent’s identity tend to have less difficulties in adjusting. Despite the fact that stigmatization is a risk, transgender couples can function well in professional situations and Dr. Meyer-Bahlburg noted that it seems inappropriate to infer they would have a deficit in parenting capacity. In the absence of a compelling reason against biological parenthood, denying them this opportunity contradicts reproductive human rights. Many of the public, and that will include healthcare professionals, will still feel unease, and may even feel that medicine is overstepping in a manner to ‘distort nature’. Dr. Meyer-Bahlburg stressed that this notion is outdated, however, and it is important, especially for physicians, to try to familiarize the public and to raise public debate of related issues when needed. As Dr. Fischbach stated, it is important to respond intelligently, respectfully, and compassionately to transgender couples who want to have a baby.