

New Hippocratic Oath Calls on Physicians to Respect 'Autonomy and Dignity' of Trans Patients

The World Medical Association (WMA) General Assembly [recently approved](#) revisions to the Declaration of Geneva, the modern physician's pledge that succeeded the Hippocratic Oath.

The revisions, the most [expansive makeover](#) of the declaration in its 70-year history, followed two years of information gathering, interviews with medical experts, and internal deliberations.

Among the changes the WMA implemented was the addition of this line to the text: "I will respect the autonomy and dignity of my patient."

The language appears fairly innocuous. But a number of physicians I spoke with are expressing concerns about the language, citing the organization's recent social justice advocacy.

In 2015 the WMA created new guidelines [for physicians](#) that declared that gender incongruence "is not a medical disorder," a claim many physicians [contest](#). The guidelines also stated that individuals have a right to determine their own gender and that medical assistance should be provided for any individuals experiencing gender incongruence.

I reached out to WMA officials and asked if the new language implies that physicians should respect the autonomy and dignity of patients who identify as transgender, as well as treatments they seek.

"The answer to your question is yes," said Nigel Duncan, the spokesman for WMA.

No sanctions are recommended for physicians who do not comply, Duncan said, noting that punitive measures would naturally fall under the province of "national regulatory bodies."

Yet medical ethicists say that does not mean there is no cause for concern.

"The immediate practical implications are likely to be few in the absence of some sort of punishment for not toeing the line," said Thomas S. Huddle, a physician and Professor of Medicine at the University of Alabama. "The longer term practical implications of a changing willingness of professional organizations and society more generally to tolerate physician conscientious objection to contested treatments are, of course, much more momentous."

Medicine has become an increasingly politicized field in recent years. For decades, nations and individuals debated hot button such as abortion, birth control, and assisted suicide. But as state involvement in healthcare has increased, so have the legal quandaries facing some physicians. In recent years, doctors increasingly have found themselves [legally required](#) to perform procedures to which they object.

"Gender transition is joining that group," says Huddle. "As medicine retreats from being a private relationship between patients and physicians, it's going to be much harder to solve these types of questions."

Some experts question whether such a pledge is in the best interest of patients, noting that it's not uncommon for patients experiencing gender incongruence to have regrets after a physical transition.

For example, Australian teen Patrick Mitchell, whose story was portrayed by *60 Minutes*, was diagnosed with gender dysphoria at age 12. He began to transition to a female by using estrogen medication, but by the time Mitchell was 14 he began to have second thoughts. He is currently transitioning back to a male.

Mitchell's experience is not unique. Evidence suggests that "detransitioning" is [not uncommon](#).

Experts say that for children in particular gender dysphoria may simply be a temporary condition.

"When we look at studies that follow up on children with gender dysphoria, the majority of these children desist by puberty and no longer experience dysphoria in adulthood," said Debra W. Soh, a sexual neuroscientist who researches gender dysphoria in children. "Transgender people deserve dignity and respect. Based on the scientific research, it's also crucial that clinicians take into account other factors that may be influencing a child's decision regarding wanting to transition, as opposed to taking the child's wishes at face value."

Whether or not it's prudent to require physicians to

automatically affirm a patient's gender identity instead of relying on their own medical training is open to debate. But one thing is clear: we've come a long way from "do no harm".

Below is the entire text of the new oath:

AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;

THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;

I WILL RESPECT the autonomy and dignity of my patient;

I WILL MAINTAIN the utmost respect for human life;

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;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;

I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;

I WILL FOSTER the honour and noble traditions of the medical profession;

I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;

I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;

I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely, and upon my honour.