WMA STATEMENT ON TRANS PEOPLE

Adopted by the 66th WMA General Assembly, Moscow, Russia, October 2015
and revised by the 76th WMA General Assembly, Porto, Portugal, October 2025

PREAMBLE

1. People who are LGBTQIA+ (Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, and other identities beyond these) represent a spectrum of natural sexual orientations, gender identities, gender expressions, and sex characteristics. While LGBTQIA+ people may share common experiences and shared goals of justice and equity in the face of detrimental, discriminatory treatment and even violence, these are diverse communities facing distinct challenges and with specific needs in healthcare and beyond.

2. This statement is specifically focused on the challenges and needs of trans(-gender) people. The term "trans" is used throughout this document in keeping with its increasingly prevalent use in scientific literature, advocacy work, and social spaces. Children and adolescents experiencing gender incongruence require a sensitive and supportive approach, as well as individualized, evidence-based care that considers their unique needs.

3. In most cultures, an individual's sex is assigned at birth according to primary physical sex characteristics. Gender identity is a person's individual experience of gender, which may or may not align with the sex they were assigned at birth. This along with gender expression, the way in which individuals outwardly present their gender identity to the world, contribute to the concept of gender itself.

4. Individuals who experience gender incongruence, or a marked and persistent incongruence between their experienced gender and assigned sex, are referred to by the umbrella term "trans". Gender incongruence can be expressed in very different ways.

5. Under the umbrella term of "trans" (or "transgender"), there are people who, despite having a distinct anatomically identifiable sex, seek to change their primary and secondary sex characteristics to affirm their gender identity (formerly referred to as "transsexual")[1]. Some experience their gender as falling outside the sex/gender binary of either male or female or do not exclusively see themselves as male or female (genderqueer or non-binary). The umbrella term "trans" represents an attempt to describe these groups without pathological characterisation and instead as a term of positive self-identification. This statement does not explicitly address individuals who dress in a style or manner traditionally associated with a sex/gender different from the sex assigned at birth or individuals who are born with variations of sex characteristics (e.g., intersex individuals); however, there are such individuals who are trans. Additionally, some cultures have historically recognised three or more gender identities embodying distinct sociocultural beliefs and traditions. It is important to point out that trans identity, as well as non-binary identity, relate to gender identity, which must be considered separately from an individual's sexual orientation.

6. Being trans does not constitute a disorder or illness. At the same time, trans people may require interdisciplinary gender-affirming care (e.g., gender-affirming hormones, surgeries, mental healthcare) and counselling to help them navigate their gender and to address the complex social and relational issues that are affected by it.

7. The World Health Organization's (WHO) International Classification of Diseases (ICD 11) moved the terms "Gender incongruence of adolescence and adulthood" and "Gender incongruence of childhood" from the "Mental and behavioural disorders" chapter into a newly added chapter entitled "Conditions related to sexual health" to reflect that gender diverse identities should no longer be classified as mental health disorders.

8. Because this is a complex ethical and socially relevant issue, the WMA would like to acknowledge the crucial role played by physicians in a wide range of medical specialties in advising and consulting with trans people and their families about the risks and benefits of desired care, especially in a time of widely propagated misinformation and disinformation on the topic. As a potential first point of contact, physicians need to understand the social and political challenges facing trans people and be aware of the health consequences of discrimination and the importance of providing support to people experiencing gender incongruence on the basis of their needs. The WMA intends for this statement to serve as a guideline for patient-physician relations and to foster better training, enabling physicians to increase their knowledge of and understanding toward trans people and the specific health issues they face.

9. Interdisciplinary gender-affirming care, including pharmacologic therapy or surgical interventions, can be beneficial to people with gender incongruence who seek medical interventions. However, trans people are often denied access to or forgo appropriate and affordable gender-affirming healthcare due to, among other things, the policies of health insurers and national social security benefit schemes, a lack of relevant clinical and social competence among healthcare providers, and the fear of discrimination concerning one or multiple facets of their identity. These situations show how physicians and health professionals play an important role in creating a safe, respectful, and inclusive healthcare environment for trans people seeking care.

10. Trans people are often put at a professional and social disadvantage and experience a relatively higher rate of direct and indirect discrimination, as well as physical violence. In addition to being denied equal civil rights, anti-discrimination legislation, which protects other marginalised communities, may not extend to trans people. Being disadvantaged or discriminated against can have a negative impact upon physical and mental health. These negative outcomes can be exacerbated by other intersectional factors, including but not limited to national origin, race, ethnicity, gender, sexual orientation, age, religion, socioeconomic status, or disabilities.

11. In addition, the psychopathologisation of trans people leaves such individuals at risk of being forced or coerced into so-called "conversion" or "reparative" procedures. These harmful and unethical practices, also sometimes referred to as Sexual Orientation and Gender Identity Change Efforts (SOGICE), are intended to suppress or change a person's natural sexual orientation or gender identity. These practices have no evidence-based background, no medical indication of effectiveness, and represent a serious threat to the health and human rights of those subjected to them. Such practices can lead to anxiety, depression, low self-esteem, substance abuse, suicide, worsened cardiovascular health, and other somatic health issues.

12. Negative experiences in healthcare affect the patient-physician relationship, leading trans people to avoid accessing care even when it is available. When trans people feel secure and confident that their gender identity will be affirmed in a respectful, confidential environment, they are more likely to share their personal experiences openly. This transparency enables physicians to provide targeted care that addresses the specific health needs of trans patients.

13. Trans physicians, medical students, and other health professionals also face discrimination, disadvantages, marginalisation and bullying in the workplace, in schools, in professional organisations, and beyond. Harmful working and learning environments can lead to stress, social isolation, and burnout, especially among marginalised individuals.

General principles

14. The WMA emphasises the right of all people to determine and live out their own gender and recognises diversity of gender.

15. The WMA strongly asserts that gender incongruence (ICD 11) does not represent a disease or a mental disorder; however, it can lead to discomfort, distress, or the desire to transition in order to live, and be accepted, as a person of the experienced gender.

16. The WMA condemns all forms of discrimination, stigmatisation, and violence against trans people and calls for appropriate legal measures to protect their equal civil rights.

17. The WMA affirms that, in general, any health-related procedure or gender-affirming care related to an individual's trans identity, (e.g. surgical interventions, hormone therapy or mental health care), requires the provision of accurate scientific information regarding the consequences of gender-affirming care and the freely given informed consent of the patient.

18. The WMA unequivocally condemns so-called "conversion" or "reparative" practices or SOGICE. These constitute violations of human rights and are unjustifiable practices that should be denounced and subject to sanctions and penalties. It is unethical for physicians to participate in any step of such procedures. Healthcare systems must aim to enable trans people to have the best possible quality of life.

19. The WMA affirms its position that no person, regardless of age, medical condition, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, culture, sexual orientation, social standing, or any other factor should be subjected to forced or coerced sterilisation of any kind (in line with the WMA Statement on Forced or Coerced Sterilisation). This also includes sterilisation as a condition for rectifying the recorded sex on legal documents independent of gender reassignment.

RECOMMENDATIONS

1. The WMA urges that every effort be made to make individualised, multi-professional, interdisciplinary and affordable gender-affirming care (including, as appropriate, counselling, hair removal, speech therapy, hormonal treatment, surgical interventions, reproductive and mental healthcare) available to all people who experience gender incongruence. In order to reduce potentially negative health consequences, this care should be guided by due consideration of the available scientific evidence and tailored to the individual's needs and goals.

2. The WMA calls upon **all physicians** to:

- respect each individual's right to self-identification with regards to gender;
- ensure that children and adolescents receive special consideration and individual assessment recognising their specific vulnerability before any potential form of medical care is initiated;
- classify physical diseases and mental health issues on the basis of clinically relevant symptoms according to ICD 11 criteria regardless of gender identity, and to provide quality care in accordance with internationally recognised treatments and protocols and in keeping with the principles set forth in the WMA International Code of Medical Ethics;
- provide a safe, respectful, and inclusive healthcare environment for trans patients;
- where appropriate, refer trans patients to physicians with more knowledge of and experience with trans health issues to ensure the highest standard of care is provided;
- foster safe, respectful, and inclusive work and learning environments for trans physicians, medical students,

and other health professionals;

- engage in continuing medical education and professional development in an attempt to encourage the further study and understanding of the specific health needs of trans patients and the benefits or risks of certain treatments;
- where appropriate, involve those close to the patient in healthcare discussions in keeping with the patient's preferences, respecting their consent, and with due regard for patient confidentiality;
- speak out against legislation and practices violating the human rights of trans people;
- reject and refuse to participate in any step of so-called "conversion" or "reparative"

3. The WMA calls upon its **Constituent Members and professional associations** to:

- take action to identify and combat barriers to healthcare faced by trans people;
- advocate for safe and inclusive working and learning environments for trans physicians, medical students, and other health professionals;
- establish and enforce non-discriminatory policies in keeping with the WMA Statement on Non-Discrimination in Professional Membership and Activities of Physicians;
- create guidelines for physicians outlining the specific physical and mental health challenges facing trans patients, where appropriate;
- where possible, promote changes to medical education, specialty training and CME/CPD curricula to support the provision of gender-affirming care and to help physicians provide appropriate care to meet the specific health needs of trans patients and to recognise and avoid discriminatory practices;
- promote the establishment of channels for physicians to report incidents of discrimination or bias against trans physicians or trans patients;
- in environments where confidentiality and patient safety are guaranteed and data cannot be abused, encourage voluntary data collection in the clinical setting and regular reporting on the health outcomes of trans patient groups, while also taking intersectionality into account, to ensure and further improve targeted and appropriate healthcare provision;
- actively condemn so-called "conversion" or "reparative" practices as unethical.

4. The WMA calls upon **governments** to:

- adopt and implement a comprehensive legal framework to protect trans people from discrimination and violence, and to support their full participation in society, including access to affordable and quality gender-affirming care;
- strive to ensure that administrative processes, medical records, and care pathways respect and reflect the patient's self-identified name and gender, avoiding practices that undermine their dignity or safety;
- maintain continued interest in the healthcare rights of trans people by conducting health services research at the national level and using these results in the development of health and medical policies. The objective should be a responsive healthcare system adapted to each patient;
- reject and repeal anti-trans legislation;

- condemn and ban so-called “conversion” or “reparative” practices;
- promote policies that counteract health-related and other inequities caused by overt and implicit discrimination against trans people;
- encourage education on the many manifestations of gender identity and gender expression to increase acceptance and with the ultimate aim of promoting better physical and mental health for all individuals;
- promote and fund more research in this area to enable the best, evidence-based standard of care for trans people, and combat censorship of research regarding trans people;
- safeguard physicians and other health professionals providing gender-affirming care, and offer additional protections against discrimination and violence;
- involve organizations representing trans people as valuable stakeholders and expert contributors in the development of health policies, clinical protocols, educational materials, and models of care.

[1] Although the term “transsexual” is outdated and inappropriate, and its usage has been discontinued in the medical field, it is referred to here because it is still sometimes used in legal provisions relating to trans people.