

History of nation's first gender-affirming surgery clinic offers both a lesson and cautionary tale

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An essay about the creation and subsequent closure of the nation's first gender-affirming surgery (GAS) clinic in the United States offers a

unique history lesson about and cautionary tale for physicians treating transgender persons in the face of both existing institutional transphobia and renewed cultural backlash. The piece is published in *Annals of Internal Medicine*.

The nation's first GAS clinic was opened at Johns Hopkins Hospital in 1966. Its creation was accompanied by both general academic interest in and the creation of other university GAS clinics across the country. GAS at Johns Hopkins was banned in 1979, with the hospital citing a study claiming that GAS was ineffective despite criticism of the study's methodology and contemporaneous research demonstrating that GAS improved mental health outcomes for patients.

Walker Magrath of the Johns Hopkins School of Medicine presents a spatial argument and analysis for how the closure of the first GAS clinic was not based in [empirical data](#) alone but was manipulated to fuel political and institutional agendas. An analysis of [archival documents](#) demonstrates the shifting priorities and biases of the clinic's leadership years before its closure, citing repeated public and private transphobic statements from both the clinic's founding surgeon and the Johns Hopkins Chief of Psychiatry. The author also notes that during the same period, [plastic surgery](#) achieved several significant medical milestones, including the first kidney transplant and the appointment of a plastic surgeon as Surgeon General in 1969. Archival documents speculate that the clinic's closure was related to political and [social pressures](#) to distance plastic surgery and the institution more broadly from increasingly controversial and less-respected medical procedures.

An accompanying editorial reiterates the importance of including transgender and gender-diverse persons in every step and every level in the design, planning, implementation, expansion, and sustainment of clinical services, training curricula, research studies, and policy agendas of gender-affirming care. The authors also call on physicians to name

and denounce institutional or governmental efforts to reduce access to gender-affirming care, offer welcoming and inclusive environments to transgender and gender-diverse patients, and request that healthcare systems enforce nondiscrimination policies that are explicit about gender identity and expression.

More information: Walker J. Magrath, The Fall of the Nation's First Gender-Affirming Surgery Clinic, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M22-1480](https://doi.org/10.7326/M22-1480)

Alex S. Keuroghlian et al, A Cautionary Tale: The Doomed Gender Identity Clinic at Johns Hopkins Hospital, *Annals of Internal Medicine* (2022). [DOI: 10.7326/M22-2636](https://doi.org/10.7326/M22-2636)

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