



## “Trans” Woman Sues Catholic Hospital for Denying Hysterectomy

It’s in league with expecting a Muslim caterer to deliver pork ribs or a PETA-passionate couturier to fashion you a mink coat. In New Jersey, a woman is suing a Catholic hospital for adhering to sound medical science and refusing to perform part of her “sex-reassignment surgery.”

The woman, Jionni Conforti, wanted her healthy uterus removed and had approached St. Joseph’s Hospital in Wayne to have a hysterectomy performed. The *Washington Post* [provides](#) some more background (and, par for the mainstream-media course, deceptively uses masculine pronouns when referring to the woman):



The 33-year-old transgender man had already undergone one major surgery to help align his gender identity with his physical appearance, having both breasts removed in 2014 in what his doctors called a “medically necessary” double mastectomy. He was also receiving hormone therapy as part of his treatment for gender dysphoria — a condition the American Psychiatric Association describes as a conflict between a person’s physical or assigned gender and the gender with which the person identifies.

The next step in his transition from female to male, Conforti’s doctors recommended, was a total hysterectomy, the surgical removal of his uterus and cervix. That operation, too, was deemed medically necessary — not just as a part of his transition, his doctors told him, but because his hormone therapy put him at risk of developing reproductive cancers.

Note that the *Post* not only misuses terminology, but misunderstands it. Gender dysphoria is a conflict between a person’s physical sex (not “gender”) and the so-called “gender” with which the person identifies. Psychologists themselves define the biological reality as “sex,” and they define “gender” as a *perception* of what you are. Moreover, “gender” until relatively recently was mainly used to refer only to words; that is, until the term was co-opted by sexual revolutionaries.

Conforti claims that St. Joseph’s had initially agreed to perform the surgery, but then balked the day she met with the doctor who would have performed it. Of course, it appears likely the hospital was under the impression the procedure was medically necessary and that the consultation revealed it was only so if one accepts the validity of “sex-reassignment surgery” (SRS).

Conforti later had the hysterectomy performed elsewhere. She’s now suing, however, represented by the homosexuality group Lambda Legal. Justifying her actions, she [told](#) the AP, “I felt completely disrespected.... [Sh]e said [s]he’s suing so no one else has to go through what [s]he did. Conforti ... is seeking monetary damages and a requirement the hospital perform any needed medical care for transgender patients.... [Sh]e cites the problem of suicide in the transgender community.”



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According to reports, the hospital bases its refusal to perform the surgery on Catholic teaching, and it has a right to do so based on our long held understanding of the First Amendment. Critics say in response that hospitals should be compelled to operate “in the best interests of the patient.” This brings us to another defense the hospital rightly has: Evidence indicates that SRS is *not* in the patient’s best interests.

For starters, there’s no sound science justifying such surgery. As I [wrote](#) last year:

Consider that there’s no evidence whatsoever that gender dysphoria is anything but a psychological problem; there’s nothing to prove that the associated feelings reflect a person’s “true self,” no blood test, no identifiable genetic marker, no medical exam at all. Rather, a psychiatrist will label such a sexually confused person as having a legitimate alternative “gender identity” — which can lead to so-called sexual reassignment surgery — based simply on what PsychCentral.com calls “strong and persistent cross-gender identification.” In other words, if strong and persistent *feelings* that you actually are a member of the opposite sex persist for more than six months, that life-rending judgment can be made.

Yet such a diagnostic standard would constitute malpractice in any other branch of medicine. Could you imagine a patient telling a cardiologist that he has a strong and persistent feeling he has heart disease and the doctor, on that basis alone, performing bypass surgery?

And SRS outcomes appear to reflect this shoddy diagnostic practice. As the American College of Pediatricians pointed out last year in its position statement “Gender Ideology Harms Children,” **“Rates of suicide are twenty times greater among adults who use cross-sex hormones and undergo sex reassignment surgery, even in Sweden which is among the most LGBTQ-affirming countries.”** (Emphasis in original.)

This is no surprise. As former “transsexual” Alan Finch, an Australian man, explained about what he learned the hard way, “Transsexualism was invented by psychiatrists.... You fundamentally can’t change sex.” Much as with scratching an itchy rash and not remedying its cause, attempting to satisfy the “feelings” (symptoms) related to a psychological problem without treating the problem itself cannot yield happiness.

Ironically, though, many people pushing the Made-up Sexual Status (MUSS) agenda deride Catholic institutions for being unscientific. For example, the liberal site CatholicWatch.org claims that Catholic hospitals compromise women’s health, writing, **“Evidence-based practice requires that health care decision-making is based on the best available scientific research.”** (Emphasis in original.) Yet the “best available scientific research” doesn’t justify SRS or, to cite another common leftist claim, that an unborn baby is but an “unviable tissue mass.”

Nonetheless, the *Los Angeles Times* [made the case](#) in 2013 that Catholic hospitals are “bad for women’s health,” complaining that they won’t give rape victims prenatal-infanticide-inducing drugs, or perform abortions or tubal ligations. Again, though, if the life within the womb is a human being, then the abortion proscription is wholly understandable. This is the issue — the real issue — these critics ignore as they pay sanctimonious homage to “the best available science.”

They also apply the worst available reasoning. CatholicWatch.org wrote that the **“American College of Obstetricians and Gynecologists has recognized that a patient’s health should always come first, and that access to health services should be based on the patient’s medical needs, not the provider’s personal or religious beliefs.”** (Emphasis in original.) And the *Times* reported ACLU



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Deputy Legal Director Louise Melling as stating that her “biggest concern is that the facilities have religious directives rather than medical standards governing care in some instances, and that patients don’t know that.” But we should be precise here: What these critics are calling “religious” beliefs or directives are actually moral ones. Note that there are atheists who oppose abortion as well, perceiving the moral imperative at hand.

The critics’ argument is essentially dishonest. Dismissing something as “religious” has become a favored modernist ploy, a way of avoiding having to refute a position with reason by implying it has no reason behind it. These critics should be asked: Should morality guide medical science at all? To say “no” is to justify a Dr. Mengele experimenting on human twins or Willowbrook State School [purposely infecting](#) mentally handicapped children with hepatitis.

Morality must always guide science because science can only tell us what we *can* do, not what we *should*. You cannot see a principle in a Petri dish or a moral under a microscope; no moral position can be proven scientifically. “Should” is the realm of philosophy.

In reality, through laws and courts these critics are trying to impose their own conception of morality. After all, “Should rape victims receive prenatal-infanticide drugs?” is a “should” question. If answering yes, well, why “should” they? Is it *wrong* to deny such? If it’s not wrong, why trouble over it?

It sounds noble to say that “health services should be based on the patient’s medical needs” — until you’re dealing with a pregnant woman and are ignoring that you have two patients. Also note that the Catholic Church is the second-largest provider of aid to the poor in the world, next to the U.S. government (though whether the U.S. government truly provides “aid” to the poor is debatable); it’s also the largest non-government provider of healthcare in existence, having offered hospital services 1,000 years before Uncle Sam was even born. To expect it to now adopt the “values” of Johnny-come-lately statisticians is the epitome of hubris.



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