Let Us Affirm What is True

By Rick Hess

We live in a world deeply affected by the fall of man, where the effects of sin are evident and increasingly reflected in cultural norms. This brokenness has crept into many areas of life, including the field of pharmacy. The first evidence came from an attack on the value of human life as the *imago dei* with the approval of mifepristone and promotion of euthanasia. Both are man's attempt to circumvent God's sovereign control over the beginning and ending of life.

More recently, Christian pharmacists are being challenged with the next ethical wave: gender dysphoria (GD) and gender affirming care (GAC). The expressive individualistic philosophy of GD and GAC is creating moral dilemmas within pharmacy that were unimaginable just a generation ago. Christian pharmacists must begin to think now about how to prepare for the ongoing challenges related to this ideology.

Gender Dysphoria and Gender-Affirming Care

Gender dysphoria was first recognized as a clinical diagnosis in 1994. According to the American Psychiatric Association, it is defined as "a marked incongruence between one's experienced or expressed gender and the gender assigned at birth, causing clinically significant distress or impairment in social, occupational, or other important areas of functioning."[1] The verbiage that is used highlights the cultural emphasis of today on the autonomous self. Subjectivity of symptoms has been a vital part of medical care. There would be no means of determining the effectiveness of a pain medication unless the patient subjectively reports how they feel while taking it. Similarly, how can we know if a patient's anxiety is adequately treated?

The diagnostic criteria for GD include subjective terms such as "strong desire" and "strong belief," and the diagnosis may apply to children, adolescents, or adults. Reported prevalence in the US varies but remains very low in adults (approximately 0.6%) and is reportedly higher in youth (approximately 1.8%).[2,3] The influence of social media is likely a significant contributor to this three-fold difference.[4] Individuals diagnosed with GD often experience other psychiatric conditions. Compared to the general population, rates of major depressive disorder and suicide attempts are approximately 4 to 6 times higher in adults and 9 times higher in youth.[5-7]

Gender-affirming care is the phrase used to describe the current standard treatment for GD, which includes counseling, puberty blockers, hormone therapy, and/or surgeries. No medication therapies used in GAC are FDA-approved for that purpose. However, the GAC model focuses on affirming a self-perceived identity rather than addressing underlying psychological distress. This reversal represents a major shift from traditional medical practice which seeks to correct dysfunction and restore health.

Consider this analogy: If a patient consistently has dangerously high blood glucose levels and yet insists they are healthy, we would not affirm their belief —we would intervene based on clinical evidence because there are long-term irreversible and potentially fatal consequences of uncontrolled diabetes such as a heart attack, stroke, and heart disease. In the same way, our delivery of care for people with GD must be grounded in objective truth (i.e., who has XX and XY chromosomes) and patient well-being.

If GAC is as beneficial as claimed by some, why have several countries—including the UK, Sweden, and Finland—restricted the use of puberty blockers in minors? In America, 27 states have passed laws protecting children and adolescents. Beyond the obvious moral reasons, there are concerns about the lack of well-designed randomized controlled trials and potential long-term risks of puberty blockers (e.g., decreased bone density, fertility impairment, neurocognitive effects). In addition, there are reported high rates of regret or "desistance," meaning minors who once identified with GD no longer do so as they mature. One systematic review found that up to 83% of children with GD eventually no longer identified with a different gender in adulthood.[8]

What Does the Bible Say?

As Christians, we hold that the Bible is God's Word and our final authority. God's wisdom surpasses human understanding and provides clarity about our human identity and purpose. To believe that the "gender assigned at birth" could be wrong is a rejection of God's sovereign will and created order.

- **Scripture affirms that God created human beings in His image as male and female —distinct, intentional, and good.**
  - Genesis 1:27 (ESV) – *"So God created man in his own image, in the image of God he created him; male and female he created them."*

- **God, by His very nature, does not make mistakes.**

- Genesis 1:31 (ESV) – *"And God saw everything that he had made, and behold, it was very good."*

- **God is righteous and faithful in all He does.**
  - Psalm 145:17 (ESV) – *"The LORD is righteous in all his ways and kind in all his works."*

- **Scripture also affirms humanity is not well. Sin corrupts our minds and hearts.**
  - Jeremiah 17:9 (ESV) – *"The heart is deceitful above all things, and desperately sick; who can understand it?"*

- **Rejecting God's design and created order leads to confusion and moral distortion.**
  - Romans 1:24–25 (ESV) – *"Therefore God gave them up in the lusts of their hearts to impurity, to the dishonoring of their bodies among themselves, because they exchanged the truth about God for a lie and worshiped and served the creature rather than the Creator, who is blessed forever! Amen."*

Gender Dysphoria, Gender-Affirming Care and the Role of the Pharmacist

Pharmacy organizations such as the American Pharmacists Association (APhA) and the American Society of Health-System Pharmacists (ASHP) have issued statements affirming the pharmacist's role in promoting and supporting GAC.[9, 10]

While these organizational statements emphasize respectful care of people, they do not account for the ethical and spiritual dilemmas faced by Christian pharmacists. Our primary allegiance is to God's truth as revealed in His Word. We are called to care for people—but not to participate in anything that contradicts His design. We are to speak truth in love (Ephesians 4:15), and we must obey God rather than man (Acts 5:29).

Hormonal therapies often are prescribed to serve legitimate medical purposes. However, when used for GAC, they raise profound moral concerns. The complexity facing pharmacists is that the medication's name alone does not clearly shed light on the purpose for which it is prescribed. While mifepristone is prescribed for abortion in over 99% of cases, medications like GnRH agonists, estrogen, and testosterone are used for GAC in less than 2%, 5%, and 10% of cases, respectively.[11-13] This highlights the importance of discernment when dispensing these medications.

Conscientious Objection

I am grateful that CPFI affirms the authority of Scripture and has endorsed a "Right of Conscience" position. This policy supports a pharmacist's right to refuse to participate in practices that violate biblical convictions:

> "Pharmacists have the moral and legal responsibility to refuse to dispense a prescription that, in the pharmacist's judgment, might be harmful to the patient either directly or indirectly. Therefore, the Board of Directors of CPFI supports the right of all pharmacists to refuse to dispense a prescription that goes against their moral conscience."[14]

In light of this moral challenge to our dispensing practices, pharmacists need to proactively share with employers their conscientious objections in accordance with state laws and employer policies.

The Gospel is Greater

God's Word is more powerful than any cultural ideology. It transforms the mind (Romans 12:2), opens blind eyes (Psalm 146:8; Luke 4:18), and reveals our deep need for salvation (Romans 3:23). Through the Gospel, God takes hearts of stone and makes them hearts of flesh (Ezekiel 36:26). Those with GD need the Gospel more than they need preferred pronouns and hormonal therapies.

To use the diagnostic language, there is "significant distress" in people suffering from GD. However, the cause of that distress is not what they perceive it to be… the true underlying cause is sin. As Christians, we too were once held in bondage to sin, but by God's grace He didn't leave us to our darkened and depraved minds. Instead, He rescued us through His Son. In caring for patients with GD, let us speak the truth in love—offering dignity, care, and the hope of transformation in Christ. Let us not affirm what is false but courageously affirm what is eternally true.

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