

Hospital Policies and Best Practices for Intersex Care

New York City Health and Hospitals (2021). [Policy](#): “All medically unnecessary surgery on Intersex [children] should be delayed until the child is of an age to assent/consent (adolescence). If parents are requesting such surgery, the rights of the child to be protected from harm should take precedence over the demands of the parents for intervention. ... [These procedures] are almost never appropriate in infancy. ... Therefore, NYC H+H hospitals should respect the child’s increasing decision-making authority and moral understanding and not perform any medically premature procedures.”

Boston Children’s Hospital (2020). [Policy](#): “After convening an interdisciplinary group to review our policies and practices, Boston Children’s has decided we will not perform clitoroplasty or vaginoplasty in patients who are too young to participate in a meaningful discussion of the implications of these surgeries, unless anatomical differences threaten the physical health of the child.”

Ann & Robert H. Lurie Children’s Hospital of Chicago (2020). [Policy](#): “Historically care for individuals with intersex traits included an emphasis on early genital surgery to make genitalia appear more typically male or female. As the medical field has advanced, and understanding has grown, we now know this approach was harmful and wrong. ... [I]n intersex individuals ... irreversible genital procedures, particularly clitoroplasty, should not be performed until patients can participate meaningfully in making the decision for themselves, unless medically necessary.”

Intersex-Affirming Hospital Policies (2018) (interACT: Advocates for Intersex Youth & Lambda Legal). [Model policy](#): “[The Hospital] will ensure that the intersex youth does not undergo any medical procedure or treatment related to an intersex trait unless: (a) the medical procedure or treatment is deemed urgent and medically necessary for the youth’s physical health, considering all of the attendant risks; OR (b) the intersex youth, as determined by a mental health professional: (i) is capable of assenting to the procedure or treatment; (ii) understands the nature and risks of, and any available alternatives to, the procedure or treatment, including refusing or delaying the procedure treatment; and (iii) assents to the procedure or treatment.”

Seattle Children’s Hospital (2017). A [research article](#) described SCH’s interpretation of state law and internal policy as requiring a court order for procedures impacting fertility, including for intersex children. “While the DSD team supported the parents’ decision for gonadectomy, hospital policy and interpretation of Washington state law prohibits parents from providing informed consent for any procedure that removes the reproductive organs of a minor.... Exceptions are allowed if they pose a health risk, such as the oncogenic risk posed by dysplastic gonads and/or if infertility is considered inevitable with standard treatment. A court order authorization must be obtained for any other exception. Given the knowledge available on 5 α -R2D and the patient at the time, the medical team felt this policy precluded them from offering gonadectomy to the patient without a court order.” SCH has no current, publicly available version of this policy and how SCH applies this interpretation of state law to a variety of cases remains unclear.