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November 17, 2026

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Dear Ms. Fischer, Dr. McPhillips, and Pediatrics Review Committee Members,

We, the undersigned, Do No Harm and the American College of Pediatricians, respectfully submit for your consideration a proposal to incorporate narrowly tailored language into the ACGME Program Requirements for Pediatrics addressing conscientious objection to direct resident participation in gender-affirming interventions.

Current ACGME requirements for pediatrics do not explicitly address situations in which a resident may hold sincere moral or religious objections to direct participation in gender-affirming interventions, including the prescription or administration of puberty blockers or cross-sex hormones for the purpose of gender transition. As these interventions have become incorporated into pediatric clinical practice and residency education, the absence of clear guidance may create ambiguity for both residents and programs, as documented in the literature.

The proposed addition is modeled on ACGME guidelines already established by the Review Committee for Obstetrics and Gynecology. They permit residents to decline participation in specific procedures while preserving program-level training requirements and patient-care obligations. Importantly, this proposal for pediatrics training is also limited in scope to individual

participation and does not impose any requirement on programs to establish, expand, or arrange access to specific procedures not otherwise included in the program's existing curriculum.

This proposal is intended to clarify expectations, support professionalism, protect both trainees and patients, and ensure consistency across training environments while maintaining the flexibility and variability that characterize pediatrics education.

We appreciate your consideration and welcome any opportunity for further discussion.

Sincerely,

Kurt Miceli, MD
Chief Medical Officer
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President
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Proposal for Pediatric Resident Physician Conscientious Objection to Gender-Affirming Care

Subject: Adoption of a formal conscientious objection opt-out framework for resident participation in gender-affirming interventions

Background, Intent, and Need:

The American Academy of Pediatrics (AAP) has long recognized conscientious objection as a legitimate issue within pediatric practice. In its policy statement *Physician Refusal to Provide Information or Treatment on the Basis of Claims of Conscience*, reaffirmed in 2025, the AAP recognizes the importance of respecting physicians' moral integrity and recommends that healthcare systems make reasonable accommodations for physicians with conscientious objections while maintaining appropriate safeguards for patient access, informed consent, referral, and emergency care.[1]

The current ACGME Program Requirements for pediatric residencies do not explicitly address conscientious objection in the context of resident participation in ethically contested gender-affirming interventions. At the same time, the number of children and adolescents presenting with gender dysphoria or even confusion about their gender has increased substantially in recent years.[2,3] Accordingly, gender-affirming care, including specifically the provision of puberty blockers and cross-sex hormones, has become an increasingly common component of pediatric residency education. In a recent survey of residency programs, 79 percent of responding programs reported offering formal didactic instruction on gender-affirming care, and 68 percent provided residents with direct clinical exposure.[4]

While expectations surrounding professionalism, patient care, and educational competency are well defined within ACGME guidelines, there is no formal guidance regarding how pediatric residency programs should approach situations in which a resident declines participation in gender-affirming interventions based on sincerely held moral, ethical, or religious beliefs. In practice, this absence of guidance has resulted in variability across institutions, with most programs relying on *ad hoc* approaches where policies do not exist.[4] Reports from institutional experience and program-leadership perspectives from both pediatrics and other specialties offering gender-affirming interventions and surgery suggest that many program directors have limited experience managing these requests and express uncertainty regarding appropriate responses and a desire for standardized and centralized guidance.[4–6] The existing literature also supports adoption of such policies, as their implementation has been associated with improved confidence among programs to handle such requests.[4]

The AAP has specifically recognized that the boundaries and scope of medical practice may evolve over time and that such changes should be acknowledged when considering conscientious objection.[1] This consideration is particularly relevant as the scope of pediatric practice continues to evolve and training environments increasingly include areas of practice that may carry ethical or moral significance for individual trainees, including the provision of puberty blockers and/or cross-sex hormones for the purpose of gender-affirming care. Given the multitude of such programs in many academic medical centers, requests for conscientious objection have been reported among trainees and faculty.[4] Such objections may arise from a variety of sincerely held religious, ethical, moral, or professional considerations. Examples include concerns regarding the long-term effects of puberty blockers and cross-sex hormones in minors;[7,8] differing interpretations of the quality and certainty of the evidence supporting pediatric gender-transition interventions;[9] awareness of recent policy statements from professional organizations, including the 2026 American Society of Plastic Surgeons statement describing the evidence supporting pediatric medical and surgical transition interventions as low or very low certainty;[10] recognition that several European health authorities, including those in England and Sweden, have adopted more restrictive approaches to pediatric gender-transition interventions than those commonly employed in the United States;[11,12] and concerns regarding informed consent and professional liability arising from litigation involving gender-transition interventions performed on minors.[13]

The absence of standardized guidance may also create legal and administrative uncertainty for training programs and sponsoring institutions when responding to requests for conscientious accommodation. In September 2026, the U.S. Equal Employment Opportunity Commission announced a $650,000 resolution of a religious-discrimination charge involving a pediatric healthcare provider and an employee who sought accommodation from work involving gender-transition interventions for minors, including hormone treatment.[14] The resolution also required review of institutional accommodation policies, management training, and reporting of accommodation requests. Although the legal obligations applicable to individual institutions and circumstances may differ, these developments demonstrate that requests for conscientious accommodation can create significant legal and administrative consequences when institutions lack clear processes for addressing them. A standardized ACGME framework could provide programs with prospective guidance for evaluating and accommodating such requests while preserving patient safety, continuity of care, and educational requirements.

In the absence of clear guidance, this changing landscape introduces the potential for inconsistency in program responses, uncertainty for residents regarding their rights and obligations, and challenges for faculty in maintaining both educational standards and continuity of patient care. Establishing a clear and consistent framework by the ACGME Review Committee for Pediatrics would reduce ambiguity, support program directors in decisionmaking, and provide transparency for trainees navigating these situations within the context of their professional development.

Relevant ACGME Precedent:

The ACGME has previously addressed conscientious objection through a targeted, intervention-specific accommodation within obstetrics and gynecology training, permitting residents with religious or moral objections to opt out of training in or performing induced abortions while maintaining program-level requirements for abortion education and training.[15] Findings demonstrate that implementing a formal opt-out policy does not compromise the clinical or educational integrity of residency training, as residents who decline specific procedures still achieve core competencies, report significant growth in essential medical skills, and successfully prepare for a full range of obstetric and gynecologic practice.[16] This precedent demonstrates that protection from compelled participation can coexist with rigorous training standards and that individual conscience protections can be implemented without compromising patient care or the educational mission of residency programs. It further reflects the value of clear, standardized guidance in reducing ambiguity for both trainees and program leadership when such situations arise.

The present proposal draws upon this precedent in a similarly limited and targeted manner. Rather than establishing a generalized conscientious-objection framework across pediatric practice, it would provide a defined accommodation for residents who object to direct participation in gender-affirming interventions while preserving program-level educational requirements, resident-competency expectations, and patient-care obligations.

Preservation of Existing Training Structures:

Pediatric residency training is characterized by substantial variability in clinical exposure across programs, reflecting differences in institutional resources, faculty expertise, patient populations, and case mix. This variability is a longstanding and accepted feature of the specialty's educational framework. The proposed opt-out policy is designed to preserve this structure by explicitly maintaining program autonomy in determining the scope and content of clinical training while also providing for a narrowly tailored accommodation for those with sincerely held moral, ethical, or religious objections to direct participation in gender-affirming interventions.

Professional and Educational Safeguards:

The proposed language is intentionally limited to conscientious objection to direct participation in gender-affirming interventions and does not establish a general right to decline other components of pediatric training or patient care. Clear safeguards are incorporated to ensure that this accommodation does not adversely affect patient care or the educational integrity of training

programs. Residents who exercise the ability to opt out of direct participation in the provision of interventions such as puberty blockers and cross-sex hormones as part of gender-affirming care remain fully responsible for meeting all established educational and competency requirements, including the acquisition of relevant knowledge, clinical judgment, and patient-management skills. The policy does not permit avoidance of broader professional responsibilities, and it explicitly requires that any such declinations must not interfere with patient safety, continuity of care, or timely access to treatment. Furthermore, the provision is structured to prevent discriminatory practices, ensuring that decisions regarding participation are based on the nature of the clinical care rather than patient characteristics or identity. By limiting the scope of objection to direct participation in specific clinical care and preserving all other aspects of professional and clinical responsibility, the proposal maintains alignment with ACGME expectations for resident professionalism and patient-centered care.

These safeguards are consistent with the AAP's framework for conscientious objection, which couples respect for physician conscience with continuing obligations to patients, including appropriate disclosure, informed consent, continuity of care, timely referral when necessary to prevent harm, and treatment in emergencies.[1] The proposed framework similarly protects conscientious objection while ensuring that its exercise does not compromise patient safety or access to care.

Proposed Language (to append to Section VI):

"Residents with sincerely held religious, ethical, or moral objections shall not be required to directly participate in gender-affirming medical procedures or interventions that conflict with those beliefs.

Programs providing resident clinical experience in gender-affirming care must develop and maintain written policies permitting residents with such objections to opt out of direct participation without penalty.

Programs must ensure that such declinations do not interfere with patient safety, continuity of care, timely access to care, or nondiscriminatory treatment and that residents continue to meet all educational and competency requirements.

Programs must not penalize or disadvantage residents who exercise this opt-out provision in evaluations, advancement, or access to other training opportunities."

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