Abstract

Theory and practice of medical diagnosis in the field of sexuality and gender are contentious. This paper first describes the debates of intersexed children and abortion in the Mexican context as two outlooks of controversial and relevant topics to asses to what extent these are being included in the medical professional education curriculum in Mexico and what implications it may has in the physician's judgment and advice to the patient and relatives. A pragmatic approach to dissect the most prominent medical university in Mexico is followed with a particular focus on the angle of the indicative readings assigned to the sexuality and gender courses as well as where the latter fit in the structure of the curriculum to asses their relevance.

Indication of the Research Problem

The nature of the physician's role in society is that this is the professional you go to when you need help, a life-saving help sometimes. Physicians enjoy a privileged position and are one of the most respected professionals in society (Lipworth, Little et al. 2013), and as a consultation body, it exerts a powerful influence in key decisions in every citizen's life. Interestingly, now in times of COVID-19, we all can witness how much our life is driven and shaped by medical guidance which in reality, is not solely based in science, but also politics.

Medicine has four main traits that makes it account as a profession: monopoly over skills, autonomy, distance from the working class and 'power over' other occupations and even over the society as a whole (Dani Filc 2006). Medicine is also accounted as a social control entity that, to many accounts, makes absolute judgments "by supposedly morally neutral and objective experts" (Zola 1976). This unquestioning faculty, along with the sense of superiority and monopoly over specific knowledge creates a power relation that is central matter of multiple health, sexual and gender debates.

For the sake of the argument and length of this essay, I'll describe the (power) relations of two main gender and sexuality debates in the Mexican context by physicians and patients: intersexed children and abortion to grasp what influences their decisions and if they have any decision to make at all. The two perspectives will posed against the most influential medical curriculum in Mexico to assess to what extent these debates have transpired to the logic of how new physicians are being trained.

Intersexed children

Intersexed children in some way or degree do not conform to the predominant societal understanding that a child must be either a boy or a girl from a genitalia perspective at birth.

While intersexuality is not confined to the sole sexual organs aspect, it is at the moment of birth that physicians identify most intersexuals (Fausto Sterling 1993).

Up to this date, an “optimal-gender” policy is suggested to be accepted worldwide (Rosenfield 1980). Such policy was first proposed in 1955 with these guidelines: “1. Gender assignment should go to the gender most likely to maintain reproductivity, good sexual function, normal-looking external genitalia and stable gender identity; 2. the decision should be made as early as possible, within the newborn period, but no later than 18–24 months, with initial genital construction surgeries performed within this timeframe; 3. parents and professionals should be fully committed to the final decision about gender assignment and the subsequent gender of rearing, should inform the child with age-appropriate explanations about their situation, and should follow up with the administration of gender-appropriate hormones at the onset of puberty.”(Hester 2004).

Such approach has been widely criticized on various ethical grounds such as medical necessity, lack of informed consent and uncertainty of success measurement, among others. In the Mexican context however, intersexuality is to this day treated and understood as a pathology and abnormality by prominent figures in public and private health services (Rea Tizcareño, 2009 and Abrego, 2020).

Although they acknowledge the gender assignment procedure is arbitrary and does not take into account the patient’s opinion, they insist this is still the only plausible solution to “the problem” and that it aims for the patient’s happiness and “social welfare” (Rea Tizcareño, 2009 and Abrego, 2020).

In this respect, Cabral argues that intersexuality seems to be confined to the narrow limits of medicine and that this is an affair where only the medicine and its associated disciplines can authoritatively speak and settle about and no one else is concerned (2009: 7).

These are violent statements that are driven by fear to diversity and its effects go well beyond the intersexuality debate. These are connected with masculinity and femininity expectations and are produced and reproduced, first and foremost, by the medical practice in Mexico under the logic that “gender assignment procedures cannot be avoided” because “society is not ready to deal with intersexuals” (Abrego, 2020) and that while genital variations do not represent a threat to their body’s health and the individual’s happiness, it threats the social construct in which men are to penetrate and women are to be penetrated.

Intersexuality is not only a matter of those people who were born with bodies that vary from a socially imposed ideals of femininity or masculinity , but a matter to the entire society because the central argument to the attempt to standardize a body also lies on the statements that claim that all women have a vagina or that the *normal* array of chromosomes is such for women and such for men or that *normal* genitals produce happiness and that all that normality should be achieved at all cost.

Abortion

In Mexico as well as in many other places on the planet, abortion is a topic that involves human, sexual and reproductive rights of women, its practice is deeply influenced by law and politics and shaped by ethical, moral and religious values of the society as a whole; it interfaces with the socioeconomic conditions of women and occurs in the Mexican cultural context (understandings and expectations) of femininity and maternity. As complex as it may be, decriminalization and its practice under *safe* conditions are the most prominent axes of the discussion, while the experiences of women are placed in the background (González de León-Aguirre and Billings, 2002).

Being a federation, Mexico has different laws applicable per State on which abortion is rendered legal under different circumstances. Rationales of rape, women's life threat and some others apply differently among the 32 states in Mexico and only in Mexico City and Oaxaca abortion is now decriminalized under the woman's request and up to 12 weeks of pregnancy.

Despite being a secular country, the catholic institution exerts an enormous influence over some 92 million parishioners, about the 82 percent of the Mexican population (INEGI, 2011). Historically, Pope John Paul II has been the most significant catholic authority to the Mexican followers, present in the social imaginary by the five official visits he paid to the country in which Mexico was portrayed by the media as a nation privileged and chosen by the pope (Pérez-Rayón, 2015).

As an introductory concept, it is important to acknowledge that the catholic stand towards maternity on which John Paul II wrote profusely, in which "the value of a woman lies both in her role as recipient of a new life and the fulfillment of the imperative that femininity symbolizes: the set of virtues of self-denial, altruism and sacrifice that demand to postpone everything for the sake of the son, the husband, family..."(González de León Aguirre, Deyanira and Billings, 2002).

It is therefore important to highlight that John Paul II maintained a strong and rigid condemnation in absolute terms to abortion and contraception, qualifying it as "a moral grave disorder" and that "preventing birth is early manslaughter" (1995).

Such position was reinforced in 2007, the same year abortion became decriminalized in Mexico City, by the Mexican Archbishop Norberto Rivera qualifying abortion as an "execrable murder", arguing that "Abortion cannot be justified by pretending to deny the embryo's human status. The human being must be respected and treated as a person from the moment of conception" and urged physicians, nurses, health assistants that could be involved in the termination of a pregnancy to invoke their right to conscientious objection (Muñoz, 2007).

While the catholic church's condemnation of abortion is clear since the 19th century (Maier, 2015), this is the first face to face encounter of the medicine professionals in Mexico and such religious position. The dialogue between these two bodies is no longer generic but so specific that even recommends a precise getaway path for the purpose of salvation and clean of conscience.

According to the hospital care management of Mexico City health secretariat, by the end of 2007, 70% of physicians declined to take part in abortion procedures appealing to the conscientious objection resource (González de León-Aguirre et al., 2008: 261), which under the Mexican law consists in "not compelling people to act against their conscience, nor to be prevent them from acting in accordance with it" (Sierra Madero, 2012).

While the current proportion of physicians who adhere to this legal resource for immunity under moral and religious values is undetermined, it's estimated as high (Xantomila, 2019), and while it may excuse physicians, it does not exempt the public health institutions who are supposed to guarantee the availability of non-objector practitioners at all times (Olivares Alonso and Camacho Servín, 2018).

The shortage of non-objector abortion practitioners have repeatedly been an obstacle for women to successfully request and obtain an abortion throughout Mexico under different rationales (Xantomila, 2019). But most importantly, the rationale for physicians to condemn abortion and therefore opt-out of its practice has roots in moral and religious stigmas, which exhibits a lack of formation and debate that drives (self)reflective analysis of a "very complex social problem that has repercussions in the health and life of thousands of women" (González de León Aguirre and Billings, 2002).

Medicine professional training

One of the most popular answers to the question of why does someone want to become a physician is "to help others", while the prestige and authority the profession exerts is highly appealing as well (Universidad Anáhuac, 2019 and Chang, 2020).

And different testimonies of physicians also portrait phrases like "I want to be able to give every kid with spina bifida a chance to walk, run, play, and be normal just like many neurosurgeons have done for me" or "She thanked me, squeezed my hand, and looked into my eyes with that honest grateful feeling that reminded me why I went into medicine" and " I wanted to be the person that can answer their [patient's] questions" (Kirch, 2018).

To be fair, a similar tone of appreciation desire and ego-centrism is what I have recently found in me and among my colleagues when we decided to turn into development studies and this perhaps can be extended to the rationales to become a professional in many other fields.

Yet opinions and directions offered by physicians in Mexico on the previous intersexuality and abortion sections shows a somewhat bizarre understanding of helping others, which in good proportion is shaped by moral and religious biases. But additionally, it may even evidence a resistance to acknowledge that not everything is known or understood by the medical body. In the context of intersexuality diagnosis, Cabral narrates that in a hospital among physicians they force themselves to have an answer to everything – "you can't say I don't know" – was often said among them (2009: 18).

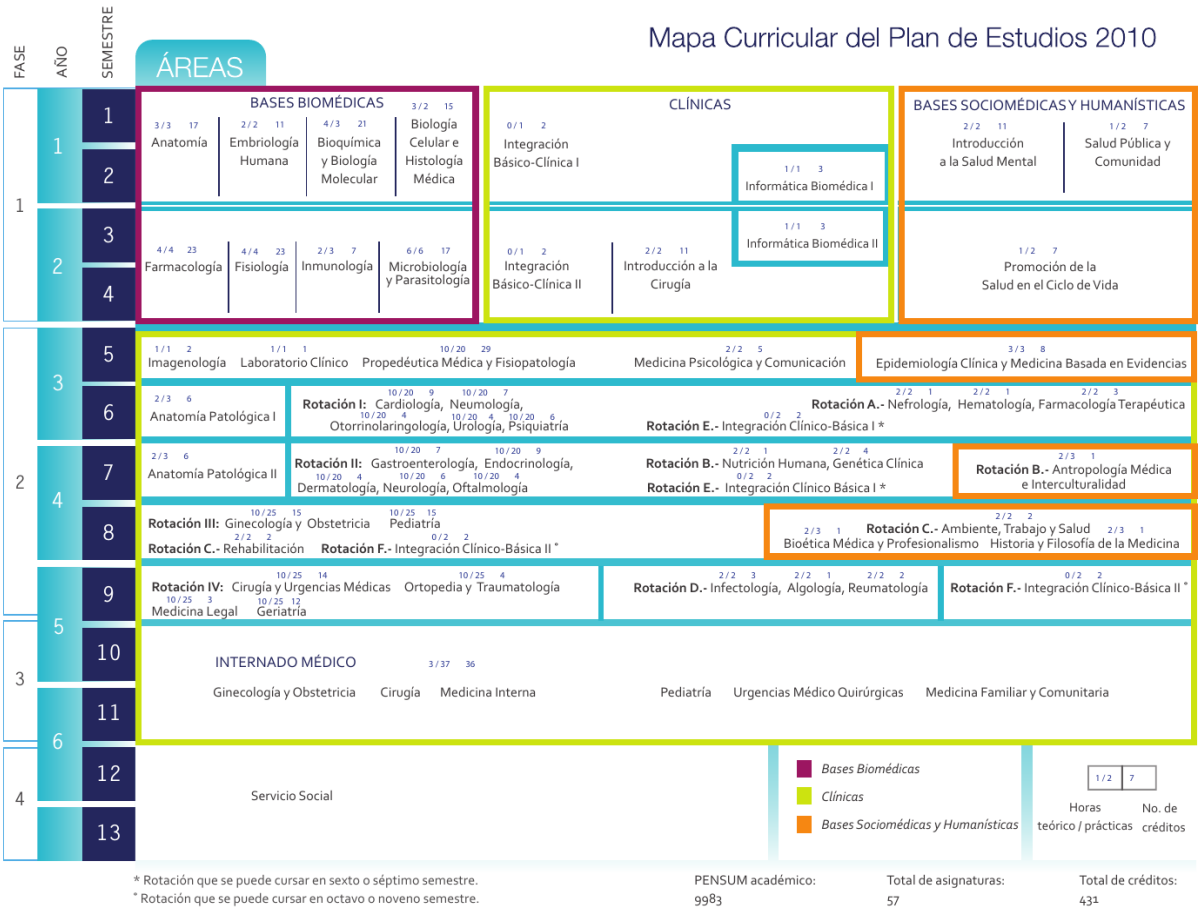
Medical diagnosis as a starting point is arguably "an objective series of questions and decisions based upon empirical evidence for the purpose of 'truth seeking'" (Hester 2004). Such aim is controversial to say the least, but it is here where the physician's professional training and how their own moral values, presumptions and cultural biases are discussed, contested and/or combined as part of the curriculum is of paramount importance.

Every high education institution in Mexico is entitled to create their own professional medicine curriculum as long as it is approved by the Mexican Council for the Accreditation of Medical Education (COMAEM, 2018). For a bounded yet meaningful review, I am picking the National Autonomous University of Mexico (UNAM) medical surgeon curriculum, this being the most influential academic institution in Latin America and whose curriculum is a landmark for other universities.

Its current version was released in 2010 and claims to be competency-based, from which critical thinking is the first of eight, it has a core curriculum "to avoid redundancy and irrelevance of information and to make emphasis on those topics considered essential for the practice of medicine from an integrative approach" (UNAM, 2009: 8).

It analyses other medicine curriculums, four in Mexico, two in the United States and one in Great Britain, from which the Johns Hopkins University stands out as its curriculum "aims to overcome the polarization between the basic sciences and social problems to generate a solid scientific background, while emphasizing the prevention and fight against disease within the community" on which concludes that the UNAM medical curriculum fully aligns with the new trends of national and international medical education (UNAM, 2009: 33-34).

The below image is the core curriculum map, where courses in the purple square belong to the bio-medical basics, while socio-medical and humanistic basics are in orange. The green squares comprehend the "clinics", which the curriculum defines as "Clinical practice is the raison d'être of the medical curriculum" as it articulates the theory and practice of the bio-medical sciences as foundation to, among others, perform clinic-surgical procedures, interpretation of laboratory results, diagnostic and prognostic judgment, therapeutic selection and recognition and treatment of life-threatening situations for the most common illnesses (UNAM, 2009: 49).



I am of course particularly interested in the socio-medical and humanistic basic courses since those could include the gender and sexuality topics. At a first glance, the previously mentioned balance between basic sciences and social problems is quantitatively absent in terms of theoretical/practical hours as well as credits (wight) per course.

By closely examining the individual curriculums of each of the socio-medical and humanistic basic courses, only two of them content relevant debates of gender and sexuality.

The introduction to mental health course barely scratches the surface by unpacking the concepts of bio-psicosocial concept of sexuality, sexuality development and homosexuality in contemporary society (UNAM, 2018b). But its bibliography superficially engages with the sexuality from the concept offered by the world health organization, it renders aspects of sexuality as problems in the medical practice and simply identifies these as consequence of a social attitude shift (Access Medicina, 2020). It lacks of a gender and diversity perspective.

Medical bio-ethics and professionalism course is by far the most promising core course as it includes relevant topics that interface with some of the current debates of gender and sexuality and these are presented in a scientific approach with a principle of secularism. It comprehends a human rights based approach over rights and obligations of both patients and physicians, ethics in the diagnose exercise, ethical and medical aspects of the begin and end of human life such as

contraception, abortion, assisted fertilization, family planning, forced sterilization, anticipated will, euthanasia and palliative care (UNAM, 2018a).

On the same note, its bibliography seems well curated and the book called “Secular Medical Ethics” stands out as it “presents a historic review of the different codes of medical ethics before proposing a new one that connects with the current times, which entails to engage in the debates of research on humans and animals, assisted reproduction, abortion, euthanasia, etc.” (Pérez Tamayo, 2006).

In a quick balance of the core curriculum, it’s evident that even when some important debates are included, it is far from including enough formation on sexuality and gender debates.

Additionally, the curriculum includes optional courses, from which the human sexuality course does provide a more comprehensive approach to some of these debates such as gender identity, sexual diversity and very interestingly, de-pathologizing of intersexual states, gender dysphoria and paraphilias in a debatable and secular approach (UNAM, 2018c).

While superficial, this review evidences that the curriculum does partially include interesting outlooks and debates of gender and sexuality. But on the core curriculum, this is only identified in a single course and while it may be meaningful, is may also be easily eclipsed by the other bio-medical topics. Lastly, since a more profound review of gender identity and sexual diversity is only confined to an optional course, its impact on the so-called integral training for new physicians is most likely marginal.

Conclusion

Analyzing the effectiveness in which an educational institution engages in controversial, modern and complex debates from solely looking at the curriculum and some of the bibliography does not come to any conclusive finding. Yet it does may help to pave the way for further research.

The lack of the school life experience, grasping by first hand the classroom vibe, understand the positionality and background of fellow students and lecturers, feel the rhetoric used by the lecturers are some of the limitations of this research.

But to nominate frustrated desires in this research (with partial answers as illustration), first, I wonder how in reality, for instance, the ethical debates from the socio-medical and humanistic basic courses interface with other bio-medical knowledge along the entire professional education. To this question, González de León-Aguirre, who has performed a more thorough analysis of the curriculums of different medical education institutions, asserts that in most universities the bio-medical topics are privileged over the public health and social sciences (which is quite evident in the snapshot of the core curriculum above) but more importantly, that the pedagogical models used limit the integration of knowledge and critic reflection ability of the students (2008: 259).

It is also worth asking what background and training do the lecturers have when it comes to gender and sexuality debates, on which González de León-Aguirre again provides and rather broad assessment that most of the times, topics like abortion and public health are lectured by gynecology and obstetrics specialists, who are mostly good from a bio-medical perspective, but lack of an ample outlook of women's needs and posses poor advisory when it comes to sexuality topics (González de León-Aguirre et al., 2008: 262).

I acknowledge that throughout of this work I have sometimes depicted physicians as the perpetrators of violent, negligent and self-righteous acts, but I am also aware that their interest, knowledge (or the lack of these) and fear to the gender and sexuality debates is not endemic to their profession. We should find in them the most important ally instead of the first and foremost detractor. Their engagement in these debates will be the most important aspect of a paradigm shift that we need so much.

References

- Abrego, C. 2020. Existen 675 personas intersexuales en México El Sol de Zamora, Available at: https://www.elsoldezamora.com.mx/local/existen-675-personas-intersexuales-en-mexico-4749552.html [Accessed Jul 3, 2020].
- Access Medicina. 2020. Capítulo 6: Sexualidad y salud mental. Available at: https://accessmedicina-mhmedical-com.eur.idm.oclc.org/content.aspx?bookid=2368&sectionid=186911028 [Accessed Jul 3,].
- Cabral, M. 2009. Interdicciones: Escrituras de la Intersexualidad en Castellano. Córdoba, Argentina: Mulabi.
- Chang, E. 2020. Reasons to Be a Doctor. Available at: https://www.prospectivedoctor.com/reasons-to-be-a-doctor/ [Accessed Jul 3,].
- COMAEM. 2018. Estatutos. Available at: http://www.comaem.org.mx/?page_id=72 [Accessed Jul 3,].
- Dani Filc. 2006. Physicians as 'Organic Intellectuals': A Contribution to the Stratification versus Deprofessionalization Debate. Acta Sociologica, 49(3), pp.273-285. 10.1177/0001699306067709 Available at: https://www-jstor-org.eur.idm.oclc.org/stable/20459940 .
- Fausto Sterling, A. 1993. The five sexes. The Sciences, 33(2), pp.20-24. 10.1002/j.2326-1951.1993.tb03081.x Available at: https://onlinelibrary-wiley-com.eur.idm.oclc.org/doi/abs/10.1002/j.2326-1951.1993.tb03081.x .
- González de León Aguirre, Deyanira and Billings, D.L., 2002. El aborto en México. [Accessed Jul 3, 2020].
- González de León-Aguirre, D., Billings, D.L. and Ramírez-Sánchez, R., 2008. El aborto y la educación médica en México. Salud Pública De México, 50(3), pp.258-267.
- Hester, J. 2004. Intersex(es) and Informed Consent: How Physicians' Rhetoric Constrains Choice. Theoretical Medicine and Bioethics, 25(1), pp.21-49.

10.1023/B:META.0000025069.46031.0e Available at: https://www-ncbi-nlm-nih-gov.eur.idm.oclc.org/pubmed/15180094 .

- Instituto Nacional de Estadística y Geografía. 2011. Panorama de las religiones en México 2010. [Accessed Jul 3, 2020].
- Juan Pablo, I.I. 1995. Evangelium Vitae
- Kirch, D.G. 2018. “That’s when I knew I wanted to be a doctor”. Available at: https://www.aamc.org/news-insights/insights/s-when-i-knew-i-wanted-be-doctor [Accessed Jul 3,].
- Lipworth, W., Little, M., Markham, P., Gordon, J. et al., 2013. Doctors on Status and Respect: A Qualitative Study. Journal of Bioethical Inquiry, 10(2), pp.205-217. 10.1007/s11673-013-9430-2 Available at: https://natlib-primo.hosted.exlibrisgroup.com/primo-explore/search?query=any,contains,997725323602837&tab=innz&search_scope=INNZ&vid=NLNZ&offset=0.
- López Vega, D.M. 2009. Entrevista a Curtis Hinkle: No sólo hay dos sexos. Letra S, Available at: https://www.jornada.com.mx/2009/05/07/ls-entrevista.html [Accessed Jul 3, 2020].
- Maier, E. 2015. La disputa sobre el aborto en México: Discursos contrastados de personificación, derechos, la familia y el Estado. Revista Gerencia Y Políticas De Salud, 14(29), pp.10-24.
- Muñoz, A.E. 2007. Llama Rivera a desobediencia de las reformas sobre aborto. La Jornada, Available at: https://www.jornada.com.mx/2007/04/30/index.php?section=capital&article=044n1cap [Accessed Jul 3, 2020].
- Olivares Alonso, E. and Camacho Servín, F., 2018. La objeción de conciencia no debe usarse para negar un aborto: ONU. La Jornada, Available at: https://www.jornada.com.mx/2018/04/06/sociedad/035n1soc [Accessed Jul 3, 2020].
- Pérez Tamayo, R. 2006. Ética médica laica, FCE-El Colegio Nacional, México, 2002, 335 pp. Available at: https://www.nexos.com.mx/?p=11947 [Accessed Jul 3,].
- Pérez-Rayón, N. 2015. Juan Pablo II y México. ¿Una relación especial en el contexto mundial? Intersticios Sociales De El Colegio De Jalisco, (9), pp.1-33.
- Rea Tizcareño, C. 2009. Intersexuales: la notable excepción de la regla. Letra S, Available at: https://www.jornada.com.mx/2009/05/07/ls-central.html [Accessed Jul 3, 2020].
- Sierra Madero, D.M. 2012. Capítulo séptimo: La protección jurídica de la objeción de conciencia en México. In: Anonymous La objeción de conciencia en México. Bases para un adecuado marco jurídico. UNAM, Instituto de Investigaciones Jurídicas. pp.197-207.
- UNAM. 2018a. Bioética médica y profesionalismo. [Accessed Jul 3, 2020].
- UNAM. 2018b. Introducción a la salud mental. [Accessed Jul 3, 2020].
- UNAM. 2018c. Sexualidad huamana. [Accessed Jul 3, 2020].
- UNAM. 2009. Plan de estudios 2010 y programas académicos de la licenciatura de médico cirujano. UNAM. [Accessed Jul 3, 2020].
- Universidad Anáhuac. 2019. ¿Por qué estudiar Medicina en México? Available at: https://licenciaturas.anahuac.mx/blog/por-que-estudiar-medicina-en-mexico [Accessed Jul 3,].
- Xantomila, J. 2019. Alta cifra de médicos, contra el aborto por objeción de conciencia, estiman expertos. La Jornada, Available at: https://www.jornada.com.mx/2019/06/13/sociedad/035n2soc [Accessed Jul 3, 2020].