

# CONSIDERING UNICORNS: Queer Bioethics and Intersectionality

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## ABSTRACT

This article discusses queer bioethics, a critical stance for dismantling cis- and heteronormativity in bioethics, together with intersectionality, the investigation of and potential for social justice-oriented change. I discuss the difficulties of navigating plurality with solidarity and ethical sobriety that I call the problems of identity, essentialism and relativism in intersectionality theory. I then proceed to ponder how queer bioethics relates to intersectionality, and close by offering some remarks for further research.

Certain intersectional approaches share key queer bioethical imperatives in exposing how seemingly neutral antidiscrimination discourses rely on bias and privilege. Both powerfully demonstrate how ostensibly objective methodologies are often inadequate for addressing socially sanctioned bias or for unpacking oppressive habits of the mind. Intersectionality interrupts narrative norms and disrupts easy binaries, such as male/female or homo/hetero. Because it is practice-oriented and has a social justice mission, intersectionality approaches analysis and advocacy as necessarily linked, which corresponds to queer bioethics arising from LGBTQI activism. However, establishing intersectional queer bioethics requires further investigation into cases of race, sexual and gender diversity with queer bioethics as the background moral theory, formulation of which I suggest should be inspired by feminist metaphysical advances.

## ABSTRAKTI

Tässä artikkelissa pohdin queer-bioetiikkaa ja intersektionaalisuutta. Ensimmäinen on kriittinen bioetiikan ala, joka tähtää cis- ja heteronormatiivisuuden purkamiseen. Jälkimmäisellä tarkoitan sosiaalista oikeudenmukaisuutta edistävää teoriaa ja tutkimusta. Aloitan tarkastelemalla moninaisuuden, solidaarisuuden ja eettisen selkeyden tasapainottelun vaikeutta identiteetin, essentialismin ja relativismin ongelmien kautta. Sitten kartoitan queer-bioetiikan kriittisten näkökulmien suhdetta intersektionaalisuuden teoriaan. Lopuksi ideoin queer-bioetiikan ja intersektionaalisuuden jatkotutkimusta. Esitän, että erittelemissäni intersektionaalisuuden keskusteluissa on samoja keskeisiä päämääriä kuin queer-bioetiikassa: pyrkimys paljastaa miten näennäisesti neutraalit, syrjintää vastustavat diskurssit tuottavat usein epäoikeudenmukaisuuksia ja etuoikeuksia.

Intersektionaalinen ja queer-bioeettinen tutkimus voivat paljastaa, miten näennäisen objektiivinen tarkastelu on riittämätöntä. Ne häiritsevät normien rakentumista ja kaksinapaisia kategorioita. Molemmassa analyysi ja aktivismi ovat erottamattomasti läsnä. Nähdäkseni queer-bioetiikan intersektionaalinen rakentuminen vaatii kuitenkin lisää tutkimusta erityisesti rodullisuuden kysymyksistä uuden queer-bioeettisen moraaliteorian avulla, jonka tulisi ottaa vaikutteita feministisestä metafysiikasta.

## Introduction

*The black unicorn was mistaken  
for a shadow or symbol  
and taken  
through a cold country  
where mist painted mockeries  
of my fury*

Audre Lorde

Depending on contextualization, the unicorn can take on a myriad of different meanings. The poem by Audre Lorde (1995), a writer, a Black feminist and civil rights activist, depicts the unicorn not as sweet and playful. The unicorn is a familiar symbol within and for the LGBTQI community. Such as the Gender Unicorn created by Trans Student Educational Resources TSER (2017), an educational organization run by young transgender people, the unicorn in all colors of the rainbow usually depicts plurality, whimsy and playfulness of gender identity and sexuality. However, critical voices like Lorde's have been raised that to many, there is nothing playful about intersectional identity politics – it is a game of life and death – and that using symbols associated with childhood fairytales reproduces the long history of infantilizing marginalized people, a strategy that has been used to disregard demands for equality and for different forms of justice (cf. Wahlert and Fiester 2014; Nelson 1998; 2012). In this article, I convey the symbolic connotations of the unicorn to loosely frame my inquiries into intersectionality and queer bioethics.

Queer bioethics is a latterly explicated field of bioethics developed by Lance Wahlert and Autumn Fiester (2012; 2014) focusing on gender nonconformity and sexual diversity. Queer bioethical inquiries often involve LGBTQI-identifying people, to include only some of the

established identity categories of nonconformity and diversity. Queer bioethical inquiries can focus on, for example, issues discussed in mainstream bioethics as gender reassignment or sex affirmation of trans and intersex people respectively, or reproduction justice for same-sex couples accessing assisted reproduction technology. Further, however, queer bioethics critically interrogates the basis on which certain socio-medicalized views on gender and sexuality are justified in medical ethics, wishing to renegotiate these justifications to allow more human flourishing. On this note, queer bioethics calls for dismantling the cis- and heteronormative foundations of health and embodiment. Intersectionality can be in my treatment defined as the investigation of and potential for social justice-oriented change (cf. Bilge 2013; see also Hill Collins and Bilge 2016). I wish to offer queer bioethics as a potential ally for intersectionality in what Vivian M. May (2015, 34) calls an invitation to radical political orientation grounded in solidarity rather than sameness as a basis for working collectively to eradicate inequalities.

Albeit these contributions being humble this early in my work, I will share my suggestive applications of queer bioethics as an intersectional strategy for bioethics. This article has two aims. Firstly, I discuss what I currently find most ethically interesting in intersectional theory. Secondly, I wish to discuss intersectionality in dialogue with queer bioethics. I will begin my inquiry by discussing the unicorn as a carrier of curious identity political demands.

Lorde's unicorn symbolizes fierce, misunderstood pain caused by something very real, burning and true getting watered down, twisted or transmogrified into a pale reflection of the raw gravitas the original experience evoked. Ringing very true in identity politics, often those with less social power are ignored by those with more. The unicorn is also a *rara avis* symbol, a rare mythical beast that has captivated inquiring minds since

ancient times. Albeit serious scientific endeavour for discovering unicorns has mostly ceased, the healing powers of unicorns continue to be harnessed in so-called alternative medicine. Moreover, scientific captivation for rare embodiment has not. In the history of medical ethics and medicine, people of gender and sexual variance have been treated with violence and disrespect but also with perverse fascination, to use medical ethics' own labelling terminology. The body of an intersex baby or the mind of a trans person have evoked ambivalent medical interest akin to luring mythical creatures, with detrimental effects on bioethical justice.

### The Unicorn in the Room or Who Are "We"?

In July 2016, *The New York Times* (Belluck 2016) reported that the World Health Organization WHO had announced it is moving toward declassifying transgender identity as a mental disorder in its global list of medical conditions, with a new study lending additional support to a proposal that would delete the decades-old designation. The change, which has so far been approved by each committee that has considered it, is under review for the next edition of the WHO codebook ICD due by 2018, influencing the treatment of patients worldwide.

Those supporting this change of designation say it reduces barriers to care and removes or at least weakens the stigma attached to transgender. The proposal would not, however, take transgender out of the ICD codebook altogether, but would move it into a new category "Conditions related to sexual health". Some critiques have expressed concern about a proposal to change the name from "transsexualism" to "gender incongruence," a name chosen to try to express "a discrepancy between a person's experienced gender identity and their body," said Dr Geoffrey Reed of the working group that recommended the changes to the WHO. (Belluck 2016.) One problem is that "incongruence" resonates differently in different languages.

Language issues aside, Reed describes how difficult it has been to reach any consensus statement at all:

The terminology is difficult because nobody likes anything. People have made suggestions that have been all over the map. One of the people at one of the meetings said *we could call this happy unicorns dancing by the edge of the stream and there'd be an objection to it.* (Belluck 2016, emphasis added)<sup>1</sup>

Both a member of the LGBTQI community and a PhD student aspiring to partake in such bioethical debates, my immediate reaction to Dr Reed's (albeit second-hand) unicorn comment was to take offence. I deemed it yet another instance of LGBTQI bigotry and ignorance in the medical community I had grown all too accustomed to working with queer bioethics. Later, however, I revisited my reaction. I realized I had been to several meetings like Dr Reed's; in activist and NGO work, the issue of ongoing debate and lack of compromise can sometimes be deadlocking – both intellectually frustrating and emotionally draining. While the comment could stem from pure disrespect to identity politics and its LGBTQI rights achievements in Western countries, there might be more to it. Upon closer examination of the problem encountered by Dr Reed – the frustration to find a compromise that would not rely on prancing unicorns – could we as queer academics and as members of the LGBTQI community find that we are too invested in what Judith Butler (1999, 143) has called embarrassed etc., in alphabetical identity politics? We may in fact, need to start over. Those who think gay marriage is the ultimate human rights question around LGBTQI are lucky to have suffered far fewer of

<sup>1</sup> Curiously, *The Washington Post* (Love 2016) covered the same topic, their original online article featuring the same unicorn quote from Reed. The quote has been since edited out of the online version, without any mention of doing so. Based on my observation, the unicorn quote was still included in the online article on October 27<sup>th</sup>, 2016.

the tangible, material or embodied effects of identity politics compared to trans or intersex people. Would we rather deny these differences and privileges by resorting to escapist fantasy of unified happiness, supposedly happy unicorns dancing by the stream? Or are we pathologically offended, bad allies in good fights? Are we so addicted to critique, albeit eloquently excusing ourselves from the receiving end of it – that we have become impossible to work with?

On further consideration, one can perhaps understand Reed's frustration. The various interest groups and activists in the LGBTQI communities are so ready to take offense and to critique any and all proposals that making a difference can start to feel frustrating at best and impossible at times. However, LGBTQI communities and activists are also morally right to take offense, and not only historically so. In the field of bioethics, LGBTQI activist knowledge continues to be overridden by medical tradition, unjust practices persist and attitudes toward LGBTQI in medical practice and ethics continue to be condescending, disrespectful and unjust (Nelson 1998; 2012; Dean et al 2016).

How to work together respecting lived experiences without the hypocrisy of unity within the LGBTQI community? By the problem of identity in this context, I mean we assume certain identities go with certain privilege and oppression. Does subscribing to such assumptions imply we are similarly adhering to a counter-revolutionary view of identity itself? Such connections can easily sediment into epistemic causalities indifferent to myriad of personal experiences. Intersectionality can allegedly solve this conundrum. Vivian M. May (2015, 14) calls for actively bracketing dominant logics while also being vigorously biased towards intersectionality's alternative world view. It is also what Lance Wahlert and Autumn Fiester (2012; 2014) want to achieve with the injection of queer personhood into bioethics; by queering bioethics.

Identity politics requires makings either weak or strong demands on essentialism, the idea that people in group x face similar mechanics of oppression because they are somehow similar. The extent to which identity politics is problematic depends on the extent to which it takes essentialist claims, as essentialist claims, while building unity, also obscures curial differences. Essentialist logic is what May (2015, 39) refers to as the same/different logic. I wish to refuse such answers that serve what I call degenerative representationalism, by building on the notion that sharing a category equals similarity of experience – or at least the same forms of privilege and oppression. For example according to Renee Jarreau Greene's experiences as a person of color trans woman, a black trans woman can feel excluded from her intersecting communities: the black community might not be necessarily welcoming to transgender and queer people, but the LGBTQI community might be equally exclusive to people of color (Ly 2017). Further, a pregnant trans man in Northern Europe might have a very different experience of reproductive health care services than a trans-woman living in the Global South (cf. Kallio 2018; Kulick 1998). By degenerative representationalism I mean being identity politics that reduces us into strings of letters, homo- or queer-normativity and conformism. Instead, I join those scholars of intersectionality that advocate for doing identity politics: that in the core of intersectionality is pragmatics, cornucopia of oppression experience, solidarity and unity in political aim for increasing social justice.

Dependent on our solutions to the problems of identity and essentialism, there is still the problem of relativism to tackle. How to toggle with ontological sameness and difference in ethics, keeping in mind we must adhere to solidarity? How to justify or compare ethical stances, and on what do principles like solidarity build upon when they are denied the metaphysics of purity, meaning the neat separation of elements into distinct categories so symptomatic of Western philosophy? The work of

feminist philosophers, and especially Latina feminists and other feminists of color, has been instrumental in showing the flaws with the purity-valuing metaphysics. Gloria Anzaldúa (1999) has subverted the logic of purity and explored the problem of identity by emerging a *mestiza* consciousness. It is a hybrid, a new personhood; a self that accords with the facts of her own life better than the idealized self. She (1999, 107) sees that “the mestizo and the queer exist at this time and point on the evolutionary continuum for a purpose. We are a blending that proves that all blood is intricately woven together, and that we are spawned out of similar souls [--].” Maria Lugones (1994) views the concepts of purity and impurity as central components of two inconsistent metaphysics, or in her words logics. The logic of purity is a metaphysical attitude in which every multiple thing can be (or ought to be able to be) neatly separated into pure unitaries, as one might split an egg into yolk and white. We are seemingly very closely situated within our taxonomies and do not like our categories messed with; as more and more disparate categories are combined, we become more and more uneasy. This applies to people, things and systems alike. (Cf. Bergin 2009, 261–265.) As a basis for ethical analysis, the logics of purity is a dangerous apparatus. To subvert logics of purity is also to refuse the separation of ontological/metaphysical, epistemological and ethical to distinct spheres of inquiry. Instead, I suggest tracking down the lived harms and wrongs our ontological stances and epistemic habits produce, by ethical analysis.

### **Always Be Yourself, Unless You Can Be a Unicorn: On Identity and Essentialism**

Referring to Kimberlé Crenshaw’s (1989) seminal work on intersectionality within the legal doctrine, Peter Kwan (1997, 1275) claims that what is distinctive about intersectionality is not so much the recognition of multiple identities in specific loci but the separate political claim that

this multiplicity calls for separate theoretical consideration against the grain of cultural and legal orthodoxy (see also Nash 2011, 458). Pathways like these lead intersectionality to diversity through activism rather than representationalism. They would also seem to offer a way to displace the focus on identity politics and focus on the political claim. But then again, this multiplicity calls for an unconventional theory (of identity). According to May (2015, 115), intersectionality aims to challenge the limits of a sequential ontology (see also Carbin and Edenheim 2013) which leads to additive modes of identity and inequality. Simplistic identity politics is to be replaced with enmeshed identities, as simplistic identity overstates agency and undertheorizes power. This suggests that intersectionality theory must be critically advised by practice, not vice versa, precisely as was the case with the early formulations in Crenshaw’s legal work and the activism of Combahee River Collective (1983). I wish to continue this discussion under the rubric of essentialism.

Rita Kaur Dhamoon (2011, 233) sees two main risks arising from focusing on intersecting identities or identity politics: the problem of essentialism and the risk that an intersectional-type analysis of identities may end up reiterating the very norms it aims to challenge. Nash (2011, 461) observes that by treating race and gender as coherent, stable axes of domination, both Crenshaw’s and Collins’s canonized intersectionality understates the contingency and contextuality of identity (the variety of ways that race and gender are experienced differently in distinctive contexts and historical moments). Returning to the scene of the accident that is identity, Nash demonstrates that when scholars like Crenshaw sought to respond to a doctrinal framework that excluded Black women, an emphasis on Black women’s multiple marginalization was used to reveal a doctrinal gap. Yet by insisting on Black women’s multiple marginalization, the treatment of these experiences moved from descriptive to what Nash calls “symbolical” and what I think could be called representational.

While trying to formulate anti-essential accounts of (identity) categories, many fail to acknowledge some heavily essentialist prejudices, mainly what I refer as degenerative representationalism. Without a doubt, academic knowledge-production most prominently often occupied by white men and women is considered more credible than knowledge-production by activists of color, for several overlapping categories of oppression and mechanics of privilege. But can or should it be derived from this that race is an essential category affecting knowledge production, that for example whiteness should be considered an epistemology? Antje Hornscheidt (2009, 39) offers an example of how white knowledge production has once again been secured as central by making intersectionality into a central concept for gender studies. Unintentionally, treatments like Hornscheidt's attend to degenerative representationalism: it is one thing to acknowledge the fact that women of color have been disregarded in academic knowledge production due to institutionalized racism, and another to deem race as an essential category (assuming that all "white" scholars produce similar racialized or other knowledge). If Hornscheidt's (2009, 35) account truly is, as she intends it to be, anti-categorical in the sense that there are not categories than can be set to work as analytical tools in all situations, how does this fit in with race as an epistemology? When Hornscheidt (2009, 44) urges us to start from integral interdependency and then face questions of hierarchizations between different forms of discrimination and oppressions more thoroughly, I say we should take the notion of difference – or in Hornscheidt's own vocabulary, the notion of anti-categoricity – more seriously. This cannot be an *a priori* -project and should not be derailed by degenerative representationalism as it can only cover familiar (indeed categorically familial) exclusions, oppression as usual, life as we think we know it. In May's (2015) terms, this does not unsettle dominant imaginaries or function as a resistant imaginary.

## Save the Unicorns? Queer Bioethical Entanglements

It seems my key theoretical problems with intersectionality could be resolved by dismantling the concepts of identity and further, dismissing essentialism and representationalism via the concept of category. But this is only the stepping point, as it has been established that intersectionality is doing, not being. Fundamentally, by approaching lived experiences as philosophically relevant, May's (2016, 34–35) intersectionality attends to knowers' social location on an intimate and personal level. If hegemonic frames and categories remain naturalized and unquestioned, changing the content therein can only achieve so much: tinkering with the logics of domination is not really the goal. No matter the philosophical practice or methodological norm in question, the objective from an intersectional perspective is to identify, unpack and contest the various and varied workings of dominance. Intersectionality should shift the terms of what it means to know and to be considered knowledgeable, which means it also changes what counts as evidence, fact or knowledge: importantly, this introduces questions of provenance into the heart of the philosophical. Further, it also rejects mind vs. body, reason vs. emotion binaries which undergird positivist legacies in the sciences and social sciences and that have been used to devalue and disauthorize ways of knowing from disenfranchised groups. (Ibid.)

LGBT bioethics<sup>2</sup> and queer bioethics have taken on the heuristic,

2 The term "LGBT bioethics" is more frequently used than "LGBTQI bioethics". In my treatment, they are synonymous. LGBT bioethics or LGBTQI bioethics are umbrella terms to various approaches. Queer bioethics is a specific theoretical framework and methodology. Queer bioethics can also be discussed as LGBT(QI) bioethics, but not all LGBT(QI) bioethics is by default queer bioethics. Obviously, however, there are several theoretical approaches to discuss both queer and LGBT bioethics. I wish to by no means suggest that there should be only (this) one.

situationed and provenance-questioning role in bioethics to reevaluate and authorize the disenfranchised groups in medicine. If we look back at Dr Reed's unicorns, the discussion on trans-related diagnostics – whether transsexualism or any other such conditions should persist as diagnosis to depict gender dysphoria – is a reoccurring trend. Jamie Nelson (1998; 2012), a bioethicist and a trans woman<sup>3</sup>, offers a sobering account of the two decades into trans bioethics. In her trailblazing 1998 article, she suggested bioethics should embark on debate on trans diagnostic vocabulary, treatment practices and politics, insisting that this debate must be explicitly moral or normative by nature. She envisioned that bioethics could be the field of study that could have the best of both humanist and medical worlds: to bring the new accounts of gender and sexuality accompanied by analyses of power asymmetry and privilege, into medical understanding of due care. She analyzes in her article the various treatment constructions of transsexualism and establishes many now bioethically crucial questions for the first time. She was also one of the first to note the bioethical injustices and disrespectful attitudes embedded in medical practices.

In 2012, she returned to the matter to find that while the conceptual issues were just as profound and their connection to healthcare analysis and policy just as intimate, even as trans issues<sup>4</sup> had become socially much more visible, bioethical engagement with “gender reassignment” had increased

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3 Nelson does not refer to her own identity in these two articles but has done so elsewhere (2014). Some of Nelson's earlier work is listed in the references under her birth name (often referred to as a deadname in this context) out of necessity for clarity. I use her real name consistently in my citation here.

4 Nelson uses the term “transsexualism” to refer to the ICD diagnostics, but I prefer trans as an umbrella term to encompass that people who are not transsexual might experience gender dysphoria for which they might want to have medical interventions. Also, there are other gender variance -related conditions starting with the prefix trans in the current ICD.

only slightly. Furthermore, she (2012, 251) notes the little bioethical discussion there had been to be morally undeveloped, meaning both the level of normative understanding of gender variance in bioethics and the way people are treated in clinical practice. It is easy to imagine how in Dr Reed's meeting, there could have been people with personal experience of bioethical injustice who were set to fight another instance of labelling, a moral prerogative that got reduced into a repressive accusation of “them not liking anything”. LGBTQI and other human rights activists often report accusations of being “difficult” or “easily insulted” in official encounters when raising their cause. (Paradoxically, this potentially repressive claim also triggered my contemplation.) It is a psychological fact that people who are systematically abused learn to expect abuse, which applies to many trans person's experience in medical encounters and which should be kept in mind by medical professionals so that they can still attend to patient concerns appropriately.

Nelson (2012, 258) concludes that despite good intentions, gender variance has not been established as an issue in mainstream bioethics and trans people continue to face disrespect and bioethical injustice. She repeats bringing to the fore that clinical engagements with gender variance contain an important lesson for bioethicists who wish to engage in such theorizing with an eye to influencing practical recommendations:

Gender variance makes itself manifest in the lives of people whose claim to respect perhaps needs more than a perfunctory acknowledgment. While we do not customarily admit it, bioethicists resemble their clinical colleagues in that bioethical professional practice can, contrary to intent, also wrong others. Thinking about the nature of gender variance and the ethics of how health care responds to it may be a fruitful context for thinking about the nature of bioethics and the ethics of how we do it. (Nelson 2012, 259)



IMAGE: Ami Koiranen: Kehon muisti, nro 41.

Wahlert and Fiester (2014, 56–67) make similar observations to Nelson’s about good intentions in bioethics leading to less desirable results for LGBTQI people. According to them, to understand the dynamics between bioethics and LGBTQI bioethical issues, we must first note

that historically, there have been only a few select moments when queer (as an umbrella term for LGBTQI) persons have been at the center of bioethical discourse. Open and sustained dialogue on LGBTQI bioethics has been rare; rephrased, bioethics as a discourse has never been “out”. Paradoxically, some of the moments during which bioethics has paid significant attention to LGBTQI persons are now positively touchstones in the field, for example work from the early AIDS crisis or John Money’s understanding and treatment of intersex still influential today (on the latter, see e.g. Feder 2014, 35, 38). However, those moments were nothing but queer affirming. The same can be said about LGBTQI clinical cases. An infamous example of a now-classic case was included in the first edition of Tom L. Beauchamp and James F. Childress’s *Principles of Bioomedical Ethics* (orig. 1979). The case was by Laud Humphreys, a sociologist and a latterly self-proclaimed gay man who observed MSM (men having sex with men) practices in so-called tearooms, places for engaging in MSM anonymously that Humphreys knew of because of his undisclosed, own sexual activities in them. Humphreys’ questionable research ethics included no informed consent of his “subjects” and has left an ambivalent legacy (Chambers 2006). Tod Chambers chastises bioethics not only for the death of queer clinical cases (that there are so few) but also for their implicit heteronormative biases. According to Wahlert and Fiester (2014), however, Chambers can make his point using this example because of its canonicity, but it did not gain that canonicity because its queer theme was queer-invested. As a case, it resides in the bioethics canon precisely because its protagonists are outsiders, peripheral, on the margins. Subverting the heteronormative bias at the core of bioethics is what I am invested in and what I view as raging against the single-axis logic or logics/metaphysics of purity.

Another case Wahlert and Fiester (2014, 58–59) discuss is that of George Dennis, a 35-year-old African-American male with AIDS, depicted in a



training course book that intends to highlight the kind of cultural sensitivity required in dealing with diverse minority patients. The book offers Dennis's case as a how-to manual for treating patients with without imposing value judgement or normative cultural bias but delivers them both. Wahlert and Fiester (ibid.) note that although there are a small handful of cases like Mr Dennis's in the large canon of clinical ethics casebooks, this case is thematically representative as LGBTQI cases are almost exclusively about HIV/AIDS and focused on gay men, almost never involving women or gender variant persons. In the case, a fully competent Mr Dennis assigns his partner as his surrogate if he becomes incapacitated, clearly stating at this time that he does not want his details to be shared with his family of origin. When Mr Dennis does become incapacitated, the authors of the textbook recommend calling for a meeting with Mr Dennis's partner, Mr Barnes, which begins by expressing the concerns of the medical team about further concealment of the HIV/AIDS diagnosis and continued exclusion of "the family", referring to Mr Dennis's family of origin, not to Mr Barnes (Hark and DeLisser 2009, 67; see also Wahlert and Fiester 2014). There is no legal or bioethical reason for this meeting. Wahlert and Fiester (2014, 69) note that most LGBT ethics cases are about HIV/AIDS disclosure and about epidemiological risk to third parties without any critical reflection on "the voyeuristic or even well-intentioned desire of third parties to know one's HIV/AIDS status". The case of George Dennis is also intersectionally interesting. Queer bioethics could offer a platform for inquiries into gender and sexuality in relation to race and class, as majority of bioethical cases depict a very white middle-class reality of health or cannot fathom its hetero- and cis-normative biases.

In Mr Dennis's case, the bioethical principles of autonomy (his choice for his surrogate), not doing harm (exposing him to his family of origin against his specific wishes), doing good (not respecting his choice of family) and justice (both in legal and bioethical sense) were seriously jeopardized

without any acknowledgement from professional bioethicists (the textbook authors). It requires further scrutiny how Mr Dennis's African-American ethnicity affected the professional bioethical decision-making. From an LGBTQI point of view, the only way to explain such ethical negligence is that the stigma, shame and judgement attached to clinical and cultural appreciations of LGBTQI persons have an undeniable historical legacy that hangs heavy over our readings and renderings of gay, trans and intersex persons in the medical realm today (Wahlert and Fiester 2013, 87). Despite recent advances, the meaning of homosexuality for bioethics is still being written, too. Concerns about sexuality remain important to bioethics in key domains, especially in sorting through the priorities and social effects of research and in seeing to the conferral of optimal health care benefits (Murphy 2014, 6). Priorities, social effects of research and healthcare benefits are also crucial when discussing the status of gender-related disorders in diagnostic criteria.

When approaching lived experiences as philosophically relevant, that is, to include LGBTQI people in bioethics intersectionally, queer bioethics needs to engage in both demarcating and then mediating the gap people often feel between their own LGBTQI embodiment and the normative embodiment naturalized in mainstream bioethics (although textbook-normative bodies are in fact the *rara avises* of human embodiment, not vice versa). Jamie Nelson eloquently analyses her own queer experience:

As practiced, medicine bumps along with the rest of us, doing its level best to cope with the contingencies of this heart-breaking world. [--] In contrast, the very idea of queer carries with it a little taste of the uncanny. What we're inclined to label queer resists understandings, not so much because it's too complicated, but because it tends to be too slippery to capture neatly in our conceptual nests – that queer ache in your side[.] (Nelson 2014, 12.)

The notion of queer being closely acquainted with the heart-break of this world is developed further by Iain Morland (2012) in a tellingly named article “The Injured World”. Based on first-hand knowledge as an intersex person, Morland reflects critically on the feelings provoked by anatomies that are regarded as sexually ambiguous and that have been surgically modified in a paternalistic way. Morland’s ultimate effort simplified here is to derive from phenomenology of feeling to motivate empathy in a quite mundane and as such, clever way. He urges we follow our gut feeling: the fact that there are babies that undergo medically unnecessary surgery, feels bad. By lived experience ending at the surface of one’s skin, Morland refers to so-called normalizing surgery introduced by the previously mentioned Dr John Money in the 1950’s, still influential in “treating” intersex. Money formulated the theory that gender identity is a sociocultural construct (to a very different effect than Judith Butler). In his view, babies who were born with intersex genitalia were assigned a gender which was then to be affirmed with medical treatment and psychological/psychiatric “counselling” as the child grew. Medical treatment included surgery. Money advocated deciding on which gender to choose by prioritizing the ability for penetrative sex but indoctrinating strict logics of purity: for example, an enlarged clitoris was not to pass as a penis for penetration. (See Tunstall et al. in this journal; Toriseva 2017; Feder 2014.)

Intersectionality shares key queer bioethical imperatives as May (2015, 36) finds intersectionality to expose how conventional antidiscrimination doctrine, though seemingly neutral, relies on bias and privilege to operate. It is equally useful for showing how ostensibly objective methodology of observation, information, gathering and dissemination are often inadequate for addressing socially sanctioned bias or for unpacking oppressive habits of the mind. Intersectionality interrupts narrative norms and disrupts easy binaries, such as male/female. Furthermore, an intersectional approach exposes how impartiality can be more partial than it seems, often requiring

erasures to function. To tackle what I called the problem of relativism, May (ibid.) notes that it is not that intersectionality abandons the pursuit of empiricism or objectivity, since part of its aims is to make normative claims about injustice. This is also one of Wahlert’s and Fiester’s (2012, ii) aims: To place sexuality and gender identity in the core of ethical discussions brought about by advances and renegotiations of “normality” in biology and medicine; to place the “less powerful” central stage; to challenge the status quo and the presumptive legitimacy of the normality; to challenge our complacency in the face of injustice and discrimination in medical encounters, systems and policies.<sup>5</sup> It is also compatible with what Anne Donchin and Laura M. Purdy (1999, 2–6) call core feminism: that at the heart of most feminist work is a set of judgements, i.e. ethical analysis, that are central and that justice requires eradicating inequality. As demonstrated by Wahlert and Fiester (2014, 2012), the so-called mainstream bioethics is often unaware of its biases towards LGBTQTI even when such cases like Mr Dennis’s, are under specific bioethical scrutiny. This is why queer bioethics must simultaneously discuss LGBTQI-specific biomedical issues but also seriously invest in tackling the structural roots of these biases: it is a theoretical, philosophical and ethical endeavor accompanied by the injection of queer personhood into bioethical mainstream in a consistently queer-affirming way.

According to May (2015, 36–37; see also Lugones 1994), intersectionality uses different measures different measures of philosophical adequacy and offers alternative notions of the empirical. I suggest this as a meta methodology for queer bioethics, too. This impetus toward the multiple as logical, which has been described as a multiplex epistemological quality, stems from intersectional “both/and” forged in women of color and Black feminist contexts. Intersectionality asks that we note how sameness, as a

<sup>5</sup> See also Donchin (2001) on relational autonomy.

concept, has a history, one forged at the nexus of coloniality, patriarchy, capitalism and Western modernity; monological norms are fundamental to crafting and being undoubtedly included in Western reason. (May 2015, 36–37.) May's (2015, 38–39) intersectionality invites us to approach knowledge and knowers as located within multiple interpretive locations or horizons. She notes this is not a romantic view of multiplicity since, as eloquently described by both her and Lugones, the different angles of vision one takes up, and the many “worlds” one occupies (see also Keating 2008) can be in tension or even opposition. May understands intersectionality as a cross-categorical counter-logic grounded in multiplicity. Because it is practice-oriented and has a social justice mission, intersectionality approaches analysis and advocacy (or theory and practice) as necessarily linked, which corresponds to queer bioethics arising from LGBTQI activism. In bioethics, knowledge-production on both sexuality and gender variance need to be further decolonialized to meet the demands of lived experience such as those described by Nelson, Wahlert and Fiester, and Morland. Establishing queer personhood in medical ethics in a queer-affirming way crucially includes consistent recognition of LGBTQI activist viewpoints as valid. Keeping in mind Dr Reed's unicorns, this is not always the case in systemic encounters with medical institutions.

According to May (2015, 39–41), just as intersectionality is useful for approaching knowledge and contextual and multiple, it also entails a fundamental reconceptualization of the citizen-subject. It understands people as ontologically plural not only in terms of multiple identities but also in terms of locational and relational power. Intersectionality rejects the notion that each identity is sequential, homogenous and separable for ontological plurality in ways that do not slip into primary and secondary identities, or primary and secondary forms of subordination. Lugones (1994) advocates taking up “curdled” logics that allow for the multiplicity

of the subject as non-fragmentable and that conceive of coalescing, politically, not as homogeneity. Homogenization requires the breaking down of molecules to create oneness. Instead, curdled logics is more akin to “emulsion” wherein the suspended molecules are understood as both separate and linked, one and many simultaneously (cf. also Bergin 2009 on genes and separability; on such metaphysics, cf. Barad 2007).

Intersectionality's matrix philosophy adds an important component to plurality: one may perceive the world in ways that are more than simply plural. They may be in conflict. Such disjunctures matter and hold meaning, so one retains the tension, using May's (2015, 42) both/and logics to keep open the fissures between perceptions. Likewise, intersectionality does not approach ontological complexity merely as plurality; here, too, one can be in opposition, allow selves that cannot mesh without distortion, harm or erasure. This has implications for how we conceive of subjectivity (as complex and in tension) but also for how we identify forms of (feminist) agency and resistance. Plurality and ambiguity are likely to be misperceived as evidence for ontological fragmentation that needs mending, as deficits that need addressing (Anzaldúa 2007; Lugones 1994; Bergin 2009). To May (2015, 45–46), this is not to understand them intersectionally: to do so is an error of the imagination that lets go of the logic of the multiple and returns to the harmful logics of atomization and false homogenization. Intersectionality calls for structured transformation but again, this fundamental aspect of its approach is often overlooked. Epistemological and ontological binds are not just individual problems with individual solutions but are structured – though they are also personal. Intersectionality offers a lens for analyzing and contesting the workings of power across multiple domains by attending to lived experiences. Similarly, queer bioethics offers a lens through which to perceive LGBTQI healthcare.

To May (2015, 53–54), intersectional attention to multiplicity is key to its invitation to intervene in historical memory and to unlearn prevailing social imaginaries. It directs our attention to alternative worldviews and those invisible in dominant history like in Murphy's (2014) work on biomedical and ethical history of homosexuality, or in Nelson's comparative analyses of trans issues in bioethics. Intersectional memory work is not nostalgic but a form of counter-memory that reads existing archives and historic narratives against the grain, unpacking assumptions, noting gaps, and questioning official versions. On a queer biopolitical note, Julian Honkasalo (2016) has mapped out a counter-history of gender variance by revealing and interrogating the torture-like alleged "treatments" forced upon children whose behavior or identity did not conform to the logic of gender-binary purity.

As a critical heuristic, intersectionality could also be useful for tracing systemic patterns of what Morland (2014, 20) described as "hurt" and Nelson (2014, 12) as "heart-break" or that "queer ache": to highlight a politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence and death. An example of failing social and economic network could be the removal of transsexuality/transgenderism from psychiatric diagnostics such as ICD as its existence as a psychiatric condition has been cause for transition treatments to be part of public health care in countries like Finland.<sup>6</sup> Albeit psychiatric labelling is not a necessity for keeping transition treatments affordable through public health care, it needs to be carefully considered how changes in the globally influential ICD will affect trans vulnerabilities.

6 For example, Finland is currently undergoing a substantial healthcare reform. If executed as planned, its ethos of New Public Management will stand in stark contrast to traditional Nordic welfare state bioethics. There is no official stance on how trans and intersex health care, previously managed by university hospitals, would be affected by such changes.

## In the Age of Unicorns: Strategies for Further Queer Bioethical Intersectionality

Establishing strategies for pursuing and practicing intersectionality, May (2015, 226) reminds us that in accord with intersectionality's both/and thinking and matrix orientation, we need to understand it as malleable and broadly applicable, be accountable to its political and intellectual genealogies, and not presume its radical origins guarantee liberatory outcomes. She relentlessly stresses how pivotal it is to understand intersectionality in this threefold way; as grounded intellectual/political history and commitment, not bound to specific groups. Intersectional praxis invites us to strive to relinquish atomization and to forswear hierarchical mindsets; furthermore, its matrix of multidimensional identities and antisubordination orientation are not optional. (May 2015, 226–227.)

To lay the ground for realizing intersectional social change, it is imperative to develop what Lugones (2006, 79) calls a "a disposition to read each other away from structural, dominant meaning"; "both to be able to recognize liminality and go from recognition to a deciphering of resistant codes". In addition to queering bioethics of course, this is akin to the strategy of queer reading or queering. Queer reading has been practiced in the academia for decades now with excellent results. Yet the processes and revelations of queering are perhaps less utilized in social and political science methodologies until relatively recently. Critical inquiries into law have championed this angle, for instance, by advocating queering the human rights in thinking non-discrimination beyond the sex binary (Rosenblum 1994; McNeilly 2014; Otto 2012).

May (2015, 228) applauds intersectionality as a justice-oriented approach to be taken up for social analysis and critique, for political strategizing and

organizing, for generating new ideas, and for excavating suppressed ones, all with an eye toward disrupting dominance and challenging systemic inequality. To engage intersectionality's critical heuristic in May's (2015, 229) view, it is necessary to shift one's energies, imagination and practices toward these four commitments:

1. Honor and foster intersectionality's antihierarchy orientation
2. Draw on intersectionality's matrix approach to meaningfully engage with heterogeneity, enmeshment and divergence
3. Take up intersectionality's invitation to follow opacities and to read against the grain
4. Set aside norm emulation as a philosophical/political/research/policy strategy.

Setting aside norm emulation as a philosophical and political strategy as principal for a methodology aimed for increasing justice seems conflicting, perhaps even relativistic. However, it is not emulated norms that we need for justice analyses but a shared, reformulated conception justice, which is exactly what has been diluted by forces such as corporate-fascist neoliberalism and populist racism.<sup>7</sup> The concept of justice has to be harmonious in the sense that it cannot include normative fundamentals (necessary conditions) that by definition derail it, such as cis- and heteronormativity do in search for bioethical justice. For this precise purpose, Wahlert and Fiester (2012) wish queer bioethics to be developed further as a moral theory. Hence, queer bioethics can offer a solution to the problem of relativism in bioethics. My suggestion for developing

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7 When face to face with the effects of global abject poverty or an environmental crisis caused by global warming – when ripped to core, stripped of our privileges that keep us from becoming Them – justice is far less problematic. Feverishly contradictory to the status quo aggressively maintained by powers-that-be, *onus probandi* lies with those who would like to try to suggest the current world order is in any way just.

queer bioethics as a moral theory is to make appeals to responsibility and social and global justice i.e. to also serve as a political strategy; to treat gender and sexuality by default as diverse phenomena; to dispute cis- and heteronormativity as necessary conditions and to build on relationality. Most importantly for the problem of relativism, I suggest queer bioethics to be a principalist approach like core feminism: instead of disputing the mainstream bioethical principles, queer bioethics as a moral theory must critically revise the understanding of these principles by analyzing how they are respected in LGBTQI bioethical cases.

Rita Kaur Dhamoon (2011, 240–241) like May, defines key commitments or components for operationalizing what she prefers to call intersectional-type rather than intersectional research. Ultimately for Dhamoon, it is the capacity to disrupt and thereby open up new ways of understanding difference and subject formation in alternate kinds of ways that makes intersectionality(-type) work relevant to social struggles and to intellectual life, and precisely what to her must be centered as this paradigm of analysis becomes further mainstreamed. This is similar to how I see the relationship between queer and LGBTQI bioethics and the so-called mainstream bioethics: LGBTQI or queer bioethics exhort original avenues of understanding specific needs yet simultaneously, wish to reject the biased core of the mainstream for it to open up to and also adopt new critical fundamentals and methodology.

Intersectionality invites us to pursue the incommensurable, the eclipsed, and the untranslatable as sites for political of political meaning, ontological possibility and rich epistemic potential (May 2105, 243). To May (2015, 251), pursuing an intersectional disposition fundamentally entails a recursive intellectual/political commitment. Rather than a fixed method or a predetermined set of principles, an intersectional approach is an open-ended, dynamic and “biased” toward realizing collective justice. I disagree

with May that adopting principles is a problem *per se* (cf. Donchin 2001; Donchin and Purdy 1999) but couldn't agree more that simply adhering to, for example, the principle of justice is obviously not enough to make theories or practices just in the epistemological or in the ethical sense. In my bioethical opinion, queering the principles instead of categorically dismissing the principalist approach will make us better equipped to consider unicorns; that is, gender and sexual variety and cornucopia of human embodied flourishing without marginalization, as cases that are not anomalies of a moral theory but as invitations to critically reflect and subvert that theory. In addition to critically interrogating principles, another critical task is to examine what are the limits of what May called collective justice. Who or what does it include? We must also consider unicorns in



IMAGE: Ami Koiranen: Kontrolli, nro 2.

the sense that collective justice among humans is not collective enough. Intersectionality as fundamentally justice-oriented epistemological practice, ontological project, coalitional politics and resistant imaginary can enhance demands for climate and environmental justice.

May (2015, 252) concludes that doing intersectionality must be “unsettling”, not just in an intellectual way or in an abstract sense but also disquieting on a personal level. Inhabiting and engaging an intersectional disposition can nonetheless serve as an essential driving force, can impel us collectively to find ways to realize a more just world. I concur. From a queer point of view, to honor and foster intersectionality's antisubordination orientation, intersectionality must attend to the queer ache by its side formulated by Nelson (2014). To meaningfully and more carefully engage with heterogeneity, enmeshment and divergence, intersectionality must take seriously the metaphysical turn of relationality, in Anzaldúa's words, that all blood is intricately woven together.

Bioethically, to understand this powerful quote intersectionally is to take up its invitation to follow opacities, to reconfigure the rare, unicorn-like creatures that people with gender and sexual variance have been constructed as in the history of medicine. It is to read against the grain by queering bioethical practices, systems and policies. When reformulating medical practice like in Dr Reed's working group troubled by unicorns, to entwine intersectionality's unruly imagination with queer thinking is to take queer imaginations seriously – it *is* to consider unicorns.

## Conclusion

Intersectionality can be understood as a cross-categorical counter-logic grounded in multiplicity. Because it is practice-oriented and has a social justice mission, intersectionality approaches analysis and advocacy (or

theory and practice) as necessarily linked, which corresponds to queer bioethics arising from LGBTQI activism. In bioethics, knowledge-production on both sexuality and gender variance need to be further decolonialized to meet the demands of lived experience. Establishing queer personhood in medical ethics in a queer-affirming way crucially includes consistent recognition of LGBTQI activist viewpoints as valid. Despite these overlapping tendencies, however, establishing intersectional queer bioethics requires further investigation into cases of race and ethnicity, sexual and gender diversity.

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