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NHS England consultation on the future of adult GIDS

Question 3.

The proposed service specifications aim to address inconsistency in care quality, differing levels of access, and out-dated service models.

To what extent do you think these sections of the specification for **Non-Surgical services** achieve this?

We disagree entirely. This is because we disagree that gender dysphoria is ‘not a mental health problem’. It clearly is. There exists over a century of psychiatric literature on the subject in different languages, and it is irresponsible to ignore the wisdom accumulated therein.

Taking in the views of individuals should require taking in the views of people who regret prior gender reassignment surgery and/or cross-sex hormone treatment and any other physical gender reassignment treatment, and who wish to reverse the effects so far as is possible. Currently the NHS does not offer such treatment on a regular basis. We call on the NHS to make concrete plans for this to happen as soon as possible and to train doctors especially for this field.

Question 5.

It is proposed that in future all young people who need to access a specialist gender identity service and who are aged 17 years and above will be referred to an adult Gender Identity Clinic. To what extent do you support or oppose this proposal?

We strongly oppose this proposal. **Do not refer adolescents aged 17 to adult Gender Identity Services.** This would constitute a slippery slope towards lowering the age for surgery. The Gender Recognition Act requires patients be aged 18 or over to undergo surgery. Adolescents’ brains are still developing at this age. Also in the teenage years young people are very prone to make rash decisions based on feelings and mood which they may later regret bitterly.

We are suspicious of the idea that providers will ‘work with specialised services for adolescents’ to ensure a transfer to adult services. The NHS needs to state openly how much critical input from and dialogue with mainstream psychiatry and psychology there is in the case of older adolescents. We do not think this duty can be met until and unless the GIDS for children and adolescents at the Tavistock and Portman NHS Trust publish the database that they are currently building of

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evidence regarding young people who have detransitioned or chosen not to go forward with gender reassignment. We want to know exactly which 'other expert centres' the NHS has in mind at a national and international levels. Why does the NHS feel the need to have close links with centres outside of the UK?

Permitting referral of seventeen-year-olds to adult GIDS would create major social and legal problems for schools and families, as teenagers who would not yet be legally adults would be allowed to make drastic, high risk life changing decisions. This would inevitably result in more social contagion and encourage susceptible younger teenagers who look up to older teens to consider self-identification as transgender as the answer to their problems.

Return leadership in the field to mainstream psychiatrists

All nominated Senior Clinical Leads should be required to have significant experience in general psychiatry and to have worked in settings other than Gender Clinics. We also want to see the NHS recruit forensic psychiatrists to this role given their expertise in the most demanding conditions which are frequently indicated as co-morbid with gender dysphoria and gender identity disorders.

NHS England should move to the treatment protocol that has been used by NHS Wales since 2006, whereby all patients who consider themselves to be suffering from gender dysphoria in any way must be referred by their GP to the local psychiatric team at the local NHS board or trust first. The psychiatric team then should be required to make formal diagnostic assessments of the patient to see if they have any pre-existing but unknown psychiatric conditions which could be the root cause of delusions or fantasies of belonging or wishing to belong to the opposite sex/gender, or which could form part of the conditions that have proven to be fertile soil for these to develop.

Support people who desist and detransition

The NHS should collaborate in research projects to increase the evidence base for understanding people who desist from the path of gender reassignment, whose gender incongruence and/or gender dysphoria wanes or fluctuates, and those who after undergoing sexual transformation surgery come to question or regret that decision and who wish to return to living as members of their sex.

Encourage a more critical psychological perspective

It is rather concerning that the Non-Surgical Template says that psychological interventions will not be offered routinely or considered mandatory. We wish psychological therapies to be made available to all who have been referred to Gender Identity Services.

The NHS should start to publicise national and local organisations which provide a more critical perspective on gender identity issues. These have started to spring up as families and individuals have become alarmed at the uncritical acceptance of self-identification as transgender has increased massively in recent years. The NHS should no longer uncritically publicise pro-transgender organisations that seek to provide support for families of people with gender dysphoria, as these organisations have tended to manipulate families into accepting gender

reassignment with all the drastic and often traumatic disruption to family and kinship relationships that this has entailed.

Stop attacking 'conversion therapy'

What the NHS disparagingly calls 'conversion therapy' is neither illegal in the United Kingdom nor harmful. The assumption that all gender identities are equal is ridiculous nonsense, constituting a capitulation to the vacuous idea that there can be more than two genders and that 'gender identity' is a type of experience or self-image or set of behaviours totally divorceable from the sexed body. The implied definition also capitulates to a notion of the absolute right to self-expression which is completely at odds with conventional medical ethics and with the actual needs of mentally disordered individuals. It is especially inappropriate in the case of people diagnosed with gender dysphoria or other gender identity disorders as some are known to have dangerous paraphilias.

NHS England should realise that the evidence published by ILGA in its global survey of attitudes towards LGBTI in October 2016 is that the vast majority of people in Britain do not believe that transgender people are 'born that way'. A very large proportion of the population believes that people either became so or chose to be so. A careful reading of accounts by people who have been patients at gender identity clinics will show that a number of them have also held these views. Banning all possibility of therapy that would have the outcome of a change in gender identity would go against the free speech and self-determination of such patients and especially of those who desist from gender identity problems, who regret their gender reassignment and who detransition. The NHS would be failing in its duty of care towards such people by acting in such a restrictive and rigid manner.

Protect freedom of conscience for local GPs

Local GPs should not be required to prescribe and administer hormone treatment. Many GPs would have conscientious and scientific objections to this for very good clinical and ethical reasons.

Do not refer 17-year olds for gender reassignment surgery

We disagree entirely with the view that mastectomy, 'creation of a male chest' and genital surgery should be available for patients aged 17. The Gender Recognition Act clearly stipulates that only patients aged 18 or over are to be permitted to undergo surgery. Parliament would need to debate whether or not to change the law first.

Question 6.

It is proposed that in the future the specialist Gender Identity Clinics for Adults will not accept referrals of individuals who are not registered with a General Practitioner (GP).

To what extent do you support or oppose this proposal?

Strongly Support. We wish to see the current requirement for two medical opinions to remain as surgeons are neither trained nor qualified to handle psychological matters of the profundity presented by patients with gender dysphoria.

We agree entirely that self-referrals should not be allowed

Population covered and population needs

We agree entirely with the exclusion of individuals with acute physical or mental health problems. We note that the Non-Surgical Template says that the number of referrals to adult GIDS in England has increased since 2011 and suggests reasons. At no point does it admit that the power of suggestion could be at work, and that the dramatic rise in referrals could be due to social contagion and hysteria. Historic psychiatric literature going back nearly seventy years acknowledges that this has happened several times, notably beginning with the publicity surrounding Christine Jorgensen, and most recently with the global mass media attention given to Bruce/Caitlyn Jenner.

We want NHS England, and the NHS in Wales, Scotland and Northern Ireland, to start recording and publishing annual statistics for the number of people who detransition following initial gender reassignment.

Question 9. It is proposed that in the future a decision to refer an individual for specialist genital reassignment surgery must be supported by a Registered Medical Practitioner.

To what extent do you support or oppose this proposal?

Strongly oppose

Question 10.

Please provide comment in support of your answers

With regard to question 9, we wish to see the current requirement for two medical opinions to remain as surgeons are neither trained nor qualified to handle psychological matters of the profundity presented by patients with gender dysphoria.

Question 11.

We want to make sure we understand how different people will be affected by our proposals so that Gender Identity Services are appropriate and accessible to all and meet different people's health needs. We have assessed the equality and health inequality impacts of these proposals. Do you think our assessment is accurate?

No.

Question 12.

Please describe any other equality or health inequality impacts which you think we should consider, and what more might be done to avoid, reduce or compensate for the impacts we have identified and any others?

The Equality Impact Assessment neglects some very basic problems.

The proposal to allow 17-year olds to undergo gender reassignment goes against the needs of young people to develop as members of their sex at a particular age. Following these proposals could lead the NHS open to litigation on grounds of sex and age discrimination.

We strongly agree that people with acute physical and mental health problems should not be referred for gender reassignment. However, we wish the NHS to cease to refer all patients who have been diagnosed with any kind of psychiatric problem for gender reassignment.

We do not believe that people with learning disabilities or communication difficulties should be referred for gender reassignment. Their difficulties may only be exacerbated as inevitably they would find it extremely difficult to play the part of a member of their chosen gender, and would also find it very difficult to communicate doubts or regret about gender reassignment. As such we are rather suspicious of the fact that this group of people have not been excluded from gender reassignment.

The paragraph on people with HIV is unclear, though it seems that this is one of the groups most favoured for gender reassignment. NHS England needs to explain to the public why this is, especially given that PrEP is currently supposed to be trialled on male-to-female transgenders who have sex with men. We call on NHS England to publish all information as to the HIV status of patients who have passed through Gender Clinics in England since 1982.

Individuals who abuse illegal drugs and alcohol should not undergo gender reassignment. Their addictions will not go away as a result of gender reassignment. Cross-sex hormones will also not deal properly with the dissociation from which drug users may suffer.

The Equality Impact Assessment assumes wrongly that the religious demographic profile of people accessing GIDS should be the same as for the last Census. As people who visit Gender Identity Clinics and/or identify as transgender appear to be younger than the population average, and as younger people are more likely to be non-religious, age would help explain the lack of religion of most patients. It is also relevant that the concept of 'gender identity' is in reality a

belief, not a fact. Christianity and other major world religions already have a belief about the non-physical part of the individual person, the soul (or the mind), which is that it is not in itself 'gendered'. Whilst fully acknowledging that Christians do develop problems regarding membership of their sex, we are aware that traditional Christian teaching about the goodness of the body along with this understanding of the soul is of great value to many who suffer in this area and can provide the path to healing and self-acceptance.

The Equality Impact Assessment statement that there are no equality impacts upon 'people' regarding pregnancy and maternity is completely unacceptable as it falsely implies that pregnant women and mothers, all of whom necessarily belong to the female sex, are merely 'pregnant people', which is dishonest, and opens the door to the false notion of 'pregnant men'. NHS England should cease to use such 'gender-neutral language'. Instead NHS England should return to record all data regarding pregnancy among females who have undergone any degree of gender reassignment according to genotypical sex, for the sake of data quality and data consistency.

Question 14.

Please describe any other options for prescribing arrangements for hormone treatment that should be considered

The NHS should cease to prescribe cross-sex hormones and instead concentrate upon treating patients' psychiatric and psychological problems in order to enable them to overcome the body and sex dysphoria that often underlies gender dysphoria.

Question 15.

Do you have any other comments about the proposals?

NHS England should exclude from gender reassignment all patients who have a criminal record, especially for sexual offences, including offences against minors and possession of child pornography, and violence against the person. It is completely unacceptable that men who have been convicted of rape, sexual assault and abuse against women and girls are then allowed to transition to live legally as 'women' and treated on the NHS at taxpayers' expense. NHS England needs to take a clear stance in principle and in practice against all of this, otherwise its reputation will suffer.