Time to Rethink the Medicalisation of Gender Questioning Children

Conference notes that:

i. The Independent Review of Gender Identity Services for Children and Young People (The Cass Review) was commissioned by NHS England in Autumn 2020 to consider the significant increase in referrals to the Gender Identity Development Service (GIDS) in England in the context of increased medical interventions by way of hormone drugs. Its Interim Report confirms failings in the current system. Key findings include:

a) "A lack of consensus and open discussion about the nature of gender dysphoria and therefore about the appropriate clinical response."
b) "Significant gaps in the research and evidence base."
c) A need to address "cultural issues within the service".

The Review also identifies:

d) Clinicians' concerns about the pressure to adopt an unquestioning "gender affirmative" approach that is at odds with their professional training;
e) Peer and social media influence on vulnerable children and young people;
f) Social transitioning, which it considers to be "not a neutral act" but an "active intervention" that may significantly affect the developing psychological functioning of the child or young person.

ii. The Review's findings have led to the pending closure of the GIDS and planned replacement with new regional services and a new model of care to be delivered by NHS England.
iii. The resulting NHS Interim Service Specification for the treatment of gender dysphoria in children, which sets out the standards and quality measures that clinical service providers must satisfy, states that, because of "uncertainties surrounding the use of hormone treatments [...], NHS England will only commission GnRHa [puberty blockers] in the context of a formal research protocol."
iv. Several European countries have distanced themselves from the "gender affirmative" (typically medicalising) model of care. France's National Academy of Medicine has cautioned against it, "given the vulnerability, particularly psychological, of this population and the many undesirable effects, and even serious complications, that some of the available therapies can cause." Sweden and Finland have ceased or discouraged the use of puberty blocking drugs in favour of a psychosocial and psychotherapeutic approach. Norway and Ireland are also reviewing their practices.

Conference further notes that legislation is proposed to ban "conversion practices" but that clinicians and others have expressed concerns that, while the proposals are laudable in their intentions, they pose a number of risks, notably that:

A) The threat or perceived risk of prosecution may inhibit clinicians from offering any psychosocial or therapeutic treatment other than the "gender affirmative" model as a response to gender distress in children, regardless of background history, other psychological symptoms and conditions and the child or young person's best interests;
B) Standard therapeutic practice such as exploratory therapy could be inadvertently criminalised, preventing vulnerable children and young people from accessing the care they need;
C) Lesbian, gay and bisexual people (especially young people) may be misdiagnosed as transgender, leading to the prescription of cross-sex hormone drugs and resulting in exactly the opposite outcome to that which the legislation seeks to achieve.

Conference believes that the treatment of vulnerable children and young people should be based on rigorous scientific and clinical study, and that the best interests of each individual should always be the paramount concern.

Conference calls for:

1) Protocols to ensure the continuing rapid development of a solid evidence base for the risks and benefits of puberty block drugs, starting with the interim NHS service specification;
2) Appropriate treatment, chosen from a range of options to address the needs of the individual patient based on holistic, multidisciplinary investigation of their mental health, neuro-developmental and personal, family and social background;
3) Any legislation on banning “conversion practices” in relation to gender identity to include robust protections for clinicians engaging in conventional, ethical psychotherapy, and protections for parents and teachers to be free to assist the children in their care to engage in healthy exploration of their identity as needed.