CULTURE, TOURISM, EUROPE AND EXTERNAL AFFAIRS COMMITTEE

CENSUS (AMENDMENT) (SCOTLAND) BILL

SUBMISSION FROM PROFESSOR RICHARD BYNG, PROFESSOR SUSAN BEWLEY, DR DAMIAN CLIFFORD AND DR MARGARET MCCARTNEY

GRA consultation: Uncertainty about the impact of removing medical input to the obtaining of a Gender Recognition Certificate

We are a group of clinicians who have been writing about some of the biological misunderstandings, unknowns and medical uncertainties that surround this debate. We welcome NHS England plans to improve health services for trans-questioning and gender dysphoric youth and adults. However, some of the underpinning medical issues are too important to risk major, and unpredictable, changes in the complex assessments and 'gatekeeping' roles without better information and consideration of possible unintended consequences. We have called for more research to improve the evidence-based medical debate.

Please find enclosed a summary of our concerns. We are happy for the submission to be published with this letter and our names.

Yours sincerely,

Richard Byng, GP and Professor in Primary Care Research, University of Plymouth.

Susan Bewley, Emeritus Professor of Obstetrics and Women's Health, Kings College London, and Chair of HealthWatch

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- The number of individuals requesting medical assistance for gender uncertainty or dysphoria is rising and the demographic trend is rapidly changing. This has traditionally been a very small specialist area, and most provision has been in the private sector. The provision of gender identity services in the NHS is set to change. (1)

- While they have been put together in the LGBT acronym, and there are some parallels, there are also major contrasts between sexual orientation and trans issues with respect to medicine.

- Despite heated, polarised debate on social media and elsewhere, there has been minimal discussion within healthcare and little medical input to public discourse. We are trying to address this absence in our work and hope others with healthcare backgrounds will join in. We believe larger, open, respectful conversation is necessary to find the right way forward.

- Some of the intentions behind the proposed changes to the Gender Recognition Act (GRA) are laudable: to reduce the stigma and inconvenience associated with 'transitioning'. Self-identification is considered by some the correct mechanism to achieve this, but there may be other means to the same end which are less likely to cause problems.

- We are concerned that not enough thought and preparation has been given to the medical consequences of change (e.g. we are unaware of any consultations with membership in our own three Royal Medical Colleges)

Medical input and uncertainties:

- A recent Memorandum of Understanding about Conversion Therapy (2) was signed by the Royal College of General Practitioners and psychology associations, but this was without consultation of members, and did not include the Royal College of Psychiatry as signatory. It suggests practitioners should affirm identity rather than explore options in a balanced way. Also the terms used are ambiguous.

- Recently we have published short letters regarding the need for better evidence (3,4). We have written an article about the medical uncertainties regarding the care of children, young people and adults, calling for research to be embedded within new NHS service. This is presently under consideration at the British Medical Journal (unpublished and thus not yet able to be shared). (5)

- Some people (including medical professionals) have become muddled because of the misuse of language, such as sex being ‘assigned’ at birth, rather than observed.

Biological sex is fixed, and is not changed by hormones or surgery, although external appearance changes.

- There is little supporting evidence for a genetic or anatomical brain basis for being born in the wrong body, yet this idea now has currency with the public, and it appears they believe it is medically endorsed.

- ‘De-pathologising’ of trans people by removing medical ‘gatekeeping’ will likely lead to more medicalisation; more people will continue on to request and undergo medical and surgical interventions as a result. A proportion of these will not benefit, some will regret and some will detransition.

- Self-identification could lead to a neglect of the proper, formal exploration of the wider reasons a person may want to transition; these are often unconscious and need time to emerge.

- Current clinical assessments provide some safeguard for identifying both those whose immediate request for transition is linked to underlying mental health problems or neurodevelopmental (eg autistic) traits.

- Self-identification, if its leads to the expectation for prescriptions of cross-sex hormones, or automatic agreement to surgery, might lead to harm for patients, and the undermining of medical professionalism if doctors are expected to prescribe / treat because of the existence of a GRA certificate.

- Rather than being dropped altogether, professional input could perhaps instead be improved, for example, to incorporate a holistic developmental assessment for adults, as with children’s and adolescent services. (1)

- If male-bodied people with intact external genitalia taking no (or only partial) cross-sex interventions are able to be legally female, there is a potential for a small subset to pose a risk to women and girls in all female spaces and women’s concerns deserve proper exploration.

- New guidance and regulations will be required in health settings. For example, would such legal but untransitioned females be accommodated in male, female or mixed sex wards, in general, psychiatric and special hospitals? Proper consultation with women’s groups, medical, nursing and midwifery bodies should inform any final legislation.

- As with all health service expenditure, there are opportunity costs. We believe usual standards of evidence should apply (based on the National Institute of Excellence in Health and Social Care) so that interventions improve mortality or quality of life. This analysis has not been done. The evidence base to do it does not appear to exist presently.

- Accurate statistics are vital to this endeavour. For the long term care of older transpeople on lifelong medications, data collection needs to be accurate. Statisticians should be consulted to inform how to manage those patients that are not defined in male

and female categories or who have changed legal sex. There is an urgent need for a comprehensive programme of research to be embedded to compare outcomes for different cohorts having different treatment approaches.

References

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2. Memorandum of Understanding 2017 https://www.psychotherapy.org.uk/wp-

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3. McCartney M. Medicine must do better on Gender, BMJ 2018; 360 doi:

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4. Byng R, Bewley S, Clifford D, McCartney M. Trans health needs more and better services: increasing capacity, expertise, and integration, BMJ rapid response

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5. Government Announces Plans to Reform Process of Changing Legal Gender

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