Specialised Gender Identity Services for Adults

This response is submitted by the Christian Medical Fellowship.

The Christian Medical Fellowship (CMF) was founded in 1949 and is an interdenominational organisation with over 4,500 British doctor members in all branches of medicine, and around 800 medical student members. We are the UK's largest faith-based group of health professionals. A registered charity, we are linked to about 80 similar national bodies in other countries throughout the world.

Questions for respondents

1. **It is proposed that in the 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 believe provision should be made for a separate service for adolescents, to serve the unique needs of this age group. Pre-pubertal children are clearly in a different category, and we believe there is a case to be made for seeing teenagers, who are navigating puberty, and young people into their early twenties, whose brains are not fully matured, as a separate, pre-adult category.

Evidence is growing that brain structure and function continues to develop and change well into a person's twenties. To be making life-shaping decisions about cross-sex hormone treatment and gender reassignment surgery before the impact of those changes is fully revealed would seem premature. For example, adolescence brings with it a disposition towards increased risk-taking behaviour in the presence of peers and a relative lack of the caution that comes with greater maturity.[1] If we listen to those working in the field of neurodevelopment and its impact on behaviour, we will discourage those with gender incongruence from taking largely irreversible decisions before their brains have fully matured. Better a temporary pause than a lifelong regret.

2. **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 Practice. To what extent do you support or oppose this proposal?**

We fully support this proposal.

3. **It is proposed that only a designated specialist Gender Identity Clinic will be able to refer an individual for genital reassignment surgery. To what extent do you support or oppose this proposal?**

We support this proposal but with this rider – that the specialist services at such clinics routinely include full mental health, emotional and social assessment by appropriately qualified professionals, including a psychiatrist. Gender dysphoria frequently co-exists with mental health conditions (mood disorders such as anxiety and depression, suicidality and autism)[2] with which it may be confused,

[1] Bruce G et al. The Effect of Passengers and Risk-Taking Friends on Risky Driving and Crashes/Near Crashes Among Novice Teenagers. *Journal of Adolescent Health* Volume 49, Issue 6, December 2011, Pages 587-593
[2] Zucker KJ et al. Gender Dysphoria in Adults. *Annu Rev Clin Psychol* 2016

and careful assessment is necessary. Other conditions such as depression must be treated before any decision to proceed with cross-sex hormone treatment or surgery is made.

4. **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?**

We support this proposal.

5. **We have assessed the equality and health inequality impacts of these proposals. Do you think our assessment is accurate?**

How will a specialist gender identity clinic respond to the individual who experiences gender dysphoria but who decides, following assessment, to resolve their identity dilemma in favour of their biological sex? What does health equality look like for that individual? Will NHS England's opposition to any form of therapy aimed at helping people be reconciled with their biological sex mean that such an individual is left without help?

6. **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?**

Under Cultural Awareness you mention concerns that transgender individuals may be placed on the wrong hospital wards. Alongside this valid concern are the equality rights of those who would be distressed by, for example, an evidently biological male being placed on the same (women's) ward. Reasonable accommodation principles might suggest a solution in the form of available side-rooms on wards so that the rights of all patients are equally respected and taken into account.

7. **Which option for future prescribing arrangements do you most prefer?**

We prefer Option A. It provides a short window of time between the decision to treat being taken at the Gender Identity Clinic (GIC) and the actual initiation of treatment, a helpful 'cooling off' period of reflection. Should the patient experience doubts about initiating treatment, then he is able to express them to someone other than the staff at GIC, someone with whom in most cases he will have had a longer relationship of trust.

We recognise that some doctors will, for reasons of conscience or professional judgement, be unable to prescribe cross-sex hormone treatment or be involved in gender reassignment surgery. Their freedom of conscience should be respected.

8. **Can you suggest any alternative prescribing arrangements?**

No. We think that the patient's own registered medical practitioner is the prescriber, if willing, best placed to supervise his/her care.