how i'd handle it!

James Tomlinson and Kevin Vaughan explain how they would tackle this complex situation

Mistaken gender identity

'I want a sex change.' John, a homosexual man in his forties, feels bad about himself. You have been treating his depression for nine months with antidepressants. Today he is armed with documentation outlining your primary care trust's sex change policy. This involves initial counselling, then referral to a specialist psychiatrist; subsequently, if appropriate, he may be referred for medical and surgical sex change treatment.

I'm surprised that the PCT has a sex change policy! I'd have a silent prayer, then ask some open-ended questions. 'OK, tell me more about why you think you need a sex change?' 'What do you expect from a "sex change"?' 'How do you see yourself: a man attracted to men or a woman in a man's body?' Finally, 'What are you hoping I could do for you today?' This would establish his agenda.

As a Christian doctor, this consultation would raise several issues. Is John's depression being effectively managed? What is the relationship between his depression and self esteem, his sexual orientation and identity? Are there sexual health matters that need addressing such as STI screening? How do I balance supporting John in his struggles and promoting his health whilst not facilitating his sin? My security and identity are rooted in my relationship with God (1 John 3:1). How do I sensitively communicate this?

Before attending surgery, John concluded that he needed a sex change. I would affirm his decision to see me and suggest that we address these issues at further consultations. I would suggest that many other people struggle with their identity and sexuality; sex change treatment may not help him. I would also explain that we have physical, social, psychological and spiritual aspects. Wholeness lies in addressing each of these.

I would defer referring John for counselling until I had considered my PCT's policy further. In any referral, I would mention that, on conscientious grounds, I could not assist him having a sex change. John's genetic status, primary and secondary sexual characteristics make his sex male. Gender is the social characteristics associated with one's biological sex. For John to be considered transsexual, his gender must more closely match that of a female. Sex change treatment would rid John of his sexual characteristics and help him live as a woman. Whilst appreciating his struggles, to participate in sex change treatment would be deceit. God created each of us in his image, male and female, and he doesn't make mistakes (Genesis 1:27).

James Tomlinson completed the VTS in 2004 and is a GP in West Bromwich

As I have been treating John's depression for some time, I would express my concern that he is uncomfortable with his sexuality. I would hope to explore his thinking over the past few months, his motivation for this request and his expectation of what treatment might involve. I would also consider his lifestyle and what he expects afterwards. I would ask how he views his body and what he wants to look like. It would be important to review his depression diagnosis and treatment effectiveness. Recognising that this is a very sensitive subject, I would be willing to refer him for specialist counselling.

However, at some point, I would have to explain my position to him. If the outcome of his counselling were a recommendation for sex change, I could not take responsibility for this myself. It would be against my conscience.

I believe God created us male and female and that no individual (even with the support of a 'specialist' panel) can choose later in life to change the God-given gender into which (s)he was born (Genesis 1:27). This issue has tremendous implications for society at large and the institution of marriage in particular. I would try to explain to John that I believe in a Creator. My understanding of the doctor's duty in treating his/her patients is to restore people to what God originally intended. In my view, giving sex change treatment goes beyond this remit.

Much would depend on how the conversation went. I would express my willingness to see John again about this and to continue his depression treatment. If, after counselling, John was still so uncomfortable with his identity and gender that he was determined to pursue treatment for sex change, I would clarify my legal position with the General Medical Council and my PCT. Then, if required, I would refer him on to another GP for his treatment. This would be a moment to reiterate my concern for John's welfare and to clarify my willingness to see him again for any other condition.

Kevin Vaughan has just left General Practice in Birmingham to take up the post of CMF Associate General Secretary

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Gender Recognition Bill

Transsexuals' identity documents (such as a passport) may be changed; their birth certificates, however, determine sex by chromosomal, gonadal and genital congruity and so cannot be altered.

But the Gender Recognition Bill proposes a Gender Recognition Panel to issue new birth certificates. Prerequisites will include a gender dysphoria diagnosis, two years of living as the acquired sex, the intention of continuing as such until death but not gender reassignment surgery.

Inevitably, marriage will have to be redefined and many other complex issues raised. This bill legalises institutionalised lying and punishes those who speak the truth.

The latest *CMF File*, Gender Identity Disorder, gives more information on this complex issue.

Do you agree or disagree? Do you have a scenario to discuss? Would you like to join our panel of GP contributors? Email rachael.pickering@cmf.org.uk