Response ID ANON-EUBY-Y6UD-W

Submitted to **Specialised Services clinical commissioning policies and service specification - 8th Wave**
Submitted on **2016-04-19 23:35:29**

About you

1 What is your name?

Name:
Rick Thomas

2 Who are you responding on behalf of?

Who are you responding on behalf of?:
Christian Medical Fellowship

3 What is your job title?

Job title:
Senior Researcher, Public Policy Dept

4 What is your email address?

Email:
Rick.Thomas@cmf.org.uk

Specialised Services clinical commissioning policies and service specifications

5 Would you like to comment on a service specification, or clinical commissioning policies?

Service specification

Service Specifications

6 Please indicate which service specification you would like to comment on:

Gender Identity Development Service (GIDS) for Children and Adolescents:

Service Specifications (continued)

7 Does the impact assessment fairly reflect the likely activity, budget and service impact?

No

If you selected 'No', please tell us what is inaccurate? :
Dr Polly Carmichael of the Tavistock clinic has described the rise in the number of teenage girls referred to the clinic over the past year as “phenomenal and unexpected.” Your assessment of a 20% rise over ten years looks very conservative.
Society is increasingly sexualised and pornography is epidemic. The pressure on young girls to achieve impossible body ideals is fuelling mental health problems, eating disorders, low self-esteem, depression and the undermining of “confidence in and comfort with one’s own body, leading to a host of negative emotional consequences, such as shame, anxiety, and even self-disgust,” according to the APA Task Force on the Sexualisation of Girls, published in 2007. (http://www.apa.org/pi/women/programs/girls/report-full.pdf)
Online trans forums encourage girls to interpret their body dysmorphia as gender dysphoria. The government's recommendation to increase the training of teachers in social transition, and to increase the number of transgender activists working in schools will inevitably lead to more and more children interpreting their non-conformity to sex stereotypes as proof that they are really the opposite sex. Add to this the spreading influence of political lobby groups, the use of social media by transgender activists and the proliferation of 'trans' support groups, and the likely referral rates to gender dysphoria clinics look set to rise significantly more steeply than your assessment predicts.

8 Does the document describe the key standards of care and quality standards you would expect for this service?

No

If you selected 'No', what is missing or should be amended?:
The document recognises that “a significant proportion of clients” have features of Autistic Spectrum Disorder (ASD), a much higher proportion than is found in the general population. No reason for this phenomenon is suggested and without further investigation into why this group is over-represented at gender clinics how can their suitability for cross-sex hormone treatment be assessed?
The document also suggests that young people are suitable to receive cross-sex hormones for their dysphoria provided “associated difficulties such as self-harm are not escalating". To what extent can an adolescent who is self-harming be described as “psychologically stable”? How can such an obviously disturbed young person be competent to consent to invasive treatments on a healthy body, especially treatments that carry irreversible, life-long effects including possible sterility?

9 Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed changes that we have described?

Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed changes that we have described?:
A gender reassignment pathway will not be the answer for children with ASD, psychological problems, depression, anxiety, self-harming or troubled backgrounds. Indeed, such treatment could prove a distraction and delay attention being given to more appropriate therapy.
According to the DSM-5, rates of persistence of gender dysphoria from childhood into adolescence or adulthood vary. In biological males, persistence has ranged from 2 to 30 percent. In biological females, persistence has ranged from 12 to 50 percent. (DSM-5. American Psychiatric Association, Diagnostic andStatistical Manual of Mental Disorders, 5th edn. Washington DC:American Psychiatric Publishing, 2013, 302.85:455). It's clear that, for the majority of gender-confused boys and girls, gender dysphoria desists over time as they enter adolescence. (Zucker KJ. Measurement of psychosexual differentiation. ArchSex Behav 2005;34(4):375-388.) Early introduction of puberty suppressants will mask these natural changes.
The Portman Clinic in London reported that 80 percent of children referred for gender dysphoria chose as adults to maintain a gender identity consistent with their birth sex (Spiegel A. Parents consider treatment to delay son's puberty.National Public Radio, 8 May 2008). Early intervention with cross-sex hormones will inevitably mean that a proportion of children whose dysphoria would have desisted naturally will receive needless treatment. Such interventions fail the ethical test: 'first do no harm'.
There are additional concerns with puberty suppression about brain development and bone growth. Although some children who suffer bone growth delay as a result of puberty suppression will subsequently have a growth spurt when cross-sex hormone treatment with testosterone is begun, the same cannot be said of those (natal males) who receive oestrogens. Permanent stunting of growth may result.

10 Are there any changes or additions you think need to be made to this document, and why?

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11 For Thoracic Surgery Specification

What are your views about the proposals to only commission services that perform at least 70 (rising to 150 over two years) primary lung cancer resections per year? :

Clinical Commissioning Policies

12 Please indicate which clinical commissioning policy you would like to commment on:

Prescribing of Cross-sex Hormones as part of the Gender Identity Development Service for Children and Adolescents (E03X16)

Final question

20 Before completing the survey you must declare any financial or other interests in any specialised services.

c:
None