news reviews

Backing a dangerous and unnecessary change

Royal College of General Practitioners support decriminalisation of abortion

Review by **Philippa Taylor**
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In February this year, the Royal College of General Practitioners (RCGP) announced their support for the decriminalisation of abortion.[1] This followed a consultation to which only 8.2% of their members responded – 4,429 of 53,724 members. 62% of those responding said they supported decriminalisation, which would entail removing the current laws on abortion and replacing them with various medical regulations.

The RCGP now joins the British Medical Association, Royal College of Obstetricians and Gynaecologists, Royal College of Nurses, Faculty of Sexual and Reproductive Health and Royal College of Midwives who have all proclaimed support for decriminalisation.

In a press release the RCGP state: '*This is about providing non-judgemental care to our patients so that women who face the difficult decision to proceed with an abortion are not disadvantaged by the legal system.*'[2] However, it is not evident that women in Great Britain are in any way being 'disadvantaged by the legal system' from having an abortion. With around 200,000 abortions per year taking place in England and Wales and just two convictions of women who have unlawfully procured miscarriages in the last ten years (each acting well after viability),[3] it is a false premise that women who seek abortions are living under the constant shadow of arrest. Maria Caulfield MP describes decriminalisation of abortion as '*...a response to a non-existent threat...*'[4]

Moreover, decriminalisation would remove some of the few protections and regulations in abortion law, fuelling unethical and unsafe practices. The CQC in 2016 found thousands of unsafe and unprofessional practices in abortion clinics.[5] It would also exacerbate the dangers posed by increased availability of abortion pills.[6] The general public has consistently said that abortion is too readily available.[7] It is also likely that removing current laws would impact the freedom of conscience for medical professionals, who do not consider abortion as being in the best interests of their patients.

It is very disappointing to see the RCGP has joined the abortion decriminalisation bandwagon, especially given that it seems to be the abortion industry and ideology, not evidence, driving the change.

references

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Children with gender dysphoria

Is it time to press pause on hormone 'treatments'?

Review by **Steve Fouch**
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When Marcus Evans quit his governorship of the Tavistock and Portman NHS Trust in February this year, it was over the 'climate of fear' and attempts to 'dismiss or undermine' concerns being raised by its own clinicians. While many of his claims are contested, an independent report backed up some of his concerns.[1]

The Tavistock Centre is one of only two clinics in England managing children presenting with gender dysphoria. In the last eight years, the number of children being referred has gone through an exponential increase from around 200 in 2011 to over 2,000 in 2017.[2]

One of the first stages of treatment is the use of so-called puberty blocking drugs, usually early in adolescence. However, the clinical evidence for both the efficacy, safety and long-term health impacts (physical and mental) for treatment with Gonadotrophin-releasing hormone agonists (GnRHa) is poor. Most studies have been small, lacked a control group and lost a significant number of patients to longer term follow up. A recent clinical summary in the *BMJ* concluded that 'The current evidence base does not support informed decision making and safe practice.'[3]

Blocking puberty seems to increase the desire to identify with the non-birth sex, while not intervening with GnRHa sees roughly 75% of those children presenting with gender dysphoria naturally resolving their gender identity back to birth sex, at or shortly after the onset of puberty. Meanwhile, interfering with normal puberty leads to sterility and may have adverse impacts on the maturation of the brain.[4]

Concerns are being raised about treating children who may not fully understand these life altering consequences. The 'profound scientific ignorance'[5] of the long-term impact of puberty blockers has given clinicians cause for concern, with many urging caution. However, as Evans' resignation letter suggests, pressure from activists and lobby groups may be influencing clinical practice more strongly that clinical evidence (or the lack thereof). At the same time, we have no clear reason why the massive increase in referrals for gender dysphoria has happened – another area in serious need of research.

For the sake of a very vulnerable group of children and adolescents, doctors should now press pause and take time to gather good quality evidence on the best way to support, treat and care for the physical and mental health of this emerging generation. Otherwise we may be storing up a mass of problems for the future, that few have even begun to consider.

references

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