news reviews

Changing gender

Fools rush in where angels fear to tread

Review by Peter Saunders CMF Chief Executive

he government has launched a public consultation, 1 on how to make it easier for transgender people in England and Wales to change their legal gender on their birth certificates. A similar consultation closed in Scotland in March, but has not vet reported.²

Currently, under the Gender Recognition Act 2004 people need to be over 18, have been diagnosed with gender dysphoria, have lived in their new gender identity for two years and have obtained a certificate from a gender recognition panel before being able, legally, to change their gender.

However, a highly controversial 2016 report³ by the Women and Equalities Committee of the House of Commons on Gender Equality, recommended reducing the age limit for hormone treatment and surgery to 16 and completely removing the process of gender recognition from its current medical and legal framework basing gender change on self-declaration alone.

A consultation scheduled for autumn 2017 was first postponed but appeared to lose momentum 4 after chief proponent Justine Greening, then Equalities

Minister, lost her cabinet post in a New Year reshuffle.

But the proposals have now reappeared under the watch of new Equalities Minister Penny Mordaunt and with the backing of Prime Minister Theresa May. May has said that she wants 'to see a process that is more streamlined and de-medicalised - because being trans should never be treated as an illness.'

The move is being justified by the results of the government's LGBT survey - the largest national survey of its kind, with over 108,000 participants - which showed that many trans people find the current process overly bureaucratic and expensive.

The key question behind these proposals is what gender dysphoria actually is. Is a 'trans woman' really a woman trapped in a man's body? Or is 'she' really just a man who has an unshakeable false belief that he is a woman? Is a biological male who has had female hormones and gender reassignment surgery really a woman, or is he just a feminised man?

As recently as 2013 this condition was called 'gender identity disorder'. 5 But it was renamed 'gender dysphoria' in the DSM-V and will be reclassified as 'gender incon-

gruence' in the ICD-11 in 2020, 6 the implication being that it is only to be considered a mental disorder if it causes deep distress. This change appears to have been ideologically driven rather than evidence-based.

As Tom Goodfellow has written in a letter to The Times, 'Gender transition, by its nature, is a medicalised process involving powerful drugs, hormones and ultimately extensive plastic surgery... So, the call for this process to be "de-medicalised" is clearly nonsense... Transgenderism is a complex issue and needs careful management. Simply legislating to allow individuals legally to self-identify will not meaningfully address any of the problems and could actually prove harmful.'

references

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Medics on the frontline

the last few years have

that medical services are

neutrals and not to be attacked by either

side. In Syria, as the civil war has headed

food and medical supplies to the most

more individual context, the killing of a

vulnerable have been selectively targeted by

forces trying to contain the insurgency.3 In a

Palestinian nurse Razan al-Najar in Gaza as

she sought to help the injured has generated

Medics are increasingly being targeted in war

vents in the Middle East over countries, and facing this sort of danger is nothing new. Those working in mission challenged the long-held belief hospitals in the Democratic Republic of Congo at the start of the civil war in the 90s are all too aware of how often Christian hospitals and health workers were brutally towards its climax, bombing of hospitals has targeted by rebel forces. However, the latest become alarmingly frequent. 1 In Yemen, a violence has been increasingly at the hands nation facing the worst humanitarian crisis in of government forces, some of them from the world today according to the UN, 2 ports supposedly democratic, westernised nations. and facilities being used to get essential aid, The reality is that in war, especially one

where a nation or a people perceive a real, existential threat, norms, conventions and niceties often get forgotten. We see human sinfulness at its most raw, particularly the willingness to sacrifice even deeply held values for the sake of security. A Christlike response in these situations is to continue to serve selflessly and to bear witness to the truth.

Review by Steve Fouch CMF Head of Communications

While we should protest against such flagrant disregard for the norms and international conventions that such attacks represent, we also need to pray for the many health workers, especially nationals, who do continue to offer the best care that they can in the face of such awful circumstances and threats to their own lives.

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Christian medics, nurses and other health professionals are often working in unstable

much anger around the world.4