

Closing the Tavistock GIDS a chance to improve gender identity services for children

Review by **Julie Maxwell**
a community paediatrician

At the end of July, it was announced that the Gender Identity Development Service (GIDS) at the Tavistock would be closing.¹ This was confirmed in August by Dr Hilary Cass in a post on the website of the Cass Review (the NHS England independent review into gender identity services for children and young people).²

In her interim report in February, Dr Cass stated that ‘a single specialist provider model is not a safe or viable long-term option in view of concerns about lack of peer review and the ability to respond to the increasing demand.’³

As far back as 2004, clinicians and parents were expressing increasing concerns about the quality of assessments, the push for unquestioning affirmation of a child’s gender identity, and the lack of safeguards.⁴

The proposed solution is to reinvent services for children and young people questioning their gender and relocate them to regional services, resulting in ‘improved access to services with flexible pathways that better respond to [children’s] individual needs’.⁵

A group of clinicians welcomed the news: ‘We support her [Dr Cass] view that the services should have established academic and education functions to ensure that ongoing research and training is embedded within the service delivery model’.⁶

Mermaids also greeted the news positively ‘England’s gender health services are set to expand, and those who are currently GIDS patients or on the waiting lists will transfer to the new service without additional delays’.⁷

Exactly what services will look like in the future is not yet apparent, but recommendations from the Cass Review are clear that ‘Children and young people with gender incongruence or dysphoria must receive the same standards of clinical care, assessment and treatment as every other child or young person accessing health services’.⁸

Cass is clear that we must move away from the situation where primary and secondary care staff ‘feel under pressure to adopt an unquestioning affirmative approach and that this is at odds with the standard process of clinical assessment and diagnosis that they have been trained to undertake in all other

clinical encounters.’⁹ Clinicians are also urging the government to address the situation in schools: ‘We would strongly advise the government to look closely at materials that are being taught in school by Stonewall, Mermaids, Gendered Intelligence, and many other groups, who teach children gender identity theory as if it is fact. Until this is addressed young people will be at increased risk of interpreting their difficulties as proof they are ‘trans’.’¹⁰

references (accessed 15/9/2022)

1. Gregory A. NHS to close Tavistock gender identity clinic for children. *The Guardian*. 28 July 2022. bit.ly/3RPBRLI
2. Cass H. *The Cass Review: Interim report*. February 2022. bit.ly/3QP8uay
3. Cass H. February 2022
4. Bartosch J. Why I was right to blow the whistle on the Tavistock Clinic over puberty blockers. *The Telegraph*. 5 December 2020. bit.ly/3BENHIQ
5. Cass H. Entry 8 - Beyond the Headlines. *The Cass Review*. 18 August 2022. bit.ly/3Drzeeh
6. Clinical Advisory Network on Sex and Gender (CAN-SG) Official statement in response to the closure of GIDS. 28 July 2022. bit.ly/3LnRxDe
7. Tavistock closure: your questions answered. *Mermaids*. 29 July 2022. bit.ly/3qYwsG9
8. Cass H. February 2022
9. Cass H. February 2022
10. CAN-SG. 28 July 2022

WMA temporarily misplaces its conscience but is reminded of it by responses to consultation

Review by **Mark Pickering**
CMF Chief Executive

The World Medical Association (WMA) is close to the end of a lengthy revision process of its International Code of Medical Ethics (ICoME). Originating in 1949 as a companion to its Declaration of Geneva, the ICoME has undergone various revisions.¹

Concern arose in 2021 when the draft revision included the phrase: ‘Conscientious objection must only be considered if...undelayed continuity of care is ensured through effective and timely referral to another qualified physician.’ Such ‘effective referral’ requirements have caused considerable problems in jurisdictions such as Canada, where some physicians who object to involvement in euthanasia and refuse to refer to a willing colleague have been forced out of practice.²

CMF responded to the 2021 consultation,³ as did numerous other ICMDA⁴ member movements. A slightly improved draft went to a dedicated conference in Indonesia in July. There, experts and members of the WMA working group debated for and against various

options.⁵ Thankfully, a better draft has emerged. This was further honed at another WMA meeting in Washington, USA, in August 2022.⁶ Excellent coordinated action by allies, including ICMDA member movements in the USA and Canada, as well as the Anscombe Bioethics Centre⁷ – was instrumental in ensuring that this improved draft emerged.

The final step in the process will be a ratification meeting in Berlin in early October 2022. The current draft of the section reads:

‘This Code represents the physician’s ethical duties. However, on some issues there are profound moral dilemmas concerning which physicians and patients may hold deeply considered but conflicting conscientious beliefs...Physician conscientious objection to provision of any lawful medical interventions may only be exercised if the individual patient is not harmed or discriminated against and if the patient’s health is not endangered.

The physician must immediately and respectfully inform the patient of this objection and of the patient’s right to consult another qualified

physician and provide sufficient information to enable the patient to initiate such a consultation in a timely manner.’

This represents a much more balanced approach. We should be encouraged to see how wide consultation by the WMA, and sustained engagement by partner organisations, has produced an improvement. It also reminds us that ‘the price of liberty is eternal vigilance’.⁸

references (accessed 21/9/2022)

1. Public consultation on a draft revised version of the International Code of Medical Ethics – WMA. April 2021. bit.ly/3dAInVR
2. Spiegel L et al. Canada: Court Affirms Physician Requirements To Provide Effective Referrals For MAID – *mondaq.com*. 15 May 2018. bit.ly/3BwH8As
3. Submission to World Medical Association Public Consultation on a draft revised version of the International Code of Medical Ethics. *CMF*. 4 June 2021. cmf.li/3xltqcF
4. International Christian Medical and Dental Associations. icmda.net
5. WMA Meeting – ICoME 2022. bit.ly/3LxpqkP
6. Cook M. World Medical Association protects conscientious objection by rejecting mandatory referral – *BioEdge*. 15 August 2022. bit.ly/3qTpa6f
7. Open Letter to the World Medical Association on Conscientious Objection. *Anscombe Bioethics*. bit.ly/3qSQxxl
8. thepriceofliberty.org/2019/10/15/eternal-vigilance