

'Puberty blockers' for transgender children High Court rules they are 'innovative and experimental' treatments

Review by **Jennie Pollock**
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In December, the High Court ruled against The Tavistock and Portman NHS Foundation Trust, finding that puberty blockers and cross-sex hormones are 'innovative and experimental' treatments, to which it is unlikely that young people would be able to give informed consent.¹ An appeal will be heard later this year.

Then in January, the Care Quality Commission (CQC) released its inspection report in which it rated the GIDS (Gender Identity Development Service)² 'Inadequate' (CQC's lowest rating). The service's safety, effectiveness and responsiveness to people's needs were all criticised in the report, as was its leadership. Criticisms include: 'Staff did not develop holistic care plans for young people'; before January 2020, 'Staff had not consistently recorded the competency, capacity and consent of patients'; and 'Some [staff] said

*they felt unable to raise concerns without fear of retribution.'*³

The GIDS Executive leadership team has been disbanded already,⁴ and the Tavistock is bringing in 'senior clinical and operational expertise from outside the service'⁵ to help them make the necessary changes.

On 2 February, the results of the GIDS's research into the effects of puberty blockers on teenagers were finally published.⁶ The study revealed that puberty blockers 'stunted the height and impaired the bone mass density' of participants, and 'brought no improvement in psychological function, quality of life or gender dysphoria.'⁷ All but one of the 44 participants' elected to start cross-sex hormones' at the end of the study.⁸

The Cass Review⁹ into the use of puberty blockers and cross-sex hormones in children and young people is ongoing, but it seems likely that it will be similarly critical.

Hopefully, better support and outcomes for children struggling with their gender are on the way.

references (accessed 9 February 2021)

1. Bell v Tavistock [2020] EWHC 3274 (Admin). [bit.ly/3cWpEmf](https://www.bailii.org/uk/other/tandem/e/cases/ewhc/cases/ewhc_3274.html)
2. [gids.nhs.uk](https://www.gids.nhs.uk)
3. Care Quality Commission. Inspection report. 20 January 2021. [bit.ly/3aRN6Pf](https://www.cqc.org.uk/public/inspections/2021/gids)
4. Big shake-up at the Tavistock after Care Quality Commission inspection rates the GIDS 'inadequate'. *Transgender Trend*. 27 January 2021. [bit.ly/20h57P7](https://www.transgendertrend.com/news/big-shake-up-at-the-tavistock-after-care-quality-commission-inspection-rates-the-gids-inadequate/)
5. The Tavistock and Portman NHS Foundation Trust. Statement in response to the January 2021 CQC report on GIDS. 20 January 2021. [bit.ly/3jJOSBr](https://www.tavistockandportman.nhs.uk/media/1234567890)
6. Carmichael P et al. Short-term outcomes of pubertal suppression in a selected cohort of 12- to 15-year-old young people with persistent gender dysphoria in the UK. *PLoS ONE*. 2 February 2021. doi.org/10.1371/journal.pone.0243894
7. Bannerman L. Puberty blockers 'stunt bone growth of children'. *The Times*. 3 February 2021. [bit.ly/3q7QITt](https://www.thetimes.co.uk/article/puberty-blockers-stunt-bone-growth-of-children)
8. Carmichael P et al. Outcomes of pubertal suppression. *PLoS ONE*. 2 February 2021. doi.org/10.1371/journal.pone.0243894
9. NHS announces independent review into gender identity services for children and young people. *NHS England*. 22 September 2020. [bit.ly/3d38PWO](https://www.nhs.uk/news/2020/09/22-nhs-independent-review-gender-identity-services/)

Opting out of organ donation The effect on minorities

Review by **Ruth Butlin**, a retired medical missionary & member of the *Triple Helix* committee

Under a law that became effective in May 2020,¹ all adults in England are considered to have agreed to post-mortem organ donation after their death unless (a) they have actively opted out or (b) they are in an excluded group. This change had been under consideration for many years. The Chief Medical Officer in 2006² proposed amending legislation to create an opt-out system with proper safeguards and a good public information programme. CMF has considered the issue from a wide range of ethical and biblical perspectives over the years.^{3,4,5}

In reality, presumed consent equals no consent unless there is an effective, diverse, extensive, sustained, and comprehensive public information programme. Such a campaign would need to capture the entire adult population, including those on the margins of society who might, because of disability, illiteracy, internet access, linguistic or cultural problems, be less likely to receive, digest or act on the information.^{3,4}

Within the first four months of the law coming into effect, of the two per cent of the population (1.7 million people) who had already opted-out, those from ethnic

minorities numbered 1.47 million. 47 per cent of these were Asian, and 14 per cent were black (compared with 7.5 per cent and 3.3 per cent, respectively, in the general population).⁶ Taking into account the fact that 32 per cent of patients on the waiting lists for transplant are Black or Asian and that someone from a similar ethnic background is more likely to be a good tissue type match,⁷ this suggests there will be a much lower chance of someone from either of these groups receiving a timely transplant compared with an ethnically 'white British' patient.

Religious as well as other cultural factors may be at play. The authorities have offered leaflets and short videos in various languages, explaining the transplant system in England, including some religious aspects.^{1,8,9} However, the coverage is by no means comprehensive. For example, the Christian leaflet is only available in Polish or English. Not all have been updated with the legal changes of May 2020. The soundtracks of 'other language videos' are spoken in English, so one must be able to read the subtitles to benefit from the translation. It may well be that people from ethnic minorities chose to opt-out without having

first understood the issues at stake. It is also quite possible that many would wish to do so fail to opt-out because they do not yet know about the new legislation.

To be morally acceptable, the opt-out system must be accompanied by a long-sustained, more extensive, more prominent publicity campaign, with both oral & written communications in many languages reaching people on the margins of British society.

references (accessed 8 February 2021)

1. Organ donation law fact sheet. NHS, 1 May, 2020. [bit.ly/3jyS2T](https://www.nhs.uk/medicines/organ-donation-law-fact-sheet/)
2. *On the state of the public health*. Annual report of the Chief Medical Officer, 2006. [bit.ly/2LuFNnK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224442)
3. Rigg K. Organ transplantation. *CMF File* 36, 2008. [cmf.li/3a0i5cB](https://www.cmf.org.uk/36)
4. Taylor P. Presumed consent to organ donation. *CMF File* 67, 2018. [cmf.li/3p36FJj](https://www.cmf.org.uk/67)
5. Saunders P. Opt-out for organ donation? Not as straightforward as claimed. news review, *Triple Helix*, Autumn 2017. [cmf.li/2maMCOP](https://www.triplehelix.org.uk/news-reviews/2017/10/17/opt-out-for-organ-donation-not-as-straightforward-as-claimed/)
6. Burgess K. Minorities more likely to opt-out of organ donation. *The Times*, 11 September 2020. [bit.ly/3oXTnha](https://www.thetimes.co.uk/article/minorities-more-likely-to-opt-out-of-organ-donation)
7. NHS Blood and Transplant, [nhsbt.nhs.uk](https://www.nhs.uk)
8. A Christian perspective on organ donation. *NHS Blood and Transplant*. 2020. [bit.ly/3a42Sqv](https://www.nhs.uk/healthcare/organ-donation)
9. An Islamic perspective on organ donation. *NHS Blood and Transplant*. 2012. [bit.ly/3q3pQ6Z](https://www.nhs.uk/healthcare/organ-donation)
10. HTA public guide to Code of Practice F: *Donation of solid organs and tissue for transplantation* Updated 2020. [bit.ly/3p5Jr5j](https://www.hta.gov.uk/public-guides/code-of-practice-f)