Hospital’s trans guidelines ‘not at all cautious’

By Bernard Lane

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World-first Australian guidelines for potentially risky treatment of young people distressed about their birth sex appear “not at all cautious”, says inter­national expert Michael Bailey.

The 2018 “Australian standards” issued by Melbourne’s Royal Children’s Hospital gender clinic have been hailed by the Andrews government as “the most stringent safety standards” for children and adolescents, as well as “the world’s most progressive”.

Yet the RCH standards, published as a peer-reviewed paper in the Medical Journal of Australia and praised by The Lancet, make no mention of a 2015 Dutch study showing a worrying level of medical uncertainty and polar disagreement among 36 gender clinicians in 10 countries.

This study stresses a lack of consensus on the safety, ethics and benefit of the global trend to give puberty-blocker drugs to ever younger patients on the grounds that putting puberty on hold buys time for them to sort out identity and reduces suicide risk.

The paper highlights seven areas of disagreement, including the cause of gender dysphoria (or repulsion from biological sex), consent, infertility, the risks to brain development of interrupting puberty, and whether gender dysphoria is a mental illness or just normal gender variation pathologised by culture-driven treatment.

“(Adolescent girls) are living in their rooms, on the internet during night-time, and thinking about this (gender dysphoria),” one psychiatrist told the Dutch researchers. “Then they come to the clinic and they are convinced that this (gender dysphoria) explains all their problems and now they have to be made a boy.”

A recent surge in teenage girls suddenly self-declaring as trans, sometimes after mental health problems and awkward same-sex attraction, is worrying experts because it looks different from classic gender dysphoria beginning as early as three years of age and often affecting boys. The Dutch study calls for systematic long-term multi-clinic research, without which there will be “no consensus on treatment”.

The RCH standards invoke “clinician consensus” and “increasing evidence” for “gender ­affirming care”, flag the need for more research but warn that withholding treatment is not “a neutral option” and may increase suicide risk. The document “seems not at all cautious but clearly encourages transition”, said Dr Bailey, professor of psychology at Northwestern University in the US and author of the book The Man Who Would Be Queen: The Science of Gender-Bending and Transsexualism.

International concern for the young is creating an unlikely de facto alliance of former gender clinic staff, researchers, lesbian feminist philosophers, Christians, dissident Greens party members, parents’ groups and young adult “detransitioners” who regret their gender change.

They say overconfident “affirmation” means clinicians uncritically embrace declarations of gender change, and put the young on the path to medical treatment, rather than first exhausting safe methods such as counselling to probe mental health and other non-gender issues.

In Australia, the RCH clinic directed by paediatrician Michelle Telfer is seen as the “affirmation” pacesetter but it has refused to comment since The Weekend Australian reported three weeks ago that clinicians and researchers had alerted Health Minister Greg Hunt to this global debate. In July, Dr Telfer said the standards’ endorsement by The Lancet was “very validating”, given sections of medicine were “very conservative”.