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**Draft Good Practice Guidelines for the Assessment and Treatment of Gender Dysphoria**

Dear Candace,

LGBT Youth Scotland welcomes the opportunity to comment on the Royal College of Psychiatrists' Draft Good Practice Guidelines for the Assessment and Treatment of Gender Dysphoria.

We would like to comment on three areas of concern to our organisation. These are firstly, the principles and assumptions underlying the draft guidelines; secondly, the relationship between the transgender person at the centre of the process and the clinician; and thirdly, on the specific issues arising for transgender young people.

**Principles**

We have noted the clinical and somewhat 'sterile' language that the document uses throughout. This only compounds the impression that some of the contents presents being transgender as an illness, disorder or defect. The guidelines' description of psychotherapy as 'essential' for trans people seeking treatment only contributes to this impression. The last thing that a guidance document for the assessment and treatment of gender dysphoria should do is to pathologise trans identities.

Some aspects of the draft guidelines are very problematic because they disempower trans people. The requirement to obtain two psychological or psychiatric opinions before getting surgery that non-trans people can get

without any such 'expert' opinions implies that trans people are less capable to make decisions about their own medical treatment. This is very worrying indeed and likely to be illegal following the introduction of new anti-discrimination legislation that offers protection against discrimination on grounds of gender in the provision of goods, facilities and services. This legislation is expected to be introduced in October.

The draft guidance operates on the basis of rigid categories of gender dysphoria and the strong emphasis on surgery reinforces existing hierarchies of different forms of gender dysphoria, with transsexualism at the top. This hierarchy leaves no space for grey areas and simply does not accommodate any trans person whose experience of gender dysphoria does not fit into the narrow confines of the gender binary.

### **The Role of the Clinician**

We accept that for trans people who seek treatment for any form of gender dysphoria clinicians play an important role. However, the conceptualisation of the role of the clinician in the draft guidance is problematic because it would cement an imbalance of power that puts the clinician into the centre and not the trans person whose agency is effectively taken away in a range of critical decisions.

The draft guidelines' requirements for a 12-24 month real life experience (RLE) seems overly rigid, particularly because there is no clinical evidence for and causal relationship between the length of the RLE and a positive outcome for the trans person.

The draft guidelines' methods to assess the 'quality of the RLE' give rise to a number of questions. Again, the language used seems to insist to fit the person into the confines of the gender binary. Further, it requires the patient to 'consolidate their gender role in areas such as employment, voluntary work, education and training or some other stable social and domestic lifestyle'. We have great difficulty to understand why a set of clinical guidelines would make the availability of treatment to a person dependent on their lifestyle, including their employment situation, which may be precarious for many trans people due to discrimination and harassment on grounds of transgender status.

Along with other 'tests' that are included in the guidelines and relate among other issues to the patient's 'childhood gender-typed behaviours', the assessment of the 'quality of the RLE' will determine the clinician's decision as to whether a trans person is suitably gender dysphoric to receive treatment. We would argue that this is likely to lead to a dangerous relationship between the patient and the clinician as the patient may not feel able to express feelings that they think might not conform to the expectations and assessment criteria of the clinician. A patient-clinician relationship along these lines could put the patient at risk and do more harm than good.

We would suggest an alternative type of relationship between trans person and clinician, based on the clinician's respect for the patient's expertise of

their own feelings, wishes and aspirations and respect for the patient's identity and agency. In such a relationship the clinician acts as a conduit of medical knowledge and, crucially, as the patient's partner and facilitator of the patient's rational, well-informed, stabilised and realistic decision on what treatment they wish to receive.

## Young People

The draft guidelines do not take account of the legal situation of children and young people in Scotland. Under section 1 of the Age of Legal Capacity (Scotland) Act 1991 young people in Scotland attain legal capacity at 16. Section 2 (4) states explicitly that this extends to the capacity to consent to medical treatment, and adds that

'[a] person under the age of 16 years shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure or treatment.'

The age boundaries that the guidelines suggest therefore have no basis in Scots Law. However, particularly in relation to trans young people there may be a strong case for the clinician's professional judgment to play a key role in the process rather than to rely only on the law of legal capacity to determine what treatment, if any, a trans young person should receive.

Some of the language used in the guidelines' section on young people is not helpful. The document suggests that each case involving a young person should be judged on its own merits but at the same time it states that it is 'highly unlikely' that a clinician would sanction wholly irreversible treatment for a young person under the age of 18. Apart from the legal situation in Scotland referred to above, there are many strong reasons to retract from such language and instead make positive statements in favour of certain types of treatment for young people including those who are under 16 years of age, where the diagnosis is sufficiently clear.

The guidelines should take a harm reduction approach to the assessment and treatment of young people with gender dysphoria. For a young trans person growing up a wrong gender can be a traumatic experience. Incidence of self-harm and suicidal ideation are overwhelmingly high<sup>1</sup>. There are treatment options available to make adolescence a much more positive experience for trans young people, and such options, e.g. hormone treatment should be encouraged where the diagnosis of gender dysphoria is sufficiently clear. In many cases this will improve the young person's wellbeing and life chances. In some cases there may simply not be an alternative to treatment to ensure that the trans young person reaches the age of legal capacity.

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<sup>1</sup> See among others, Carolan et al. (2003), *shOUT: The Needs of Young People in Northern Ireland Who Identify As Lesbian, Gay, Bisexual or Transgender* (Belfast, Youthnet Northern Ireland).

I hope that the Royal College of Psychiatrists finds our comments useful. We would like to commend the views of community organisations such as the LGBT Centre for Health and Wellbeing (particularly its Transgender Reference Group), the NHS Inclusion Project and Press for Change.

Please do feel free to contact me if I can be of any further assistance. I have enclosed my contact details and a brief on LGBT Youth Scotland's work.

Kind regards,

Nico Juetten

## About LGBT Youth Scotland

LGBT Youth Scotland is a charity working towards a Scotland in which every lesbian, gay, bisexual and transgender (LGBT) young person is included in society, can grow up happy and healthy, enjoys a safe and supportive upbringing, and is able to reach their full potential.

LGBT Youth Scotland provides a range of services and opportunities for young people, families and professionals, which aim to increase awareness and confidence, and reduce isolation and discrimination.

LGBT Youth Scotland works towards this vision by mainstreaming LGBT equality into generic services, and through the provision of specialist services directly to young people. Direct youth work including youth groups, volunteering and outreach are key aspects of the organisation's activity as are policy, research and training work.

### Contact



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