

## Comments on Good Practice Guidelines for Treatment of Gender Dysphoria

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| Doc Ref.       | Comment  |
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| 2.2            | No comment except to say this is a welcome statement   |
| 10             | Waiting times for gender dysphoria services should be absolutely comparable with those for other NHS services which are related to quality of life rather than life threatening conditions. E.g. hip replacement   |
| 11.4           | This section and the document in general seem to fit a standard model i.e. referral, hormones and RLE then surgery. There seems to be little acknowledgement that many patients will require other assistance. Some people may need assistance to resolve their gender identity issues without recourse to surgery or even transition.   |
| 11.4,5,6       | Numbering incorrect  |
| 12             | No clarity as to what services can be offered to anyone under 18. E.g. can they attend a GIC, receive hormones etc. 12.3 talks about a young person moving onto adult services. What services will they be receiving prior to that?  |
| 17.1           | Why is psychotherapy considered an essential intervention? Many trans people (myself included) transition and go through all stages of treatment quite happily without psychotherapy. Some people may well benefit from psychotherapy but it should be decided by need.  |
| 19.3           | It is an unfortunate fact of life that trans people going through the real life experience, have difficulties in employment. Many studies have shown that. They may well experience social and domestic difficulties as relationships break up as during transition. It would seem very inequitable if this has a negative bearing on their treatment and progress. Other medical treatment is not generally decided on such a basis.  |
| 20             | The requirement for second opinions is extended to procedures that are not specific to gender reassignment, for example breast augmentation. This seems discriminatory and may be in breach of proposed legislation outlawing discrimination in the provision of goods and services. In my own case for example, why should I as a trans woman who transitioned 6 years ago, had GRS 4 years ago, received my GRC 18months ago, have to satisfy any more requirements to receive breast augmentation than any other woman? |
| 23             | Hair removal for trans women is generally not included in treatment offered at GICs. This should change as it can be very important for a good outcome during RLE.   |
| Whole Document | Despite comments above I generally welcome the document and if translated into practice will improve the provision of services for trans people.   |
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