

BRIEFING

“Changing Gender”- Exposing Medical Harms and Risks

What do the authorities say?

The official positions of the NHS and Royal College of General Practitioners are set out below, alongside Government Guidance, designed to protect children from irreversible medical interventions. Further reference is made to comments from Lord Winston, medical doctor and a leading figure in the area of IVF medicine, and obstetrics and gynaecology.

The style and frequency of media coverage of transgender issues often leaves the misleading impression that medical transition is safe. In citing a variety of medical authorities and their appeals to medical science and evidence, Voice for Justice UK hopes to expose the dangerous myths and misinformation surrounding this often glamorised, heated topic, and, to provide accurate information from professional sources.

NHS¹

On its webpage for gender dysphoria, the NHS provides information connected to children and teenagers who have this condition, and the treatments that could be provided. Gender dysphoria is when a person experiences a disharmony, sometimes referred to as a ‘mismatch’ between their biological sex and their perceived gender.

Under 18s with gender dysphoria can be referred to the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Clinic.²

Puberty blockers in children and young people

The NHS claims there are “strict criteria” applied to children, thought to have “lasting signs of gender dysphoria”, when they may be referred to a consultant endocrinologist (hormone specialist). They receive an eligibility assessment for the administering of hormone blockers. These are special drugs that ‘switch off’ puberty, so that its development is delayed.

Unknown risks

The NHS warns: “Little is known about the long-term side effects of hormone or puberty blockers in children with gender dysphoria.” The NHS reminds parents whose children are in receipt of this treatment that while it is a “physically reversible treatment if stopped, it is not known what the psychological effects may be.”

Developmental risks

On childhood brain and bone development, further red flags are issued by the NHS: “It's also not known whether hormone blockers affect the development of the teenage brain or children's bones. Side effects may also include hot flushes, fatigue and mood alterations.”³

Irreversible changes

Hormone blockers cause “some irreversible changes”.⁴ These include: the development of breasts (when oestrogen is administered) or the breaking or deepening of the voice (when testosterone is taken). “Long-term cross-sex hormone treatment may cause temporary or even permanent infertility.

Review of evidence

The NHS in England is currently reviewing evidence on use of cross-sex hormones by GIDS.⁵

Risks or side effects

The NHS says: “There is some uncertainty about the risks of long-term cross-sex hormone treatment. The clinic will discuss these with you and the importance of regular monitoring blood tests with your GP.”

Following this admission of doubt in the safety of this treatment, the NHS lists what it describes as the most common risks or side effects, including: blood clots, gallstones, weight gain, acne, abnormal levels of fat in the blood (dyslipidaemia), elevated liver enzymes, high concentration of red blood cells (polycythaemia) and hair loss or balding (androgenic alopecia).

Consistent public health and child protection

The government invests large sums into research in obesity issues, including educational messages about its health impact on children, and the long-term effects. Likewise, public money is routinely invested into the dangers of narcotics, alcohol abuse and smoking cigarettes. Consumption of alcohol for under 18s is strictly regulated by law, while the purchase of cigarettes is prohibited for under 18s. These are rightly considered as public health matters, whose medical impact can affect people from conception into adulthood.

Charitable organisations in receipt of public funds, and with access to schools, would have their charitable status rescinded, if their work involved endorsement and promotion of ideas and practices that had serious public health repercussions.

Yet, political organisations like Stonewall⁶ and Mermaids,⁷ are just some of these bodies, driven not by rational science and evidence-based health concerns, but by zealous ideology. When countered by challenging health evidence from critics, their default response is to shame their opponents with character slurs of ‘transphobia’. One interesting example is from the newly formed *LGB Alliance*,⁸ a lesbian, gay and bisexual advocacy group who rejects the wholesale ideology of transgenderism, believing that “biological sex is observed in the womb and/or at birth and not assigned.”⁹

On the subject of protecting children from “ideologies” they see as “confusing and dangerous”,¹⁰ they state:

“We believe it’s wrong for children to be labelled masculine or feminine on the basis of clothing or play/activity preferences and in some cases to be led to believe that they might be ‘trapped in the wrong body.’ These rigid gender definitions are deeply regressive and could possibly encourage body dysphoria. The numbers of children, particularly girls, seeking help has increased at an alarming rate. We believe that this is related to the rise of pseudoscience and increased misinformation about basic biology...Too many young people are being prescribed powerful, experimental drugs that may have a long-term impact on their physical and mental well-being, which can also result in sterility. They may decide to undergo surgery that cannot be reversed.”¹¹

Risks of infertility

“Long-term cross-sex hormone treatment may also lead, eventually, to infertility, even if treatment is stopped.”¹²

It is subsequently explained that GPs can offer advice about storage of gametes for future use. It is said that gamete storage can sometimes be available on the NHS. Readers are then signposted to information on fertility preservation provided by the Human Fertilisation and Embryology Authority website.

Surgery & health warnings

While gender reassignment surgery is illegal for under 18s,¹³ the Government has unhelpfully conveyed some doubt on this issue, when it issued a [Government Response to a Voice for Justice UK petition](#) that called for a ban of all medical interventions for under 18s in gender transitioning treatment.¹⁴

For women who become trans men, and who go on to have gender reassignment surgery, a mastectomy is performed with a “chest reconstruction”. For trans men, surgery can also include the construction of a penis and scrotum, together with testicular implants. Candidates

for the surgical route may also have a hysterectomy, and the removal of both ovaries and fallopian tube.

For trans women (born male), surgery can include removal of the penis and testes, followed by the construction of a vagina, vulva and clitoris. The NHS webpage makes clear that the NHS does not make routinely available facial reconstruction surgery and hair transplants.

A health warning is issued: “As with all surgical procedures there can be complications. Your surgeon should discuss the risks and limitations of surgery with you before you consent to the procedure.”¹⁵

Regardless of whether someone only chooses hormone therapy or combines it with surgery, lifelong medication and monitoring is required by a GP.

Royal College of General Practitioners¹⁶

Treatments lack evidence

The Royal College of General Practitioners (RCGP) observes: “The significant lack of evidence for treatments and interventions which may be offered to people with dysphoria is a major issue facing this area of healthcare.”¹⁷

The RCGP assessment of the lack of evidence in support of medical treatments and interventions should serve as a warning to parents, educators and healthcare leaders that there is not the relevant evidential support that might otherwise give this field a scientific footing.

Irreversible effects

The administering of cross-sex hormones carries effects that “can be irreversible.”¹⁸

The irreversibility of hormone treatment renders this course of action for under 18s all the more dangerous.

Lack of science

“There is a significant lack of robust, comprehensive evidence around the outcomes, side effects and unintended consequences of such treatments for people with gender dysphoria, particularly children and young people...”¹⁹

A child who is given puberty blockers is thus being placed on a potential pathway for future gender reassignment surgery. It is the first step in medical interventions for pre-pubescent children. By ‘potential pathway’, we refer to the sequence of possible steps that may begin

with the administering of puberty blockers, followed by cross-sex hormones, with the final stage of medical transition involving gender reassignment surgery. We should note that this full sequence of steps is not chosen by all who legally transition. It is not a legal requirement to have gender reassignment surgery to receive a gender recognition certificate.²⁰ People who “live” as the opposite sex for a minimum of two years, sometimes known as ‘social transition’, need not, therefore, undergo all the actual medical steps of gender reassignment, to be legally recognised as the reassigned gender.

Research must be independent

“The promotion and funding of independent research into the effects of various forms of interventions (including ‘wait and see’ policies) for gender dysphoria is urgently needed, to ensure there is a robust evidence base, which GPs and other healthcare professionals can rely upon when advising patients and their families. There are currently significant gaps in evidence for nearly all aspects of clinical management of gender dysphoria in youth. Urgent investment in research on the impacts of treatments for children and young people is needed.”

When the RCGP recommends the need for “independent research”, it appears to highlight their concerns of political and ideological pressure from activists who would prefer to bypass the science, and its highlighting of medical risks and concerns.

The current “significant gaps in evidence for nearly all aspects of clinical management of gender dysphoria in youth” is a clear, unambiguous statement of not only health concerns for young people, but also the scientific support underlying treatments. The RCGP combined call to have “‘wait and see’ policies” promoted, together with a need for “urgent investment in research” on the impact of treatments, all has the effect of ringing alarm bells on this whole arena of treatment.

“Wait and see” policies appears to refer to the medical approach that relies more on talking therapy, and “waiting” to see if the conflicts inherent in gender dysphoria resolve themselves, so that the dangers of medical interventions are avoided.

Government Guidance

Increasingly, more stories are coming to light of people who formerly gender-transitioned, (known as ‘detransitioners’) but later regretted their decision.²¹ Their challenge is to now live with the medical and psychological aftermath of a decision, which in many cases was made without full awareness of the medical lifelong risks. Some people felt they were pushed onto the gender transitioning pathway under pressure from LGBT activism.

Whereas previous government messages treated gender transitioning as medically safe, the Government is now anxious about organisations loosely promoting trans ideas to children. Prior to publication of the DfE's Guidance on information to help schools to plan, develop and implement the new RSE statutory curriculum,²² Liz Truss, the Minister for Women and Equalities, said she wanted to "protect" under 18s from making "irreversible decisions".²³

While she expressed confidence in adults having the "freedom" to lead lives of their own, she issued a warning to the Women and Equalities Select Committee: "But I think it's very important that while people are still developing their decision-making capabilities that we protect them from making those irreversible decisions."²⁴

Following these comments, the DfE has issued important new Guidance (as of September 2020) on the implementation of the new RSE curriculum. On the subject of gender identity and government fears about too quickly labelling children as transgender, the Guidance states:

"We are aware that topics involving gender and biological sex can be complex and sensitive matters to navigate. You should not reinforce harmful stereotypes, for instance by suggesting that children might be a different gender based on their personality and interests or the clothes they prefer to wear."

These comments only serve to give voice to the common-sense perspective of most people: namely, that girls who are, for example, 'tomboys', are not to be automatically treated as transgender; likewise, boys who may act effeminately, should not be thought of as boys in the 'wrong body'.

The warning not to reinforce harmful stereotypes is undermined by the requirement that trans content should be included in both primary and secondary schools, as part of LGBT relationships and content:

"All pupils should receive teaching on lesbian, gay, bisexual and transgender (LGBT) relationships during their school years [primary school]. Secondary schools should include LGBT content in their teaching. Primary schools are strongly encouraged, and enabled, when teaching about different types of family, to include families with same sex parents."

The Guidance highlights the importance of 'evidence' in the teaching of this topic, but is silent on what this means in practice: "Resources used in teaching about this topic must always be age-appropriate and evidence based." The Government also stresses that RSE and Health education must be "balanced".

Voice for Justice UK understands that if children are to be fully informed of the facts and evidence about transgenderism, then accurate and honest information about known and unknown health risks, including the harmful side-effects of gender transitioning treatments, must be provided. Schools or the external agencies they use in the delivery of RSE, who fail

to provide this essential information, while promoting transgenderism more generally, would not be presenting this topic in a 'balanced' and evidence-based way, as stipulated by the Guidance. We believe that having recourse to the advice and statements from the NHS and RCGP, should be used by schools, as part of the basis of "evidence".

Further scientific evidence tells us that the rational part of a teenager's brain is not fully developed until the age of at least 25,²⁵ if not later.²⁶ Therefore, big decisions, whose consequences are lifelong, irreversible and with potential medical harms and risks, should not be expected of teenagers. Children typically go through different phases, as they develop their personalities and aptitudes, while discovering themselves and finding their place in the world.

Schools breaching the Guidance in teaching factual, balanced and age-appropriate information about gender, and its implications for health, places children in their care at risk of harm. This raises safeguarding issues.

Voice for Justice UK believes that for the Government's Guidance to have any meaningful effect, a system of independent oversight is required, free from ideology. The role of Ofsted, as HM Schools Inspectorate, with a record of pushing radical gender ideology via its school inspections, renders it of dubious value.

The Guidance goes on to explain:

"Materials which suggest that non-conformity to gender stereotypes should be seen as synonymous with having a different gender identity should not be used and you should not work with external agencies or organisations that produce such material. While teachers should not suggest to a child that their non-compliance with gender stereotypes means that either their personality or their body is wrong and in need of changing, teachers should always seek to treat individual students with sympathy and support."

In line with already established law, schools must be politically impartial, and the Guidance issues a reminder:

"It is important when using external agencies to take particular care that the agency and any materials used are appropriate and in line with your school's legal duties regarding political impartiality."

Political organisations such as Mermaids, a leading transgender charity, and Stonewall, the leading LGBT charity, are well-known groups pushing to normalise and embed an ideological agenda. According to this recent Guidance, schools are in legal breach of their duties, if and when they provide platforms to these political groups.

It is unclear how this Guidance will be applied in practice, especially against the backdrop of trans ideology having so prominent a platform in the DfE's statutory Guidance on RSE.²⁷ In its guidance on not discriminating against pupils with 'protected characteristics', the DfE cites 'gender reassignment' included among a total of nine protected characteristics.²⁸ It is a legal

fiction to speak of under 18s having the legally ‘protected characteristic’ of gender reassignment, because under 18s cannot be given new gender recognition certificates. That the DfE believes that children can be labelled as holding the protected characteristic of ‘gender reassignment’ undermines the clarity and authority of its legal messages in two distinct respects:

- It plainly contradicts the law that only recognises a change to gender for those above 18 years of age, and,
- It conflicts with the latest guidance (2020) that cautions against labelling under 18s as transgender.

As long as schools continue promoting the ideology that people can change their sex, protecting children from the potential early stages of the gender transitioning pathway seems unlikely to be effective. For the new Guidance to be effectively complied with, it is vital that public funding of programmes promoting ideas about gender change to under 18s is immediately suspended.

At the centre of trans ideology, is the twin idea that people can change their sex, and that if you, for example as a male, perceive yourself to be female, then you might be trans, and vice versa, for girls who may believe they are likewise in the “wrong body”.

Children must not be denied medical information

The subject of ‘gender transitioning’ will inevitably arise in classroom discussions (given the legal availability of gender reassignment to adults). Children of appropriate age should not be denied medically accurate and truthful information about the resulting medical harms that follow from gender transitioning treatment.

As far as transgenderism is concerned, it is sometimes claimed that RSE is only about recognising that transgender people exist, and that they deserve respect.²⁹ Of course, all people deserve respect regardless of how they identify, but to merely parrot the idea that there are transgender people in society, while intentionally remaining silent on the health concerns resulting from gender transitioning, is an unacceptable omission. Children must not be denied the full, undiluted truth about the medical consequences that may follow their actions, in place of a glamorised narrative.

In a different example of public health, images once prevailed of cigarette smoking for sophisticated and smart people, while those using cigarette holders garnered the highest ratings from fashion pundits.³⁰ Yet an awareness of the grave consequences of smoking now renders such images as potentially harmful, triggering tailored health warnings, especially to children.

Lord Winston

“Horrendous results”

Lord Winston, medical doctor and scientist, has said that many people who change their gender can see "results [that] are horrendous in such a big proportion of cases". "What I've been seeing in a fertility clinic are the long-term results of often very unhappy people who now feel quite badly damaged", he said on the Today Programme on BBC Radio 4.³¹

Medical Complications

He explained that 40% of those having surgery for vaginal reconstruction, experience subsequent complications, with many needing follow-up surgery. In 23% of cases where breasts are surgically removed, patients "feel uncomfortable with what they've done".

Warning of long-term effects

Considering that the purpose of any medical intervention is to do good and avoid harm, Lord Winston went on to remark: "One has to consider when you're doing any kind of medicine where you're trying to do good not harm, and looking at the long-term effects of what you might be doing, and for me that is really a very important warning sign."

As for the long-term effects of taking hormones, these "are likely to affect reproductive function", he said.

Warnings about egg or sperm freezing

Lord Winston noted that egg freezing was often "extremely unsuccessful".

The peer's observations immediately call into question frequent media reports about the ease with which people can freeze their eggs or sperm.

He further explained: "With freezing of sperm, there's no question that freezing does damage sperm, and it makes less fertility and there's a large number of people who have frozen sperm samples who never actually achieve a pregnancy after that freezing. So it is not a totally reversible step, one has to say, even under ideal circumstances."

To place the Lord Winston's comments into an everyday context, males, for example, who have gender reassignment surgery and legally become women, may want to have their sperm frozen, for possible use at a future date. Likewise, females may choose to freeze their eggs, before having their ovaries removed.

Lord Winston's grim observations puts a much-needed searchlight on this highly charged topic that's often treated by the media in glamorous terms.

References

¹ <https://www.nhs.uk/conditions/gender-dysphoria/treatment/> (Accessed 29 September 2020).

² <http://gids.nhs.uk/>

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ <https://www.stonewall.org.uk/>

⁷ <https://mermaidsuk.org.uk/>

⁸ See <https://lgballiance.org.uk/>

⁹ <https://lgballiance.org.uk/about/> Accessed October 5, 2020.

¹⁰ Ibid.

¹¹ Ibid, accessed October 5, 2020.

¹² Ibid.

¹³ See Gender Recognition Act 2004, section 1.

¹⁴ Government response, *Voice for Justice UK's campaign about gender reassignment*, Department for Health and Social Care, 20 February 2018, <https://www.gov.uk/government/news/voice-for-justice-uks-campaign-about-gender-reassignment>

¹⁵ Ibid.

¹⁶ *The role of the GP in caring for gender-questioning and transgender patients: RCGP Position Statement*, Royal College of Practitioners, June 2019, <https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2019/RCGP-position-statement-providing-care-for-gender-transgender-patients-june-2019.ashx?la=en>

¹⁷ p. 5

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ See the Gender Recognition Act 2004.

²¹ <https://www.transgendertrend.com/detransition/>

²² *Guidance: Plan your relationships, sex and health curriculum: Information to help school leaders plan, develop and implement the new statutory curriculum*, Department for Education, 24 September 2020.

<https://www.gov.uk/guidance/plan-your-relationships-sex-and-health-curriculum#dealing-with-sensitive-issues>

²³ <https://www.gov.uk/government/speeches/minister-for-women-and-equalities-liz-truss-sets-out-priorities-to-women-and-equalities-select-committee> (Date of committee hearing: 22 April 2020).

²⁴ Ibid.

²⁵ *Understanding the Teen Brain*, University of Rochester Medical Center, Health Encyclopedia: <https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentID=3051> (Accessed 12 October 2020).

²⁶ *Brain continues to develop into late 20s*: <https://ct.counseling.org/2011/09/brain-continues-to-develop-into-late-20s/> (Accessed 12 October 2020).

²⁷ See: *Relationships Education, Relationships and Sex Education (RSE) and Health Education, Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers*, Department for Education, 2019.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908013/Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education.pdf

²⁸ In the Equality Act 2010, there are nine ‘protected characteristics’ that attract protection from unlawful discrimination: age, sex, race, disability, religion or belief, gender reassignment, pregnancy or maternity, marriage or civil partnership.

²⁹ See Ofsted’s Guidance, *Inspecting teaching of the protected characteristics in schools*, 17 September 2020, <https://www.gov.uk/government/publications/inspecting-teaching-of-the-protected-characteristics-in-schools/inspecting-teaching-of-the-protected-characteristics-in-schools>

³⁰ Consider the range of advertisements that once presented smoking as a positive activity:

<https://www.independent.co.uk/life-style/health-and-families/smoking-adverts-cigarettes-tobacco-history-philip-morris-first-world-war-a8596196.html>

<https://metro.co.uk/2018/09/12/these-are-the-insane-adverts-that-told-people-smoking-was-good-for-them-7936951/>

³¹ <https://www.telegraph.co.uk/news/2017/11/01/transgender-people-can-end-badly-damaged-says-lord-robert-winston/>