



## LETTERS

## DOCTORS AND GENDER DYSPHORIA

# Unequal treatment of transgender people

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Concern is growing that new General Medical Council guidance does not provide transgender people with the same consent to psychological therapies as other competent NHS patients. As Barrett says, being trans is not a mental health problem.<sup>1</sup> It was first constructed as one in the 1960s by conversion therapists,<sup>2</sup> supported subsequently by falsified research—the infamous “John/Joan” case, which claimed to show that an accidentally penectomised baby boy could be gender reassigned into a successful child and adolescent female social role: nurture, not nature, decided a person’s sex, and inadequate nurture could be “cured” by psychiatry.<sup>3 4</sup> That falsification was revealed in 1997.<sup>5</sup>

However, despite recent calls from Amnesty International, the EU, and the European Commission to depsychopathologise trans people,<sup>6-8</sup> UK gender identity clinics still generally coerce patients into extended psychiatric treatment, often lasting for years, in the absence of any identifiable mental health problems and without informed consent. By contrast, in the US, where therapeutic support is available to trans people but not mandatory, those who choose psychological therapies, and decide their duration, engage more productively with them.<sup>9</sup>

Unsurprisingly, patient narratives at #TransDocFail relate experiences of gender identity clinics that are psychiatric abuse of informed consent. The hope is that long awaited new national service specifications will transfer the management of services for trans people from mental health services to endocrinologists

and restore equal consent to trans people, not least to ensure the proper use of scarce NHS resources.

Competing interests: None declared.

Full response at: <http://www.bmj.com/content/352/bmj.i1694/rr-2>.

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