A Critical Look at Treating Gender Dysphoria

Extreme medical treatment for children with gender dysphoria is not just a problem in the English-speaking world. In Sweden, too, there has been an explosion of gender dysphoria. In 2003 only about ten children were diagnosed; in 2018, there were 500.

One of Sweden's leading experts in child and adolescent psychiatry, Professor Christopher Gillberg, has put himself on the firing line by denouncing experimental sex-corrective treatment. Earlier this year he told the Swedish Parliament that treating young women who want to become men is "one of the biggest scandals in medical history."

He compared it to the recent Paolo Macchiarini scandal, a frightening story of an apparently competent Italian surgeon working in Sweden who became an international celebrity, until much of his work turned out to be fraudulent.

In an open letter with colleagues, he wrote, "It is frightening to think how history's judgment of these experimental children's activities on a large scale (with chemical brain modification and physical genital mutilation) in the area of 'rapid onset gender dysphoria' will look like in 20 years."

And in a long protest submitted to Sweden's Department of Health, he and a number of other doctors, researchers, political scientists, and teachers claim that " it is not in accordance with science and proven experience, and therefore not compatible with good medical ethics, to immediately offer gender-affirming treatment."

Although it is available only in Swedish, it is an excellent summary of the case again chemical, hormonal and surgical

intervention as treatments for gender dysphoria. Gillberg et al make nine main points.

Requests need to be treated with great caution. The number of young people with gender dysphoria seems to be multiplying so fast that diagnostic mistakes will inevitably be made. “No one can wish for a situation where, in five or ten years, we wonder how the medical profession could carry out so many irreversible treatments of young, mentally fragile people.”

The growing number of people who “regret” their sex-change is being denied or ignored. Gillberg and his colleagues believe that there are at least “20 young people in Sweden who have regretted and returned to their original sex in recent years. It is also extremely frustrating for those of us who are close to desisters that trans-care completely relinquishes responsibility for continued mental health of these patients.”

The treatment often proceeds too quickly. Diagnosis often consists of two conversations with psychiatrists and three with a psychologist. This means that from the time of the initial consultation to the start of hormone therapy can be as short as a few months. Gillberg et al feel that it should be at least four years.

> *We see it as a great gain that society has gone from condemning homosexuals and transgender people to acceptance and respectful treatment. … On the other hand, we are seriously concerned that it is not at all questionable, above all, of young, emotionally immature people’s suddenly emergent perception of themselves.*
>
> *Obviously, it is not desirable to be denied the treatment you need, but it is a veritable disaster to have received an irreversible treatment which you later find out was completely wrong. This risk must be taken seriously, and it is perfectly reasonable to wait for medical correction for several years after first contact with health care.*

Other psychiatric conditions are often not taken into account. Many consultations for gender dysphoria are effectively rubber-stamped. “Comorbidity is not investigated at all or not sufficiently taken into account. This is very serious, as we know that there is significant co-variation between gender dysphoria and severe mental illnesses such as anorexia nervosa, autism and other neuropsychiatric disorders.” In other words, kids could be masking mental illness with a self-diagnosis of gender dysphoria.

The testimony of parents and other relatives is being excluded from the clinical history. “This is especially important because a lot of advice is circulating on the internet … about what to say and claim so that they will be confirmed as transsexual. They are often advised to lie if need be. We have personal experience of not being given the opportunity to correct outright lies about events or circumstances of our loved ones. It is inconceivable for us that these lies can then form the basis for a decision on totally irreversible treatment.”

The whole purpose of treatment is to alleviate the kids’ psychological distress. But it is possible that it simply does not work. “There is no clinical evidence whatsoever or proven experience,” write the authors, “that indicates that sex-controlled hormones and/or surgical sex correction make life better for children or for those who have had problems with their sexuality only during puberty.”

How about transgender youth suicide? Research into this tragic issue is scarce and generally of poor quality. One Swedish study showed that people with gender dysphoria who have undergone gender correction have significantly higher psychiatric morbidity than the general population. An Italian meta-study suggested that treatment can cause poor mental health and, in a worst case scenario, it can lead to suicide.

This is a vast experiment being carried out on vulnerable

children. Most of the data gathered by researchers has been about adult men who wanted to transition to women. There is very little information about the use of powerful drugs on young women. There has been almost no testing on animals.

The terms of informed consent to the treatment are inadequate for teenagers. The consensus of recent neuropsychiatric research is that the human brain is not fully mature until at least 25. Can a 15-year-old really consent to a procedure which will affect her (or his) whole life?

> *"it is possible to question whether these young, often mentally fragile, people really understand and are able to process the information they receive.*
>
> *"Our experience is that information [at gender clinics] is provided orally without written documentation. They do not disclose the potentially negative consequences of treatment. No consideration is given to age or brain maturity, nor to any comorbid neuropsychiatric conditions – which in itself implies uneven mental development – or history of, for example, severe anorexia, autism or psychosis."*

In the opinion of Gillberg et al, it is quite possible that there are people who can be helped by transitioning to a different gender. But the medical establishment needs to demand that gender dysphoria be treated with the precautionary principle – that some risks are deemed unacceptable because the possible consequences may be severe or irreversible. It's a principle often invoked in debates about climate change. Something far more precious than the climate may be at risk here – the lives of our children.

–

[Image Credit: Unsplash-Angela Compagnone]