ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Submission to Consultation on Gender Recognition Act 2015

April 2018

Introduction

The Royal College of Physicians of Ireland (RCPI) is an all-island postgraduate medical training body with over 10,000 Doctors-in-Training, Members and Fellows. Our mission is to train, educate and continuously develop doctors for current and future world health needs. We offer training programmes, examinations, diplomas and educational courses to equip doctors with the skills and knowledge they need to care for patients and run safe and efficient healthcare systems.

Six of Ireland's 13 postgraduate specialist training bodies are within RCPI. They are:

- Faculty of Occupational Medicine
- Faculty of Paediatrics
- Faculty of Pathology
- Faculty of Public Health Medicine
- Institute of Obstetricians and Gynaecologists
- The Irish Committee on Higher Medical Training.

We also have 2 joint faculties:

- The Joint Faculty of Intensive Care Medicine of Ireland, which is a joint faculty between RCPI, the College of Anaesthetists of Ireland and the Royal College of Surgeons of Ireland (RCSI)
- The Faculty of Sports and Exercise Medicine, a joint faculty between RCPI and RCSI.

Our Postgraduate Medical Education Centre develops new and innovative lifelong learning and professional development opportunities for healthcare professionals. The College also quality-assures standards in specialist medical practice by developing policies and procedures to make sure high quality diagnostics and patient care in Ireland. RCPI also leads 20 ground-breaking National Clinical Programmes with the Health Service Executive that are led by senior clinicians and are helping to transform healthcare in Ireland.

The College is also strong advocate for the health of the nation, with policy groups for Alcohol, Tobacco, Obesity, Physical Activity, Ageing and Health system reform.

Submission on the Gender Recognition Bill 2015

The Royal College of Physicians of Ireland welcomes the opportunity to submit observations and recommendations on the Gender Recognition Bill 2015. These submissions were prepared and presented on behalf of RCPI by Dr Susan O'Connell, Consultant Paediatric Endocrinologist, representing the RCPI Faculty of Paediatrics and Prof Donal O'Shea, Consultant Endocrinologist, St Vincent's Hospital and St Columcille's Hospital, Loughlinstown.

Dr Susan O'Connell's submission

I am attending this meeting in my capacity as Consultant Paediatric Endocrinologist, representing the Faculty of Paediatrics at Royal College of Physicians of Ireland.

My experience in management of children and adolescents with gender dysphoria (transgender/ gender questioning children and adolescents) to date has been during my fellowship training in Australia, as a consultant from 2012-2018 in Cork University Hospital, and currently in my new post at Our Lady's Children's Hospital, Crumlin (OLCHC). At present we are working towards development of a new (national) service for medical management of children and adolescents with gender dysphoria at OLCHC.

The management of children and adolescents with gender dysphoria (GD) comprises two processes – both social and medical. My role in the management of children and adolescents with GD consists of the medical intervention which usually involves suppression of the physiological puberty to allow the patient to undergo the psychological therapeutic process to explore their gender with their Clinical Psychologist/Psychiatrist. Only approximately 40% of children and adolescents presenting with gender questioning will be referred on/suitable for medical intervention.

Due to its nature, the Paediatric Endocrinologist has a practical role in "putting the brakes" on natural puberty, with the goal to decrease the distress/dysphoria associated with the gender questioning while natural physiological puberty would otherwise progress and potentially exacerbate the dysphoria. This intervention is only appropriate when the patient has been referred by a CAMHS consultant who has confirmed the diagnosis of GD and indicated that criteria for medical intervention have been fulfilled. During this process, which is in tandem with their Clinical Psychologist/Psychiatrist, an individual may continue on their transition journey and explore the implications of changing to their preferred gender.

Due to the irreversible nature of changing over to the preferred gender with cross-hormones (oestrogen or testosterone), counselling is of huge importance and follows a protracted period.

Generally there is an expectation that a patient referred for medical intervention will already have under gone a degree of "social transition" in all other aspects of their lives such as school/work (e.g. change in physical appearance to reflect preferred gender such as hairstyle, clothes, name, pronoun used to refer to the individual).

This "social transition" or "real life experience "can be used as an indication of the individual's commitment to their intention to live in their preferred gender, but may not necessarily indicate their intention to undergo treatment with cross-hormones or gender reassignment surgery in the future.

The role of the Paediatric Endocrinologist is therefore to aid with reduction in the dysphoria so that such future decisions, and thereby the potential implications of such future decisions can be explored more clearly during the therapeutic process.

There are also practical physical aspects of puberty suppression in preventing further exposure to the physiological hormones (i.e. hormones expected in the natal sex) which can result in permanent changes to the body (e.g. deepening voice in a male to female with exposure to testosterone) which make gender reassignment more practically challenging in the future. The Paediatric Endocrinologist, however, also has a holistic role in the general health and wellbeing of the individual, and frequently aspects of life common to adolescence in general can arise and form part of the management of the overall wellbeing.

The Gender Recognition Act currently recognises that an individual aged over 16 but under 18, with the consent of their parent/guardian can apply to be recognised as their preferred gender legally. This allows change of name on passport, hospital records, birth certificate and can bring huge practical and administrative challenges.

It is not currently legally required by schools in order for an individual with GD to be socially accepted in their preferred gender (e.g. a female to male individual can still attend an all-girls school, or may potentially attend an all-boys school and vice versa).

My reflections on the Gender Recognition Act are:

- What is the role of the Paediatrician in guiding/protecting of an individual from making such a significant legal step to apply for a Gender Recognition Certificate and whether they have a role to protect them from rushing into such a decision which may have lifelong repercussions?

- How do we assess capacity to show a "solemn intention of living in a preferred gender for the rest of one's life", and who can/should assess this capacity in a 16-18 year old?

- How do we assess one's "understanding of the consequences of" such an application for the Gender Recognition Certificate, and who can/should assess this understanding in a 16-18 year old?

- If revocation of a gender recognition certificate is allowed where someone wishes to revert to natal gender (akin to divorce for marriage), how easy/difficult is this process to be, and how do we determine if national rates of revocation are too high/too low – i.e. what is the expected rate, and is it influenced by age of application? Can this be defined? How will such data be collected and compared with other jurisdictions?

- Due to the nature of adolescence and puberty, the developmental stage and needs of the individual at age 16-18 need to be considered independently of adults – neurophysiological studies have shown the adolescent brain continues to develop until age 25. Should current civil rights such as marriage, gender recognition etc… be aligned in terms of age?

- A Gender Recognition Certificate is a reflection of someone's identity which may not be fully established at a particular age cut off. The secondary school system generally reflects the natural developmental stages in adolescence, with transition of adolescents with chronic diseases usually occurring between ages 16-18. Social transition in adolescents with GD generally occurs during the secondary school years, and ideally occurs in a phased basis with support, the therapeutic approach (both psychosocial and medical) reflects this process – it occurs over a period of years, rather than months. Could having a Gender Recognition Certificate interfere/impact on this process? Is there a rush, or could it be perceived to speed up the process or acceptance of an individual? It should not impact on eligibility or not for medical interventions at any age.

Prof Donal O'Shea's submission

I have been working in the area of Gender Dysphoria (previously known as Gender Identity Disorder) since 1996. I am a Consultant Endocrinologist involved in the Medical management of transitioning once confirmation of the diagnosis has been made and suitability for transitioning assessed.

It is widely recognised that gender is a spectrum and not black and white and not necessarily synchronous with natal sex. The issue of a person's gender identification is very much a personal choice and it is now recognised that there is significant variability in this with individuals at any point in time, and over time.

There has been an increased recognition of this and with this an increase in the recognition of gender confusion, gender fluidity and true gender dysphoria. Appropriately managed the outcome in individuals with true gender dysphoria transitioning to their identified gender with appropriate support is extremely positive.

The outcomes where transitioning happens without the appropriate planning and supports can be disastrous. In recent years there has been a change in pattern of referral of patients to our service with a younger age profile and a significant increase in individuals with gender confusion, gender fluidity and Autistic Spectrum behaviour. This does not impact on the gender issue for the individual but may impact on suitability to progress. Medical and surgical treatment of an individual with gender confusion or fluidity will be regretted.

Some issues that need to be considered when looking at a change in gender certification based on my experience are:

- The historical records of the individual whose gender has changed being linked across the medical, educational and legal systems. Currently individuals whose gender changes on the medical information system disappear and become a new individual so that previous pathology records and radiology results and medical records are no longer visible.

- Currently adults with gender recognition certificates are presently their gender recognition certificate as evidence of gender Dysphoria wishing to start medical and surgical transitioning. In my experience it is essential that a gender recognition certificate is not used in this way.

An issue with gender is not the same as gender Dysphoria requiring gender reassignment. In our service where over 300 patients have attended we have had 3 individuals who have regretted their gender reassignment post operatively and several who have stopped their transitioning journey at various points. That is not to say they did not have gender issues, rather it was that hormonal and surgical reassignment was not appropriate in their overall situation. This can be as a result of autistic spectrum issues, personality issues or developmental disorders.

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