

From: [Nicole Hargreaves](#)
To: [Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee](#)
Subject: Submission on the Health Legislation Amendment Bill 2019
Date: Tuesday, 31 December 2019 3:28:11 PM

Committee Secretary
Health, Communities, Disability Services and Domestic and Family Violence Prevention
Committee
Parliament House
George Street
Brisbane Qld 4000

Dear Committee Secretary,
Re Health Legislation Amendment Bill 2019.

Thank you for inviting submissions from the public regarding the Health Legislation Amendment Bill 2019. I write to express my profound concerns regarding this legislation due to the proposed banning of so-called 'conversion therapy.'

I am very concerned that the terms of conversion therapy have not been adequately defined, and may become so broad in execution as to include basic counselling, family therapy, addressing of any comorbid conditions or indeed any approach to gender dysphoria other than puberty blockers, cross sex hormones and surgery. I am concerned that traditionally effective therapies will be outlawed, even in situations where the affected individual wishes to pursue them. This is taking away freedom of choice from the gay, lesbian, transgender and queer community.

It has become very clear that the use of puberty blockers and cross sex hormones is purely experimental. Past experience and research on the use of cross sex hormones indicates strongly that there are very serious side effects to these treatments, without any guarantee of good outcomes. The following paper demonstrates higher mortality in men receiving cross sex hormones – specifically much higher cardiovascular risk, a burden that the Qld health system can hardly afford to shoulder, when ethinyl estradiol (oestrogen) is administered, as well as a higher suicide rate. The paper also indicates that there is yet to be any firm scientific consensus as to the benefit of surgery for transgender patients, nor is there any clear psychological benefit to cross sex hormone administration, given that suicide rates in transitioned individuals remains very high. Please see Meriggiola, M. C., & Berra, M. (2012). Long-term cross-sex hormone treatment is safe in transsexual subjects. *Asian journal of andrology*, 14(6), 813–814. doi:10.1038/aja.2012.89. Despite the title of the paper, the contents indicate that this cross sex hormone treatment is anything but safe.

The American College of Paediatrics has expressed concern that while the vast majority of untreated gender dysphoric children (or those given more traditional and safe therapies, such as counselling) will revert to their chromosomal sex by adolescence, children who are offered puberty blockers and other hormonal treatments almost never revert. These children are clearly being influenced by these hormonal protocols and the surrounding social stories, and at what expense? The treatments given cause sterility!

It is completely unconscionable for legislation to direct medical practice towards such unproven and frankly dangerous treatments. Gender dysphoric children in particular, many of whom have comorbid mental health conditions such as autistic spectrum disorder, are not capable of

understanding the potential consequences of the medical choices foisted upon them and cannot therefore give informed consent. There are trends in both international communities and in Australia whereby the requests of minors to transition to the opposite gender are being honoured even when parental consent is not given. This is horrifying.

As a practicing degree-qualified nutritionist, I specialise in helping minors, with a special interest in autistic spectrum disorder. My focus is to ensure that diet and nutrition are allowing optimal development of these young people, including some who have had gender dysphoria. I am occasionally the first health care professional that these children see, and I am therefore sometimes in a position to refer a client to a psychologist, counsellor or medical practitioner. Were 'conversion therapy' to be outlawed, this would mean that I would be forced to refer gender dysphoric patients to a clinic that would direct them on a course of gender transition, thus violating the principle of first doing no harm. I wish to be able to continue to refer such clients for expert psychological treatment, which can result in the realisation that the young person's concern is not actually with their gender. Please do not force my hand by removing this option for my clients.

Please do not proceed with the proposed legislation to outlaw conversion therapy. The term is too broad, it forces the hand of parents and health care professionals and outlaws traditionally helpful approaches, while condemning immature children to treatments with seriously harmful side effects that they cannot yet possibly understand. Please support the rights of the LGBTIQ community by allowing them to make their own choices as to what therapies are available to them, which can only be possible if health care practitioners are permitted to offer alternative therapies.

Nicole Hargreaves BHSc (NutMed) BAppSc BA MCMA

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