

From: [REDACTED]
To: [Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee](#)
Subject: proposed Health Legislation Amendment Bill 2019
Date: Saturday, 4 January 2020 8:14:34 PM

To the Committee Secretary and Members of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Regarding: proposed Health Legislation Amendment Bill 2019
Clause 28 - proposed insertion of Chapter 5B Conversion therapies

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Dear Committee,

I write to you as a adolescent mental health general practitioner with a long history of treating young patients presenting with gender dysphoria. I have worked in specialised adolescent mental health clinics for many years preceding and for the entirety of the recent epidemiological increase in presentations of gender dysphoria. I have counselled hundreds of children, teenagers and young adults regarding questions, concerns and distress about gender. In addition to helping hundreds of young people navigating gender, I have taught a large number of medical colleagues about sensitive management of gender dysphoria in a range of settings.

Working with gender dysphoria is complex and varied. It requires great sensitivity and care that is appropriately tailored to every individual. It is evident that most young people with concerns about gender develop this question over time and careful support for them is required while they navigate this important issue. Hasty one-size-fits-all medical or surgical interventions are clearly inappropriate. Thoughtful, sensitive, patient centred counselling to explore gender and gender identity is essential and all options should remain open for the young person.

It is into this space that the Queensland State government is considering proposed legislation. The desire to restrain abhorrent practice is commendable, and must be done carefully. I wish to consider how the proposed changes would have impacted my practice in the past decade, and how it would impact my care going forward.

I believe that I have provided appropriate, best practice, evidence based care. I have never have a patient complain to AHPRA. To the best of my knowledge each of my patients with gender dysphoria has felt thoroughly cared for as we navigated the issues of concern to them about their gender.

Amongst my patients are a small portion who have transitioned to live as the opposite gender to that of their natal sex. A substantial majority have experienced a full resolution and desistance of their gender dysphoria with appropriate professional care, supportive counselling and treatment of comorbid of mental illnesses including assistance with managing Autism Spectrum Disorder where present. I consider that to be a perfectly reasonable outcome for a variety of reasons. Based on the very large cohort of patients in my care, I am certain that not all patients presenting with gender dysphoria ultimately need to be treated with hormones and surgery. Most come to be at peace with their natal sex, or happily live in a gender non-conforming way without the impost of monthly endocrinologist appointments and exogenous hormones for life. The cost burden to the state and commonwealth of each person seeking to pursue gender transition and continue on treatments is huge. Where a person can be satisfied and happy without transitioning this should be sensitively encouraged and certainly should not be discouraged, or indeed outlawed.

It is my concern that the legislation proposed coercively threatens me not to provide this type of sensitive, compassionate, tailored, respectful and supportive care or risk imprisonment. I can scarcely believe that the state government would threaten me, in the area that I specialise that good quality medicine could be punished with 18 months of prison. In fact, should this proposed Chapter 5B be codified into law, I would feel unable to care at all for this population, for whom I care a great deal. If you were to pass this law, I would feel compelled by force of law to discharge all of this patients from my care, and would not be able to take on new patients. That would be a tragedy to me and my patients who are highly endeared to me based on my care for them. Please do not outlaw this kind of care.

I do not practice in any way that could be seen as coercive or manipulative. I abhor the thought of clinicians who would abuse positions of power to psychologically manipulate or cause aversion reactions in their patients. I believe that people practicing in this manner are exceeding rare and I would love to see practitioners who conduct themselves in such a fashion stripped of their ability to practice. I believe that APHRA is the appropriate body to address professional misconduct and abuse of patients. APHRA can and does refer people to the legal system when crimes have been committed.

Codifying ideological assertions about how medicine should be practiced into the criminal code, without an adequate basis in clinical evidence, can not be fairly justified.

I am thankful that you want to address abusive situations, and to promote good quality clinical care. However, I am certain that the proposed changes to the law, will fail to adequately target unprofessional conduct without unnecessarily impacting conscientious doctors like myself. If this is made into law it would adversely affect my patients. It would impact many doctors who practice practice high level, evidence based practice and take very good care of their patients but would be unintentionally targetted by this legislation. It is essential that patients are able to voluntarily access the type of counselling that they wish to access. Non harmful, sensitive, respectful, patient centred counselling should never be made illegal, to criminalise this would be an abuse of government authority and massive overreach.

Because of these concerns, I urge you to reconsider proposed clause. I am happy to speak or write further on the subject should you wish to gain further information.

Yours Sincerely,

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