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To The Committee Secretary
HCDSVPC

Queensland Parliament

Email health@parliament.qld.gov.au**RE - HEALTH LEGISLATION AMENDMENT BILL 2019**

Thank you for inviting submissions regarding this Bill. As a specialist paediatrician of fifty years experience, I write to express my deep concern at this planned law, which rejects the proven contribution of child and adolescent and family psychotherapy to the emotional health of a child or teenager with gender confusion. The planned law may condemn the victim of gender confusion to unproven "affirmative" treatment with cross-sex hormones and major surgery, with life-long effects.

In my long experience children presenting with gender confusion always have mental health disorders, such as anxiety or depression or anorexia or autism or a combination of the above. In helping such children the traditional medical approach is psychotherapy (talk therapy) for the child and their troubled families. The nonsense about forced conversion therapy and electric shock therapy can be discarded - I have never used these and the practice has long been abandoned. I do cooperate with supportive psychologists and psychiatrists as necessary to help each confused child.

Given this supportive talk therapy, in my experience eight or nine out of ten children with gender confusion will learn to accept their birth sex (their biological or chromosomal sex) as they make their way through puberty (say by age 18 to 20 years). While some of these teens will discover they have a gay or lesbian sexual orientation, this does not interfere with them accepting their birth sex.

To me it seems ridiculous that a paediatrician or psychotherapist using such benign talk therapy should be accused of illegal "conversion therapy" and threatened with up to 18 months in jail and with loss of their health practitioner registration. To me this is political correctness gone mad. Gender identity policies are not just about allowing persons who identify (for a time) as transgender to live as they choose, but about coercing the rest of us to go along with a radical ideology.

Page 2 - HLA Bill 2019

I care very much about children - that is what drew me into paediatrics. To me the criminal act, the child abuse, is not in traditional talk therapy but in policies imposing transgender ideology on children as early as kindergarten in teaching them to disregard their bodies, to see their real biological sex as irrelevant to their subjective feelings. It is this teaching that is causing gender confusion, in causing children to feel estranged from their own bodies. Many parents tell me they have moved their child to a religious school to escape this social engineering.

I must dismiss this Bill as an attempt by politicians to force their flawed ideology onto doctors like me and compel us to treat patients contrary to scientific criteria and contrary to what in our professional judgment is in our patient's best interests.

With respect, I urge you to reject this Bill.

Yours sincerely,

DR ROBERT POLLNITZ