

From: [REDACTED]
To: [Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee](#)
Subject: Proposed Gender Dysphoria Legislation Re Health Legislation Amendment Bill 2019.
Date: Friday, 20 December 2019 3:20:50 PM
Attachments: [Dysphoria Submission pages](#)

Dear Committee Secretary,

Thank you for inviting submissions from the public regarding the Health Legislation Amendment Bill 2019.

I write to express my profound concerns regarding this pending legislature because it denies the proven contribution of individual and family psychotherapy to the mental health of a child or adolescent with gender dysphoria and condemns them to a life-long administration of hormones and the possibility of major surgery, including castration.

Established side effects on the brain of blocking puberty and the administration of cross sex hormones appear not to be recognised by proponents for their use. Many children submitted to the regime have been found to suffer from co-morbid mental disorder such as autism. Is it reasonable to assume such children have the mental capacity to understand both the possibility of side effects, and the experimental nature of the regime. Even proponents for hormonal intervention confess lack of knowledge of the outcome of their massive intervention. One thing is known, however: the suicide rate in transgendering adults is some twenty times higher than the general population.

With such widespread uncertainty of positive effect but certainty of deleterious side effects, I write to request the Parliament not to oblige therapists to pursue the hormonal intervention and to permit the alternative psychotherapeutic support, which has been shown to be effective in the past.

I empathise with Parliament's concern for the welfare of children suffering from gender dysphoria and with the associated suffering of families. As a former Dental practitioner, I commit to the betterment of children's health, including mental health. I therefore thank the Parliament for its concern but wish to register my strong disagreement with its commitment to the unproven claims of benefit from the massive life-long administration of hormones and the likely association of castrating surgery.

I do hope the government will not provoke crises of conscience by raising the question of wherein lies the greater duty of care? In submitting to the government's direction of psychologically confused children to clinics that practice hormonal intervention and surgery, or in rejecting such direction, at the cost of personal liberty.

Thank you for your attention.

May the Committee be given great wisdom in their deliberations and recommendations.

Yours sincerely,

Peter R Farrington BDS FDSRCS