

# GLADD Medical Schools Charter Fact Check



**Re:** Sex Matters letter to UK medical schools dated 02/03/2023

## Introduction

This document has been created in response to a letter sent on the 2<sup>nd</sup> March 2023 to a number of UK Medical Schools from the organisation known as “Sex Matters”. In this letter, and in a subsequent online article hosted on the Sex Matters website, specific claims are made regarding the GLADD [UK Medical School Charter on So-Called LGBTQ+ Conversion Therapy](#).

GLADD are proud to report that nearly all UK Medical schools have signed up to support this Charter, and we feel it is important that we offer them support where needed. We hope this brief fact check will reassure medical schools of GLADD’s position regarding the remit of the charter and identify areas of misinformation or misrepresentation which may result in harm. Medical Schools may also find it helpful to know that the broader medical profession continues to support an evidence-based ban on ‘conversion therapy’, as can be seen with the recent statement from the [Academy of Medical Royal Colleges](#).

We thank you for your continued efforts to create curricula which align with the 6 principles of the charter and look forward to engaging with schools on these issues.

## Fact Check

In this section we will provide succinct and evidence-based responses to some of the points highlighted in the Sex Matters communications. These are as follows:

1. **Claim:** *“GIDS [Gender Identity Development Services] has now been judged to be unsafe and is due to close. But the pressures that led to its expansion and collapse have not abated. The GLADD Charter represents one of those pressures. It encourages doctors and medical researchers away from open enquiry and evidence-based practice”*

**Fact:** The GLADD Charter relates only to the provision of evidence-based education in medical schools and has no influence over the structure of services providing gender identity care in the UK. The provision of healthcare to gender diverse young people is a very specialist area and lies outside of the scope of this work. For more information on the future of GIDS in the UK we recommend visiting the associated [NHS website](#).

2. **Claim:** “[the charter] goes on to commit signatories to five specific declarations”

**Fact:** The GLADD Charter includes 6 key principles, not 5. The 6<sup>th</sup> principle, which relates to “Support[ing] LGBTQ+ students and staff to work in an environment free of hate, discrimination and harassment. This should include the implementation of future guidance on creating fair and equitable medical schools” is no less important. GLADD would like to correct this omission and wishes to state that we clearly stand by all 6 of the principles.

Additionally, we are delighted the majority of medical schools have also chosen to support these 6 principles. We have been especially pleased by the positive stories regarding the impact the charter has had on the sense of belonging for LGBTQ+ students and staff.

3. **Claim:** Sex Matters call into question the validity of the definition used for so-called Conversion Therapy in the Charter. “The GLADD charter on LGBTQ+ ‘Conversion Therapy’ conflates this historic practice related to sexual orientation (lesbian, gay and bisexual– LGB) with a wider category of trans and queer identity (trans, queer/questioning plus TQ+).”

**Fact:** Conversion therapy does refer to efforts to change a person's sexual orientation, but it is also commonly used to refer to efforts to change a person's gender identity ([Haldeman, 2022](#)). This is sometimes referred to as Gender Identity Change Efforts (GICE) ([APA, 2021](#)). The GLADD Charter draws on the [Memorandum of Understanding](#) to define ‘Conversion Therapy’, which is supported by numerous influential healthcare, counselling and psychotherapy organisations in the UK. These definitions are widely accepted, and it is unclear why this should be contested.

Historically, forms of ‘Conversion Therapy’ did include aversion therapy and hormone treatment. Trans people were also subject to these forms of conversion therapy as a treatment for what was at the time classified as 'transvestism' in the DSM. These specific forms of treatment continued after homosexuality was decriminalised in 1969 and into the 1970s until homosexuality was de-classified as a mental disorder. These were not the only form of 'conversion therapy' used, forms of psychoanalysis were also common methods of the time.

Other methods used to attempt to change a person's sexual orientation or gender identity include religious methods (e.g. prayer, exorcism etc). Whilst less prevalent within mainstream medical and psychological practice, talking therapies (e.g. 'reparative therapy' was developed in the 1990s) continued to be used after the 1970s and to the present day as forms of conversion therapy ([Gov.co.uk 2021](#)).

4. **Claim:** “The charter is based on the view that gender identity cannot be changed, yet evidence amongst children who display strong cross-sex identification is that it often resolves, possibly in as many as 90% of cases. Many of these children and young people are same-sex attracted. Transitioning gender non-conforming children may be seen as [as] a modern form of conversion that seeks to medically convert a lesbian girl into a “straight boy” and a gay boy into a “straight girl”.

**Fact:** No reference is provided for these statements, making it very difficult for GLADD to provide a critical review of the evidence. Given the significant lack of references we suggest Medical Schools approach this as they would any claim otherwise unsupported by robust data.

We also would like to again highlight that this charter does not relate to the provision of gender identity care for young people. However, we do not consider the provision of trans healthcare by registered healthcare professionals to be conversion therapy under the definition used within this charter. This Charter defines ‘conversion therapy’ as:

*“In line with the MoU committing to the banning of LGBTQ+ ‘conversion therapy’ does not seek to deny, discourage, or exclude individuals with questions about their gender and/or sexual identity seeking qualified help. Nor does it seek to condemn the work of registered health professionals working with trans and non-binary people who are undergoing clinical assessment prior to commencing treatment.*

*Instead, it is based on the fact that any support given to LGBTQ+ people seeking help must not start from a place where one gender orientation or sexual identity is seen as preferential. LGBTQ+ people should not be pathologised for simply seeking to exist, nor do they need to be cured of their sexual orientation and/or gender identity.”*

Conflating these issues does little to help resolve or improve the quality of the discussion surrounding ‘conversion therapy’.

5. **Claim:** *“The charter requires that medical schools only [show] ‘joyful’ depictions of ‘LGBTQ+’. Compliance with this emotive demand is likely to prevent discussion of potential negative outcomes with patients, and of research into and support for Detransitioners.”*

**Fact:** The 4<sup>th</sup> Principle of the GLADD Charter states:

*“Ensure that curricula include authentic and joyful representation of LGBTQ+ people within their curricula to challenge stigma and stereotyping”*

As is clear we do not call for “only” joyful depictions, as this would erase vital discussions about the significant health inequalities LGBTQ+ people face. However, we are particularly proud of the examples we have seen appearing in UK medical school curricula which seek to explore LGBTQ+ experience beyond simply trauma and inequality. This is indeed an emotive topic. The happiness and success of LGBTQ+ people are as important as their pain.

Should any schools have examples of positive joyful representation we would be delighted to see them, so that we may showcase and disseminate best practice. Please do [contact us](#).

6. **Claim:** *"The Clinical Advisory Network on Sex and Gender has written about the problem with the charter: "Sexual orientation is conceptually distinct from gender identity, in that the former refers to the material reality of the sex of a desired partner and is undeniable, whereas gender identity is a contested construct, difficult to demonstrate or refute, and might come with the request for invasive bodily modifications. It is not clear what is actually meant by conversion therapy in gender identity, and the Government's own research failed to find evidence that any such interventions were being delivered.""*

**Fact:** First we would note that this Network is a "a coalition of clinicians" and has no formal standing in the production of UK clinical guidance or medical education.

Contrary to this statement the Government's National LGBT Survey found that transgender respondents were more likely to have undergone or been offered conversion therapy (13%) than cisgender respondents (7%) ([GEO 2018](#)). Government commissioned research included qualitative research (n=30 LGBT people) in which two trans people reported psychiatrists treating their gender identities as if it were a symptom of their mental health condition (schizophrenia, PTSD) and four reported feeling pressured to engage in conversion efforts from family and/or religious leaders.

Please see our previous statements regarding our definition of 'conversion therapy' and how this aligns with respected UK health organisations and published peer-reviewed literature.

7. **Claim:** *"The government commissioned Pediatrician Dr Hilary Cass to undertake a review of the evidence on the treatment of children with gender issues"*

**Fact:** It is not within the remit of this Fact Check to discuss the findings of the Interim Cass Review. However, all evidence demonstrates that 'conversion therapy' is harmful in any age group, and the [Cass Review FAQ](#) addresses this issue:

*"The Cass Review was commissioned as an independent review of NHS gender identity services for children and young people. Its terms of reference do not include consideration of the proposed legislation to ban conversion therapy.*

*No LGBTQ+ group should be subjected to conversion therapy. However, through its work with clinical professionals, the Review recognises that the drafting of any legislation will be of paramount importance in building the confidence of clinicians working in this area."*

We recommend medical schools undertake their own exploration of the findings from the interim Cass review by exploring the "[FAQ](#)" page of the associated website.

8. **Claim:** *"The Charter is a deliberate attempt to stifle the debate on this subject, and is inimical to academic freedom and to freedom of speech within the signatory institutions."*

**Fact:** The GLADD Charter is based on the consensus of global and UK evidence regarding the banning of 'conversion therapy'. The GMC sets very clear [standards for education](#) in medical schools. This Charter was designed to reflect the need for curricula to include up-to-date evidence-based medicine, as well as professional knowledge, values and attitudes in the context of LGBTQ+ health. Teaching to these standards does not stifle debate, and is not inimical to academic freedom or freedom of speech.

## Final thoughts

The treatment of gender diverse young people in the UK remains a highly politicised topic, one which falls outside of the scope of the GLADD Charter. This work should be left to appropriately trained and experienced professionals and undertaken with clear consultation of those directly affected by the issue.

We believe that support given to LGBTQ+ people seeking help must not start from a place where one gender orientation or sexual identity is seen as preferential. Doctors should provide individualised, respectful and holistic care to all patients. This includes respecting an individual's identity, modes of address and not treating LGBTQ+ identities as something that needs curing.

As stated at the start of this Fact Check our Charter aligns with the [GMC submission](#) to the government's consultation on banning conversion therapy and the recent statement on 'conversion therapy' by the [Academy of Medical Royal Colleges](#). We remain confident in the importance and scope of this work. Should any Medical Schools not yet signed wish to do so please do not hesitate to [contact us](#).

Finally, we would like to end by once again thanking our supporting medical schools, the British Medical Association (BMA), Association for the Study of Medical Education (ASME), the Academy of Medical Educators (AoME), and Dr Michael Brady for your endorsement of this work.

## Further reading

In addition to references already provided, we have listed further reading from experts and peer-reviewed resources that support the position of the Charter:

- [The Academy of Medical Royal Colleges](#)
- [The Academy of Medical Educators](#)
- [The Association for the Study of Medical Education](#)
- [UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity](#)
- [Bans on conversion 'therapies' The situation in selected EU Member States](#)
- [Dunja Mijatović \(2023\) Council of Europe](#)