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GLADD would like to thank the RCGP for their engagement and taking the time to carefully consider the issues raised by the upcoming CANSG conference. The RCGP have declared their support of LGBTQ+ people but this conference undermines the hard work that has gone into building better relationships between the medical profession and the community. More needs to now be done to turn expressions of support into action that benefits the health of the community and wellbeing of LGBTQ+ GPs.

Our statement about trans people feeling ignored, undervalued and dehumanised by healthcare is true irrespective of whether CANSG exists or not. So-called 'gender criticality' has only emerged into the mainstream in the past 5 years or so and the inequalities and discrimination that perpetuate a poor relationship between trans people and healthcare have existed for decades. We have no wish to misrepresent the aims of CANSG but are keen to challenge the assertion that some of what they promote is benign, and bring greater awareness of the nuances involved to the wider profession and public. Education is key to moving this forward and what we would really love to see is collaborative, well informed, balanced and respectful initiatives rather than one-sided conferences.

There is an evidence base for affirmatory gender care as well as a wealth of clinical experience in this area. It is misleading to suggest that gender services are novel or experimental as the evidence we do have shows that the benefits of treatment greatly outweigh the risks. Risks are reduced further by good quality support and robust patient assessment, which at the moment is usually is not possible due to funding and political factors. As yet to our knowledge CANSG has not offered constructive solutions or alternatives to the current models of care. It is not in dispute that the evidence base requires improvement however, and we do not object to the idea of a conference being organised to discuss this. Our main objections, and that of many gender diverse people involved, are twofold:

Firstly, CANSG does not appear to recognise being transgender or gender diverse as a valid identity, which does not respect trans people or their autonomy around their medical care. Their website states that they "believe that the sexed categories of male and female encompass all expressions of gender, personality types and behaviours". This is opinion, is not evidence based and leaves no room for anyone who identifies other than purely male or female. This is also evident on watching their webinars on YouTube.

Secondly, gender critical groups and this conference in particular platform controversial and concerning speakers. This has been noted by media outlets including the Daily Mail. The conference programme does not allow for balanced discussion. A number of speakers have promoted or been involved with debunked pseudoscientific theories around gender identity reminiscent of the 1960s, such as autogynephilia, or psychotherapeutic approaches

that could be regarded as conversation practices. GLADD and the RCGP are signatories of the Memorandum of Understanding on conversion therapy and so any conference which opposes a complete ban on this harmful practice is at odds with our values, and indeed the general consensus on this topic. Despite CANSG's stated desire for academic freedom some members have also been involved in trying to stifle transgender research groups.

We recognise that there may be members of CANSG who have legitimate and reasonable concerns around the current state of gender services, particularly for young people, but there are also members who oppose gender diverse identities on an ideological basis. It is imperative that the group does not allow its concern to be conflated with controversial or discriminatory theories.

Gender criticality can be considered a philosophical belief and therefore be protected under the Equality Act in the same way as religion. This is why CANSG threatened legal action against the RCGP if the conference was cancelled. The case law judgement that established this precedent however was explicit in that holding gender critical beliefs cannot be grounds for discrimination against transgender people. It is imperative that CANSG and organisations like it do not allow themselves to become a haven for people who hold discriminatory views, as this would be in breach of the Equality Act and to the detriment of their stated aims.

GLADD's position is that we welcome open and respectful discussion on the evidence base to allow provision of high quality care that meets the needs of gender diverse people. This conversation however must include trans and gender diverse people, must be led by compassion and with acknowledgement of the decades of clinical experience that exists in this field. It is not novel or experimental. The existence and rights of gender diverse people are not up for debate and the community currently does not feel safe as the result of actions of groups like CANSG. This is not about wokery but about decency. It is entirely possible to engage in constructive dialogue on these matters and we very much hope to see an end to the current polarised debate, in which nobody wins.