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From the President

5 March 2020

The Hon Greg Hunt MP
Minister for Health
Parliament House
CANBERRA ACT 2600

Via Email: Minister.Hunt@health.gov.au

Dear Minister Hunt

Re: Care and treatment of children and adolescents experiencing gender dysphoria

I refer to your letter of 16 August 2019 in which you requested that The Royal Australasian College of Physicians (RACP) provide advice on the treatment of gender dysphoria in children and adolescents.

Following your correspondence, the RACP has consulted with our expert College bodies with relevant clinical expertise in this area, including paediatricians, endocrinologists, and groups with specialist research and bioethics expertise. We have also consulted with several of our affiliated speciality societies, including the Australasian Paediatric Endocrine Group and the Endocrine Society of Australia. It is important to note that our advice is confined to the areas of medical practice in which the RACP's members have expertise. However, this issue is multidisciplinary, and the expertise of other peak groups such as the Royal Australian and New Zealand College of Psychiatrists is also relevant.

What is gender dysphoria?

Trans and gender diverse (TGD) are terms used to describe a person's gender identity when it is different to their birth assigned sex. The term gender dysphoria is used to describe the distress experienced by a person due to incongruence between their gender identity and their sex assigned at birth: it is generally diagnosed at clinical interview, rather than self-defined.

Individuals who have gender dysphoria may require clinical care for psychosocial support and gender transition (social or medical). Children and adolescents who are TGD or have gender dysphoria are a very vulnerable population, experiencing stigma and extremely high rates of depression, self-harm, attempted suicide and suicide.

Evidence supporting therapeutic approaches

Gender dysphoria in childhood and adolescence is an emerging area of healthcare and as such, existing evidence on health and wellbeing outcomes of clinical care is limited. This is due to the relatively small number of studies, the small sizes of study populations, the absence of long-term follow up and the ethical challenges of robust evaluation when control (no treatment) is not acceptable. Similar limitations occur in other health conditions which affect small segments of the population, such as rare cancers. Whilst we believe it a priority to address gaps in the evidence base, further scientific evidence may take a considerable period of time to be produced. It would require consistency in treatment approach and data collection across sites of clinical care, and long-term monitoring of health and wellbeing outcomes of patients with gender dysphoria.

The role of clinical guidelines when evidence is limited

As you are aware, the role of clinical guidelines is to provide recommendations on diagnosis, care and treatment of medical conditions, based on the best available evidence, and expert consensus in areas where evidence is lacking or still emerging. The emergent nature of the evidence in relation to gender dysphoria does not reduce the necessity for clinical guidelines as guidelines can facilitate access to best practice care.

While the National Health and Medical Research Council (NHMRC) guideline development process is often considered 'gold standard', we note that for health issues which are lower in prevalence and where the evidence base is still developing, following the NHMRC guideline development process in its entirety may not be feasible. In these circumstances, guidelines developed using best available evidence and expert clinician consensus are entirely valid.

There are a number of clinical guidelines available to clinicians to guide practice in the care and treatment of children and adolescents with gender dysphoria. These include the American Academy of Paediatrics, the US Endocrine Society, the World Professional Association of Transgender Medicine, the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents and New Zealand Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand.

Our expert groups were asked to consider the care and treatment approach described in the first care and treatment guidelines developed for trans and gender diverse children and adolescents in the Australian context, the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents. We acknowledge the considerable work, expertise and consultation that took place in the development of these clinical guidelines. The RACP supports the principles underlying these guidelines, specifically the emphasis on a multidisciplinary approach to providing person-centred care which prioritises the best interests, preferences and goals of the patient.

General considerations in clinical care

In considering the issues raised by this consultation, our clinicians identified a number of principles which should be taken into consideration in care and treatment of children and adolescents with gender dysphoria which are discussed in the following paragraphs.

The RACP strongly supports expert clinical care that is non-judgemental, supportive and welcoming for children, adolescents and their families experiencing gender dysphoria. A fundamental principle of medical care is the need to ensure that care and treatment is provided in the best interests of the patient, and that doctors do not harm those who request care through either their action or inaction. The RACP's advice is framed within this context. Patients with gender dysphoria require access to expert care and treatment. Withholding or

limiting access to care and treatment would be unethical and would have serious impacts on the health and wellbeing of young people.

The population under consideration is an extremely vulnerable group who need the support of clinicians, the health system, their families, friends and wider support networks. Treatment should be holistic, developmentally informed, child centred and individualised.

To facilitate a high level of informed consent, patients and families must be provided with information about the limitations of available evidence regarding gender dysphoria. For example, there should be an informed discussion of the burdens and benefits of treatment options in a way each child or adolescent can understand. This is a critical reason why clinicians with expertise in adolescent health are central to guiding care and treatment, because of their expertise in assessing competence to make medical decisions.

Access, funding and delivery of care and treatment for gender dysphoria is variable across jurisdictions and in many areas is lacking. This absence is particularly acute for young people in rural and regional areas, who experience significantly worse health outcomes overall. Unavailability of services and clear referral pathways is impacting on access, equity and continuity of care for trans and gender diverse children and adolescents. Ensuring children and adolescents with gender dysphoria can access appropriate care and treatment regardless of where they live, should be a national priority.

Suggested ways forward

The RACP suggests three ways forward to address these issues. Firstly, the Australian Government work with States and Territories to improve access to and consistency of care within and across jurisdictions. This could be achieved through the development of a national framework for service provision and outcomes monitoring. This framework would serve to support and enable the provision of consistent, high-quality, specialist multi-disciplinary health care in every jurisdiction, across a range of settings, and to guide workforce considerations. It would also guide consistency of outcome data collection across jurisdictions and facilitate long-term monitoring of health and wellbeing outcomes.

Secondly, to facilitate the development of a robust evidence base, the RACP suggests that the Australian Government consider coordinating and providing funding for research on the long-term outcomes for the care and treatment of gender dysphoria, and funds the development of an outcomes database to develop our knowledge and understanding of the long-term outcomes for children and adolescents with gender dysphoria.

Thirdly, the Australian Government should facilitate the development of evidence-based fact sheets aligned to current guidelines which should be made available to all patients and their families to support informed consent. These factsheets should be developed by a multi-disciplinary group of experts in the field including the authors of the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents, in consultation with patients and their families.

These ways forward would be in line with recommended actions in the National Action Plan for the Health and Children of Young People: 2020-2030.

Need for caution

Finally, our clinicians noted that there are substantial dangers posed by some of the proposals that have been put forward during the recent public debate on this issue, such as holding a national inquiry into the issue. A national inquiry would not increase the scientific evidence available regarding gender dysphoria but would further harm vulnerable patients and their families through increased media and public attention.

Considerations of care and treatment of medical conditions should be based on medical evidence and advice from medical and other health professionals who have specific expertise in the condition in question, as well as the affected patient population. Consequently, the RACP strongly advises that the Australian Government does not establish a national inquiry or similar process.

If you would like any further information, please contact policy@racp.edu.au.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mark Lane', with a long horizontal flourish extending to the right.

Associate Professor Mark Lane