# A Medical Response to Alberta Education's *Gender Diversity: Guidelines for Best Practices*

*The opinions offered in this publication by Dr. Achen and Dr. Fenske are theirs and theirs alone and should not be construed to represent those of the Department of Anesthesia and Pain Medicine at the University of Alberta or the Department of Medicine at the University of Alberta*

The Honourable Education Minister, David Eggen, has released a document entitled, "**Guidelines for Best Practices:** Creating Learning Environments that respect Diverse Sexual Orientations, Gender Identities and Gender Expressions." While steps to ensure a safe and respectful environment for children, teens, and adults in our school system is both welcome and admirable, it is our position that this document is flawed both in the most basic assumptions it rests upon, and the conclusions thereby reached. From the social media flurry that has arisen in response to Mr. Eggen's document, we understand that we're not alone and that thousands of Albertans share these concerns, as well, and therefore we strongly urge that this document not be used to set policy for schools in Alberta.

Firstly, we are concerned that the philosophical foundation of this document is not valid. The so-called guiding principle of "Self-identification" as the "sole measure of an individual's sexual orientation, gender identity or gender expression,[1]" appears throughout the document, serving as a foundational statement, with no reference as to why this is valid nor how it is substantiated. Self-identification in terms of gender identity

[1] Guidelines for Best Practices: Creating Learning Environments that respect Diverse Sexual Orientations, Gender Identities and Gender Expressions, Page 3.

has been well-studied and is a complex developmental phenomenon largely dependent upon the pre-adolescent nurturing environment of a child.[2] We are not born with an awareness of ourselves as male or female, but develop this sense over time, which, like other developmental processes can be affected by subjective perceptions, relationships, and adverse experiences from infancy onward. In a society suffering from broken marriages, single-parented families, and immersed in a media culture that relentlessly sends mixed and confusing messages regarding sexual identity to children, should it not be expected that some might have questions about their own sexuality? Our role as parents and leaders in the community is not to uncritically approve of the vagaries – at face value – of our children's emotions as they try to come to grips with who they are, but to help them recognize the source of such confusion and to reaffirm and help re-align their "assigned" sexual gender with their perceived identity.

Secondly, we are concerned that the conclusions drawn from this document are faulty, namely that a child's subjective gender self-identification be accepted without question or concern and, thereby, encouraged and entrenched. Mr. Eggen's proposal states that "No student or family should be referred to programs which purport to 'fix' 'change or 'repair' a student's sexual orientation, gender identity or gender expression."[3] This naïve and oppressive statement disregards the underlying emotional, mental or physical reasons that might lead someone to identify sexually as someone other than his or her morphological and genetic identity. Nowhere else in medicine, other than gender identity and sexuality, is such a reckless stance taken or practiced presently. A case in point would be a patient suffering from the eating disorder, anorexia. I (Dr. Achen) was recently working with such a patient who believes she is obese despite the fact that she is severely malnourished and in dire need of nutrition and calories. Her condition was so

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[2] Zucker, K. & Bradley, S. (1995) Gender Identity Disorder and Psychosexual Problems in Children and Adolescents. New York: Guilford Publications.

[3] Guidelines for Best Practices: Creating Learning Environments that respect Diverse Sexual Orientations, Gender Identities and Gender Expressions, page 5.

severe that she had to be admitted to hospital to treat her life-threatening cachectic state and to address her body image confusion. If the same principles, as outlined in Mr. Eggen's document were to be applied to this young lady, and her self-identification as an obese person was accepted at face value and she was left untreated, she would starve to death. What evidence exists that individuals are better off denying their genetic and morphologic makeup for an idea that exists in their mind? The history of the medical community has been overwhelmingly in support of treating individuals with gender confusion by helping them accept their gender identity dictated by genetics. It has only been in recent times that the psychiatric community has been encouraging patients to pursue the gender identity they relate to in spite of their morphologic and genetic makeup. The studies used to determine treatment options are based on subjective end points which the latest task force review by American Psychiatric Association called a low class of evidence.[4] Therefore, we believe it is irresponsible to counsel children, teens, and young adults to accept a gender identity that does not align with their genetic makeup. Unless there is a significant medical reason, such as hormonal or chromosomal anomalies, such a practice would amount to subjecting a person to a lifelong fight against their own nature. Counselling and corrective procedures have proven-effective benefits in addressing the root of gender confusion and assisting individuals to align with their native-born gender identity, both in terms of physiologic and mental function.[5] We would strongly urge, then, the Honourable Minister to reverse such an incredibly misguided and illogical statement and policy.

Thirdly, we are concerned about the implementation of this document in its present form in terms of (1) how it would limit the role and responsibility of parents, (2)

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[4] Shechner T. Gender Identity Disorder: A Literature Review from a Developmental Perspective. Isr J Psychiatry Relat Sci. 2010; Vol 47 (No 2):132-138.

[5] Zucker KJ, Lawrence AA, Kreukels BP. Gender Dysphoria in Adults.Annu Rev Clin Psychol. 2016 Jan 18.

create unsafe spaces in schools, and (3) expose children to harmful interventions. In reference to limiting the parental role, the proposal emphasizes the need to "protect a student's personal information and privacy, including, where possible, having a student's explicit permission before disclosing information related to the student's sexual orientation, gender identity or gender expression to peers, parents, guardians or other adults in their lives."[6] What legal basis is there for doing this? The government is setting a dangerous precedent in withholding life-changing information from the parents of a child and, as a result will become the De Facto guardian of all children. The family is the primary place of security and support for growing children and has always been the best environment to nurture and rear children. By not including parents, the government will essentially exclude this most precious and prominent resource that children have to address such an incredibly significant issue. It remains bad medicine to counsel any person to make a life altering decision without the involvement of his or her parents, in addition to other respected counsellors in the community. The American Psychiatric Association report on the treatment of Gender Identity Disorder (GID) clearly outlines that the caregivers be fully informed on all treatment options available. The Association details need for the "(1) assessment and accurate DSM (*Diagnostic and Statistical Manual*) diagnosis of the child referred for gender concerns, including the use of validated questionnaires and other validated assessment instruments to assess gender identity, gender role behaviour, and gender dysphoria; (2) diagnosis of any coexisting psychiatric conditions in the child and seeing to their appropriate treatment or referral; (3) identification of mental health concerns in the caregivers and difficulties in their relationship with the child, ensuring that these are adequately addressed, (4) provision of adequate psychoeducation and counselling to caregivers to allow them to choose a course of action and to give fully informed consent to any treatment chosen. This entails

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[6] Guidelines for Best Practices: Creating Learning Environments that respect Diverse Sexual Orientations, Gender Identities and Gender Expressions, page 6.

disclosing the full range of treatment options available (including those that might conflict with the clinician's beliefs and values), the limitations of the evidence base that informs treatment decisions, the range of possible out-comes, and the currently incomplete knowledge regarding the influence of childhood treatment on outcome; (5) provision of age appropriate information to the child; (6) assessment of the safety of the family, school and community environments in terms bullying and stigmatization related to gender atypicality, and to address suitable protective measures."[7] By contrast to this expert consensus, the education minister, on his own authority, is proposing new guidelines that directly contradict our most current practice for gender identity dysphoria.

In terms of safe spaces, although the document proposes to ensure a safe and respectful environment for children, implementation will inevitably do the opposite. Allowing boys to use the girls' washrooms and change rooms will not create a welcoming, caring, respectful and safe learning environment in our schools. Human sexuality is an objective biological binary trait, with genetically distinct "XY" and "XX" chromosomes and morphologically distinct male and female anatomy. Giving students the so-called right to choose a washroom or change room based on their perceived subjective gender identity, and not on their objective human anatomy, places other children in vulnerable, and potentially dangerous, spaces. Our particular concern is for young girls who, if such a document were implemented, would be forced to share a washroom or changing facility with their male counterparts. Sensitivity to the feelings of a boy who thinks he's a girl should not trump the privacy rights and the feelings of girls who don't want to share their change room with a boy. So-called protection of one population group should never place another group in harm's way.

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[7] Byne, W. et al. Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder, Sex Behaviour. Arch Sex Behav (2012) 41:759–796.

In terms of harmful exposures, implementation of this document would invariably set in place policies which would condition children to accept as normal a life of impersonation of the opposite sex. Such a trajectory involves the use of medications to block puberty with cross-sex hormones of testosterone or estrogen. These agents have been associated with dangerous health risks including vascular disease[8] and cancer.[9] Endorsing gender discordance as normal by way of our education system will confuse children and parents, leading to a broader lifetime use of these toxic and potentially carcinogenic cross-sex hormones and, in turn, expose otherwise healthy young adults to unnecessary surgical mutilation. Studies from Sweden of patients who use cross-sex hormones and undergo sex-reassignment surgery demonstrate an alarming increased suicide rate; twenty times the population average.[10]

In summary, because the proposed document on gender diversity is flawed in both the most basic assumptions it rests upon, and the conclusions reached, we have serious concerns regarding its content and implementation. It is our strongly held position that this document be withdrawn for further professional review, or at the very least, be significantly amended to mandate involvement of parents and caregivers in all such decision making, and open up for discussion the various effective treatment options for addressing gender identity disorder.

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[8] Moore, E., Wisniewski, & Dobs, A. "Endocrine treatment of transsexual people: A review of treatment regimens, outcomes, and adverse effects." The Journal of Endocrinology & Metabolism, 2003;88(9):3467-3473.

[9] FDA Drug Safety Communication issued for Testosterone products accessed 3.20.16: http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm161874.htm.

[10] Dhejne, C, et.al. "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden." PLoS ONE, 2011; 6(2). Affiliation: Department of Clinical Neuroscience, Division of Psychiatry, Karolinska Institutet, Stockholm, Sweden. Accessed 3.20.16 from http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885.

Yours Sincerely,

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