

# Doctors are failing to help people with gender dysphoria

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Doctors are failing to help people with gender dysphoria, argues a leading doctor in *The BMJ* this week.

James Barrett, a consultant psychiatrist at Charing Cross Gender Identity Clinic in London and President of the British Association of Gender Identity Specialists, argues that conservatism in treating trans people in [primary care](#) is unacceptable.

The need for treatment for gender dysphoria worldwide has never been higher, writes Barrett. According to NHS England, the combined waiting list for the United Kingdom's 11 NHS [gender identity](#) clinics is at least 5,000 people.

Furthermore, with early and prompt treatment at a gender identity clinic, improvement in quality of life can be huge and can be sustained in the long term.

So it seems odd, he says, "that such effective treatment was ever considered a low priority - or that access to it should have been delayed or made more administratively complex than access to less efficacious therapies."

Yet in the experience of those of us who work at gender identity clinics, "as many as one in five GPs won't prescribe for people with gender dysphoria, even after expert advice from an NHS clinic," he writes.

Reasons that GPs have given for this refusal, include concerns about it being dangerous (it isn't), difficult (it isn't), expensive (it's not, particularly), he explains. He has also heard disturbingly frank admissions that it was against "deeply held Christian beliefs" or that "we are trained to treat illnesses, not to change nature."

Barrett outlines the difficulties of prescribing from a centralised clinic, and calls for a joint care model, in which primary care gives patients hormone prescriptions and gender identity clinic practitioners provide specialist support.

He points out that NHS England's guidance "makes it clear that GPs are expected to care for people with gender dysphoria just as for any other group with an uncommon condition easily managed with a joint care model."

The General Medical Council has also made it clear that ethical or "principled" objections are not acceptable in gender dysphoria and that "inexperience in the field" should be remedied by prompt cooperation with a gender identity clinic, he adds.

"Yet patients are still often, offensively, referred to by their old title or legal sex, sometimes years after hormone treatment or gender reassignment surgery," he argues.

Furthermore, their being transgender "can be viewed as a psychiatric illness, which it never was, and can feature in every medical consultation and referral even if not relevant to the ailment in question, in a manner that would be unacceptable if the issue was that they were gay or black," he says.

"People with gender dysphoria aren't freaks," argues Barrett. "They are teachers and accountants, police officers and doctors, parents and

taxpayers, and - importantly - patients as deserving of respect and decent, routine NHS care as anyone else. It's about time they started getting exactly that."

**More information:** James Barrett. Doctors are failing to help people with gender dysphoria, *BMJ* (2016). [DOI: 10.1136/bmj.i1694](https://doi.org/10.1136/bmj.i1694)

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