

Top sex-change doctor faces ban

Dr Heather Peto of Cambridge University and the LGBT human rights group OutRage! argues that charges of professional misconduct against one of the world's leading gender identity specialists are not in the interests of transgender people and bring shame to the medical and psychiatric professions.

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Dr Heather Peto writes:

The General Medical Council this week began to hear allegations of professional misconduct against Dr Russell Reid, an internationally-renowned consultant psychiatrist specialising in transgender and gender reassignment issues, which are often referred to medically as gender dysphoria or Gender Identity Disorder (GID). He has been a prominent member of the Royal College of Psychiatrist's committee on gender identity issues.

The allegations are that between 1984 and 2003 Dr Reid prescribed sex-change treatment for some transgender patients too quickly and without a sufficient cooling off period to allow patients to change their minds.

It is claimed that he failed to adhere to the guidelines advised by the US-based Harry Benjamin International Gender Dysphoria Association. Although not legally binding, these guidelines about how soon to start hormone treatment and how soon to undertake surgery are followed by many specialists in gender dysphoria.

The guidelines state that patients should have been living in their desired gender role for at least three months before being prescribed hormones, or have had at least three months of psychotherapy.

Patients should also undergo a minimum of 12 months hormone therapy and live in their desired gender role for 12 months before referral for gender change surgery.

The allegation is that Dr Reid began treating some transgender patients earlier than the guidelines stipulated.

Dr Reid denies the charge of misconduct. He claims to have given full consideration to the guidelines as part of a thorough assessment of each patient's needs, but that inflexible guidelines were not in the best interest of some patients.

As a transgender person, with direct experience of these issues, I support Dr Reid. My opinion is that he acted correctly by not adhering to the orthodoxy where this would not have been beneficial to his patients.

The GMC disciplinary hearing against Dr Reid, who is arguably the UK's best known expert in transgender issues, is taking place at Regent's Place, 350 Euston Road, London NW1 and is expected to take five weeks.

Dr Russell Reid faces allegations that he breached guidelines on prescribing hormone treatment and gender reassignment surgery. These allegations were mooted by psychiatrists from Charing Cross Hospital's gender identity clinic, Donald Montgomery, James Barratt and others.

They follow more than two decades of intellectual, ethical and medical controversy concerning sexuality, gender and identity.

See:

http://www.guardian.co.uk/uk_news/story/0,3604,1126835,00.html

Dr Reid, to his considerable credit, stood apart from the dogma of the Charing Cross gender identity clinic. He treated patients who had thought carefully about their gender and sexuality, who discussed rationally the pros and cons of gender reassignment treatment, and who concluded for themselves that they needed and wanted treatment.

Dr Reid's disciplinary hearing is not really about whether some patients were given treatment that they may have later regretted.

There are plenty of such patients who went to mainstream, orthodox psychiatrists and gender reassignment specialists.

The issue at stake in this GMC hearing is who decides whether and when a person has gender reassignment treatment:

the doctor or the patient, and where that balance between them should lie.

Gender dysphoria, like sexual orientation, is not a decision a doctor makes for us; it is an objective fact that affects an individual.

Unlike sexuality, some medical intervention is necessary: I needed hormone treatment to give me breasts and feminise my appearance, for example. This treatment needs to be medically supervised, but it is the patient who should decide if and when they have that treatment.

Yes, some cooling off period is sensible, but at the end of the day if a rational individual convinces a doctor that they have thought long and hard about the matter, if they know the risks and want to proceed, why should a doctor and an arbitrary time-limit stand in their way?

Being transgender in the 1980s and 90s was frankly horrible; not only did you have to deal with the transphobia, homophobia and sexism of society at large, but also the transphobia, homophobia and sexism of the medical and psychiatric professions.

In 1991, when I first reported my gender dysphoria (the feeling that my physical gender did not match my mental gender), my doctor and consultant psychiatrist did not believe me. I described the classic symptoms of gender dysphoria: I was physically male but had always believed that I was female and there had been some cruel biological mistake.

While growing up I identified with other girls, fancied men and, embarrassingly, during my early teens I identified with the extreme feminine stereotypes that women were decorations and home-makers. To the gender psychiatrists of the 1980's this was classic gender dysphoria, so why was I disbelieved when I went to my doctor for help?

The reason was that like all teenagers I was developing my personality and identity by trying out roles. I soon realised that being female did not mean being subservient to men and suppressing one's intellect.

To the psychiatrist who saw me, I was a bolshy feminist. My sexuality developed too: I was attracted to women as well as men, the psychiatrist could not understand why I would want to alter my physical gender when I could have sex with women as a man. The fact was that when I fantasised about sex I fantasised that I had female genitalia and was making love with those physical assets. My penis, while functional, had no appeal for me and the thought of using it was abhorrent.

Screwed up? The medical profession certainly thought so. How could a man want to be a women, yet be a feminist and want lesbian sex? But let us just pretend for a moment that I had been born physically female, would this have been a physiological disorder? Feminism and being a lesbian might have been threatening to some men but that was their problem. Later research has shown that a transgender person's brain structure is more similar to the gender that they identify with than their physical gender, this is likely to have occurred because of hormone imbalance during pregnancy.

So a transgender person has been unlucky enough that their brain has developed a different gender to their body, what should they do about it?

Some people hide it for the rest of their lives, others acknowledge it but come to terms with the difference, while others want to correct the biological mistake and alter their body to fit their brain. However in the 1980s and early 90s the only people most gender reassignment psychiatrists would treat were those people 'who could not live in their present gender' this was defined as people who wanted to adopt an extreme gender stereotype and were to be 'straight' in their reassigned gender.

This was a foolhardy psychological position. It meant that transgender people who wanted treatment would need to lie about their thoughts and feelings to their psychiatrists in order to get treatment. Transgender support groups would exchange information about what a given psychiatrist would want to see in order to give treatment e.g. only wear floral dresses in front of Dr so-and-so and claim you want to be a home-maker. The result was that psychiatric treatment for gender dysphoria was a joke. If you are making up a life to get hormones and surgery, then the psychiatrist's advice to you is based upon a false premise. Far more patients have been harmed in this way than patients receiving treatment too readily.

By 1994 I was being treated by the mainstream psychiatrists. I was hugely frustrated that my intellectual analytical approach to my treatment was simply poo-hooed as someone who should never progress beyond hormone treatment because they were not certain that surgical change would be the panacea for solving all problems. Surely, however, this is the type of rational thought that you would want of a patient who is considering major surgery?

As a result, I rebelled by being interviewed on a BBC Radio 4 program 'All in the Mind' in the mid-1990s, in which I tried to raise the level of debate about what gender dysphoria means and how it should be treated.

I was punished by my psychiatrist, by having my hormone treatment of three years duration withdrawn. It has never been reinstated, even though no-one doubts that I have been living as a woman over the last 12 years. It is far harder to live as a woman while looking physically male than it is if I were 'able to pass' as a woman, however the GMC have never shown the slightest interest in this type of abuse of medical authority. It is a great shame that I did not go to Dr Russell Reid instead of the mainstream psychiatrists.

In the last 15 years attitudes have changed. Being lesbian, gay or bisexual (LGB) no longer has the same stigma as before. The possibility of a gay gene and of gender differences in peoples brains has led to a general realisation that perhaps LGBT individuals cannot change who they are; that a person should be taken as who they are, and that differences in sexuality, race or religion help contribute to diversity and enrich society. Much to the relief of transgender activists, mainstream psychiatry has moved with the times and even the Charing Cross gender clinic now adopts many, if not all, of the approaches that Dr Russell Reid has long espoused. He was and is a pioneer. The disciplinary case against him should be dropped.

Dr Heather Peto is a transgender activist in the LGBT human rights organisation OutRage! She was featured on the BBC's 'All in the Mind' program in 1994 and 1995.