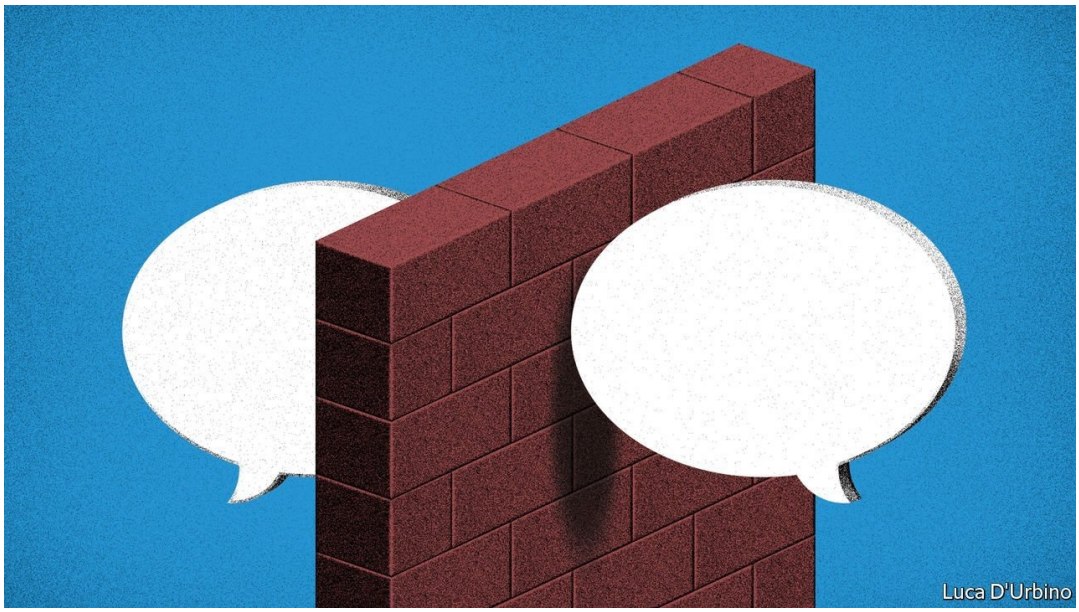
Conversion therapy

Britain's proposal to ban "conversion therapy" is not what it seems

The government conflates sexual orientation and "gender identity". It should think again



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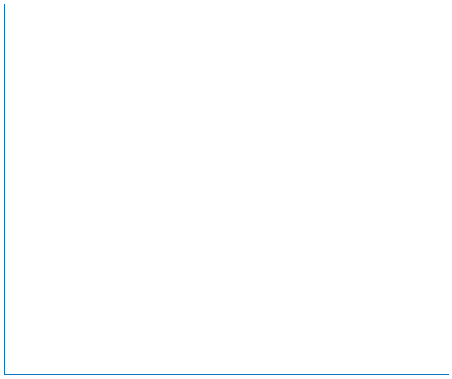
ONE PIONEER tried transplanting testicles from straight men into gay ones. Sigmund Freud thought hypnosis might work. Priests and imams have tried to "pray away the gay"; doctors administered electric shocks while patients were shown erotic images, in an attempt to recast pleasure as pain.

Psychologists, psychiatrists and quacks have been trying to "cure" homosexuality for at least a century. These days, thankfully, "conversion therapy" is much less common than it used to be. Partly that is because it does not work. Mainly, though,

it is because society has changed. Although homophobia still exists, people across the West increasingly see same-sex attraction as something normal and unremarkable. But Britain's government wants to clamp down on conversion therapy all the same. A bill to make the practice illegal will soon be put before Parliament, after a rushed consultation.



Such therapy is always pointless, often cruel, and occasionally dangerous. Yet the government should rethink its plans, because the proposed law is muddled. It conflates sexual orientation with the nebulous and changeable concept of "gender identity". The government wants "conversion therapy" to include talking treatments that explore why someone's gender identity is at odds with their biological sex. A ban would leave the field of gender medicine to those happy to shepherd patients—including the growing number of under-18s who see themselves as transgender—into "gender affirmation", in which their cross-sex identity is treated as permanent. This approach fast-tracks many children onto powerful drugs and sometimes surgery.

That would be a bad idea. There is little evidence that the affirmative approach relieves gender dysphoria—the misery of feeling at odds with one's biological sex. Key to medicine's 20th-century transformation from guesswork to science was the notion that doctors should prescribe treatments only when there is good reason to think they work. Yet the evidence base for the affirmative approach is thin. The drugs it uses were not clinically tested for this kind of therapy. Clinics lose track of patients, making it hard to assess outcomes. Putting the force of the law behind unproved medical treatments is wrong.

What is more, the evidence that does exist is not reassuring. Clinics and psychologists report that many trans-identified patients also suffer from depression and anxiety. Some have had abusive childhoods; many are gay or lesbian and may be confusing their emerging sexuality with a cross-sex identity. A few seem to have homophobic parents for whom the idea of having a straight (trans) "daughter", say, is preferable to having a gay son. Between 60% and 90% of children identified as trans eventually seem to reconcile themselves to their biological sex, so long as their cross-sex identity is not uncritically affirmed. Talking to patients about their feelings should not be illegal.

Starting puberty blockers often begins what doctors call a "treatment cascade". Data from European clinics suggest the vast majority of those prescribed puberty blockers go on to take cross-sex hormones. The drugs are powerful, and so have powerful side effects. Puberty blockers may stunt growth and weaken bones. (A recent case in Sweden documented a teenager with osteopenia, a debilitating brittle-bone disease usually restricted to the elderly.) Cross-sex hormones produce irreversible changes, including the growth of facial hair and a deep voice in women, and the growth of breasts in men. Long-term use can affect fertility. Surgery to remove breasts is permanent, as is surgery on the genitals, which also guarantees sterility. As the growing number of "detransitioners" shows, some of those who undergo such treatments come to regret them bitterly.

A ban on talking therapies would leave the government swimming against the tide. Much of what passes for gender medicine has been pursued recklessly, with little care for the long-term well-being of patients. Yet even within the field, doubts are spreading. Hospitals in Finland and Sweden have backed off from prescribing drugs to the under-18s, in favour of talking therapies. In America, where any deviation from gender affirmation risks provoking attacks on social media, prominent gender doctors are beginning to worry that drugs and surgery have been handed out too readily. An exception is Canada, where a similar ban on conversion therapy has been in place since 2017 and is now being strengthened.

For some trans-identified patients, drugs and hormone treatments will be the right outcome. But for many others, perhaps most, they may not. That is why talking therapies must be available in treatment. Britain's health service has recently embarked on a review of paediatric gender medicine, which the new law would pre-empt. Ministers should think again. ■

This article appeared in the Leaders section of the print edition under the headline "Bad medicine"

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