

*The letter concerns:*

*Development of a WHO guideline on the health of trans and gender diverse people*



Dear Members of the Guideline Development Group

According to above mentioned announcement of WHO, we would like submit our comments and proposals.

In our opinion, the above-mentioned WHO guidelines should:

1. Aim at the comprehensive well-being and future of people experiencing changes in gender perception, and not only be limited to the collision of individually understood rights and the quality of health services (as formulated on the WHO website - *pars pro toto* error), i.e. should cover both health mental as well as medical, and in the long term approach.

2. This approach should also include the iatrogenic effect, i.e. health and mental problems resulting from hormonal or surgical interventions that neutralize biological sex and needs of detransitioner.

3. We opt for a cause-and-effect model in perceiving transgenderism, i.e. patient rights and the quality of health services (as formulated by WHO) can only be discussed in terms of:

- a comprehensive examination of the causes of a given patient's feelings (which, we know, are essentially acquired in the case of transgenderism),
- detailed diagnosis and differential diagnosis, and especially psychological diagnosis,
- application of therapy that is an adequate response to individually identified causes,
- less invasive and less risky methods should be used at least first,
- with the primacy of voluntary psychotherapy, to which every patient should have the right.

Many health problems may be the result of a lifestyle related to unresolved conflicts or psychological traumas (including e.g. HIV infections as a final result).

4. WHO guidelines should move away from the medicalization of the approach (as it is currently in many professional guidelines). What is inappropriate is a “psychologically blind” gender-affirming approach, i.e. excluding the achievements of psychology, especially developmental, clinical and personality psychology.

5. A diverse theoretical approach should be taken into account, and not a gender-affirming approach should be imposed, discriminating against others (passive, mixed, holistic), as is currently the case -

which is extremely important due to the lack of scientific consensus and the lack of clearly established scientific knowledge regarding these issues. Otherwise, please state clearly that your approach is one-sided and excludes other existing therapeutic and scientific approaches apart from the gender-affirming approach.

6. Therefore, it is also advisable to be very careful in formulating final conclusions.

7. Self-advocacy is unacceptable, i.e. the fact that the team developing the WHO Guidelines includes representatives of LGBT organizations or LGBT people, which may result in a lack of objectivity and a one-sided ideological bias in such a politicized area. We propose that representatives of organizations representing other points of view be added to the team. The current composition of the team risks discrimination against other approaches and groups.

8. WHO guidelines should balance the rights and needs of transgender patients and the rest of society, including health care personnel. Imposing language, including gender pronouns, is unacceptable, especially violating religious freedom. Real gender does not depend on pronouns.

9. For medical reasons and for the good of people identifying as transgender, we support the indication of biological sex in medical documentation each time (there have been mistakes and life-threatening situations - e.g. undiagnosed miscarriage in case of legally male person).

10. Every patient has the right to be familiarized with a range of theoretical and therapeutic approaches along with a comprehensive assessment of their effects and risks.

11. We advocate realism, not epistemological idealism, that is, subjective and variable perception or social creation cannot replace objective reality, and the patient's well-being cannot be the only determinant of the health approach.

12. The approach to children, adolescents and adults with transgender feelings should be diversified.

13. The use of hormone therapy (including hormone blockers) and surgical operations that neutralize biological sex in the case of persons who are at least minors and are in the process of personality development should be prohibited.

14. Parents' rights to care for their children should be protected.

As an attachment and an example of, in our opinion, correctly formulated professional guidelines that comprehensively care for the patient, we attach the "Standards and Guidelines of the Association of Christian Psychologists in Poland for the Diagnosis and Therapy of Children and Adolescents with Gender Identity Issues", which may, to a large extent, be applied not only to children and adolescents.

Yours faithfully

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