The Imminent Dangers of the Politicisation of Medicine

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Some months ago, I attended a seminar put on by the Victorian Equal Opportunity and Human Rights Commission about the Victoria's new law about *Change or Suppression (Conversion) Practices Prohibition Act 2021*. At one level, the convenor offered a cogent summary of the legislation and explained how it applied to clergy when talking about sexuality with particular emphasis on the things that could render us liable to complaint and prosecution under the legislation. It was sobering and gave us advanced notice of what types of religious speech and behaviour were illegal in Victoria.

The convenor offered a very broad description of the types of speech and behaviour that would constitute suppression of a person's sexuality and gender identity. I did have one question as to how clergy and clinicians could provide either pastoral care or medical care to adolescents with gender dysphoria without transgressing the new legislation. So I asked the convenor, "Can a clinical practitioner – like a psychiatrist, psychologist, or paediatrician – treat an adolescent with gender dysphoria in such a way they would desist in their dysphoric symptoms?"

I asked the question because, according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5 – the international authority for psychiatric diagnoses), 80% of adolescents with gender dysphoria desist in their symptoms, most become gay or bisexual. I was then flabbergasted when the convenor said, "No," such a treatment would violate the legislation,

with the result that a medical practitioner could be subject of a complaint and prosecution by treating an adolescent in such a way.

This is why the Australian Medical Association initially opposed the Victorian gender identity and suppression legislation back in 2021 because medical professionals would not be able to challenge a patient's self-diagnosis. I was of the understanding that the AMA had been heard and the legislation was changed so that medical professionals had dispensation to pursue best medical practices in treatment of a patient even if it was not strictly gender identity affirmative. However, the convenor of the seminar I attended did not share that view of the legislation. Medical professionals, as well as clergy, had to affirm a person's gender identity and could not treat it as a pathology that needed to be cured, healed, or repaired.

I think this particular case, the medical treatment of adolescents with gender dysphoria, is going to come to a flash point of conflict between trans-activists, government, and medical practitioners because the National Association of Practicing Psychiatrists have recently advised against giving puberty blockers or cross-sections hormones to adolescents outside of clinical trials due to the adverse side effects of such pharmaceutical treatments. What that means is that if a psychiatrist refuses to give cross-sex hormones to an adolescent who identifies as "transgender," that action could be interpreted as a suppression of said person's gender identity and make the psychiatrist liable to complaint or prosecution.

Whatever one thinks about the treatment of gender dysphoric adolescents, we should be agreed that the politicization of medicine poses a social risk when a government intends to compel or coerce clinicians to engage in treatments that potentially causes harm, does not accord with best clinical practice, or even violates the consciences of medical professionals.

I have to say that I am similarly concerned with legislation passed in Queensland last year which changed the *Health Practitioner Regulation National Law Act 2009* to direct the Australian Health Practitioner Regulation Agency to investigate complaints against medical professionals. The new legislation includes a subtle but sinister change. Instead of the previous requirement to make "health and safety of the

public" the paramount concern, the new act directs the agency to maintain "public confidence in the safety of services provided by registered health practitioners and students." Medical professionals will have to provide advice promoting confidence in public policies and certain practices, even if it is not in the individual patient's best interests or does them potential harm. This change to the national law applies not only in Queensland but also automatically in Victoria, Tasmania, Northern Territory and Australian Capital Territory. The Health Ministers (but not the parliaments) of New South Wales, South Australia and Western Australia have committed to passing similar regulations.

The legal change in Queensland is not semantic or administrative as it effects the philosophy and practice of medicine, whether medical practitioners are focused on defending government policy or with patient health and safety. The concerning thing here is that a medical professional could be investigated for even warning about the side effects of puberty blockers or the risk of myocarditis from COVID vaccines. Or, to give a concrete recent example, Dr Jillian Spencer is a Queensland psychiatrist who has been treating adolescents with gender dysphoria without an affirmation approach. An approach which is, to be clear, not rogue, but consistent with internationally recognized medical practice on gender treatment for adolescents in the UK, Finland, Sweden, and the Netherlands.

Her approach has led to discipline by the Queensland Children's Hospital as Dr. Spencer was stood down. Dr. Spencer is supported by the LGB Alliance, the Human Rights Law Alliance, the Australian Doctors Federation (ADF). In fact, according to the ADF:

The ADF advocates for and supports medical practitioners who may be targeted for upholding important professional principles, especially in ensuring the need for procedural fairness and natural justice when there is dispute about their practice.

Gender dysphoria in children and its skilled and considered medical management are the subject of ongoing debate, both in Australia and internationally. There is a particular obligation to first do no harm when making medical decisions during a particularly volatile period of a person's

development, especially should the outcome potentially not accord with later mature reflection.

It is essential for good medicine and societal well-being that there is open and unbigoted debate about the merits or otherwise of relevant treatment protocols, and that medical decision-making be guided by evidence rather than bias or ideology.

We must not only hope, but advocate for laws which protect for the ability of medical practitioners to pursue a "no harm" principle and treat patients with best medical practices without being coerced or punished by governments who promote ideology over public health and safety.

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