

Affirming Sex Change in Kids Violates “First, Do No Harm”

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“First, Do No Harm,” four simple words taught early and often in Medical School. Words to live by, and practice by, we’re taught. But can we? Is it possible? After all, almost everything we do as physicians carries some risk of harm. It may be minor as in the pain after successful surgery. It can be life altering or even life threatening as in our failure to report a suspicion of child maltreatment for a variety of truly inconsequential reasons. Bear with me though as I present a current controversy with respect to children not adults. Keep an open mind and reflect deeply on those four words.

Let’s begin though with something non-controversial. When is the human brain fully mature? Socrates knew it to be the mid-twenties as did Shakespeare. Science waited until the late 20th century to declare correct these observant men. This was an important admission since it made clear that children, even through the adolescent years, don’t have the mental capacity to make long term, life altering decisions. That’s why parents consent to have their children receive needed surgery, unpleasant cancer chemotherapy, and the like.

Now the controversy, chosen because it surfaces almost daily in the media, in the Halls of Medicine, schools and recently in Policy "pronouncements" by another pediatric organization: the Transgender issue.

First, do no harm! While it’s always been true, and non-controversial, that little boys sometimes dress in girls’ clothes, and little girls sometimes would rather play with trucks than dolls, it has never before meant that they are the opposite sex. Another non-controversy is that chromosomes determine sex and they are unalterable. A child can no more make him or herself someone of the opposite sex than they could become chimpanzees. Moreover, for the vast majority of young children, these feelings are transient and, if not supported and/or encouraged, extinguish by late adolescence. This is why it deserves treatment and/or counseling as does any other physical or emotional problem of childhood. But a child’s brain is plastic. It can be molded by experience, by parents dressing them as the opposite sex, calling them an opposite sex name, and insisting that all others do the same. Impersonation of the opposite sex becomes imprinted not only in the child's physical brain, but also in the child's conscious and subconscious psyche.

First, do no harm. Hanne Gaby Odiele, an intersex person, speaks about the harmful physical and emotional effects of surgical procedures physicians told her were necessary. Her advocacy work encourages therapy and peer support rather than medical and surgical treatment “that is often irreversible and sometimes unnecessary”. For a first-person account of how another child's mind can lead him/her to decisions later regretted please read this story (there are others) of a teen transitioner who de-transitioned at age 22. <https://4thwavenow.com/tag/detransition/>

Yet, despite what we in pediatrics know about children's brains, our profession increasingly seems to have no qualms about accepting decisions of a child incapable of making those decisions. Our profession also seems to embrace the media and political imperatives to accept these decisions. And so, we are encouraged to prescribe, or to send children to colleagues who prescribe, puberty blocking hormones, then cross-sex hormones, a combination that often leads to sterility, followed by surgical removal of healthy body parts, all for a condition which usually (over 80 percent of the time) cures itself by late adolescence (though some children, and their families, as already noted, will require counseling in the interim).

When children refuse potentially lifesaving chemotherapy we take them/their parents to court. When parents want growth hormone or anabolic steroids prescribed so their child can be (more) competitive in their favorite sport, we refuse. We do what is best for the child even if it displeases them or their family. It is imperative then that we treat the transgender thinking child in the same way.

Puberty is a normal, natural occurrence. Puberty blocking drugs create an abnormal condition that arrests children's brain development as well as their physical sex characteristics. When combined with or followed by cross-sex hormones, they often result in permanent sterility. Cross-sex hormones in and of themselves are associated with debilitating health risks including heart attacks, stroke, diabetes, cancers and more. In addition, rates of suicide are nearly twenty times greater among adults who've used cross-sex hormones and have undergone sex reassignment surgery, even in Sweden which is among the most transgender affirming countries.

Endorsing sex reassignment for children as normal in our offices, or via the media and public policy, will inevitably lead more children to puberty-blocking drugs. This, in turn, virtually ensures they will "choose" a lifetime of toxic cross-sex hormones, and likely consider surgical mutilation of their healthy body parts - all to avoid perhaps some counseling, parental support for their genetic sex, and a period of watchful waiting.

The pediatric health profession has arrived at a crossroads. Do we stand firm in the practice of good ethical Medicine or do we follow the crowd? This is a simple question. First, do no harm. Think about it.

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