

# HORMONES BLOCKAGE AND GENDER REASSIGNMENT

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I must admit when I read the phrase of hormone block in young children, I felt some sort of great disgrace, disbelief and could not digest or absorb the real meaning behind it. I started search to read around it and learn what is the essence of all that. I started to question, what world are we living in and how can we play or manipulate with our own biological and genetic make-ups, without a valid verdict or justification. How can a child decide to block his or her hormones, to assign the gender they want to be, when they are still young, immature and probably still cannot decide or be certain, for their future ahead?

I think the whole idea is basically clouded by many factors spiralling, bombarding and going around us and it is getting it is tremendously impacting grossly on young people. I read a story of a young girl who regretted the irreversible transformation and makeover procedure and accused the hospital for not explaining the full action underpinning in full disclosure. She later on, reverted back to her own inborn identity as she mentioned. This girl seemed to have major issues about her gender identity and decided to change to a boy without knowing the profound consequences incurred subsequently. In fact, little is still known in regards, and the evidence base is quite infantile and poor.

She added that it was an unlawful action that left her in demoralised, with low moods and suicidal ideations. She affirmed that the conducting doctor had rushed her and did not carry out a proper investigation to assess if her mental health was deranged or sound at a time, when she was diagnosed with gender dysphoria and wanted a gender reassignment.

In the UK, the law allows anyone from age of 13 onward, to consent for any procedure even if the parents object according to Gillick concept. It is merely to respect autonomy genuinely shall it raise. This concept has been devised long time ago in the UK when an outraged mother disagreed about a treatment given to her teenage pregnant girl and was escalated to court at a time. The concept deemed those under 16 are mature enough to understand the nature and implications of any clinical treatment or a procedure to be undertaken, as an autonomous adult without their parental approval. Sometimes, this argument would look to be disputed as to if this child was mature enough to opt for themselves or not.

Gillick competency implies that understanding, retaining, communicating effectively the passed-on knowledge, in order to satisfy their full mental capacity and competency, to make a sound decision for their best interest. However, at this age, it would be wise to ensure that they understand fully the whole procedure; with what it involves and how it will be conducted and give them some time, to take the information in, to rethink, to digest the whole picture and to reflect back if they are quite sure and happy about it, as its irreversible process in many instances. It has been found that those children when they start developing their puberty, will not go through this and will stay as they are biologically born and defined.

'Gender dysphoria' is defined by the NHS, as a condition where a person would experience extreme distress and discomfort as there is a mismatch between their actual inborn biological sex and the feeling of their gender identity. It is also called gender incongruence.

'Hormone block' is a treatment to be given, to help people live the gender they want to be, with their preferred one, and in the body, they wish to have. It involves certain hormones to play with and manipulate; halt, stoppage, give and change. The whole idea and procedure have been started in 2011 in the UK, London, by Tavistock's experiment. However, it was originally started and adopted by Amsterdam Gender Clinic, in 1994, when a 16-year-old girl wished to be a boy. She was given a Gonadotropin releasing hormone agonist (GnRHa); a hormone which originally was given to treat prostate cancer, sexual deviance in men and in precious puberty to halt it (Biggs M, 2019). Then the Gender Identity Development Service (GIDS), part of Tavistock and Portman NHS Foundation Trust, started treating children with gender dysphoria from England, Wales and Northern Ireland. They launched a puberty blockers experiment, in 2011; a version of GnRHa regime. The experiment involved injecting 44 children with triptorelin. Parents and children were not informed fully about the risks of triptorelin. Additionally, the negative results of the experiment were not published according to Biggs M, 2019, report. In his report it is clearly made that some had denounced the use of hormone blocker and it is long term effects on the body system including the bones. Some campaigns had gone far and expressed their argument by expressing that having anything was

better rather than living in the wrong body, which made the demand on hormone blocker immeasurable.

The experiment was approved by one committee without having controls and the children were invited to sign and complete a questionnaire. It seems that this drug has never been licensed for this condition anywhere globally. Additionally, the evidence base is quite poor around it. The review did not explicitly explain how it will affect bones, height, gonads and body shapes and its reversibility.

Scientifically when puberty is suppressed for a period of time, the bones will stop growing, and will not get stronger enough as they supposed and meant to be and it is not clear how it will affect the developing brain at that period of teenage growth. Clearly it is totally unknown. Additionally, the Tavistock deemed it is a reversible process as a press of a button, which will not reflect the actual reality, but indictment along with surgical correction ultimately.

Furthermore, side effects were not addressed in the consent sheet, such as depression, headaches, hot flushes, abdominal pain, bruising, redness and swelling, weight gain, acne, hypersensitivity reactions and irreversible infertility. Moreover, the trauma of shunted gonads would incur certain psychological and social issues. Added to the hurdles of physical and the developmental life-long consequences. Those all shortfalls and misleading information's will contribute certainly and are considered a serious ethical misconduct in medical ethics.

What is more, the criteria for children age selection were fluctuating between 10-16 and did not follow the ethics committee approved criteria according to Brigg M, 2019 report. This in fact reflect profound discrepancy and a serious breach. One of the cases were followed up in the Dutch experiment to the age of 35 who did not regret the change but scored high for depression and could not sustain a romantic relationship and felt shame about his physical external genitalia appearance.

To understand the whole process of this conduct. The hormone block follows three main stages, where it starts with puberty suppression (whereby the child will have the time to think, reflect and decide if to go ahead with the body they wished and wanted to feel ease with), passing through gender-affirming hormone and ending with gender affirming surgery. The Gender-reassignment surgery, is the final step in transitioning from one sex to another, and is reserved for patients over 18 after a year of the cross-hormone intake. This involved surgical cut and reconstruction of the gender wished to be in simple terms. It would involve, bilateral mastectomy, nipple repositioning, dermal implant, hysterectomy, salpingo-oophorectomy and so on and for the other gender it would involve orchidectomy, penectomy, vaginoplasty, vulvoplasty and construction of a clitoris (clitoroplasty). And the rest would be the reverse to the other wanted gender, as for instance, construction of a penis (phalloplasty or metoidioplasty), construction of a scrotum (scrotoplasty) and testicular implants and a penile implant. Anyone would read that,

would think it is as simple as that and in fact, it is not, as it is a major big change with great transformations and implications on the long run.

The hormone block involves fundamentally blocking the normal secretion of the biological one and opposing it, by introducing the counteract hormones (called as cross-sex hormones- gender-affirming hormones) of the desired gender. This will lead to irreversible changes such as breaking or deepening of the voice, breast development and infertility. Those hormones affect people differently. Also, there is some uncertainty about the cross-sex hormones risks on the long-term, and they are supposed to be taken for life even after the gender affirming surgery to keep the momentum rolling over.

This process has been and still taken place at Tavistock and Portman NHS Trust of the UK, in London. The girl exclaimed that the whole process was a traumatic emotional experience and there is no way going back in time, as the clearly made physical changes were visible for ever. She added that she kept felt for years as everything else was shutting down, falling apart, bringing up, as a menopause state and realised the gender reassignment thing was a complete hoax, full of negative feelings and sickness in her life to come.

While the science has observed in certain medical conditions, there is a mix between both genders, as in congenital adrenal hyperplasia. Research found that 1% who suffered gender dysphoria, which means it is a rare find and the whole process is tedious and frustrating to children at such an earlier age. However, due to the publicity and growing awareness of such attitudes, could possibly bring in such behaviour with younger children ahead in the current time and future to hold.

Having said so, it is not clear though how those experiments can affect their life in many aspects. Those drugs no doubt could cause substantial harms on their mental, physical life and thus affect the quality of their life in many shapes and forms. Beside the facts of their well-known side effects, such as predisposing to blood clots risk, gall bladder stones, weight gain, dyslipidaemia and liver enzymes derangements, polycythaemia, androgenic alopecia and acne. All of which can be added to the long list of drawbacks and risks stated above.

The whole idea of enabling a child to changing sex came from children and parents along with the transgender activists and some clinicians, to promote the GnRHa. Negative results were not published like the self-harms, behavioural and emotional problems, which imply exacerbating gender dysphoria.

Before the whole story for hormone blocker for young people with gender dysphoria, they will grow out naturally becoming gay, lesbian or bisexual adults. Hormone blocker clearly destroy the ability to conceive and to have orgasm which is a strong taboo to discuss.

Some psychologists have stated that those children are over-diagnosed and then over-medicalised, and this could create a laborious medical scandal.

After all, medicine and good medical practice condemn inflicting any harm and any ill act that will put or risk anyone life, so how about such strong hormones without a prior good knowledge to their implications and their morbid impacts on the long run when misused. The question is, how can we play with our natural development under many misnomers, and names? This will create a void community in the future thinking of nonsense and let commercial companies just to breed in and make more interests and profits out of that.

In light of the above, your body is your property and it should not be handled or missed up or extremely mutilated in such a way. It is your identity, your path and should be respected and reserved carefully unless it is a pathological issue without your control incurred like in certain well-known diseases. Most of who had this lengthily journey had apparently regretted and considered it a confused moment in their darkness moment.

The UK high court took this serious matter further and decided to stop referral of children under 16 for puberty blockers, on the argument that such children were improbable to fully recognise the long-term repercussions. Therefore, this came into effect by the end of 2020 and shall stay so until an appeal should it be raised by the UK's only gender identity development service; the Tavistock and Portman NHS Foundation Trust (Bmj, 2020). Additionally, the only gender identity development service has been deemed and rated to be inadequate by the care quality commission (CQC) of England, and has imposed conditions on the Tavistock and Portman Trust's registration, in order to diminish the long waiting list of nearly 4,600 young people (BMJ, 2021). The claim came as those patients are vulnerable and their risks cannot be monitored nor assessed, and they cannot take up their concerns to the next level without the fear of retribution, to quote their argument exactly.

This case is still ongoing and the debate is quite challenging and hot; we wait to witness the battle and its outcome.