

From: [REDACTED]
To: [medboardconsultation](#)
Subject: Gender identity/alterations
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I am responding to your invitation for comment re proposed changes to medical practice in this arena.

My understanding is that the Hippocratic Oath is the enduring ethical stance which undergirds the whole of medical practice.

My concern is that recent changes in legislation are being out worked such that this founding principle may be violated. A professional who is conscientiously committed to optimising their patient's health should not be coerced by governments or regulatory bodies to act against their best professional judgement, so as to endorse and facilitate an individual's decision to execute what the practitioner perceives as "harm" to themselves (and to others who will suffer with them through and/or as a result of their decision). Such overriding levels of control and enforcement exerted upon skilled professionals featured in Hitler's era, and under communism, but I am alarmed by the possibility of it occurring in a free and democratic society such as ours!

Sex change surgery for instance, as a viable commonplace option is fraught with ethical dilemmas. I would argue the case of whether an individual should consider they have the "right to choose" their gender as it automatically subsumes a right to ditch their "assigned" gender and a "right to access" technologies to alter their body as desired. Even if it were their right, should their right trump the right of a medical practitioner to decline to participate in perpetrating what they believe to be an injurious act?

From a practical perspective, confusion in the area of gender identity is undoubtedly a difficult and sensitive matter for any individual to have to navigate their way through. But much of the pain is intensified rather than relieved by medical "solutions". Serial surgeries and hormonal regimes are extreme, and largely irreversible, measures which may at best alleviate psychological discomfort but unfortunately may introduce a host of other discomforts including profound and intractable regret (which is quite frequently an outcome not previously envisaged by the person at the outset).

Here is just one highly complex and sad, but absurd case in point. I know a young man who hitherto enjoyed heterosexual relationships, but somewhere in the course of numerous procedures designed to sequentially transform him into a woman, realised that he still had a sexual preference for women. Aware of the difficulties of going back, he now wants to become a woman - so that he can become a lesbian! (I doubt whether his intrapsychic pain will be resolved by doctors prepared to commit their helping endeavours to mutilating and re-fashioning his genitals, and counsellors working to support the inevitable adjustments).

And who should pay for all this? - this is an expensive set of cosmetic procedures which I for one, am not happy to see annexed under Medicare. And it places a disproportionate level of burden on our already-strained health and hospital facilities.

There are many more sentiments I would like to express but am unfortunately constrained by time. However I hope the points made will be given due consideration by your Committee.

Thankyou for the opportunity to contribute to your deliberations.

Yours respectfully,
Neidra Jennaway

Sent from my iPad