

“Do No Harm”: A physician lens on Policy 713 Submission to the Office of the Child and Youth Advocate Consultations on changes to Policy 713 New Brunswick Medical Society

Physicians across New Brunswick are concerned about the recent changes made to Policy 713 on June 8, 2023. We believe that these modifications may increase the risk for psychological and physical harm to vulnerable children within our school system. The New Brunswick Medical Society (NBMS) feels compelled to contribute its member expertise to the Child and Youth Advocate’s evaluation of this review.

We recognize and are empathetic to the anxiety expressed by some parents across the province who are seeking to ensure that they can maintain their parental role in supporting their children’s development. However, as with any issue impacting children, parental concerns should be balanced with the child’s psychological and physical wellbeing. The duty of physicians is to follow scientific evidence and strongly advocate to ensure that the patient’s ultimate wellbeing remains at the centre of any decision.

The NBMS has heard from family physicians, pediatricians, psychiatrists, and other medical specialists from Horizon and Vitalité health authorities. Following a comprehensive review of scientific literature, this group of physicians expressed significant concerns regarding the apparent absence of clinical and expert advice regarding the changes made to Policy 713. Furthermore, it was stressed that the review directly contradicts international medical recommendations and has the potential to negatively impact children and youth in New Brunswick who are exploring their sexual orientation or gender identity as part of a normal and healthy development process. The NBMS endorses these concerns.

In the following submission, we examine the various potential impacts of the recent changes based on expert clinical advice, and we encourage the government to reconsider its updates to Policy 713, this time based on scientific medical evidence.



Identity construction and normal development

Many foundational psychological discoveries have been explored through the decades. Erik Erikson, an ego psychologist, developed one of the most popular and influential theories of development, centered on psychosocial development. According to Erikson, the primary task of adolescence is the development of identity – the ability to know oneself, to develop stability in how one sees oneself, and to be true to that self, based on personal agency or the notion of fidelity⁶.

Alan Waterman explored identity, identity statuses and the stages of development. According to Waterman, the process of identity construction is driven by two factors. The first is the discovery of one's true self, a predestined notion that identity is something that already exists. The second driver is the notion of creation, implying that there is not one 'true self', but rather many possible selves that can be created through personal exploration, by trial and error, and supported or limited by the interaction with the context in which the young person develops. These commitments toward identity in early adolescence are explored in increasingly more depth as time moves forward. The inherent drive to construct identity is anxiety - fear of being undefined and yet at the same time, fear of foreclosure on an identity that causes stasis or stagnation⁷.

The Ecological Model developed by an American psychologist, Urie Bronfenbrenner, proposes that a child develops within a vast number of relationships and within a multiplicity of environments, from immediate family, school settings, community groups, sport/artistic endeavors to broader cultural values, laws, and customs⁴.

Children and youth should be recognized as proper human beings and, by definition, should be viewed as being actively in development. The child is dependent on all the systems that surround and affect them. Their development is therefore vulnerable to these environments. Data supports the shared clinical notion of co-responsibility of the different systems to offer support in the proper development of a child. Ideally, these systems do not necessarily have the same purpose but are complementary.

In the child's highest interest, all normal steps of development should be respected and validated to achieve their full potential. Developmental experts stress the importance that any exploration of gender identity or sexual orientation are an integral part of healthy development, and that each child's rhythm should be respected.

The need for children and youth to express themselves freely, authentically, and safely is imperative for a healthy society.

Gender diversity, impact of stigma and discrimination

In terms of identity construction and normal development, scientific data shows that the expression of gender characteristics, including identities, that are not stereotypically connected with one's assigned sex at birth is a common and culturally diverse human phenomenon. Diversity of identity including gender should not be perceived as negative or pathological¹.

Unfortunately, the reality is that it is stigmatized, leading to bias and discrimination, and ultimately resulting in "minority stress"^{1,2}.

Scientific data shows that gender-diverse people are especially at risk of social and systemic discrimination. Clinical literature and sociology studies have demonstrated that these individuals are more likely to experience poverty, social isolation, and workplace discrimination.

Minority stress has a direct impact on mental health – gender-diverse individuals are statistically more at risk of anxiety and depression, but most importantly, are ten times more likely to attempt suicide.

The World Professional Association for Transgender Health (WPATH) recently released updated standards of care to provide clinical guidance to health care professionals to assist transgender and gender diverse people in accessing safe and effective pathways to physical health, psychological well-being, and self-fulfillment¹.

WPATH underlines the importance for health care providers to understand the impact of social attitudes, laws, economic circumstances and health systems on the lived experiences of transgender and gender-diverse people.¹

This recommendation is also applicable to any stakeholder in systems that participate in the development of youth - these include schools and workplaces. This understanding becomes a priority with policymakers to avoid further social harm.

The hostility towards transgender and gender-diverse people, including from their family and friends, is perpetuated systemically by discriminatory laws, policies and practices that hinder access to housing, public spaces, education, employment, and health care — all of which are basic human rights.^{1,2}

The research also specifies that ideologically based narratives framing gender dysphoria as “trendy or popular,” as opposed to an actual medical diagnosis, lead to further prejudice and misinformation.

We also add that the notion of ‘Rapid Onset Gender Dysphoria’ is not a recognized medical condition and should not be used in medical, social, or political narrative as this has no scientific basis.

Gender diversity and impacts on safety and security

Transgender and gender-diverse individuals and communities experience shocking amounts of violence and discrimination. Transgender people are over four times as likely than cisgender people to experience violent victimization, including rape, sexual assault, and aggravated or simple assault.⁵ In a recent survey by Trans Pulse Canada with over 3,000 respondents aged 14 years and older, 68 per cent of respondents experienced verbal harassment, 42 per cent experienced sexual harassment, 37 per cent experienced physical violence, 26 per cent experienced sexual aggression, and 16 per cent experienced physical assault.³ From a medical community perspective, this is unacceptable.

Review of Policy 713 and its impact

The New Brunswick Medical Society is concerned about the lack of clinical consultation and evidence-based data that supported the changes and offers the following points:

1. ***Regarding identity construction and normal development:***
 - a. The revised policy may be harmful for normal exploration, a necessary step in identity construction.
 - b. It undermines the scientific principle that a child’s development depends on a variety of systems responsible for supporting and validating exploration.

- c. It contradicts the importance of respecting the child's wishes and personal rhythm with whom and how they wish to express all aspects of their identity.
- d. It could prevent the child from having the opportunity to have a variety of safe spaces to explore identity.
- e. It could promote delay of development or even encourage identity foreclosure instead of normal exploration and eventual attained commitment to a clear identity.

2. *Regarding stigma and discrimination*

- a. The revised policy and public uncertainty/discourse that has resulted from the debate are a social cause of minority stress.
- b. The review was not based on scientific consultation or evidence-based data that is widely accepted by international medical expert opinion and research.
- c. It is our clinical judgment, based on evidence and experience, that the process which requires parental consent or to be directed to professionals to obtain consent will effectively pathologize normal exploration of identity of children.
- d. These decisions contribute to maintaining and exacerbating stigma within the population which has a profound documented effect on the mental and physical wellbeing of gender diverse individuals.

3. *Regarding safety and security*

- a. Although it is in the best interest of the child to be supported by all systems, it is imperative that we recognize as health care professionals that not all systems will be supportive.
- b. There is a risk that it also undermines the opinion and the judgment of other adults in the various systems who also have the child's best interest at heart.
- c. The policy does not permit individualization of the needs and appropriate conduct to support the child.
- d. With the changes to Policy 713, there is risk of causing prejudice to the safety and security of gender diverse children and youth.

Recommendations

To ensure the safety and positive development of children and youth, the New Brunswick Medical Society recommends that to fulfill the initial goal of Policy 713, it must include:

1. An emphasis on protecting child and youth development, using medical evidence-based models.
2. An assurance that the child's environment and its ecosystem remain favorable and attentive to each step of their development respecting their rhythm and variations.
3. The importance of protecting the child from any undue societal and political pressures or prejudice.

Physicians have a duty to protect the healthy development of children and youth across the province. Each child deserves the right to develop and thrive. Based on the scientific evidence outlined above, the changes made to Policy 713 have the potential to negatively impact children and youth who are exploring their sexual orientation or gender identity as part of their normal development.

The New Brunswick Medical Society is urging the Child and Youth Advocate to critically review the evidence provided when making recommendations.

Sources:

1. Coleman, E. et al. 2022. *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*. International Journal of Transgender Health.
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3. Trans Pulse Canada. 2020. *Trans Pulse Canada Report*.
<https://transpulsecanada.ca/results/report-1/>
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5. Flores, A. et al. 2021. *Gender Identity Disparities in Criminal Victimization: National Crime Victimization Survey, 2017-2018*. American Journal of Public Health.
6. Erikson, E. H. (1950). *Childhood and society*. New York: Norton
7. Waterman, A. S. (1984). Identity formation: Discovery or creation? *Journal of Early Adolescence*, 4, 329-341.