

## “Patient’s orders!”

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The terms “gender” and “sex” have been and are sometimes used interchangeably, but currently many academics assert that gender is defined by feelings, and sex is defined by chromosomes—so the two are quite independent of each other, regardless of actual correlation in human experience.

This distinction is not simply an evolution of word-use in time, but it has become the ground of a battle. Those who dissent are labelled “phobic” for having an irrational fear of what they do not know or cannot accept. Once opponents are labelled, they are pushed out of the discussion. Speaking about gender dysphoria and related issues could even become illegal<sup>1</sup>, depending on how our laws are interpreted in the future.

But the debate around sex and gender is not one that we should ignore or allow others to define. We have to be “on the side of science” and declare a truth that is being suppressed: that people who have a ‘y’ chromosome are male, and those who do not are female. Conditions such as Klinefelter Syndrome<sup>2</sup> and Turner Syndrome<sup>3</sup> are chromosomal disorders which can lead to a person feeling like they are not the sex that their body says they are; this is a very difficult feeling to live with, and requires special attention/treatment, but one can never change their sex/gender.

Suppose that you wanted to change something about yourself — and let’s say now that it was not your gender that you were interested in changing, but your age, or ethnicity — would you be worried if you were affirmed in these wishes? One might prefer to be younger or of a different ethnic origin, but medical intervention is not the answer, and a doctor who just followed the patient’s orders would not be a good doctor!

Doctors, psychologists, counsellors, and others have to take the complete well-being of the patient into account, not just their immediate wishes. That should mean saying “no” to requests that are unhelpful. Not long ago, we could have included suicide in that category, but the moral barriers are being destroyed quickly.

Changing gender is a wish of some children and teens (and adults). Should their wish be granted? Should parents have any say in the matter?

One case that will test the limits of parental authority in relation to sex-reassignment therapy is happening in BC. The father of a fourteen-year-old<sup>4</sup>, who was born a girl but now identifies as a boy, does not want her to begin the process of hormone therapy. The mother is okay with it, however, and so a court battle might ensue.

A major question that needs to be asked is whether or not a fourteen-year-old can or should have the legal authority to demand and receive this life-altering treatment (and if such treatment should be funded by taxpayers). Unbelievably, the hospital involved stated that the decision is solely the fourteen-year-old’s to make!

But the bigger questions are about the short, medium, and long-term implications of this decision; some of the short-term consequences are known. Once the patient has been injected with testosterone, there would be an increased likelihood of facial hair appearing and the voice deepening. But while these are significant — and irreversible — they are minor in relation to the mid-term possibilities: elevated likelihood of heart disease, stroke, and diabetes. Oh, and they don’t know if she would ever be able to get pregnant (should she decide to change her mind, or desire a child). Long-term? There are already people thinking ahead and talking about

what to do if a transgender person became forgetful or developed dementia and became disturbed<sup>5</sup> about not looking like his or her gender-at-birth.

What is the biggest question? Well, they keep getting bigger: can ANYONE, let alone a fourteen-year-old, give informed consent to a procedure, the outcome of which is not known even to the medical community? This is what is actually happening; we have a hospital saying, on the one hand, that a fourteen-year-old should be allowed to give informed consent, but on the other hand affirming that the outcome/implications of the treatment are not fully known!

Informed consent? Not truly possible; they should be asking patients to sign a waiver allowing themselves to become human experiments! But is this what we want for teens? Isn't part of parenting protecting children from going too far when experimenting? Conversely, is not affirming a child's most ridiculous or dangerous notions a form of child-abuse?

Don't doctors fear the possibility that in the long-term, some of their former patients might decide that they are unhappy with their gender-transition (and the advice that they were given) and commence a major lawsuit? In fact, the government and anyone else involved should be extremely cautious; enabling someone to attempt to seriously change his or her biology might not work out as planned!

Cases of gender dysphoria like this are not easy, and should not be shrugged off. Psychological help and/or hormonal assistance may be needed, as well as spiritual counsel. A hospital chaplain or counsellor with some specialized training could help significantly by giving some perspective on the bigger picture of life and its challenges to someone struggling with his or her identity.

The wishes of patients are not always in their own best interest. Perspective and help are sometimes needed to make a decision that is truly good and helpful. This is true for someone who is feeling suicidal, for instance, but also in many other situations. Helping someone can mean saying "no" or "not yet". That is what the father in BC is saying to his fourteen-year-old daughter, and his success or failure before the courts will have significant legal repercussions in many ways.

We in CHP need to keep telling the truth about politically sensitive issues like gender dysphoria, and we must never forget to speak the truth in love. It won't be easy, it will sometime be like telling a child "no" for the third time — but it is in our nation's best interest, and so we must not give up. Important matters are instantly offensive to some but that does not validate ending the discussion.

Please get involved in CHP<sup>6</sup> if you are not already and help us be a voice of caution and reason in these confusing times.

## **Footnotes**

<sup>1</sup> [www.cbc.ca/news/politics/transgender-rights-bill-senate-1.4163823](http://www.cbc.ca/news/politics/transgender-rights-bill-senate-1.4163823)

<sup>2</sup> [ghr.nlm.nih.gov/condition/klinefelter-syndrome#genes](http://ghr.nlm.nih.gov/condition/klinefelter-syndrome#genes)

<sup>3</sup> [www.medicinenet.com/turner\\_syndrome/article.htm#what\\_is\\_turner\\_syndrome](http://www.medicinenet.com/turner_syndrome/article.htm#what_is_turner_syndrome)

<sup>4</sup> [nationalpost.com/news/canada/who-gets-to-decide-when-a-14-year-old-wants-to-change-gender](http://nationalpost.com/news/canada/who-gets-to-decide-when-a-14-year-old-wants-to-change-gender)

<sup>5</sup> [www.bbc.com/news/uk-wales-43365446](http://www.bbc.com/news/uk-wales-43365446)

<sup>6</sup> [www.chp.ca/get-involved](http://www.chp.ca/get-involved)

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