

Written evidence submission from Dr Rae Elizabeth WEBSTER regarding the Reform of the Gender Recognition Act with regard to the consultation question below.

- What issues do trans people have in accessing support services, including health and social care services, domestic violence and sexual violence services?

Summary

My concern is that if anyone is allowed to legally change their documented sex from male to female or female to male via “self ID”, their access to health services and treatment will be significantly impaired.

1. Medical Records

If a person is allowed to legally change the sex they identify as via “self ID”, this sex will be documented in all their medical records.

2. Screening

2.1 Currently the NHS sends out invitations to attend for screening for various potential conditions based on documented sex (not gender) and age range if that is appropriate. Not everyone will be aware why and when they should be screened and so may fail to access these services if it is not automatically offered to them.

2.2 A woman who has said they are a man will not be called for breast screening or cervical screening for cancer.

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2.3 A man who identifies as a woman will not be called for prostate screening for cancer.

2.4 The results of this will be that early cancers are missed to the detriment of the person involved. It may be that these cancers are detected at a stage when the treatment options are decreased or even that the cancer when detected is no longer amenable to treatment at all.

3. Investigations

3.1 Blood tests have normal ranges for men which are different from the normal ranges for women.

3.2 A woman who has said they are a man may have their blood results interpreted as normal when they are not in the normal range for a female person. The same will be true for a man who says they are a woman.

3.3 Many other investigations are interpreted differently if it is a man or woman who is being tested. A good example is exercise testing to decide whether chest pain has a cardiac or non-cardiac cause.

3.4 If the result of these investigations is based on the false assumption of the sex of the person involved, abnormalities may not be flagged up, referral for further investigation may not be optimal or appropriate and the progression of a condition will not be correctly interpreted.

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