

# BBC Radio 4 Today programme 25 February 2019

Link: <https://www.bbc.co.uk/sounds/play/m0002ri6>

Listen at 1:46:44

Interviewer: Justin Webb (JW)

Marcus Evans (ME)

Polly Carmichael (PC)

JW	<p>Is there a pro-trans lobby which is having an impact on decisions made by NHS doctors, decisions that change the lives of young people without them fully realising the consequences, and do we properly understand why there has been a huge increase in the number of children who want to change gender?</p> <p>One of the Governors of the Tavistock clinic, the only NHS clinic in England for children and young people thinking of changing gender, has resigned and is making the gravest claims about the atmosphere surrounding the clinic's work. In a moment the Director of the clinic will talk to us live, but first I've been hearing from Marcus Evans whose resignation, after a long association with the clinic came last week; he's left because he thinks a critical report into the work of the clinic written last year by Dr David Bell has been wrongly handled. I asked him what it was that concerned him about the Tavistock Clinic's reaction to that report.</p>
ME	<p>I've been concerned for some time about the GID service, in fact there is a report previously, about 10 years ago, by a clinician in the service who was concerned that we weren't being thorough enough in our assessments and that pressure was pushing people through the service prematurely. So when I became aware of Dr Bell's report and a letter written by a parent who represented several people who had kids who had been treated within the service it sort of chimed with what I'd heard previously.</p> <p>Now the Trust will say they set up their own enquiry which was led by the medical director, however I felt there's always a tendency to slip into saying well this is going to be the mature balanced report that's going to deal with these complaints and questions...</p>
JW	<p>Yes, because what they said about Dr Bell's report, in a statement that was published on the website, they said it was unsubstantiated, they said the case studies were hypothetical and they said that he had no expertise in the field. I mean for instance the case that they made that the case studies were hypothetical, were they?</p>
ME	<p>I don't believe that Dr Bell would put hypothetical studies in the report. Now I've been in the Health Service nearly 40 years and he's one of the most ethical people you'll ever wish to meet.</p>
JW	<p>Right. What about the suggestion, getting to the substance of what Dr Bell and others have said, the suggestion for instance that there are some parents who take particularly teenage girls to the Tavistock who think of themselves as lesbians, who perhaps want to be lesbians, but press them into having treatments from which they can never return?</p>
ME	<p>The thing is that, you know, adolescence and childhood it's a developing process, people are developing biologically, socially, psychologically and people go through various different stages of identification with various different groups and sort of female aspects of themselves, male aspects of themselves, and the thing is this a sort of unfolding story.... and you need to be there to support individuals in seeing how things sort of turn out in the long</p>

	run. What I understand is that individuals presenting often feel under...they're dealing with enormous psychological pressure internally and one of the solutions to that pressure, and confusion, which is threatening, is to come across a...to land upon a sort of fixed idea of what's going to solve the problem of the confusion, and... one takes an attitude trying to understand what that's about – not necessarily disagreeing or agreeing, but why have they come to the idea that it's their gender which is their problem?
JW	But are you saying that not enough care IS being taken to ask those searching questions?
ME	Well that was certainly what Dr Bell was saying...
JW	And you think he's right?
ME	Yeah I do, I think there isn't sufficient time and thoroughness in the examination to understand what's going on with these children and young adults, and with their families.
JW	And is that because of the pressure that the Tavistock Clinic is under from outside groups?
ME	Yeah there's pressure from the child who's in a distressed state, there's often pressure from the family and the peer group and from the pro-trans lobbies, and all of this squeezes...puts pressure on the clinician who may also want to help the individual sort of resolve their confusion and distressed state by, you know, fitting in and sort of going along with a quick solution and actually what I'm saying is it's exactly the opposite of what needs to be done... because there's a lot at stake, these decisions have long-reaching consequences for the people involved.
JW	Do you think Ministers should get involved and that perhaps the work of the clinic should be suspended?
ME	I wouldn't be in a position to say that, I think that's for others to decide.
JW	But is this serious enough that you believe there should be outside interference now that looks quickly and independently at the work that's happening there?
ME	I would hope that as a result of what's happened recently there will be some external sort of oversight and thought about what needs to happen from now on and I think that would be helpful in a way these discussions, because of how difficult they are, they tend to get into silos and that's always unhelpful and one needs openness and to look at things from different points of view.
JW	Well that was Marcus Evans who's a consultant psychotherapist, former Governor of the Tavistock Foundation, he resigned as I say last weekend...Polly Carmichael is the Director of the Gender Identity Development Service (GIDS) at the Tavistock and is here in the studio, Good morning to you.
PC	Good morning.
JW	Do you accept that your initial response to the Bell report that Mr Evans referred to there was... not as good as it should be, you issued this statement saying that the report was unsubstantiated, the case studies were hypothetical, he had no expertise in his field?
PC	So...the initial response is obviously a Trust response, I'm in a slightly difficult position in that I err lead the service so ....
JW	So it wasn't your response...
PC	So it's not my response, having said that ....
JW	Just on it though, it has now been withdrawn hasn't it and it's not on the website any more, but do you accept that it was wrong?
PC	So I think to be fair what happened was the word hypothetical was used .... and then it became apparent looking at the report again, which has been around for quite some time, that it wasn't entirely clear if they were hypothetical cases, so it was removed for accuracy and transparency...
JW	And also to say that it was unsubstantiated then, that the report was unsubstantiated, that wasn't true was it?
PC	Erm well I think there has been a full internal review by the relatively new Medical Director and he's found that there weren't any immediate issues in relation to patients' safety or

	failings in the overall approach taken by the service.
JW	But he has found that some things that Dr Bell found were actually true hasn't he? So just to say in a blanket way they were unsubstantiated wasn't right was it?
PC	Well I think that to say that some things were true [little laugh] ... any service, and our service in particular, works in a highly complex and incredibly contentious field and so without a doubt there has been huge change over the last few years with many more young people coming forward and in that context the service has had to grow very quickly. We have a lot of new staff, people need to train on the job as there isn't a training for people working in gender and inevitably as services grow they need to change in terms of their structures to work and accommodate that.
JW	Why do you believe that there is this huge increase in demand?
PC	I think in some ways it's a very positive thing, I think there's greater acceptance and awareness...I also think probably that social media has a big influence in that young people can get information, talk to each other...so I think, you know, it's multi factorial.
JW	Is there...you refer to social media, does that mean that you accept that there is what some people refer to as "social contagion"? That there is a pressure on young people to consider changing gender, and possibly to go ahead with it, that is created outside them?
PC	So, I think we have, as you know, many young people coming forward to the service and they are not a homogenous group ....
JW	But are there some who are the victims, if I can put it like that, of social contagion?
PC	I don't think social contagion is a helpful word. I think that what we're dealing with is young people who have a sense of themselves and for them the sense that their gender doesn't match their physical body makes sense to them. How that then develops over time and what the ultimate outcome of that is, is unclear and uncertain...
JW	But are you saying that this is not coming from campaigns that are....and you think particularly of what is available on the internet, that people are given the options, the options are put before them, they are persuaded perhaps in a direction that actually in themselves they might not have come to?
PC	Well I think we're all influenced aren't we by things around us and by social media, and as are young people....
JW	But not into a way ... crucially not into an area where we do something to ourselves that is irrevocable
PC	Absolutely ...
JW	That's the point isn't it.....
PC	And I was going to add that in terms of the service, the service has really long assessments over periods of time with the specific aim of allowing young people to explore their own pathway and think about what's right for them and that takes time.
JW	Are you under pressure from pro-trans lobbies as we heard that you were from Marcus Evans?
PC	Well I think that we've err been under pressure for many many years by people who feel that perhaps we should go faster and offer earlier physical interventions...
JW	Right and does that have an impact on your work, because that's what he's suggesting?
PC	But at the same time more recently a much more critical voice has emerged and we're equally under pressure from that group.
JW	And because of those competing pressures is it time to pause what you're doing? I asked about an outside, an external oversight of you, Marcus Evans thought that was a good idea, do you?
PC	So, I mean obviously this is a service that is highly scrutinised and always has been. We do quarterly reports to NHS England ....
JW	But is there a need for more scrutiny now is what I'm asking?
PC	I think there's a need for proper debate and thoughtful debate about the very polarised

	views that are currently being expounded and are making it incredibly difficult to work in this area. So we as a service really want people to be thinking about this, it is....
JW	You need help, basically is what you're saying
PC	I don't think we need help, I think we're a very well established service, we've been going for 30 years, we're probably one of the oldest services in the world. There's immense expertise in the service, but I think it is about a greater awareness in general so that we don't get pulled into these very polarised arguments, where really we're thinking about people's ideological and theoretical stances rather than the evidence.
JW	Polly Carmichael, thank you very much for talking to us.