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Portfolio Committee No.2 – Budget Estimates 2020 Responses to  
Supplementary Questions Health and Medical Research – 12 March  
2020

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232. What are the procedures/protocols/guidelines/clinical practices used by The Sydney Children's Hospital Network Gender Clinic to determine whether or not a child or adolescent experiencing gender dysphoria should progress onto stage 1 puberty blocker treatment?

(a) Where did the procedures/protocols/guidelines/clinical practices come from?

(b) Regarding the procedures/protocols/guidelines/clinical practices, what Commonwealth department, authority or agency has examined them and authorised, approved or endorsed their use for treating children and adolescents experiencing gender dysphoria?

233. What are the procedures/protocols/guidelines/clinical practices used by The Sydney Children's Hospital Network Gender Clinic to determine whether or not a child or adolescent experiencing gender dysphoria should progress onto stage 2 gender affirming (cross-sex) hormone treatment?

- (a) Where did the procedures/protocols/guidelines/clinical practices come from?

- (b) Regarding the procedures/protocols/guidelines/clinical practices, what Commonwealth department, authority or agency has examined them and authorised, approved or endorsed their use for treating children and adolescents experiencing gender



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dysphoria?

234. Once a child or adolescent has completed stage 1 puberty blocker treatment for gender dysphoria at The Sydney Children's Hospital Network Gender Clinic, what ongoing follow-up procedures are in place to monitor the impact of the treatment on the individual?

235. Once a child or adolescent has completed stage 2 gender affirming (cross-sex) hormone treatment for gender dysphoria at The Sydney Children's Hospital Network Gender Clinic, what ongoing follow-up procedures are in place to monitor the impact of the treatment on the individual?

236. Does The Sydney Children's Hospital Network Gender Clinic record and maintain data regarding children and adolescents experiencing gender dysphoria, who have gone through stage 1 and stage 2 treatment and then proceed onto stage 3 treatment surgery?

237. Regarding stage 1 puberty blocker treatment for children and adolescents experiencing gender dysphoria, is the treatment reversible?

(a) If the answer to the question above is yes, please provide the details of the mental health/medical/scientific evidence to support the answer i.e. references to peer reviewed mental health/medical/scientific journals and books?



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238. Regarding stage 2 gender affirming (cross-sex) hormone treatment for children and adolescents experiencing gender dysphoria, is the treatment reversible?

(a) If the answer to the question above is yes, please provide the details of the mental health/medical/scientific evidence to support the answer i.e. references to peer reviewed mental health/medical/scientific journals and books?

232.

There is no 'one size fits all' treatment approach for young people as there are many different considerations in the approach to managing gender dysphoria. A multi-disciplinary team makes a thorough assessment and discusses management approaches with the family and adolescent. Decisions are always made in the child's best interests.

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A number of guidelines inform the care provided by Sydney Children's Hospitals Network Gender Clinic.

The Royal Australian College of Physicians (RACP) statement on gender dysphoria, released on 6 March 2020, provides advice to the Federal Minister for Health that care and treatment for children and adolescents with gender dysphoria should be based on medical evidence and advice from medical and other health professionals who have specific expertise in the condition, in consultation with the affected children, adolescents and their families.



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I have also written to the Federal Minister for Health to request the Australian Government consider whether clinical guidelines for the treatment and care for children and adolescents with gender dysphoria should be developed at a national level.

233-237.

The Sydney Children's Hospitals Network does not provide Stage 2 therapy. Young people requesting Stage 2 therapy are referred to adult-service endocrinologists and psychiatrists for further consideration of this request.

If it is appropriate to refer an individual for Stage 2 treatment at the completion of the Stage 1 puberty blocker treatment, then the Sydney Children's Hospitals Network refers the individual to adult services.

The Sydney Children's Hospitals Network does not provide Stage 2 therapy and does not have details on the group that proceed to Stage 3 treatment (surgery) as these people have transitioned from paediatric to adult care services.

238.

Sydney Children's Hospitals Network does not provide Stage 2 therapy.

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ANSWER:

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239. Has the Minister since the passage of the Abortion Law Reform Act 2019 instructed “the Secretary of the NSW Ministry of Health to prepare and issue professional guidelines to prevent terminations being performed solely for the purpose of sex selection” as was promised in the letter to the Honourable Members of the Legislative Council and read to the House by the Minister for Finance and Small Business on 19<sup>th</sup> September 2019 (Legislative Council Hansard, 19<sup>th</sup> September 2019, bottom of page 73 and top of page 74)?

- (a) If so, has the Secretary prepared and issued professional guidelines to prevent terminations being performed solely for the purpose of sex selection?
- (b) If so, on what date were they issued?

(f) If so, what is the content of those guidelines?

240. Has the Secretary commenced the review of whether or not terminations of pregnancy are being performed for the purpose of sex selection?

- (a) If not, when is the review expected commence?
- (b) In conducting the review will the Secretary accept evidence from women who have personal experience of being pressured to undergo an abortion for the purpose of sex selection?

239.

Yes. The NSW Ministry of Health is currently preparing guidance and will be seeking advice from the NSW Health Ethics Advisory



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Panel and from Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

240.

The review is expected to commence when 12 months of termination of pregnancy notifications have been collected. All available evidence will be considered in the review.

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