



# Läkartidningen

DEBATE

1 COMMENTS

## The National Board of Health and Welfare's new guidelines for care for gender dysphoria more reasonable



**Mats Reimer**, pediatrician, Gothenburg

The National Board of Health and Welfare's updated knowledge support for care of children with gender dysphoria [1] is to be published in its entirety before the end of the year. Since it emerged how extremely weak the old advice had a scientific foundation, both the National Board of Health and Welfare and healthcare providers such as Karolinska Hospital have changed point by point. The new knowledge support will advise against surgery, puberty blockers and sex-opposite hormones before adulthood, except for future research projects only.

The knowledge support from 2015 was largely based on the interest organization WPATH's (World Professional Association for Transgender Health) »Standards of Care« version 7 (SOC7). Several Swedish doctors are members of WPATH, and when the guidelines have just been updated to SOC8, two issues in particular have created debate.

On the one hand, WPATH no longer specifies a lower age limit for any drug or surgical procedure, and on the other hand a new gender identity is coined that requires recognition and care: the eunuch. This does not mean men who have lost their testicular function due to illness or accident, but transgender people who feel that their inner true gender should be reflected in a castrated male body. It seems as a rule it is the testicles that are surgically removed, and some then want to have testosterone on prescription to avoid the symptoms of hormone deficiency.

SOC8 claims that eunuchs can discover their gender identity as early as childhood, but makes no specific treatment recommendations for young people. Had this been published elsewhere than in a supposedly scientific article [2], people would have thought that it was satire driving the trans movement. But even Norway's most famous trans person, Esben Esther Pirelli Benestad (doctor and professor of sexology), on Norwegian television had eunuchs on the list of the seven different genders she believes exist [3].

That the National Board of Health and Welfare's updated guidelines should no longer be based on such an obviously activist organization as WPATH is of course welcome, even if one still wants care to "confirm" the young person's perceived gender identity. We are expected to address the patient by the preferred name, and in the journal text to use the

pronoun that is preferred and to name body parts with the terms the patient wishes. If this means that the care must record pronouns other than he, she or he is not specified. In the US, the flora of self-chosen non-binary neopronouns has grown wildly, with examples such as they, ey, xe, ze, ve, tey, hir and princeself [4].

As a whole, the new guidelines become more reasonable than the previous ones and advocate great caution with irreversible interventions in healthy bodies, as we know that some will regret it. The same rate change is seen in Finland, Great Britain, France and New Zealand. In the US, on the other hand, the division is total, with federal authorities approving medical interventions on trans children while the attitude and access to trans care increasingly differs between Republican and Democratic states.

Even within the World Health Organization (WHO), the issue is highly politicized, and after lobbying, the psychiatric diagnosis of transsexualism has changed its name and place in ICD-11 [5]. The new diagnosis of "gender incongruence" is not placed in the chapter on mental illnesses, but in a completely new chapter on sexual health is combined with diagnoses such as reduced libido, premature ejaculation, intercourse pain and difficulty achieving orgasm.

In Swedish healthcare, child psychiatry will continue to be responsible for treating those under the age of 18 who experience gender incongruity and suffer from it. Care will now primarily consist of psychological support to help the youth live with the healthy body they were born with.

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  3. Visste du at det finnes sju kjønn? NRK. 18 mar 2016.
  4. Marcus E. A guide to neopronouns. *New York Times*. 8 apr 2021 [uppdaterat 18 sep 2022].
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*Skriv kommentar*

## 1 COMMENT

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### **Necessary sobering up - time for an investigation into what has been done?**

8 days ago

Thanks for the update on an issue that many of us are afraid to even touch. Healthcare has many breakdowns on its conscience, in the near term, for example, the treatment of the "apathetic" children, legal scandals caused by notions of repressed memories and other things that too many have participated in implementing. Even if mistakes have been made in the past by stigmatizing homosexuality and trans identity, we can hardly defend the ditch driving that healthcare in the Western world has done by giving way to various actors. How will the future judge us regarding the harms we have inflicted on fragile young people? Systematic mistreatment without evidence requires responsibility. Now that we are starting to sober up - isn't it time to do an investigation into what was done?

Stella Cizinsky, Operations manager, chief physician, HLF USÖ Örebro

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