Twitter Thread by Eliza Mondegreen

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There's this tendency to overstate the rigor of the Dutch protocol so that you can say: that's the gold standard but we're not following it and also *these* kids are different.

It makes you sound so reasonable! And these kids *are* different than previous cohorts. But it was also wrong to transition *those* kids and it wasn't rigorous. It was a small study that used hocus-pocus to justify the experiment it ran on kids, many of whom were just gay.

The Dutch clinicians were at WPATH in September, presenting the results of their longitudinal study. And they had the most remarkable incuriosity about what they were doing that I've ever observed up close.

They said they were interested in whether patients they had transitioned as children and teens continued to identify as "binary trans" or whether their identities were now more "fluid."

They reported 18% of children & 31% of teens experienced “multiple attenuations” of their gender identity -- a meaningless term that conveniently lumps trans/nonbinary identification together with detransition so that there are no detrans numbers to point to.

They reported cheerily on the profusion of gender identities their patients had adopted over the years, from "elf" to "fairy" to "friendly non-intimidating woman" (???) and also "some" patients detransitioned.

Of the patients they actually managed to follow up with, more than one in four (27%) said they found it "troublesome" that gender transition had rendered them infertile.

But the future is so tricky! Who can predict it? *Least* of all clinicians who shrink their patients' horizons...

And now, years later, surrounded by evidence of regret and harm, they joke that they're "not really interested in prediction." One researcher said "I can predict how I’ll feel in one minute—still nervous!—but I cannot predict how I will feel tomorrow.” The audience laughed.

But it's not funny. This is an adult in a conference room joking that she has no idea how she'll feel tomorrow—after all, anything could happen between now and then!—to gloss over evidence that children and teens can't consent to sign away the rest of their lives.

I think about this episode of @widerlenspod every day because Steensma and De Vries sound like they're from outer space and have never interacted with humans before, because Sasha & Stella are prompting them to plumb depths they've never even considered.
https://t.co/6VuqDTfIdD

> Thank you for expressing more eloquently (and more politely) the impression they left me with when I listened to them on @widerlenspod.
> https://t.co/Xg94mTRVUu
>
> — E. Mitford (@e_mitford) November 9, 2022

At a conference that so often devolved into sheer insanity (endorsing 'gender-affirming care' for eunuchs and people who claim multiple personalities), this session was restrained and reasonable-sounding. That's why it was so chilling.

All around the world, gender clinicians look to the Dutch. And the Dutch have no idea what they're doing and they never did and they never will.

Circumstances outside of their control are forcing them to talk about regret and detransition and all they can come up with is: "Respecting someone's autonomy also includes that the person has the right to make a decision which they may later regret." https://t.co/BUFuCaExZj

If they were talking about regretted tattoos, I'd agree. But they're talking about irreversible interventions with lifelong consequences that they carried out on minors under the banner of medicine.

Of course, they'd rather talk about patient autonomy than medical responsibility. They refuse to translate "some patients changed their minds later/experienced multiple attenuations of their gender" (autonomy framework) into "we harmed patients" (medical responsibility framework)

If clinicians like them are allowed to control the conversation about regret and detransition, then that conversation will be about autonomy (mistakes were made but not by me!).

For those of us who are concerned about patients being harmed by 'gender-affirming care,' we musn't reinforce the respectability of these clinicians by putting the Dutch protocol on a pedestal. They must go down with the care model they pioneered and spread around the world.

https://t.co/y2V3e8BQYC

> I listened to the Dutch podcast too. The one where they discussed a person 22 years later who had never had a relationship & 'disgust' with his genitals. They called him a 'success'.
> What were their failures like? https://t.co/S7L1LntMYJ

— WDIONTARIO\U0001f1e8\U0001f1e6 pop 15M (@wdiontario) November 9, 2022

I think about that a lot, too. They had such bargain-basement expectations for their patients. Why would we expect these people to have meaningful relationships, be happy in their bodies that we altered because they were unhappy in their bodies, etc.?

They acted like it was unfair to expect better outcomes -- by which I mean, they acted like it was *unfair to the clinicians,* not unfair to the patients.

Instead, we get these odd disquisitions on "regret" (safely contained in air quotes). What does it mean if a patient "regrets" medically unnecessary and life-altering/life-limiting surgeries and hormone regimens?

De Vries and Steensma want us to unpack our ideas about what "regret" means. It's "too binary" to say a patient "regrets" or doesn't regret surgery.

Maybe we just need to 'queer' our concept of what a good medical outcome is!

If you went down a medical pathway and lost your fertility along the way and 10 or 15 years later, that's "troublesome" to you -- wasn't that just part of your "gender journey"? Your process of self-discovery?

Yet those of us who insist that people with gender dysphoria deserve to live full lives and that doctors shouldn't circumscribe children's futures by medically experimenting on them are the baddies. Make it make sense.