

# Gender Identity Clinic (GIC) myths

The WLMHT (“Charing Cross”) Gender Identity Clinic has existed in one form or another since the early 1960s, and clinical practice is constantly evolving. It is perhaps inevitable that, in that time, a number of false beliefs and misconceptions have arisen.

Not all these beliefs are “myths” in the sense of having always been untrue – some stem from the way the GIC operated in the past, or the approaches of previous clinicians – but all are outdated, and unreflective of current treatment protocol.

The following, then, are examples of commonly held beliefs about the WLMHT GIC which are untrue:

## **You have to wear a skirt to the GIC**

Perhaps the most widely cited misconception, this is not the case. As part of the Real Life Experience (RLE), male-to-female transitioners are expected to present themselves in female role 100% of the time, and sometimes it is relevant to discuss this in clinic appointments. However, the range of feminine apparel is, obviously, wide and varied, and cannot simply be reduced to “wear a skirt”.

A less common variant holds that female-to-male transitioners must wear a suit and tie to be taken seriously at the GIC. This too is without basis.

## **You have to be living "in role"**

Not the case. We see people who experience gender related distress; some are pre-transition, some do not undergo transition at all. All are valid referrals to our service.

## **You have to want surgery**

Not at all. Not everyone needs or wants gender related surgery.

## **You have to be suicidal**

On the contrary, it’s important that those undergoing transition be stable, physically and psychologically. It’s not unusual for us to see people who have, as a result of their gender distress, been depressed – sometimes to the point of suicidality – but we would hope that, as transition progresses, this improves.

## **You have to be heterosexual**

We have heard health professionals say this of the clinic, but it is patently ridiculous. It would be grossly unethical of us to insist on heterosexuality in our patients.

**You can't admit to doubt**

Transition is, for many, a major life change and it would be unusual to have no doubts whatsoever. You should feel comfortable discussing feelings of doubt with your clinicians.

**You have to give a standard trans narrative**

As the UK's largest gender clinic, we see a huge diversity of people, and neither wish nor expect you to tailor your own experiences to a set of clichés. Just be honest.

**The GIC will start you at the beginning again**

This was our practice in decades past. In the last decade or so, it has been standard practice to acknowledge previous time spent in the preferred gender role. Typically, we "back date" the start of transition to the start of living in role full time as well as making an official name change or equivalent.

**The GIC will stop your hormones**

No. Our concern is that you take hormones safely. We routinely carry out blood tests at the first appointment, and may advise accordingly, but we generally do not ask people to stop hormones on which they are established.

**The GIC will penalise you for having gone private/self-medicated**

Obviously, we cannot approve of self-medication as it can be dangerous and often leads to a poorer result than that gained under medical supervision. However, we recognise that it is a modern reality, and do not penalise you for it. The same is true of previous contact with private practitioners.

**It will take forever**

Within the limits of available NHS resources, we aim to provide a timely and efficient service.

**They deliberately play Good Cop/Bad Cop**

Different clinicians have different approaches, and will form different therapeutic relationships with their patients. Choice of clinician is determined by availability of appointment slots, not by any sort of organised Good/Bad Clinician policy.