



6th January 2021

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Rt Hon Oliver Dowden CBE MP
Secretary of State for Digital, Culture, Media and Sport
100 Parliament Street
Westminster
SW1A 2BQ
(sent via e-mail: secretary.statesoffice@dcms.gov.uk)

Dear Oliver,

Re: BBC Coverage of Transgender Issues

I write to you to express my profound concern regarding the BBC's coverage of transgender issues. While fully appreciating the complete editorial independence which the BBC rightly enjoys, nonetheless I would be grateful if you would consider examining recent broadcasts which would seem to improperly impinge upon Child Protection, with special reference to health; and drawing to the BBC's attention the overwhelming responsibility we all have within our health system of avoiding harm.

I refer in particular, to the recent article on the BBC website by Ben Hunte, LGBT Correspondent entitled 'Puberty blockers: Parents' warning as ruling challenged' [1] of which James Kirkup in the Spectator rightly suggests that the BBC should be 'ashamed'. He describes it as a 'horrible failure of journalism by the BBC'. I enclose Kirkup's cogent article in Appendix 1 with this letter for your consideration.

It is common ground that stories on this complex and sensitive topic can evoke passionate responses in public debate. This is perhaps unsurprising given issues topics involved which range from suicide to child welfare – a matter which has remained close to my heart for the duration of my political life. It is therefore incumbent (not to mention self-evident) upon the BBC to have particular regard to the impartiality, accuracy and potential signposting of such an article dealing with such sensitive topics. Yet in this case, as illustrated by James Kirkup, Ben Hunte’s article was plainly slanted by its very premise.

A striking and controversial feature of the article was his decision to cite a letter ‘exclusively seen by the BBC’ from GenderGP to England’s Medical Director for Specialist Services, urging him to take action on a basis of suicide and mental health claims which were not accepted by the High Court and as Kirkup illustrates even GIDS themselves. GenderGP was founded and is run by Helen Webberley, who the article acknowledges was suspended by the General Medical Council for running an unlicensed transgender clinic. However, the BBC article omits that for these activities she received a criminal conviction¹. Indeed, in proceedings concerning her removal from the Medical Performers List, the First-Tier Tribunal² made the following observation:

*“We will deal with specific aspects of Dr Webberley’s evidence regarding facts when we give our reasons. In broad terms we found that Dr Webberley was a very unimpressive witness who demonstrated a marked unwillingness to accept obvious points and to seek to avoid giving straight answers” [emphasis added]*³

Furthermore, following the ruling in *Bell v Tavistock*, Helen Webberley has publicly vowed to defy and bypass the High Court’s ruling and in effect, the actions and safeguards put in place by the Secretary of State for Health and Social Care, stating that GenderGP would be “continuing to prescribe blockers for people who are on

¹ <https://www.walesonline.co.uk/news/wales-news/doctor-ran-illegal-transgender-clinic-15498876>

² [2019] 3251.PHL

³ [http://phl.decisions.tribunals.gov.uk/Documents/FTT%20Decision%2022%20October%202018%20-%20\[2018\]%203251.PHL.pdf](http://phl.decisions.tribunals.gov.uk/Documents/FTT%20Decision%2022%20October%202018%20-%20[2018]%203251.PHL.pdf) at para.52

blockers, and continuing to prescribe new blockers for anybody who is able to give consent to that treatment”⁴. I have enclosed a copy of the Sunday Times article in Appendix 2.

You will note that the same article reports that Helen Webberley’s clinic has been linked to the death of 18-year-old Jayden Lowe, who took his own life after taking drugs prescribed online following a six-year wait for NHS treatment. Afterwards, his mother said Webberley and her husband, a fellow doctor who was also subsequently suspended, had “taken advantage of a person in a bad situation”.

It is a matter of acute concern that upon a topic of such sensitivity and importance, Ben Hunte decided to give ‘exclusive’ credence and indirect publicity to an organisation which is run by an individual with a undisclosed criminal conviction for unlawful activities in this very field, citing emotive yet unsubstantiated concerns and whose practices have been linked to the death of a vulnerable individual⁵ and whose proprietor has publicly avowed to continue such harmful practices contrary to the view of the High Court and existing NHS safeguards.

As I write this letter, it is entirely foreseeable that many vulnerable individuals as a result of this article have now ‘discovered’ GenderGP and are at risk of significant harm. There are many public domain reviews documenting the alarming experiences of GenderGP customers online. I have provided a sample in Appendix 3. They speak for themselves.

At best, this represents a systemic failure of the BBC’s impartiality, editorial standards and journalistic competence. At worst, it is redolent of harmful activism. It is a paradigm case of ‘harmful content’ that might be expected to be within the scope of the Online Harms White Paper response released by your department prior to Christmas⁶.

⁴ <https://www.thetimes.co.uk/article/online-clinic-ignores-ruling-on-puberty-blockers-q8mjwsn38>

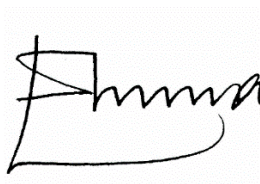
⁵ <https://www.mirror.co.uk/news/uk-news/transgender-clinic-linked-teens-suicide-22824548>

⁶ <https://www.gov.uk/government/consultations/online-harms-white-paper/outcome/online-harms-white-paper-full-government-response>

Rt Hon Oliver Dowden CBE MP

I have written to the Secretary of State for Health separately on the issue of closing the relevant loophole in the Misuse of Drugs Regulations 2001 that GenderGP exploit, and I attach that letter. However, within the context of your own current investigation into certain aspects of the BBC I suggest this topic which I identify would merit inclusion since as others have stated, this 'shameful, horrible failure of journalism' strikes at the heart of public trust and confidence in the BBC?

With my warmest good wishes.

A handwritten signature in black ink, appearing to read 'Anna', with a large, sweeping flourish underneath.

Baroness Nicholson of Winterbourne

Appendix 1: James Kirkup's Spectator Article

James Kirkup

The BBC should be ashamed of its reporting on trans teenagers

23 December 2020, 10:30am

<https://www.spectator.co.uk/article/the-bbc-should-be-ashamed-of-its-reporting-on-trans-teenagers>

This is an article about some difficult, complex subjects: suicide, mental health, support for transgender children. It's also about something very simple: a horrible failure of journalism by the BBC.

I'll come to the BBC in due course, but given that this is about the potential for self-harm among young people, I think it's important to take some time to offer some context and background facts.

The first thing to do is to note the longstanding advice to the media from the Samaritans on how to report responsibly on the issue of suicide, in order to avoid the risk of adversely influencing the behaviour of vulnerable people.

'Steer clear of presenting suicidal behaviour as an understandable response to a crisis or adversity. This can contribute to unhelpful and risky normalising of suicide as an appropriate response to distress.'

And:

*'Speculation about the 'trigger' or **cause** of a suicide can oversimplify the issue and should be avoided. Suicide is extremely complex and most of the time there is no single event or factor that leads someone to take their own life.'*

Next, I think readers should consider a statement made in 2018 by the Gender Identity Development Service at the Tavistock and Portman NHS trust, the UK's main centre of treatment for gender-variant children:

'Suicidality in young people attending the GIDS is similar to that of young people referred to child and adolescent mental health services. It is not helpful to suggest that suicidality is an inevitable part of this condition.'

A third data point comes from a High Court judgement made earlier this month. It concerned the Tavistock clinic's use of puberty-blocking medication on children who experience trouble over their gender. The Tavistock lost the case, as the judges decided children could not give informed consent to such treatment, the use of which has now been halted by NHS England.

During the case, the Tavistock submitted to the court an interim paper arising from its study of children who received 'early pubertal suppression'. According to the court judgment, the Tavistock paper found [that](#) 'there was no overall improvement in mood or psychological wellbeing using standardised psychological measures.'

In summary, the country's leading suicide prevention charity tells journalists not to 'normalise' suicide, especially among young people, by presenting it as an understandable or inevitable response to crisis. The country's leading medical authority on transgender young people says they are not at unusual risk of suicide, and called suggestions to the contrary unhelpful. The same clinic's evidence shows that the use of puberty blocking medication does not improve the mental health of trans children.

Now that I've loaded you down with that context, dear reader, consider how the BBC this week reported on that court ruling and its implications for children with gender issues.

I very much recommend [reading the piece in full](#), bearing in mind the facts above. But here are some especially interesting extracts from the article, headlined 'Puberty blockers: Parents' warning as ruling appealed'. The third paragraph of the story says this:

*'Doctors and parents have told the BBC the ruling could **cause** distressed trans teens to self-harm or even take their own lives.'*

Doctors, eh? That's quite a thing to report. If 'doctors' are indeed saying that a court ruling could 'cause' children to commit suicide, that's surely something that should be reported, in the public interest. So who are these doctors?

Well, first the BBC offers us 'a clinician who currently works within the NHS GIDS' and does not wish to be named: She is reported as saying 'I know of several young people who have tried to take their lives, some successfully, and that was before these legal challenges which will only slow down and block our services even more.'

That's suggestive, but still falls some way short of asserting that the ruling 'could cause' children to kill themselves. But the next quote the BBC offers is a little more definitive. It comes from Dr Adrian Harrop. He's cited as saying this:

'It makes me terribly worried that there is now nothing there for those children, and nothing that can be done to help them. Parents are being left at a point where they're having to struggle to cope with these children who are in a real state of distress and anxiety. Sadly, there is a very real risk of seeing more suicides.'

Dr Harrop is a GP in Liverpool. He has a record of expressing strong opinions on transgender issues via social media. What he does not have is a history of publishing peer-reviewed medical research on mental health and self-harm among trans children. Nor has he worked as a clinician at a clinic such as GIDS. Yet the BBC deems his speculation about child suicide more worthy of reporting than the views of experts such as Polly Carmichael, head of the GIDS and a world-recognised authority in the care of trans children.

She is on the record, in a [speech to a medical conference on gender in October 2017](#) as challenging those who seek to create a narrative that trans children are uniquely at risk of suicide and self harm. (Sample quote: *'I also question the discourse that is being created around young people experiencing gender diversity, that it is unbearable, intolerable. This is quite unhelpful. While recognising distress, we need not be buying into a narrative that is so imbued with negativity and lack of resilience and remember that many of the young people here are coping quite well.'*)

Still, the BBC report doesn't stop there. It also breathlessly reports a letter 'seen exclusively by the BBC' to NHS England from GenderGP, which the BBC calls 'one of the only private healthcare providers for transgender people in the UK'.

That letter laments the court ruling and, the BBC reports, concludes: 'The mental health implications of this cannot be underestimated, and the risk of self-harm and suicide must be acknowledged.'

What the BBC does not report about GenderGP is that it is [based](#) outside the UK, since the two doctors who founded it were both [suspended](#) by the General Medical Council for breaking UK medical rules.

Here, I offer another summary: the BBC reported that 'doctors' say a court ruling halting the use of puberty blockers could 'cause' children to commit suicide, on the basis of unevidenced assertions from a non-specialist medic and disgraced doctors who make money selling such drugs. It did so without reporting the views of actual experts that such narratives about suicide are misleading and potentially harmful.

There are several other things I could say about that BBC report, but I'm not going to say them here. Instead, I'll end this article with another quote from that Samaritans guidance, which should be considered vital context for that awful, awful article from the BBC about vulnerable children:

'....there is strong and consistent research evidence that some forms of news reporting lead to increases in suicide rates. Media coverage can influence how people behave in a crisis and their beliefs about the options open to them....'

'Young people are a particularly vulnerable audience in relation to media coverage of suicide. They are more susceptible to imitational suicidal behaviour and more likely to be influenced by the media than other age groups.'

Since this piece was published, the BBC has amended its article to make it slightly less awful. The article now ends with this message:

'Clarification and update 23 December: We have made some changes to this article which include amending its opening line to make clear that the NHS gender identity service has not appealed against the High Court ruling but is seeking leave to do so. We have also added a paragraph which provides further background information on GenderGP and included links to the BBC Action Line.'

What that message does not mention is that the changes also include removing the central assertion of the original piece. The original text said this:

'Doctors and parents have told the BBC the ruling could cause distressed trans teens to self-harm or even take their own lives.'

Now it says this:

'Doctors and parents have told the BBC the ruling could put already vulnerable trans teens at risk.'

In other words, the BBC reported yesterday that a court ruling could cause young people to commit suicide. Today it no longer says that. Such a correction is welcome, of course, but I can't help thinking that such a fundamental change in the premise of the article warrants at least a clear public acknowledgment, if not outright deletion

Appendix 2: Sunday Times Article on GenderGP

Online clinic GenderGP ignores ruling on puberty blockers (Sunday Times)

The overseas practice, whose founder is a suspended GP, says it will continue to prescribe the drugs to under-18s

Shanti Das, Sian Griffiths, Mark Macaskill

Saturday December 05 2020, 6.00pm, The Sunday Times

A private clinic set up by a suspended GP has vowed to keep prescribing puberty blockers to children despite a High Court ruling that under 16s are unlikely to be able to fully consent to the “experimental” treatment.

Three judges said on Tuesday that it was “highly unlikely” a child under 13 was mature enough to consent to puberty blockers, and it was “doubtful” that 14 and 15-year-olds could “weigh the long-term risks and consequences”.

The landmark judgement means court approval will be needed before puberty blockers can be prescribed to children in England and Wales who are confused about their gender identity. NHS England immediately updated its guidelines to state that a court order must be sought for any new referral for such medication.

The Tavistock and Portman NHS Foundation Trust, which runs England’s only specialist gender service for young people, has suspended new referrals for puberty blockers for under-16s and is reviewing existing patients’ cases.

But GenderGP, a clinic that treats children in England through doctors based in Europe, said it would continue to prescribe the drugs as normal, bypassing the high court ruling. In a live broadcast on Facebook on Thursday, founder Helen Webberley insisted the consent process used by the clinic was “robust” and said it would be “continuing to prescribe blockers for people who are on blockers, and continuing to prescribe new blockers for anybody who is able to give consent to that treatment”.

Webberley is barred from practising in the UK after she was convicted of running an unlicensed practice treating 1,600 transgender patients and gender dysphoric children from her home in South Wales. She was fined £12,000 by a judge in 2018 who said there was a “clear refusal to follow the law”, while the regulator said she posed a risk to patient safety.

The clinic had been linked to the death of 18-year-old Jayden Lowe, who took his own life after taking drugs prescribed online following a six-year wait for NHS treatment. Afterwards, his mother said Webberley and her husband, a fellow doctor who was also subsequently suspended, had “taken advantage of a person in a bad situation”.

The Webberleys moved to Spain and GenderGP was acquired by Harland International Ltd, an LGBT advocacy organisation based in Hong Kong. Helen remains a non-medical advisor and is on the website’s front page.

Despite being overseas, GenderGP has continued treating patients in England using a legal loophole which means drugs prescribed by doctors in the European Economic Area can be dispensed in the UK, allowing young people to circumvent some NHS safeguards and waiting lists.

Webberley insisted last week that the consent process used by the clinic was “robust” and repeated a claim that puberty blockers were “reversible, well evidenced and safe” — despite the High Court ruling their use in gender dysphoric children was an “experimental” treatment with “potential lifelong and life-changing consequences”. “GenderGP will stand firm for the rights of children, adolescents, adults, elderly folk, anybody, and will keep fighting for as long as it’s needed,” Webberley said.

The clinic, which charges £195 as a “set up” fee and £65 for an initial consultation, has also started a fund to collect donations to “help patients who are no longer able to access the care they need via the NHS”. There are 246 young people in England currently under its care. As well as clinics based overseas, puberty blockers and cross-sex hormones are sold widely on the internet by illegal online pharmacies.

One website is described in a forum as being widely used by transgender people who are “self-medicating”.

To place an order, internet users enter a name, email address and payment details. They are asked to confirm they are over 18 but this is not checked.

Gino Martini, chief scientist at the Royal Pharmaceutical Society, said online suppliers could be used to “short-circuit” official processes. “Young people have been able to access drugs with no proper consultation involved,” he said.

The High Court ruling last week has been described as “an historic judgment” that would be looked at by leaders of other countries and states in the US, where public debate about interventions for transgender young people is also fierce.

The case was brought against Tavistock and Portman NHS Trust, which runs the Gender Identity Development Service (GIDS) by two claimants — Keira Bell, 23, who was prescribed puberty blockers by the Tavistock, and the mother of an 15-year-old girl with autism awaiting treatment at the clinic — who argued that puberty blockers should only be given to under 18s with court approval. Bell, who said she had hot flushes, “brain fog” and other symptoms after starting blockers, went on to take testosterone and have a double mastectomy at 20 but now lives as a woman after “detransitioning”.

At a High Court hearing in October, the claimants’ lawyers said there was “a very high likelihood” children who start taking hormone blockers will later begin taking cross-sex hormones, which they say cause “irreversible changes”.

Dr Annelou de Vries, who leads the Centre of Expertise on Gender Dysphoria at the Amsterdam University Medical Centre in the Netherlands, told the court that only 1.9% of adolescents given puberty blockers there stopped the treatment and did not proceed to cross-sex hormones. She said the treatment was “fully reversible”.

GIDS said the drugs — which delay the usual signs of puberty, such as facial hair or breast growth — gave children “time to think”.

In their ruling, Dame Victoria Sharp, sitting with Lord Justice Lewis and Mrs Justice Lieven, concluded blockers were “not a neutral process” but a “stepping stone” to cross-sex hormones, which could “increase the likelihood” of them moving on to further treatments that damage fertility or impact relationships. “For many children, certainly younger children, it will not be possible to conceptualise not being able to give birth to children,” they said.

They said the “highly complex and potentially lifelong and life-changing” consequences were something a child would have “enormous difficulties” weighing up.

While the drugs had long been prescribed to children going through precocious puberty, they said the evidence base for the long-term effects in gender dysphoric children was “highly uncertain” and that the treatment was therefore “experimental”.

They also raised concerns about the rise in the number of people being prescribed blockers, particularly girls. In 2011 the gender split at GIDS was roughly 50/50 between natal girls and boys. However, in 2019 the split had changed so that 76 per cent of referrals were natal females.

The number of referrals to the Tavistock’s gender service overall has risen sharply in recent years. In 2009, 97 children and young people were referred. In 2018 that number was 2,519. In the year 2019-20, 161 children were referred to the service for puberty blockers, with 26 of those aged under 13 and 95 aged under 16. Three of the children were 10 or 11.

In summary, they ruled that children could only have the treatment if they gave properly informed consent, but that “there will be enormous difficulties in a child under 16 understanding and weighing up this information and deciding whether to consent to the use of puberty blocking medication”.

They said given the “long-term consequences” and experimental nature of the treatments, it may be appropriate to involve the courts in decisions involving 16 and 17-year-olds too.

The ruling does not affect Scotland, where referrals of children to its youth gender service have risen sharply. A government spokeswoman said it was “not for the Scottish Government to comment on the court action taking place in England and Wales” but that it would “consider the detail” of the judgement.

The Sandyford clinic in Glasgow had 298 referrals in 2018, with referrals for those aged between four and ten rising by more than 80 per cent in a year. It said there would be “no changes” for its patients as the clinic follows Scottish guidelines. It currently has a waiting list of 2.5 years and does not accept patients from England.

The General Pharmaceutical Council, which regulates pharmacies in England, Wales and Scotland, said: “We are carefully considering Tuesday’s High Court ruling and any actions we should take as the pharmacy regulator.”

Gendered Intelligence, a charity for transgender youth, said it was “in shock” at the ruling and said it could cause anxiety among young people. It said it would push them into a “grey market where they cannot undergo robust medical monitoring” and called for a “better support process for young people to explore all their options”. Abruptly stopping children’s treatment part-way through would be “inhumane”, it added.

The mother of a teenager who is part-way through puberty-blocking treatment at GIDS said she was “really anxious” and that the family was “in limbo”. “We’re just parents like anyone else who want the best for their child,” she said.

The 55-year-old from London, who asked not to be named, said her daughter had a year-long assessment at GIDs before beginning puberty blockers aged 14. She had expressed confusion about her gender and became “more and more unhappy” living as a boy. After beginning the treatment, she was “transformed”, her mother said.

Following the judgement, criminal barristers have been instructed to consider whether or not any criminal offences have been committed. It is being considered whether doctors were reckless as to the consequences, and reckless as to whether children were properly able to give informed consent. There is the possibility that this could lead to criminal proceedings.

Paul Conrathe, the claimants’ lawyer, said the judgement “opened the floodgates” for clinical negligence claims and placed the welfare of children as the “primary consideration”.

He added that it had “far reaching implications that extend beyond the Tavistock” and would be “relied upon around the world”.

Keira Bell, the claimant prescribed blockers at 16, said she was “delighted” by the judgement and that it would protect vulnerable children. She described her own treatment as a “devastating experiment”. “No one has apologised,” she added.