

# TransDocFail – The Findings

## Background

On 6 January 2013 The Guardian [ran a piece](#) by David Batty explaining that Dr Richard Curtis, one of the leading private doctors dealing with trans medicine, was under investigation by the General Medical Council (GMC). Given the parallels with the 2006/7 [GMC investigation into Dr Russell Reid](#), a number of people took to social media, specifically Twitter, to vent their frustration. Within 24 hours Zoe O'Connell and Sarah Brown had proposed the idea of a #TransDocFail hashtag, and within the following 24 hours over 1,000 individual postings to Twitter were made using that hashtag.

The posts on Twitter attracted the attention of national media

(<http://www.theguardian.com/commentisfree/2013/jan/10/trans-scandal-doctor-richard-curtis-transdocfail>) and a number of the individual posts are reported on Zoe O'Connell's own blog: <http://www.complicity.co.uk/blog/2013/01/transdocfail-lowlight/>.

It was clear that evidence needed to be collated which could substantiate the allegations made and create a focus on the issues faced in the UK.

Collaborating with Zoe O'Connell, Sarah Brown and Jane Fae, Helen Belcher launched the [TransDocFail survey](#) on 21 January 2013, hosted on her company's web server but also referenced through the transmediawatch.org domain. The survey was designed to extract evidence that could be laid at the doors of the medical regulators with a view to persuading them that action was needed. It was never intended to provide quantitative data regarding the provision or neglect of healthcare of trans people.

People entering details into the survey were given assurances of complete confidence. For this reason, all quotes from the survey are for illustrative reasons only, and have been anonymised to remove any risk to the individual who reported it. Individuals may log as many separate issues as required.

The survey is still open should people wish to log issues.

## Survey Construction

The survey consisted of 28 questions grouped into 5 sets.

The first set asked whether the individual was willing to give their name, whether they were willing to be emailed about the incident, and whether the case could be included in any subsequent report.

The second set asked about when the incident occurred, whether the reporter was directly involved, and whether there were any other witnesses to the incident.

The third set asked about details of the location of the incident, how the individual would classify the service provider, what types of professionals were involved, where the incident took place, whether the allegation was related to seeking or receiving treatment for gender issues, and whether the incident was in a private institution or an NHS institution.

The fourth set asked about the allegation itself; what actually happened in the person's own words, how they would categorise it, and why the incident was problematic.

The fifth set asked about the repercussions of the event; whether the individual felt able to complain, what any outcome of any complaint was or why the individual did not feel able to complain, and what the long term effects on the individual have been, as well as whether they feel their subsequent use of the services has been affected.

All allegations were reported as-is. There has been no attempt to qualify whether the information provided would be considered by a regulator to be a breach of any medical protocol.

## Number of Incidents and GMC Response

To date 163 incidents have been completely logged, indicated by the last page on the survey being reached and completed. 203 people went beyond the first full page of the survey, and 444 people are recorded as having accessed the survey. The 40 partial completions indicate that some respondents find re-visiting and reporting such incidents difficult.

81 incidents were reported in the first two days the survey was active, but the latest access is recorded on 27 November 2014. 4 incidents and 25 visits have been logged since 1 January 2014, despite the survey not receiving any publicity for well over a year. The survey has only recently allowed incidents happening in 2014 to be dated, which may account for the relatively high drop-out rate.

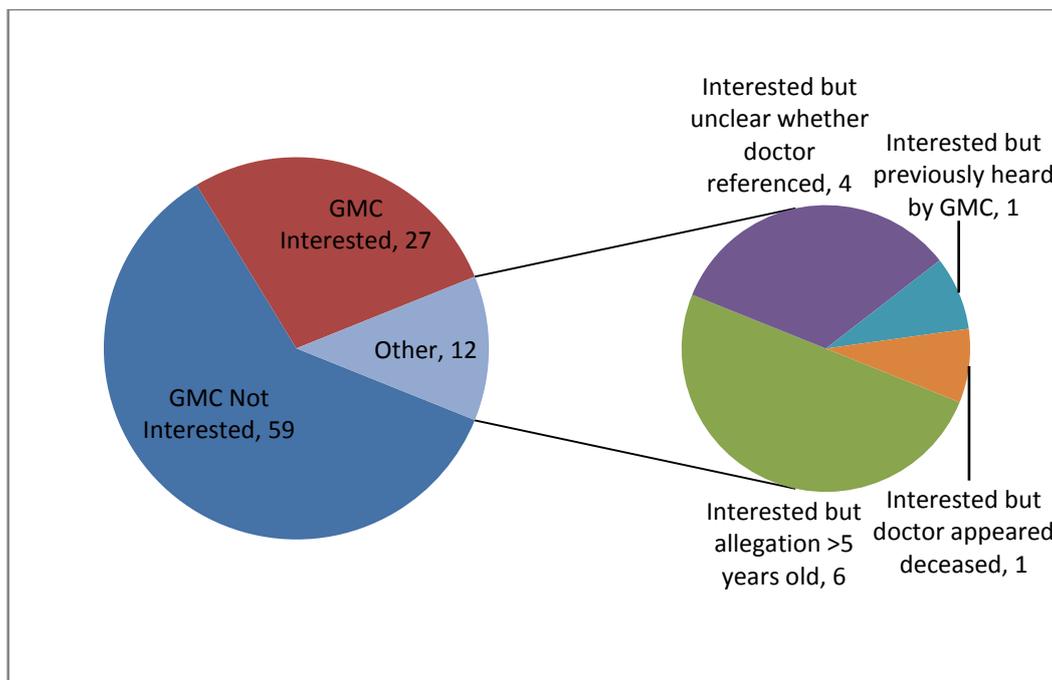
In February 2013 the GMC indicated that it was interested in pursuing some cases if appropriate. Sarah, Zoe and Helen met with the GMC on Wednesday 20 February 2013, and presented them with a report containing anonymised details of 98 the 121 responses completed on or before Sunday 17 February. The GMC is responsible for regulating doctors, so 23 allegations which didn't appear to relate to doctors were removed from the list of allegations presented to the GMC. The complaints were identified only by a unique ID number. All names of individuals and places were replaced with a single letter that was consistent within an individual report, but may vary between reports.

## GMC Good Practice Guidelines

The following are extracts from the GMC's [Good Practice Guidelines](#) published in 2013:

3. *Good medical practice* describes what is expected of all doctors registered with the General Medical Council (GMC). ...
5. In *Good medical practice*, we use the terms 'you must' and 'you should' in the following ways.
  - 'You must' is used for an overriding duty or principle. ...
31. You must listen to patients, take account of their views, and respond honestly to their questions.
46. You must be polite and considerate.
47. You must treat patients as individuals and respect their dignity and privacy.
48. You must treat patients fairly and with respect whatever their life choices and beliefs.
52. You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another doctor and make sure they have enough information to exercise that right. In providing this information you must not imply or express disapproval of the patient's lifestyle, choices or beliefs.
54. You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress.
59. You must not unfairly discriminate against patients or colleagues by allowing your personal views to affect your professional relationships or the treatment you provide or arrange.
61. You must not allow a patient's complaint to adversely affect the care or treatment you provide or arrange.

The GMC replied on 5 March 2013 indicating that they were interested in pursuing 39 cases. However they indicated that, on their initial analysis of the anonymised reports, 12 may be out of scope – 6 because the allegations were 5 or more years old, 1 because the doctor appeared now to be deceased, 1 was a case previously heard by the GMC, and 4 were marked as unclear whether the complaint actually referred to a registered doctor.



Helen contacted the individuals who had completed one or more of these 39 allegations and where the individual had left contact details. Helen had indicated that she was only prepared to store and report information, and was not prepared or enabled to act as an intermediary between the individual and the GMC, a line endorsed by the GMC who wanted to deal directly with the individual complainants.

Helen is aware of one individual who did pursue their claim but was told that it was rejected on the basis that events happened more than 5 years in the past, despite the allegation relating to a criminal offence being committed. Helen is aware of a handful of individuals who notified her that they would not pursue their claims because of the impact (real or perceived) on their medical treatment or personal career.

## Subsequent Reports

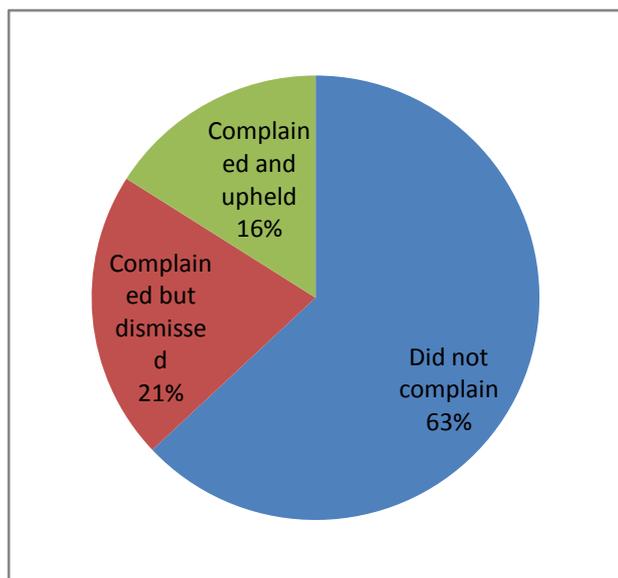
A further 23 allegations were reported to the GMC on 2 July 2013. The GMC came back interested in pursuing 3 of them.

A further 3 allegations were reported to the GMC on 4 November 2013, but the GMC felt that none of them met their threshold for investigation, and wished to have reports made to them directly by the complainants in future. Although Helen believes this to be an unsatisfactory state of affairs, as a result of the GMC's request, no further allegations have been forwarded to the GMC.

Zoe O'Connell issued a [Freedom of Information Request](#) in October 2013, and the GMC replied that no cases explicitly linked to the TransDocFail hashtag had been raised. However, this may be because any individuals who have gone on to raise formal complaints did not explicitly reference TransDocFail in their complaint.

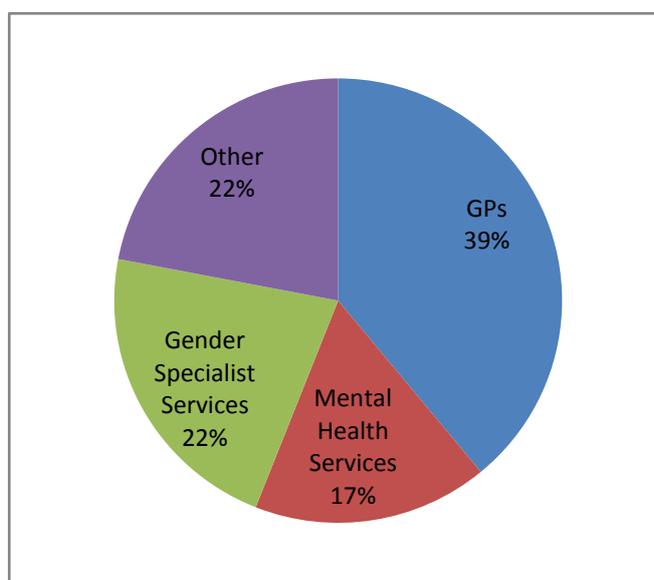
## Analysis of Allegations Presented to the GMC

The following statistics arise out of the initial 98 allegations reported to the GMC.



63% of the reporters had not complained through any route before, while 21% had complained but their complaints were dismissed.

Out of these 98 cases, 39% related to GPs, 22% to Gender Specialist Services (defined as either a Gender Identity Clinic, private practitioner specialising in gender dysphoria or surgical services relating to gender dysphoria) and 17% to Mental Health Services.



24% reported that the incident occurred in general health care, namely that it was unrelated to any treatment relating to the individual being transgender.

There were:

- 10 allegations of sexual abuse, including examinations of breasts or genitalia which the reporter felt to be inappropriate;
- 19 allegations which involved a doctor's refusal to offer treatment;
- 1 allegation which involved a doctor threatening to refuse to offer treatment; and
- 4 allegations of inappropriate and damaging treatment.

### Example Statements

Quote	Categories	GMC Response
<i>"I asked for advice on gender identity issues and the doctor told me to go away once he'd stopped laughing."</i>	<ul style="list-style-type: none"> <li>• GP</li> <li>• Trans related</li> </ul>	GMC may be interested but the incident occurred 5 or more years ago
<i>"Comments along the lines of 'oh, your breasts have grown so much already' and 'your skin down here is so smooth' while groping for a good few minutes, while making what I call a 'gruntsigh' at irregular intervals."</i>		GMC interested
<i>"... he refused to treat me because I was trans, called me 'almost a real woman' and criticised me for wearing trousers."</i>	<ul style="list-style-type: none"> <li>• Surgeon</li> <li>• Not trans related</li> </ul>	GMC not interested

<p><i>“The registrar came again and ... told the nurse to bring me down to surgery. A few hours went by and the nurse came in and shouted at me that I should be in theatre. She said ‘We don’t fetch wheelchairs for your type’. So my girlfriend basically half-carried me down the long halls of X Hospital for what seemed like an age until we made it to surgery.”</i></p>	<ul style="list-style-type: none"> <li>• Not trans related</li> </ul>	<p>GMC interested as the wider complaint involved one or more doctors</p>
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In terms of ongoing effects, 40 reported that they had lost faith in medics, 2 had lost faith in the NHS as a whole, and 1 reported losing faith in humanity. 22 reported that they had become depressed or stressed as a result of the incident, 3 reported self-harming as a direct result of the incident, 4 reported ongoing nightmares, and 5 reported that the incident had adversely affected their career.

5 reported they now avoid seeking any further medical treatment, and another 6 reported ongoing medical issues that are linked to the incident. 4 reported they had changed provider as a direct result of the incident, and 8 reported feeling pressured to fund their own treatment.

### Example Statements

*“I now suffer from a full blown anxiety disorder with panic attacks, which was triggered by the extreme stress of the clinic’s treatment of me. This is currently preventing me working and presenting numerous obstacles to my daily life.”*

*“It has affected my relationship with the clinic. I do not feel able to trust the doctor involved.”*

*“After this incident I began avoiding doctors as much as possible. When I have to see a doctor, I go pale and begin shaking and have to fight symptoms of a panic attack.”*

*“I have suffered serious nightmares following the incident. I have had to undertake a course of intense CBT and 2 years of group therapy to enable me to make sense of the abuse I suffered.”*

*“Their handling of me was so traumatic that I have since had major infections and refused care rather than be sent to an NHS hospital.”*

*“I attempted suicide.”*

### Further Analysis of All Completed Responses

The following summary statistics apply to all 163 completed responses:

51% (n=83) were not prepared to be identified. 4 respondents were not happy for their report to be included in a report.

Year	Complaints relating to GPs	Complaints relating to gender specialist services	Total complaints
2013	41% (n=7)	18% (n=3)	17
2012	38% (n=19)	24% (n=12)	50
2011	15% (n=5)	33% (n=11)	33
2010	30% (n=3)	20% (n=2)	10
2009	31% (n=5)	6% (n=1)	16
2008 or earlier	41% (n=15)	16% (n=6)	37
<b>TOTAL</b>	33% (n=54)	21% (n=35)	163

Note that the survey was launched in January 2013, and has not received significant publicity since then. Given that, it is surprising that 17 complaints relating to 2013 have been logged.

3 complainants reported being a witness to events, 7 reported being indirectly involved, and 153 reported being directly involved with the incident. 95 of these 153 (62%) reported there being no other witnesses to the incident.

Year	Complaint classified as "Refused to treat or refer"	
	GPs	Gender Specialist Services
2013	3 (43%)	2 (67%)
2012	7 (37%)	4 (33%)
2011	3 (60%)	6 (55%)
2010	0 (0%)	2 (100%)
2009	3 (60%)	1 (100%)
2008 or earlier	12 (80%)	4 (67%)
<b>TOTAL</b>	<b>28 (52%)</b>	<b>19 (54%)</b>

5 complaints referred to private practice, 158 (97%) referred to NHS services.

Complaints were raised about 45 incidents, meaning that 118 incidents (72%) were not complained about. Out of those 118:

- 32 (27%) stated they were afraid treatment would be withheld or withdrawn if they complained;
- 8 (7%) stated they felt that they would end up with worse treatment if they complained;
- 18 (15%) felt patronised or intimidated;
- 18 (15%) felt that any complaint would not be taken seriously;
- 6 (5%) did not feel emotionally or physically capable of complaining;
- 8 (7%) did not know who to complain to or how to complain;
- 3 felt embarrassed about complaining; and
- 2 didn't trust the complaints procedure.

## Example Statements

*"I was concerned that, if I needed to be seen again, I'd not receive any treatment."*

*"I had already complained about my GP and that did not turn out well. I felt it was easier to leave it."*

*"It was made very clear to me, they didn't feel the need to provide any appropriate services to 'my type', so who would I complain to?"*

*"I didn't believe that anything would come of it if I did [complain]."*

*"My mother used the same surgery and I did not want to make problems for her."*

*"Who would have believed me?"*