

The British Medical Association's response to the Government Equalities Office consultation 'Banning conversion therapy'

About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

The BMA's position

The BMA believes the practice of LGBTQ+ conversion therapy is unethical and damaging, with no clinical benefit to those subjected to it. As such we hold a clear policy position that this practice should be banned. The BMA will respond to the specific questions raised by the consultation which are relevant to the Association. Before doing so, however, the BMA would like to raise a number of general points regarding the terms of the government's consultation, which are not covered by the proposed questions.

1. It is unclear from the consultation whether this ban will apply to all minority groups who are LGBTQ+. This includes non-binary and asexual individuals. The government's 2018 National LGBT Survey Research Report makes clear that 10% of asexual people have been offered conversion therapy, the highest proportion of any LGBTQ+ group.¹ It is imperative, therefore, that all such groups are explicitly included in this legislation.
2. Many accepted definitions of conversion therapy state that conversion therapy is specifically applied to LGBTQ+ individuals. The BMA is not aware of any such practices being applied to heterosexual individuals to attempt to change their sexual orientation. We are unclear, therefore, why the consultation has been framed in terms of an equivalence between LGBTQ+ conversion therapy and "the reverse scenario". We are concerned the equivalence of these notions in the consultation fails to acknowledge the specificity of LGBTQ+ conversion therapy as it is commonly understood and detracts from the issue at hand. This could also be interpreted as feeding into dated homophobic tropes about "promoting homosexuality"; this is a chimera, but the framing of the consultation appears to give credence to the notion.
3. The language relating to transgender individuals, particularly young people who are transgender, is concerning. Language in the introduction to the consultation suggests that young people experiencing gender dysphoria are being "coerced" into transitioning. The BMA has clear policy indicating our firm support for trans people, notably their right to access to healthcare, including those who are under 18. Services for trans individuals are already insufficient; the waiting list for young people to access gender identity development services can be two years or more. The BMA is concerned, therefore, about the equivalence the consultation grants to attempts to force a transgender person to be cisgender and

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721704/LGBT-survey-research-report.pdf



attempting to force a cisgender person to be transgender. The BMA is not aware of the latter situation being prevalent and is concerned about the implications for clinicians providing services for young people experiencing gender dysphoria, as well as NGOs providing support for such individuals in the face of limited NHS support.

Views on banning conversion therapy

Question 1. Do you agree or disagree that the Government should intervene to end conversion therapy in principle?

The BMA agrees the Government should intervene. The BMA believes so-called conversion therapy to be harmful and unethical and supports banning the practice. Arguments about cultural sensitivity are superseded by the inherently damaging and unethical nature of conversion therapy; the scientific evidence points overwhelmingly to its ineffectiveness and potential for causing harm.²

Many acts of conversion therapy amount to torture or inhuman or degrading treatment or punishment, a violation of international and UK law.

Consultation question on proposal for targeting physical conversion therapy

Question 2. To what extent do you support, or not support, the government's proposal for addressing physical acts of conversion therapy? Why do you think this?

The BMA is generally supportive of the government's proposals in this area, while noting our concerns with respect to the false equivalence of "An attempt to change a person's sexual orientation or to change them from being transgender will be treated in the same way as the opposite and reverse scenario". As already stated, it is unclear who the government would be targeting with respect to attempting to change a cisgender person to transgender.

Consultation questions on the proposal for targeting talking conversion therapy

Question 3. The government considers that delivering talking conversion therapy with the intention of changing a person's sexual orientation or changing them from being transgender or to being transgender either to someone who is under 18, or to someone who is 18 or over and who has not consented or lacks the capacity to do so should be considered a criminal offence. The consultation document describes proposals to introduce new criminal law that will capture this. How far do you agree or disagree with this?

The BMA's position is that all LGBTQ+ conversion therapy should be banned. The BMA welcomes the proposals of banning talking conversion therapy with respect to under-18s but does not believe talking conversion therapy should be available to those who are over 18, even if they supposedly have capacity and have consented. There are no clinical benefits to conversion therapy and there is

² <https://whatwewknow.inequality.cornell.edu/wp-content/uploads/2018/04/PDF-Conversion-therapy.pdf>

no recognised evidence of its effectiveness. Individuals who are over 18 and questioning their sexual orientation and/or gender identity are likely to be in a vulnerable position and attempts to force them to identify as having a specific orientation or gender identity are likely to be harmful for those individuals. The BMA firmly believes support, both clinical and therapeutic, should be offered to those questioning their sexual orientation and/or gender identity, but talking conversion therapy has no benefits and is likely to be damaging to individuals in a vulnerable position in relation to this issue.

We oppose the stipulation that talking conversion therapy will not be banned for those over 18 who “consent” to conversion therapy. We note that the government states that for consent to be achieved, individuals must be informed, which means “the person must be given all of the information about what the therapy involves, including the short and longer term risks”. An individual over 18, therefore, would have to be informed that there are no proven benefits of talking conversion therapy and that it can potentially be highly detrimental. The BMA does not believe consent can be given to an intervention which can have only harmful consequences. With this in mind, and given the power imbalance between the individual and “therapist”, genuine consent does not seem possible to achieve.

We also echo our previous concerns about the implication that attempting to change someone from being transgender to cisgender is somehow equivalent to the reverse. We are concerned that this framing could be used by anti LGBTQ+ groups to fight against the provision of legitimate support services for LGBTQ+ people. The proposals should therefore be explicit that legitimate gender transition services are not considered a form of conversion therapy. The government should make it clear, either directly in legislation or in guidance accompanying a Bill, that gender transition services, gender transition healthcare, and legitimate and explorative gender identity therapy are not forms of conversion therapy and therefore would not be an offence under its proposals.

Consultation questions on protecting people from being taken overseas

Question 10. The consultation document describes proposals to introduce conversion therapy protection orders to tackle a gap in provision for victims of the practice. To what extent do you agree or disagree that there is a gap in the provision for victims of conversion therapy?

The BMA is concerned about individuals being taken abroad for more ‘extreme’ versions of conversion therapy that are legal in other countries. The government’s proposals have correctly identified this gap.

Question 11. To what extent do you agree or disagree with our proposals for addressing the gap we have identified? Why do you think this?

The BMA welcomes the proposals for addressing the gap identified.

In addition to the gaps identified, we recommend that the government investigate how to ban conversion therapy that is offered virtually by providers outside the UK to LGBTQ+ people within the UK via Skype or similar online platforms.

Consultation questions on recognition by authorities of conversion therapy as a problem

Question 13. To what extent do you agree or disagree that the following organisations are providing adequate action against people who might already be carrying out conversion therapy? (Police, Crown Prosecution Service, other statutory service)? Why do you think this?

In relation to statutory services, the BMA provides the following comments on the role of the General Medical Council (GMC), the professional regulator of doctors. The BMA welcomes the GMC's opposition to conversion therapy³ and support for the Memorandum of Understanding on Conversion Therapy, which commits to ending its practice in the UK.⁴ However, the GMC currently has no guidance on conversion therapy on its website and there is no clarity on what sanctions, if any, would be faced by clinicians who engaged in this practice. The BMA believes the GMC should develop clear guidance for its decision-makers and tribunals on the type of sanctions that might be appropriate for medical practitioners performing LGBTQ+ conversion therapy; we will be liaising directly with the GMC on this.

Question 15. Do you think that these services can do more to support victims of conversion therapy? If yes, what more do you think they could do?

The GMC could facilitate the development of professional guidance to doctors on what to do when presented with a victim of conversion therapy. Developing clear guidance on the type of sanctions that might be appropriate for doctors engaged in this practice would also discourage participation.

³ <https://twitter.com/gmcuk/status/821411984168120326>

⁴ https://www.psychotherapy.org.uk/media/cptnc5qm/mou2-reva_0421_web.pdf