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15 March 2024

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Esteemed colleagues,

It is with great concern that we have learned that the Russian Society of Psychiatrists is considering a [proposal](#) for Clinical Guidelines on Gender Identity Disorders that suggests using psychotherapy to change patients' gender identity. This approach has been proven ineffective and likely to cause long-term harm to patients' mental and physical health. We urge you not to adopt these recommendations and instead use international guidelines based on scientific evidence and best clinical practice.

The World Professional Association for Transgender Health (WPATH) and its Chapter, The European Professional Association for Transgender Health (EPATH) are an international interdisciplinary professional medical educational association with over 4000 members dedicated to the study and practice of healthcare affecting transgender and gender diverse people. Our members include leading practitioners and researchers in the field of transgender health. WPATH produces the internationally accepted Standards of Care for the Health of Transgender and Gender Diverse People (SOC), and publishes the International Journal of Transgender Health, a peer-reviewed academic journal. The most recent edition of the SOC-8 was published in 2022. <https://www.wpath.org/publications/soc>

Developing national clinical guidelines for treating patients with gender incongruence is crucial for the provision of timely and quality care. However, the current proposal for clinical guidelines published in open-access on your website on 29 December 2023 is not comprehensive and does not meet the standards of current international clinical best practices. It does not include endocrine or surgical care. In the way of mental health care, it proposes conversion treatment of patients with gender incongruence: "Cognitive behavioural therapy (including sex therapy) is aimed at passing through the stages of psychosexual development (acquiring skills of gender-

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role behaviour in accordance with one's biological sex, passing through the stages of formation of libido-romantic, erotic, sexual) in the context of heterosexual interaction.” (p. 28) Moreover, it proposes degrading and unnecessary tests: examinations of external and internal genitalia (p. 20), questions on sexual practices (pp. 15-17), and karyotyping (p. 20)—a procedure that is not only inaccessible to most transgender people due to high costs but also unnecessary for further treatment. None of these recommendations are evidence-based: the proposal only refers to “the opinion of experts” rather than scientific or clinical evidence.

Using evidence-based approaches is a [requirement](#) of the Russian Ministry of Health for all clinical guidelines. Research and broad expert consensus shows that practices aimed at changing or altering the patient’s sexual orientation or gender identity, also known as conversion treatment, are not effective yet likely to cause severe harm, including depression, substance abuse, suicidal thoughts, and suicide attempts.¹ In contrast, there is evidence and broad expert consensus demonstrating the benefits in quality of life and well-being of gender-affirming treatments, including endocrine and surgical procedures, and mental health care that respects patient autonomy without imposing preconceptions.

Available evidence thus clearly indicates the need for a holistic multidisciplinary approach to treating gender incongruence that would include endocrine and surgical care besides mental health care. We are aware of at least one proposal for clinical guidelines for gender incongruence that uses this evidence-based approach and has been submitted for your consideration. Moreover, the World Health Organization is currently developing guidelines on clinical care for trans and gender-diverse people; these are also evidence-based and may serve as a solid reference for national clinical guidelines.

We strongly believe that providing adequate evidence-based care to patients with gender incongruence is not in contradiction with current Russian legislation. Federal Law No. 386-FZ of 24 July 2023 prohibits “medical interventions... aiming to change one’s sex”; however, for patients who have already changed their legal gender, such interventions would not change, but confirm their gender, aligning it with their updated legal status. We are aware of [precedents](#) after the adoption of Federal Law

No. 386-FZ, where Russian courts have allowed applicants to change their legal gender. These people, who are legally members of their desired gender, are entitled to receive hormone replacement therapy and surgical

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interventions. These procedures should thus be described in national clinical guidelines.

In light of the above, we urge the Russian Society of Psychiatrists to:

- Remove all recommendations of conversion practices in the Clinical Guidelines on Gender Identity Disorders;
- Remove outdated, degrading, and unnecessary tests and treatments;
- Adopt clinical guidelines that are evidence-based and holistic, including endocrine and surgical treatment;
- To ensure good clinical practice and robust doctor-patient relationships, consult with patients' associations on any proposed clinical guidelines.

Sincerely yours,

The Executive Committee of WPATH

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