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Wednesday, November 4, 2020

TO WHOM IT MAY CONCERN

Re: Bill C-6

It appears that amendments to Bill C-6 could criminalize the therapeutic relationship that might develop or exist between a young patient and their therapist. I refer specifically to the following clauses:

***320.101** In sections 320.102 to 320.106, **conversion therapy** means a practice, treatment or service designed to change a person's sexual orientation to heterosexual or **gender identity to cisgender** (my bold), or to repress or reduce non-heterosexual attraction or sexual behaviour. For greater certainty, this definition does not include a practice, treatment or service that relates*

- (a) to a person's gender transition; or*
- (b) to a person's exploration of their identity or to its development.*

It is clear that the government has not considered the scientific evidence that sexual orientation and gender identity are completely different entities. While we recognize that sexual orientation is a biological fact, (and therefore conversion treatment is unwarranted and therapeutically inadvisable); there is no evidence that supports the idea that gender identity is biological. Gender is developed over time, and is learned much like language is learned. In other words it is socially constructed.

Because of the fairly sudden rise in Rapid Onset Gender Dysphoria in children under the age of 16, (particularly female to male), it is essential that those patients have **the opportunity to express their confusion over their gender in a fashion that allows them to examine both sides of the identity issue**. We know that gender identity fluctuates over time and to make the assumption that a young person considers their gender to be fixed, and to know exactly what that gender is at a given time, particularly if that identity has changed, is disingenuous. Research shows that those who make gender transitions early on frequently have a change of heart once those transitions have become fixed through irreversible surgeries and medications. Not to foresee the tragedy in this is unthinkable. Frankly, it is not the business of the government to decide what kind of medical treatment should or should not be used in complex issues such as this, or any medical issue for that matter. It is up to the parents and the child i.e. the family.

There are several researchers in Canadian universities that have addressed some of these issues and whom I am sure will address their concerns to your government. It is very strange that they have not been consulted by you **before** introducing a Bill which can greatly harm the lives of young people. There is no evidence that early intervention to affirm gender identity produces any beneficial effect on the suicide rate, as some would assert.

As a medical psychotherapist of some 40+ years I am incensed by this non-scientific intrusion into medical and family issues. If it is truly the purpose of this Bill to provide protection for children, then it is essential that the Bill specifically **allow, and even recommended, treatment for gender dysphoria** in children that is open, forthright, and scientifically accurate. Please ensure that this Bill reflects the concerns of myself and many other professionals in the treatment of mental disorders. For further information please contact me at the above phone/email address.
Yours sincerely,

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*Certificant in GP Psychotherapy-Certified Master Practitioner in Neuro-Linguistic Programming, Time Line Therapy™ and Hypnotherapy
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