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Transgender Issues

I am a retired adult psychiatrist, also trained in psychoanalysis. I have an instinctive skepticism about the present cultural furor over transgender issues in general, and the enrollment of young children in sex change protocols in particular. Dr. Michelle Cretella's fine article¹ confirmed my doubts about our brave new world postmodern therapies.

The whole transgender "bubble" reminds me of the hysteria in the 1980s over allegations of sexual abuse by daycare center personnel. Such abuse does occur, of course. However, in the cases investigated by *Wall Street Journal* reporter Dorothy Rabinowitz, prosecutors and therapists suggested bizarre and extremely unlikely abuse scenarios to very young children, whose tainted testimony was used to convict, with no relevant physical evidence, several child care workers. The contemporaneous interest in recovery of repressed memories of childhood sexual abuse added fuel to the fire. Rabinowitz led the fight to get these convictions revisited. Many were overturned, but some individuals had already served long prison terms, their lives ruined. Rabinowitz subsequently won a Pulitzer Prize for her reporting, proving that at least some journalists are people of acumen, integrity, and courage.

In the phony child abuse cases, children's natural suggestibility was exploited by activists with an agenda, with tragic results. The adults told a story to the children, and the children repeated it, as children are wont to do, with no questions asked when they should have been. Similarly, when a young child expresses a belief/fantasy that he is a she, or she is a he, that child's normal developmental inability to fully distinguish fantasy from reality can be forgotten, and instead the child's self assessment is taken at face value, and all too promptly acted upon. No questions here either, please. Instead of the watchful and tactful waiting Dr. Cretella suggests for gender dysphoria, body- and likely mind-altering medications are prescribed for individuals incapable of informed consent. The rush to treatment is promoted by a fevered Internet,

transgender activists, a gullible media, and worse, gullible physicians, just as there was a rush to legal judgment in the child abuse cases.

Dr. Boris Vatel's delightfully ironic article, "Anatomy of 'Ze' Delusion"² was a perfect companion piece to Dr. Cretella's. Kudos to both authors.

Is the new mantra in medicine to be: "I am what I say I am, and only what I say I am, and no debate or questions about it, if you don't mind!?" If so, we're through the looking glass, with no way back.

Patricia Wesley, M.D.

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1. Cretella MA. Gender dysphoria in children and suppression of debate. *J Am Phys Surg* 2016;21:50-54.
2. Vatel B. Anatomy of "ze" delusion. *J Am Phys Surg* 2016;21:55-56.

Electronic Health Records

Dr. Lawrence Huntoon's editorial¹ was informative and focused on important issues that the use and abuse of electronic health records create.

The so-called Meaningful Use requirements were designed to coerce the physician to buy and use EHRs. Now the federal government has retrospectively changed requirements and asked for the "incentives" to be returned, or else. Inducements then penalties are a time-worn way to make medicine use EHRs. The editorial outlined some of the problems, like not looking at the patient and recording inane data.

We must keep in mind that there is a huge demand for data from the government, hospitals, insurance companies, drug manufacturers, and lawyers. It is much easier and quicker and cheaper to mine all facets of medical care delivery automatically without asking for records to be sent. This multi-billion (trillion?) dollar data grab does not benefit patients or doctors. As far as improving quality, it is worthless.

Steven L. Sholem M.D., M.B.A.

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1. Huntoon L. The disaster of electronic health records. *J Am Phys Surg* 2016; 21:35-37.