



Written by [Selwyn Duke](#) on March 19, 2020

## Woman Suing Clinic That Enabled Her “Gender Transition” at Age 16

Keira Bell changed her mind. But changing her body won't be so easy after a so-called gender transition that began in her mid-teens and led to breast removal. Now the 23-year-old is suing the clinic that facilitated her body mutilation, calling her desires to “change” sex a teen a “fantasy” that should have been “challenged” by the medical practitioners.

Bell is not alone, but joins a growing list of young people whose lives have been irreparably altered by Big Gender, which is now big business. Just consider Nathaniel (last name withheld), for example, who had his genitalia removed shortly after his 18th birthday, but just months later [called it](#) a “Frankenstein” transition that has “ruined” his life; or Sydney Wright, who was given body-altering hormones before she was even old enough to buy alcohol and now [says](#), “Doctors failed me at every turn.”

As for Bell, the “doctors” failing her were at the Tavistock and Portman NHS Trust in Hampstead, north-west London, England. This entity runs the United Kingdom's only “gender-identity” development service (GIDS) and uses drugs and surgery to “transition” minors.

Bell's complaint is a common one: that doctors never put the brakes on her confusion-born aims. Instead, she “was referred to the Tavistock GIDS clinic at the age of 16. “She said [that] after three one-hour-long appointments she was prescribed puberty blockers, which delay the development of signs of puberty, like periods or facial hair,” [reported](#) the BBC.

“I should have been challenged on the proposals or the claims that I was making for myself,” she said. “And I think that would have made a big difference as well. If I was just challenged on the things I was saying,” the site relates.

The aforementioned Wright, though living in the United States, told the same story. “When you walk into these clinics, you won't really see older people around,” she wrote last October. “It's boys and girls playing dress-up, brought there by clueless parents, waiting for the appointment that could likely ruin their lives.”

Yet while Wright was saved from further ruination by a sane adult (her grandfather), Bell wasn't so fortunate. She was prescribed the male hormone testosterone approximately a year after getting the puberty blockers, and three years ago she had her breasts removed.





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Bell would then have a common experience: “sex-change” regret. Consequently, “She decided to stop taking cross-sex hormones last year and said she was now accepting of her sex as a female,” writes the BBC. “But she was also angry about what had happened to her in the last decade.”

“I was allowed to run with this idea that I had, almost like a fantasy, as a teenager ... and it has affected me in the long run as an adult,” the site continued.

Nonetheless, Dr. Polly Carmichael, the consultant clinical psychologist who runs the Gender Identity Development Service at Tavistock, defends the clinic and says that it “did have a thorough assessment process.” Yet she also stated, the BBC further relates, “We’re talking about identity here, their identity, and a feeling that their gender identity does not match that body.” As WND.com [puts it](#), however, the doctor is admitting that “the decisions were based on ‘feelings.’”

This is the striking reality. The diagnosis of “gender dysphoria” (GD) — the sense that you’re one sex stuck in the body of the other — is made based only on the presence of strong and persistent feelings of “cross-gender identification” that have lasted more than six months. That’s it.

On this basis alone, with no proof of a biological basis for GD, quack doctors will nonetheless reject the (obvious) psychological explanation and prescribe a biological fix; this can include breaking the body with the mutilation known as “gender reassignment” surgery.

Some are sounding the alarm, too. Writing at *Quillette* in January and explaining why he *resigned* from Tavistock last year, psychoanalyst Dr. Marcus Evans [said](#) that “trans-identified children need therapy,” not just drugs, affirmation, and surgery. In fact, he buttressed the common-sense conclusion that GD is not a biological issue, but a psychological one.

“I observed that patients who had a history of serious and enduring mental illness or personality disorder sometimes would also develop gender dysphoria,” he wrote of his many years of practice. “A common theme in their presentations was the belief that physical treatments would remove or resolve aspects of themselves that caused them psychic pain.”

“When such medical interventions failed to remove their psychological problems, the disappointment could lead to an escalation of self-harm and suicidal ideation, as resentment and hatred toward themselves was acted out in relation to their bodies,” he continued. And, in fact, post-op MUSS (Made-up Sexual Status, or “trans”) individuals have a strikingly high suicide rate.

Evans also points out that while many share his opposition to Big Gender, fear of being labeled a bigot, career destruction, and human-rights charges (in Britain) prevent medical professionals and journalists from speaking up.

Why the silencing treatment? Evans explains, “I have learned, through long experience with managing clinical areas in the National Health Service [the UK’s socialized medicine entity], that such efforts to dismiss or discredit serious concerns about a service or clinical approach typically are driven by those seeking to evade accountability and shield their methods from criticism.”

That’s a polite way of saying that at issue are quacks guilty of gross malpractice.

There’s big money in Big Gender, too, as Sydney Wright [points out](#) — and business is booming. Evans informs that over “the past five years, there has been a [400 percent](#) rise in referrals” to Tavistock.

But the fix is in. Yet another commonality among MUSS youths is that they receive tremendous affirmation online from Big Gender, likely thanks to Big Tech. Just consider how Wright wrote that despite her research, she “couldn’t find any articles about transgender regret.”



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This is interesting because I (and many others) have been writing about the MUSS agenda for more than a decade, including [here](#), [here](#), [here](#), and [here](#). In fact, in 2014 I wrote "[The Transgender Con? Many 'Transgender' People Regret Switch.](#)"

But don't blame Wright. I *couldn't find* my [seminal 2009 article](#) on the subject via Google when searching for its link to include in this piece; in fact, the search engine essentially told me it *didn't exist*. (I only found it by going directly to the archives of the site at which it was published. Of course, no one else would know to look there. Now you know why many conservatives warn of the power of Big Tech censorship.)

But the regret is real and expectable. After all, as ex-"transsexual" Alan Finch [put it](#) in 2004, "You fundamentally can't change sex.... Transsexualism was invented by psychiatrists."

That's just common sense, of course. Unless you ask Big Gender's "doctors" or Big Tech's censors — then you learn it's bigotry.

*Image: Anne-Marie Miller via iStock / Getty Images Plus*

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