Dr. Haim Blows the Whistle on Bad Transgender Medicine

10 MIN · YOUTUBE · HTTPS://WWW.YOUTUBE.COM/WATCH?V=S9BB0VMIKLO
https://www.youtube.com/watch?v=s9bb0VMiklo

SUMMARY

The discussion revolves around the complexities and ethical dilemmas faced by parents when their children express feelings of gender dysphoria, particularly in the context of medical interventions. The speakers critique the affirmative care model adopted by some medical professionals, arguing that it may lead parents to make irreversible decisions under the pressure of potential suicide risks, rather than exploring underlying issues.

- *Parents are tasked with guiding children to understand and contend with reality, including the biological distinctions between genders.*
- *The affirmative care model posits that if a child identifies as transgender, they have always been so, which raises concerns about the validity of such claims.*
- *Medical professionals may pressure parents into agreeing to gender-affirming treatments by invoking the risk of suicide, creating a moral dilemma.*
- *The rise in anxiety and depression among Gen Z is linked to societal changes and may influence children's perceptions of gender.*
- *Informed consent in medical treatments is questioned when families are placed under duress regarding their child's mental health.*
- *The conversation highlights the potential long-term physical and psychological consequences of gender-affirming medical interventions.*
- *The speakers express concern that the medical community may prioritize affirming a child's gender identity over exploring the root causes of their distress.*
- *The phrase "would you rather have a living son or a dead daughter" is cited as a manipulative tactic used to coerce parents into compliance with medical recommendations.*

- At the time when they were doing this, can you give me a sense
of what is going on? Like, I come into the hospital because my 11-year-old daughter
says she thinks she's a boy. Like, what are the steps that lead to this procedure, and what are these people that claim to be experts and medical
professionals telling me as a parent, that would
lead me to say, okay, to something that would prevent my son from developing a fully functional penis
as an adult, for example?

- I think a important question
to answer that is to ask, you know, what's the role of the parent? And I believe that role
is to teach children how to contend with reality. Because with children,

there is a principle of limited understanding because they're children, they haven't undergone
the life experiences to understand the consequences
for their actions, which is the role of the parent. In order to teach them the lessons and the principles in
order to be able to contend with reality in an
effective way, to grow up and into an adult and live a happy life and to have meaning in their lives.

What's happening here
is that they're failing on that initial front. They're failing to allow these
kids to contend with reality, because the reality is they're
either a boy or a girl. That's it and by failing to have them acknowledge that fact and accept that, and that it's gonna be
hard going through puberty and it's gonna be uncomfortable,
but that's reality. You have to contend with it. By failing on that, they're leading them down this road to where these misdirected
doctors are able to perform these interventions and take them farther down that road.

And once they get so far down
it, there's no turning back 'cause there's gonna be
one morning they wake up, look in the mirror and
they think, oh my God. Like, who am I, right? What have I done to myself? You know, can I even have a family?
And that person's gonna
realize that the people who were supposed to protect
me were the ones, you know, who had thrown me to the wolves because that's how I got him the place.

- Can I ask a question or comment about, what's changed in medicine? And it also has legal implications
when it's a minor wanting to make these changes. In the past, it might be
that the child might present, change their name or address differently, but there would not be
surgical interventions. And then it seemed to be
during the COVID timeframe, so I've heard you frame it
before that a lot of that changed and they started doing the
physical interventions, which is what the mutilation, the assault, battery, those legal remedies
start coming into play, During that timeframe and so now we're living in a world where this has sort of
added to the list of things that came out during COVID of
what institutions are doing to our children.

- Well, there's a bigger picture that I think we are all
contending with, especially as parents and COVID
accelerated these things, but it didn't start them, right. And we talk about this on
this show all the time. There's been this
substantial rise in anxiety and depression among, you
know, gen Z that's really sort of manifest over the 2010s in particular. And that, that has resulted in much

elevated levels of suicide. And so as a parent, and I have made changes
to my own son's education for these kinds of reasons.

Not because he was having
anxiety and depression, but because frankly, I
pulled him from a class that was starting to, as a sixth grader, present gender fluidity things to him. And it's like, he's 10
and what are you doing? And I'm not, and it was a private school here in Austin, Texas, and
I met with the principal, we talked and I was like, I can't let him be in this environment. I'm not gonna pay for this.

And thank God, I have
the resources to choose. But let me paint a particular picture. I'm a parent. I have a 11-year-old daughter who is very psychologically
troubled, very uncomfortable, very prone towards crippling anxiety and saying that she thinks she doesn't like the bot, the
things that she feels starting to happen with her and says, "I think I
might be transgender."

And I'm a normal person
and I love my daughter. And I'm very worried, and I know that there's a risk of suicide. So I come to the Texas Children's Hospital and what am I told? What is my experience? - According to the affirmative care model in which they adopt if a child says that they're
transgender, then that means they have always been transgender. That's the definition they use. - [Host] Do I just say it now? It's true.

- Yes. - How is that medicine? - It's not. No, no. Like- - I'm having trouble with, and I go to a psychologist and I'm depressed and I'm anxious and I want to, like, harm myself, I would think that the
psychologist job isn't to say, yes, you should, or that yes,
that's just what you are. But to actually, to do the
opposite of that, to like try to get to, well, what's underneath this and what's causing you this discomfort?

- It seems like a contradiction, right? Like, oh, this is medicine. That seems like a contradiction, but contradictions do not exist. If you do find one, just
check your premises. What they're doing is not medicine. - So, what's happening then? So I go in, come in and they say, okay, so you're saying you're a boy now, or you
feel like you're a boy and you wanna be called a different name and with different
pronouns, and they just say, okay, yeah, we're on board with that.

- Yeah. - What if I'm Me and who would be very resistant to this? And I say, I bring my daughter in. I don't have a daughter,

but let's imagine. And because I am still worried and I've done what I can
try to do to say like, this is not what this is. This is a phase, this is fad. This is like too much TikTok. Like, and I take away her phone and, but she's still gonna school
with all these other girls that are talking about this stuff.

And I go to the doctor
who's this authority? What do they say to me when I
say, I don't want to do this. I don't wanna call her or him. - It's interesting you bring that up because one of the videos that was part of the story had demonstrated
that exact situation, the exact situation where you had a parent who had questioned this whole idea about adopting this new gender. And that's when they
bring out their big guns.

They say, well, you know, I
have to respect your opinion and all, but if we don't
pursue this pathway that's gonna increase their
risk for suicide, which is, in my opinion, the most malicious form of black male you could
ever tell to a parent. Because you're telling them
that if you don't listen to me, if you don't put your kids on these drugs, that's gonna change them
for the rest of their lives. If you don't tell, you know,
your kid, that they have to hate themselves, that they have to adopt this new identity
that's based off hatred, that their true self,
that they're gonna kill themselves and it's gonna be your fault.

That's what they're saying. And- - I mean, that's an impossible
paper for me as a parent - To put in that position is unforgivable. It's unforgivable to put the parents and the children in that position. - As a parent. Like, and now my son's
18, he's getting ready to leave the house and
go to college and go off. And I'm already thinking like he's gonna be further away. What if something happens? Like, you know, we're
neurotic basket cases.

Like we're constantly
worried from the minute they're born and you take them home. Like there is always a part of you that's like, what if they die? What if they die? What if they die? What if like, it's
like, it's always there. Like, my son's driving, it's at night. God, what if he gets in an accident? He's been in a couple of accidents. I'm like, what if he
dies? What if he dies? Like, it's weird and horrible and it's like, there's a lot
of blessings of parenthood, but that concern is like
not really a blessing.

It's this thing. - It also calls into
question and form consent - And what does that
mean, informed consent? - So, informed consent. Dr. Haim can talk more about that. There's a lot of rules around that. It's also a legally operative term. And also it's something that
has to be achieved in order for a doctor not to maintain their license before having patients
undergo certain treatments. And if you are as a doctor or as a hospital, training your doctors to essentially put patients
already in vulnerable positions and their families already
in vulnerable positions into a state of duress
that this has gone from, my child's confused to my
child is going to commit suicide if I don't do this.

And so that's going to
be then the argument used to achieve consent. There's a lot of very strong challenges that could be made to that approach. - I mean, it's not the same thing as saying your wallet or your life, but it's not that far off. It kind of rhymes with that. It's like, our medical
treatment or your kid's life. That's sort of- - It's also your wallet. - And it's also your wallet. - Oh, yes. And it's like a lifelong, - It's lifelong medical
treatment, not just for the abuse you've achieved physically, but an experienced, but
also the mental health and again, the endocrine
issues and your bones and your heart and all your major organs.

I mean, the amount of
physical trauma you go through when you have these
treatments done is staggering. - Now that might all be worth
it if my choice is between, as has been said elsewhere, a living son or a dead daughter. I've heard this, some formulation of this phrase, would you rather have a
living son or a dead daughter? I hope none of these Texas parents have
been told that exact thing.

I fear that they've, many have. - Of course they have. It's most malicious lie that's ever been told in
medicine, in my opinion.