Open Letter from Clinicians to Members of Parliament: Why We Believe the Draft Conversion Practices Bill Should Be Rejected

Dear Prime Minister, Secretary of State and Members of Parliament,

We are clinicians, therapists, counsellors, psychologists, psychiatrists and safeguarding professionals working across the United Kingdom.

Many of us are members or supporters of the **Clinical Advisory Network on Sex and Gender (CAN-SG)**, an independent network of healthcare professionals committed to evidence-based, ethical and exploratory care for people experiencing gender-related distress.

We are writing alongside **LGB Alliance** because our clinical experience demonstrates that this legislation has significant implications for lesbian, gay and bisexual young people. That connection has received far too little attention during the debate.

When the time comes, we urge you to vote against the Draft Conversion Practices Bill.

Like the Government, we oppose genuinely abusive practices intended to force someone to change or suppress their sexual orientation. Such practices are unethical and have no place in modern Britain.

However, after careful consideration of this legislation, we believe Parliament should reject it. Our concerns are based on three simple facts.

First, we work with the children, young people and adults this Bill will affect. Every day we help people experiencing complex psychological distress, and we understand the realities of providing safe, ethical and evidence-based care.

Second, we know that many young people presenting with gender-related distress are still developing their understanding of their sexual orientation. Some are same-sex attracted when they first seek help. Others go on to grow up to be lesbian, gay or bisexual. For many young people, questions about gender and sexuality emerge at the same time and are difficult to disentangle.

Many of the young people affected by this Bill have not yet reached a settled understanding of their sexual orientation. The freedom to explore whether a young person could be lesbian, gay or bisexual is therefore an essential part of good clinical care - not something that should be placed under legal suspicion.

Third, we believe this Bill will make good clinical care harder, not better. It risks creating fear around ordinary therapeutic conversations, discouraging clinicians from exploring sexuality, uncertainty and other possible explanations for a young person's distress. That is not in the best interests of patients.

Our concerns arise not from political ideology, but from our professional responsibility to provide the highest standard of care.

Every day we work with people whose distress is complex. Many present with trauma, autism, anxiety, depression, bullying, family difficulties, body image concerns and other vulnerabilities. Good clinical care requires careful assessment, thoughtful exploration and an

openness to uncertainty. These are not signs of poor practice but are the foundations of good practice.

As clinicians, we have a duty to consider all possible explanations for a person's distress.

We must be free to ask difficult questions. We must be free to explore uncertainty. We must be free to discuss sexuality. We must be free to support young people wherever careful assessment leads.

Exploration is not conversion.

Therapy is not conversion.

Safeguarding is not conversion.

The Draft Conversion Practices Bill contains broad and uncertain concepts, including "psychological pressure", conduct that falls "far below expected standards" and exceptions for "ordinary support". These concepts create legal uncertainty around everyday clinical conversations.

Many ethical clinicians already refuse to treat people with gender related distress fearing they could be accused of practicing conversion therapy either by their own professional association or a disgruntled patient. Criminalising ‘conversion practices’ would greatly increase that fear and produce an even greater chilling effect on ordinary ethical exploratory therapy. The Cass Review has already demonstrated that this is an area requiring greater clinical curiosity, more careful assessment and stronger evidence, not less.

We have also learned from the growing number of detransitioners and desistors whose experiences demonstrate the importance of allowing time, exploration and open discussion before conclusions are reached.

The practical dangers are not abstract. In a separate briefing, Thoughtful Therapists draw on composite case studies based on situations encountered in counselling to show how the Bill could inhibit necessary questions about sexual orientation, trauma, family relationships, pornography, autism and safeguarding. Their analysis also warns that Conversion Practice Protection Orders could draw therapists, parents and support organisations into legal proceedings before any criminal offence has been proved. These examples reinforce our concern that legislation framed around broad and subjective concepts of pressure, distress and professional standards could punish careful exploration and leave the real causes of a young person’s distress unexamined.

The answer to uncertainty is better clinical practice, not criminal law. Parliament should not pass legislation that makes it harder for clinicians to provide the care that patients deserve.

Children and young people deserve protection from abuse. They also deserve access to thoughtful, ethical and exploratory care delivered without fear of criminal investigation.

They deserve clinicians who can ask whether distress stems from trauma, autism, anxiety, family circumstances, bullying, body image, sexual orientation, gender dysphoria - or a combination of these factors.

They deserve the freedom to discover who they are, without any outcome being treated as the only acceptable one.

A law that makes it harder to explore sexuality, harder to ask questions and harder to support young people in understanding themselves is not a law that serves their best interests.

For these reasons, we urge you to vote against the Draft Conversion Practices Bill.

Yours sincerely,

The undersigned clinicians, therapists, counsellors, psychologists, psychiatrists, GPs, paediatricians, social workers, safeguarding professionals and other healthcare practitioners.