

COMPLIANCE MATRIX: Standard Medical Model vs Gender Affirming Care Model

Assessment against Good Medical Practice: A Code of Conduct for Doctors in Australia (October 2020)

SECTION 3: PROVIDING GOOD CARE

3.2.6 Providing treatment options based on the best available information

Standard Medical Model	GAC Model	Compliance Assessment
Reviews systematic evidence base; considers multiple high-quality systematic reviews (Cass, York, HHS 2025)	Relies primarily on single advocacy-aligned guideline (AusPATH 2025); dismisses or doesn't engage with contrary systematic evidence	Standard Model: COMPLIANT GAC Model: NON-COMPLIANT The GAC model's reliance on a single source while systematic reviews show uncertainty/poor evidence violates the requirement to base treatment on "best available information"

3.2.7 Only recommending treatments when there is an identified therapeutic need and/or a clinically recognised treatment, and a reasonable expectation of clinical efficacy and benefit for the patient

Standard Medical Model	GAC Model	Compliance Assessment
Requires evidence of clinical efficacy before recommending intervention; withholds treatment recommendation when evidence is poor or absent	Recommends hormonal/surgical interventions despite systematic reviews showing: poor evidence quality, unknown long-term outcomes, lack of RCTs, persistent uncertainty about benefit	Standard Model: COMPLIANT GAC Model: SERIOUSLY NON-COMPLIANT This is arguably the most serious violation. Multiple systematic reviews (Cass 2024, York, HHS 2025) explicitly state there is insufficient evidence of efficacy. The GAC model recommends treatment anyway. This directly violates 3.2.7.

3.2.8 Informing your patient when your personal opinion (in the context of practice) does not align with the profession's generally held views

Standard Medical Model	GAC Model	Compliance Assessment
N/A - aligns with evidence-based mainstream medical consensus	Presents gender affirmation as settled consensus without disclosing: significant professional disagreement, systematic reviews questioning evidence base, concerns raised by Cass Review, multiple international evidence reviews reaching uncertain conclusions	<p>Standard Model: COMPLIANT GAC Model: NON-COMPLIANT</p> <p>GAC practitioners often present their approach as uncontroversial medical consensus while failing to disclose substantial professional disagreement and evidence uncertainty</p>

3.2.4 Considering the balance of benefit and harm in all clinical-management decisions

Standard Medical Model	GAC Model	Compliance Assessment
Explicitly weighs known harms (sterility, sexual dysfunction, bone health, unknown long-term effects) against uncertain benefits	Often minimises or omits discussion of harms; frames decisions as "life-saving" without robust evidence; may present fertility preservation as adequate mitigation without discussing loss of sexual function, orgasmic capacity, or relationship implications	<p>Standard Model: COMPLIANT GAC Model: NON-COMPLIANT</p> <p>The GAC model's framing often distorts the risk-benefit calculus by overstating benefits ("suicide prevention") and understating or omitting significant harms</p>

SECTION 4: WORKING WITH PATIENTS

4.5.1 & 4.5.2 Informed Consent - Providing information to patients in a way they can understand before asking for their consent

Standard Medical Model	GAC Model	Compliance Assessment
Provides comprehensive information including: evidence uncertainty, alternative approaches, permanence of effects, full scope of side effects, lifelong medical dependency, impact on fertility AND sexual function, unknown long-term outcomes	Often provides incomplete information; may: omit evidence uncertainty, fail to discuss psychotherapeutic alternatives, minimise permanence, inadequately explain sexual function impacts beyond fertility, frame as medically necessary when evidence is contested	Standard Medical Model: COMPLIANT GAC Model: NON-COMPLIANT Informed consent requires understanding of "benefits and risks involved" (4.5). The GAC model's incomplete disclosure fails this standard. Particular concern: sexual function impacts often not adequately disclosed.

4.5.2 Obtaining informed consent... taking into account any advance care directive

Standard Medical Model	GAC Model	Compliance Assessment
N/A in adult context; in paediatric context recognises developmental limitations on capacity	In paediatric context: may not adequately consider developmental capacity limitations; "affirmation" approach may not sufficiently test understanding of permanent, life-altering consequences	Standard Model: COMPLIANT GAC Model: QUESTIONABLE COMPLIANCE Particular concern with adolescent consent: can a 14-year-old truly comprehend lifelong sterility, loss of sexual function, and permanent bodily changes?

4.6.2 & 4.6.3 Children and Young People - Ensuring consideration of capacity for decision-making and consent

Standard Medical Model	GAC Model	Compliance Assessment
Recognises developmental limitations; treats consent for permanent body modification as requiring mature understanding	May apply "affirmative" approach that privileges adolescent self-identification over developmental capacity concerns	Standard Model: COMPLIANT GAC Model: NON-COMPLIANT The Code requires consideration of "young people's capacity for decision-making and consent" (4.6.2). The GAC model's affirmative stance may insufficiently test this capacity for permanent, life-altering interventions.

SECTION 2: PROFESSIONALISM

2.1 Professional values - Doctors must be honest, ethical and trustworthy

Standard Medical Model	GAC Model	Compliance Assessment
Honest about evidence limitations and uncertainty	May misrepresent evidence certainty; may claim interventions are "life-saving" or "medically necessary" without robust evidence; may mischaracterise psychotherapeutic exploration as "conversion therapy"	Standard Model: COMPLIANT GAC Model: NON-COMPLIANT Misrepresenting evidence quality or the necessity of interventions violates the fundamental requirement of honesty

3.2.8 Informing your patient when your personal opinion (in the context of practice) does not align with the profession's generally held views

Standard Medical Model	GAC Model	Compliance Assessment
Aligns with evidence-based consensus reflected in systematic reviews	Presents contested approach as medical consensus without acknowledging: Cass Review findings, systematic review conclusions of evidence uncertainty, international evidence reviews reaching similar conclusions	Standard Model: COMPLIANT GAC Model: NON-COMPLIANT

SECTION 10: PROFESSIONAL BEHAVIOUR

10.7.3 Advertising - Not guaranteeing cures, exploiting patients' vulnerability or fears about their future health, or raising unrealistic expectations

Standard Medical Model	GAC Model	Compliance Assessment
Does not promise specific outcomes; acknowledges uncertainty	Clinic websites and promotional materials often: guarantee affirmation, claim interventions prevent suicide (no robust evidence), exploit parental fear ("would you rather a dead daughter or a living son?"), promise happiness/authenticity	Standard Model: COMPLIANT GAC Model: SERIOUSLY NON-COMPLIANT This directly relates to your ACL s18 work. The "suicide prevention" framing without evidence exploits vulnerability and raises unrealistic expectations in violation of 10.7.3

10.9.1 & 10.9.2 Medical reports and certificates - Being honest and not misleading; taking reasonable steps to verify content

Standard Medical Model	GAC Model	Compliance Assessment
Letters/reports accurately reflect evidence base and uncertainty	Letters to surgeons or for legal purposes (e.g., birth certificate changes) may: overstate evidence certainty, omit uncertainty, present affirmation as medically necessary without acknowledging contested evidence base	Standard Model: COMPLIANT GAC Model: NON-COMPLIANT Medical letters supporting legal sex changes or surgical referrals that misrepresent evidence certainty violate requirements for honesty in professional documents

SECTION 8: PATIENT SAFETY

8.2.3 & 8.2.4 Risk management - Participating in systems of quality assurance; participating in surveillance and monitoring of adverse events

Standard Medical Model	GAC Model	Compliance Assessment
Maintains systematic follow-up; tracks outcomes including regret, detransition, complications; contributes to evidence base	Often inadequate long-term follow-up; may lose contact with patients; limited systematic outcome tracking; adverse events (detransition, regret, complications) may not be systematically recorded or reported	Standard Model: COMPLIANT GAC Model: NON-COMPLIANT The lack of systematic outcome monitoring violates risk management obligations and contributes to the evidence gap

SUMMARY TABLE: COMPLIANCE RATING

Code Section	Standard Model	GAC Model
3.2.6 Best available information	✓ Compliant	X Non-compliant
3.2.7 Reasonable expectation of efficacy	✓ Compliant	X X SERIOUSLY non-compliant
3.2.8 Disclosure of professional disagreement	✓ Compliant	X Non-compliant
3.2.4 Balance of benefit and harm	✓ Compliant	X Non-compliant
4.5.1-2 Informed consent	✓ Compliant	X Non-compliant
4.6.2-3 Capacity of young people	✓ Compliant	X Non-compliant
2.1 Honesty and trustworthiness	✓ Compliant	X Non-compliant
10.7.3 Not exploiting vulnerability	✓ Compliant	X X SERIOUSLY non-compliant
10.9.1-2 Honest medical reports	✓ Compliant	X Non-compliant
8.2.3-4 Adverse event monitoring	✓ Compliant	X Non-compliant

KEY FINDINGS

The Gender Affirming Care Model violates the Code in at least 10 distinct areas, with two violations of particular severity:

1. **Section 3.2.7** - Recommending treatments without reasonable expectation of clinical efficacy
2. **Section 10.7.3** - Exploiting vulnerability through suicide-prevention claims without evidence

The Standard Medical Model is fully compliant with the Code.