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The Dutch Approach: Fifty Years of Transgender Health Care at the VU Amsterdam Gender Clinic (Book Review)

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BOOK REVIEW

Alex Bakker, *The Dutch Approach: Fifty years of transgender health care at the VU Amsterdam gender clinic*. Boom 2021. 978-9024444687. 224 pages. Reviewed by Tony Jelsma, Ph.D., Professor of Biology, Dordt University.

Readers of *Pro Rege* will certainly be aware of the present controversies surrounding gender dysphoria and sex transition, but they might not be aware of the leading role played by the Netherlands and the Free University Medical Center (VUMC) in Amsterdam. Here, Alex Bakker, a transgender historian in the Netherlands, provides a detailed and sympathetic account of the history and key figures involved in the development of the gender clinic at the VUMC.

Bakker recounts a rather long, known history of transgender health care in the Netherlands, going back to the mid-20th century. In the post-WW2 era, individuals with gender dysphoria (who were almost exclusively male) were limited to acquiring feminizing hormones on the black market. Then in the 1950s, it became possible to do sex reassignment surgery, which involved removal of the penis and construction of a vagina. Incidentally, there was considerable demand from American patients once this procedure became available. Removal of the penis was considered to be equivalent to castration and was illegal in the United States, so this surgery was conducted in the Netherlands. However, the construction of a vagina, which was legal, was performed in the US. Not surprisingly, these surgeries had many complications.

In the 1970s, care for transgender patients was gradually taken over by the VUMC, initially because the endocrinologist specializing in these treatments had an appointment there. However, in 1976 the Medical Ethics Committee stated that there were no objections in principle to surgical help for transgender individuals because of the distress they experience and the fact that surgery was felt to be the only option (despite the fact that in such surgery, one is cutting into a healthy body). The motivation for proceeding with these treatments was

primarily one of Christian compassion for suffering individuals. This quote by Freerk Bouman, a plastic surgeon at the VUMC from 1968 to 1990, is quite illuminating:

To me it is proof of Christian compassion. These people are in need; they are kind of the wretched of this earth. From a Christian point of view the soul, the psyche, should be considered more important than the body. So, if the soul is so disturbed that it makes people feel totally unhappy and get into trouble, it is allowed to help them in this way. I can justify that. Jesus is the Good Samaritan. He looks after the outcasts. I think that is beautiful.

Here, the care and concern for the patient are clearly evident, but so is the stark dualism between body and soul (with primacy given to the latter). One wonders whether a similar body-soul dualism that we find in the Reformed confessions might have influenced this perspective. It must be further noted that the cause of gender dysphoria was thought to be constitutional, i.e., they considered gender to be distinct from biological sex (although I would argue that the evidence for this is by no means clear).

The Christian commitment of other providers at the VUMC varies, but even one of the present-day surgeons, Martin den Heijer, defends his work with explicitly Christian arguments, and presents to churches on this issue. It should also be noted that these surgical procedures were covered by healthcare in the Netherlands, which led to (or reflected) increased acceptance in Dutch society.

The landscape of gender dysphoria has changed dramatically in the past several decades, not just in the increased number of patients but particularly in the age at which treatments began. Peggy

Cohen-Kettenis, the head of a psychiatric clinic for children in Utrecht and later at the VUMC, treated children with gender dysphoria, providing counseling to help them cope until they turned eighteen, upon which they could be treated at the Amsterdam clinic. Cohen-Kettenis pushed for a reduction of the minimum age of treatment to sixteen. This proved to be somewhat controversial, as people questioned whether the adolescents really knew what they wanted, let alone could appreciate the consequences, at this age.

Things were about to get even more controversial with the introduction of puberty blockers. The term “Dutch approach” is presented in this book as the careful methodology that was used, but it primarily refers to the use of puberty blockers on children with gender dysphoria, which was first used by Henriette Delemarre-van de Waal at the VUMC. Childhood gender dysphoria desists most of the time during puberty (and one cannot reliably discern who would desist and who would persist), but in those in whom it persists, the distress increases at puberty, with the development of secondary sex characteristics. This distress could be averted by the use of puberty blockers, which had been developed earlier to treat precocious puberty, thus delaying the increase in the levels of sex hormones in these children until a more appropriate age. In using puberty blockers for gender dysphoric children, the assumption was that puberty blockers would buy time for patients to see whether the dysphoria would resolve, before deciding whether to continue on to transition. Indeed, patients treated with puberty blockers felt much better, and this Dutch protocol soon was adopted by gender clinics all over the world.

In recounting this story of developments at the VUMC, Bakker describes the heartfelt motives and careful work of those who were involved in these treatments, and the questions that this still-experimental approach raised. However, he does not mention the weaknesses of this initial study. Most importantly, virtually all patients who received puberty blockers went on to transition, likely because the puberty blockers prevented the very thing – puberty – that would resolve the dysphoria in most of the children. Some of the patients subsequently stopped treatment after beginning

their transition, and others were lost to follow-up, suggesting that this approach was not entirely successful. There were other serious flaws in the initial study, particularly the lack of any controls, those who did not receive puberty blockers, which means that the placebo effect cannot be ruled out.

It has now been several years since the study was published, and research on puberty blockers and gender dysphoria continues apace. Sadly, particularly in the US, this field is highly polarized, and the objectivity of many research studies is in question. Bakker quotes one of the Dutch clinicians as saying that while they were initially pioneers in this field, they are now seen as conservative due to their watchful waiting approach. Important questions need to be answered in coming years. Determining the rates of regret and de-transitioning is necessary but difficult because individuals are lost to follow-up since they drop out of a study (and are shunned by the transgender community). In addition, there hasn't been time for much-needed long-term studies. The implications of transitioning are enormous, given the need for lifelong treatment and various effects on anatomy, fertility, and mental health. Another area of concern is that puberty blockers also act on the brain, and there are indications that they negatively affect brain function. Studies in other contexts suggest negative effects of puberty blockers on cognition, working memory, mood, and emotional reactivity. Finally, we need to understand better the role of comorbidities in adolescent gender dysphoria and the reason for the dramatic increase in patients (and the reason for the switch from exclusively male to mostly female patients) over the past decades.

Bakker's book was originally written in Dutch and subsequently translated, which is evident upon reading, but this does not hamper understanding the story. Bakker interviewed many of the main players in this field; their personal stories help the reader feel part of what was happening. While I did not agree with everything the author presented, this was a careful and thorough study and is an important book for those wanting to know more about the history of this controversial field. Incidentally, it is only available from the European Amazon website for now (www.amazon.de).