

Darlington Table with professional standards – GP's

Darlington Statement Points	What this looks like in practice – Actions	RACGP Standards For GP's: 5th Edition
<p>2. That intersex people exist in all cultures and societies throughout history, and that the existence of intersex people is worthy of celebration</p>	<ul style="list-style-type: none"> Not expressing shock or concern or a sense of medical emergency when observing or meeting someone with an innate variation of sex characteristics. Not being overtly curious about the innate variation – they are not there to educate you – nor asking about the person's genetic or ethnicity background (unless that is the purpose of the visit). 	<p>C1.1.A – Our patients can access up-to-date information about the practice.</p> <p>C1.3.A – Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.</p> <p>C1.3.b – Our patients receive information to support the diagnosis, treatment, and management of their conditions.</p> <p>C2.1.A – Our practice, in providing patient healthcare, considers patients' rights, beliefs, and their religious and cultural backgrounds.</p> <p>C2.1.E – Our clinical team considers ethical dilemmas</p>
<p>4. That the word "intersex", and the intersex human rights movement, belong equally to all people born with variations of sex characteristics, irrespective of our gender identities, genders, legal sex classifications and sexual orientations.</p>	<ul style="list-style-type: none"> Using the word intersex or Innate variations of sex characteristics. Normalising Intersex variations. Do not assume the persons gender identity. Do not conflate with Trans issues or transgender healthcare. 	<p>C1.3.A – Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.</p> <p>C1.3.B – Our patients receive information to support the diagnosis, treatment, and management of their conditions.</p> <p>C2.1.A – Our practice, in providing patient healthcare, considers patients' rights, beliefs, and their religious and cultural backgrounds.</p> <p>C6.1.A – Our practice uses a minimum of three approved patient identifiers to correctly identify patients and their clinical information.</p>
<p>5. Our rights to bodily integrity, physical autonomy and self-determination.</p>	<ul style="list-style-type: none"> No unnecessary or excessive examinations. Discussions about deferrable surgical interventions to be had with the provision of all relevant information on risks, implications and alternatives, including the option of not receiving treatment, alongside the provision of information about and referral to peer support services, to ensure decisions are made with true informed consent. All patient health information is accessible for the patient whenever it is asked for. 	<p>C1.3.B – Our patients receive information to support the diagnosis, treatment, and management of their conditions.</p> <p>C2.1.A – Our practice, in providing patient healthcare, considers patients' rights, beliefs, and their religious and cultural backgrounds.</p> <p>C2.1.B – Our patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice, or procedure.</p> <p>C2.1.C – Our practice acknowledges a patient's right to seek other clinical opinions.</p> <p>C2.1.E – Our clinical team considers ethical dilemmas</p> <p>C4.1.A – Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care.</p> <p>C6.3.B – Our patients are informed of how they can gain access to their health information we hold.</p>
<p>6. Our opposition to Pathologising terminology such as "disorders of sex development", not only because this promotes the belief that intersex characteristics need to be "fixed".</p>	<ul style="list-style-type: none"> Use the word intersex instead of pathologising language – although carers/patients do need to be aware of what the pathologising language is as some services may need this to gauge service need. When working with a known individual use the language they prefer to be used. In all general communication intersex or innate variations in sex characteristics is preferred. Never say the patient needs to be fixed or imply this. 	<p>C1.1.A – Our patients can access up-to-date information about the practice.</p> <p>C1.3.B – Our patients receive information to support the diagnosis, treatment, and management of their conditions.</p> <p>C2.1.C – Our practice acknowledges a patient's right to seek other clinical opinions.</p> <p>C2.1.E – Our clinical team considers ethical dilemmas.</p> <p>C5.1.A – Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.</p>
<p>7. We call for the immediate prohibition as a criminal act of deferrable medical interventions, including surgical and hormonal interventions, that alter the sex characteristics of infants and children without personal consent. We call for freely-given and fully informed consent by individuals, with individuals and families having mandatory independent access to funded counselling and peer support.</p>	<ul style="list-style-type: none"> Refer caregivers/patients to organisations that have peer-support and or counselling for people with innate variations of sex characteristics (Intersex). Organise support from the above if necessary. Provide information on non-medicalised pathways. Include the choice to not undergo treatments. Provide information of health service consumer feedback pathways. Provide all relevant information on risks, implications and alternatives. 	<p>C1.3.A – Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.</p> <p>C1.3.B – Our patients receive information to support the diagnosis, treatment, and management of their conditions.</p> <p>C2.1.E – Our clinical team considers ethical dilemmas.</p> <p>C4.1.A – Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care.</p> <p>C5.1.A – Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.</p>
<p>8. Regarding sex/gender classifications, sex and gender binaries are upheld by structural violence. Additionally, attempts to classify intersex people as a third sex/gender do not respect our diversity or right to self-determination. These can inflict wide-ranging harm regardless of whether an intersex person identifies with binary legal sex assigned at birth or not. Undue emphasis on how to classify intersex people rather than how we are treated is also a form of structural violence. The larger goal is not to seek new classifications but to end legal classification systems and the hierarchies that lie behind them.</p> <p>Therefore:</p> <ol style="list-style-type: none"> As with race or religion, sex/gender should not be a legal category on birth certificates or identification documents for anybody While sex/gender classifications remain legally required, sex/gender assignments must be regarded as provisional. Given existing social conditions, we do not support the imposition of a third sex classification when births are initially registered. Recognising that any child may grow up to identify with a different sex/gender, and that the decision about the sex of rearing of an intersex child may have been incorrect, sex/gender classifications must be legally correctable through a simple administrative procedure at the request of the individual concerned. Individuals able to consent should be able to choose between Female (F), Male (M), non-binary, alternative gender markers, or multiple options. 	<ul style="list-style-type: none"> Understanding that intersex people have a range of identities and expressions and that a person's gender cannot be assumed based on their sex characteristics. Not assuming a person's gender identity. Not assuming that intersex is a third/ other sex/gender category. Respecting and understanding intersex women as women and intersex men as men. Use of the ABS standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables for data collection. 	<p>C1.1.A – Our patients can access up-to-date information about the practice.</p> <p>C1.3.A – Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.</p> <p>C1.3.B – Our patients receive information to support the diagnosis, treatment, and management of their conditions</p> <p>C2.1.A – Our practice, in providing patient healthcare, considers patients' rights, beliefs, and their religious and cultural backgrounds.</p> <p>C2.1.B – Our patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice, or procedure.</p> <p>C2.1.E – Our clinical team considers ethical dilemmas.</p> <p>C6.1.A – Our practice uses a minimum of three approved patient identifiers to correctly identify patients and their clinical information.</p>

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14. We call for meaningful participation by, and consultation with, intersex people and community organisations in all issues and policies affecting us.	<ul style="list-style-type: none"> Organise Professional Development from organisations that are competent and experienced in intersex education. Develop practice guidelines in conjunction with Intersex Organisations. Ensure caregivers/patients are aware of Intersex advocacy and support groups. 	C5.1.A – Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.
15. We acknowledge the long-term physical and psychological implications of harmful and continuing medical practices , and limited access to supports and peers.	<ul style="list-style-type: none"> Have flyers/pamphlets available and accessible from organisations that offer Intersex peer support and psychosocial support organisations. 	<p>C1.3.A – Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.</p> <p>C.1.3.B – Our patients receive information to support the diagnosis, treatment, and management of their conditions.</p> <p>C2.1.E – Our clinical team considers ethical dilemmas.</p> <p>C4.1.A – Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care.</p> <p>C5.1.A – Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.</p>
19. We recognise that intersex people have health and medical needs , sometimes related to having an intersex variation, and sometimes not. We recognise that, for people with an intersex variation, misconceptions and associated stigma can act as barriers to treatment. Current practices are often based on the needs of other populations. 21. We call for resourced access to necessary and appropriate health, medical and allied services and treatment, including surgeries and hormone treatment, psychosocial, psychosexual and psychological support, and including reparative treatments. Standards of care must support reparative treatments, and must not require conformity with stereotypical and clinical norms for female or male bodies, women and men, nor impose inappropriate psychiatric eligibility assessments.	<ul style="list-style-type: none"> Be transparent about why a given medical intervention is recommended/required. Provide accessible information about all medical interventions. Ensure the patient understands the health information and explanations you provide. Support allied health/social services and explain medical needs of the patient and caregivers. 	<p>C1.3.A – Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.</p> <p>C.1.3.B – Our patients receive information to support the diagnosis, treatment, and management of their conditions.</p> <p>C4.1.A – Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care.</p> <p>C5.1.A – Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.</p>
22. We call for the provision of alternative, independent, effective human rights-based mechanism(s) to determine individual cases involving persons born with intersex variations who are unable to consent to treatment, bringing together human rights experts, clinicians and intersex-led community organisations. The pros and cons for and against medical treatment must be properly ventilated and considered, including the lifetime health, legal, ethical, sexual and human rights implications .	<ul style="list-style-type: none"> Introduce and give information to contact Intersex Peer Support Australia or Intersex Human Rights Australia and advocacy organisations to caregivers and patients. Educate caregivers/patients on bodily autonomy and the rights of the person. Advocate for the patients right for bodily autonomy, if necessary, refer to the AMA media release 19th November 2021. Understand and communicate the difference between deferrable and non-deferable surgeries/interventions. 	<p>C1.3.A – Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.</p> <p>C.1.3.B – Our patients receive information to support the diagnosis, treatment, and management of their conditions.</p> <p>C2.1.A – Our practice, in providing patient healthcare, considers patients' rights, beliefs, and their religious and cultural backgrounds.</p> <p>C2.1.B – Our patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice, or procedure.</p> <p>C2.1.E – Our clinical team considers ethical dilemmas.</p> <p>C5.1.A – Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.</p>
23. Multi-disciplinary teams must operate in line with transparent, human rights-based standards of care , for the treatment of intersex people and bodies. Multi-disciplinary teams in hospitals must include human rights specialists, child advocates, and independent intersex community representatives.	<ul style="list-style-type: none"> Create a multi-disciplinary team (including psychosocial and community representation) to support the patient and caregivers. 	<p>C1.3.A – Our patients receive information about proposed investigations, referrals and treatments, including their purpose, importance, benefits, and risks.</p> <p>C.1.3.B – Our patients receive information to support the diagnosis, treatment, and management of their conditions.</p> <p>C2.1.E – Our clinical team considers ethical dilemmas.</p> <p>C5.1.A – Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.</p>
27. Intersex-led organisations must be resourced to develop patient rights and human rights toolkits for intersex people and our families to improve access to healthcare and ensure enjoyment of the highest attainable standard of physical and mental health. 31. We call for improved and ongoing education of health, welfare and allied professionals in issues relating to intersex bodies, including human rights issues.	<ul style="list-style-type: none"> Promote Intersex issues and advocate for Professional Development for your sector partners (referrals). Continued Professional development in affirming/implementing recommendations in the Darlington Statement in your practice/workplace/professional networks. 	<p>C1.1.A – Our patients can access up-to-date information about the practice.</p> <p>C3.6.A – Our practice has all research approved by an ethics committee and indemnified.</p> <p>C4.1.A – Our patients receive appropriately tailored information about health promotion, illness prevention, and preventive care.</p> <p>C5.1.A – Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.</p>
34. Children with intersex variations should never be subjected to medical photography and display.	<ul style="list-style-type: none"> Minimal number of examinations on the patient, no genital/full body/ any part of body photography. Minimal staff in attendance at any time during the patients' appointments and subsequent reviews in clinical spaces. Do not use the patient as a teaching opportunity. 	<p>C2.1.A – Our practice, in providing patient healthcare, considers patients' rights, beliefs, and their religious and cultural backgrounds.</p> <p>C3.6.A – Our practice has all research approved by an ethics committee and indemnified.</p>
40. We recognise the fundamental importance and benefits of affirmative peer support for people born with variations of sex characteristics. 43. We recognise the fundamental importance and benefits of peer support for parents, caregivers, and families of people with variations of sex characteristics. We recognise the importance and benefits of peer support for friends, partners, and others who support intersex people in their day-to-day lives.	<ul style="list-style-type: none"> Supporting the patient and caregivers with education about the specific variation and connecting the patient to other supports within the Intersex community like: Interlink, Intersex Peer Support Australia or Intersex Human Rights Australia. Provide recent diagnosis accompanied by Human Rights based information/pathways. 	C5.1.A – Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.
44. Peer support must be integrated into human-rights based multi-disciplinary medical approaches, teams and services.	<ul style="list-style-type: none"> Peer supports are utilised when a patient presents with an innate variation of sex characteristics – through a warm-referral process. 	C5.1.A – Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.
47. Intersex is distinct from other issues. We call on allies to actively acknowledge our distinctiveness and the diversity within our community, to support our human rights claims and respect the intersex human rights movement, without tokenism , or instrumentalising, or co-opting intersex issues as a means for other ends. "Nothing about us without us."	<ul style="list-style-type: none"> Elevate Intersex issues and those with lived experience through existing pathways and mechanisms (consumer input, advisory committees, etc...) Champion this learning so it becomes part of the culture in clinical settings. 	C5.1.A – Our clinical team is able to access relevant current clinical and other guidelines that help diagnose and manage our patients.