

To: Chief Statistician
statistics.enquiries@gov.scot

Working group about a person's sex and gender Data collection and publication – draft guidance

I am contacting you to provide feedback on the draft Guidance. My partner and I recognise the importance of this work and wish to state our disagreement with the main proposals. Our main concerns are given below.

It is proposed the concept of “gender identity” is used in future surveys. Can you provide the evidence base that rigorously establishes that “gender identity” exists in a meaningful way. Without this, replacing a fundamental scientific reality of biological “sex” with “gender identity” is a move away from social science built on scientific principles and concepts with no case established.

Have you robust research on whether most people have a “gender identity” to establish whether gathering data on this meets the basic survey requirements of producing data that is reliable and valid. Personally I do not have a “gender identity”, but the fact is, and I know myself, to be female.

These proposals risk undermining the ability to have excellent data for health research, that Scotland has been noted for. The Guidance proposes that there can be reasons for gathering information on biology for medical treatment data but otherwise it should be “gender identity”.

The clarify the rationale, and advantages and risks of data on medical treatment is related to with biology, whilst the social aspects of healthcare on some other concept. The major health challenges for Scotland currently are a result of interaction between biology, behaviour and environment. That cancer and vascular diseases that remain the main killers and long term conditions and their prevention are priorities to be addressed. For health improvement more widely, and better prevention and treatment, data on sex is an essential component to have an accurate and holistic understanding of links and patterns.

This is more crucial for trans people where biological sex and possible pharmaceuticals regularly taken and operations can be minimal or significant. Currently, most self id transwomen, have minimal or no drug or procedures. For effective clinical care for other, on drug and operative procedures, I would expect it is necessary to have accurate information on the interaction between this and their biology.

Finally, the statistics professions has some responsibility to build communities to trust and accept statistical data. I am not aware of significant open discussion with the public in general on the basis and rationale for this significant change to data gathering. This is both unfair to the population and risks scepticism on Scottish statistical data more generally. Has the risk and ways to mitigate this been considered?

I would value an answer to these questions. I also fully support the necessity of the points raised in the MBM Briefing note "Invisible Women; the erasure of sex in data collection and look forward to reading your response to these.

I have copied in my constituency and list MSPs for awareness.

Your sincerely

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