

COMPLAINT TO NJ BOARD OF MEDICAL EXAMINERS and NJ BOARD OF NURSING FILED ON MONDAY, 7/31:

Note: NJ Board of Medical Examiners declined to review the case and said it was a nursing issue. See attached email correspondence.

To: New Jersey Board of Medical Examiners
From: XXXXX, MD and XXXXX, MD
Re: XXGXX, DOB XX/XX/2005

Date: (XXXXXX)

FACTS OF CASE:

- On XXXX, 2023, our child XXBXX (XXGXX), DOB XX/XX/2005, went to Planned Parenthood of XXX for an initial visit/evaluation for gender-affirming care. For the purposes of this complaint, we will use XXBXX's preferred name and pronouns (i.e., XXGXX, she/her).
- Within less than one hour of her arrival at the facility, XXGXX was given two prescriptions for cross-sex hormones by XXXXX, NP. I believe it was 39 minutes from the time the appointment was scheduled to begin (11:00am) until the time I got a text from CVS saying prescriptions had been received (11:39am).
- XXGXX is our child, has special needs, and lives with us and XXXX in a happy, stable household. She is our financial dependent and is on our health insurance plan.
- We are both physicians (XXXXX and Pediatrics). We take complaints to the Board of Medical Examiners very seriously. We are also familiar with the various medical societies' published guidelines and much of medical literature on gender-affirming care, especially when it comes to neurodivergent individuals.
- XXGXX is a smart, funny, caring person but is neurodivergent (ADHD with autistic traits - diagnosed at age 4) and has coexisting mood disorders (anxiety and depression)
 - See the attached letter about XXGXX's medical, psychological, and social history that was provided to XXXXX, NP and Planned Parenthood of XXX
 - It has been our experience that most laypeople can tell that XXGXX is neurodivergent within a few minutes of meeting her.
 - Like many neurodivergent children, XXGXX has a long history of various obsessions, rigid thinking, and fluctuating extreme views. (For example, we recently found out XXGXX was associated with an online, alt-right extremist group little more than a year ago; now XXGXX considers herself far-left.)
- To be clear, we are not categorically opposed to XXGXX exploring her gender issues. In fact, we have been actively engaged in helping her find the most qualified medical professionals to help her do this in a safe and evidence-based manner. Especially in a neurodivergent child, any treatment of gender dysphoria should be undertaken carefully, comprehensively and according to the standards of care.
 - XXGXX first decided she was transgender in late December, 2022 (about seven months ago), at the age of 17.5 years, and in her junior year of high school.

- With our assistance, XXGXX has gone through an extensive intake process and is on the waitlist for gender-affirming care both at the Center for Gender and Autism at Children’s National Medical Center in Washington, DC and at the Pediatric Gender Clinic at XXXX University in XXX. She had been on the waitlists for several months, and we anticipated an opening at XXXX University very soon.
- Months ago we spoke to XXXXX, MD, the pediatric endocrinologist that oversees XXXXX Health System’s pediatric gender care clinic. Dr. XXXXX recommended these centers for XXGXX because they can comprehensively treat children and young adults with neurodevelopmental issues who need specialized care (more than even XXXXX Health System can provide.)
- **As of now, XXGXX has had no specialized psychological evaluation or therapy for her gender issues. No mental health professional has examined how her neurodivergent/autistic traits are impacting her gender issues and thought processes. No mental health professional has made a formal diagnosis of gender dysphoria.**
 - **It was anticipated that this would be done in coordination with a specialized, comprehensive team at an appropriate gender clinic, as recommended by all gender-affirming care guidelines.**
- XXGXX went to Planned Parenthood (without our consent) expressly because she wanted to get the most aggressive medical treatment as quickly as possible, and she had heard from her online friends that Planned Parenthood would cut corners in the evaluation, counseling, and treatment.

GUIDELINES:

- World Professional Association for Transgender Health (WPATH) guidelines (<https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>)
These are the most medically aggressive (and controversial) guidelines, and state the following:
 - Prior to starting hormones, “we recommend health care professionals involve relevant disciplines, including mental health...professionals to reach a decision about whether...hormone initiation [is] appropriate” (SOC-8, Statement 6.9).
 - In addition, it is important that “the adolescent’s mental health concerns that may interfere with diagnostic clarity, capacity to consent, and/or gender-affirming medical treatments have been addressed.”
 - “[It] is critical to differentiate gender incongruence from specific mental health presentations, such as obsessions and compulsions, special interests in autism, rigid thinking, [and] broader identity problems...” (SOC-8, Statement 6.12.d).
 - Providers should “receive training and develop expertise in autism spectrum disorders and other neurodevelopmental presentations or collaborate with a developmental disability expert” (SOC-8, Statement 6.1d).

- Note that even if XXGXX did not report her neurodivergent diagnosis on her Planned Parenthood intake form, the WPATH guidelines are explicit that providers need to be able to recognize these issues in patients because neurodivergency has a strong correlation with gender dysphoria and can severely impact how patients view their gender issues. As noted above, XXGXX's neurodivergent status is typically clear to even laypersons, so the lack of the diagnosis on an intake form is not a valid excuse.
 - XXGXX turned 18 less than two months ago, and for the purposes of the WPATH guidelines, she is considered an adolescent because of her neuro-developmental issues (SOC-8, p. S44).
 - Note that XXGXX is also classified as an "adolescent" as defined by the American Academy of Pediatrics (Ages 11-21), and by the NIH and WHO (ages 10-19).
- Guidelines of Co-Occurring Autism Spectrum Disorder and Gender Dysphoria in Adolescents
 (John F. Strang, et al. *Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents*. Journal of Clinical Child & Adolescent Psychology. Volume 47, 2018.
<https://www.tandfonline.com/doi/ful,l/10.1080/15374416.2016.1228462>)
 These guidelines, which are specific for neurodivergent children and young adults like XXGXX, are significantly more restrictive because of the complex interaction between gender dysphoria and neurodivergency. These guidelines state the following:
 - "[A] neuropsychological/autism evaluation should be conducted to evaluate the impact of ASD on an adolescent's ability to understand and report [gender dysphoria] symptoms as well as engage in therapy/treatments."
 - "[G]ender specialists and autism specialists should collaborate to be part of the assessment."
 - "ASD-related executive function deficits may result in concrete thinking and struggle with ambiguity and future thinking, which can make assessing an adolescent's understanding of the long-term implications of gender transition/treatment challenging. In addition, ASD-related flexibility difficulties can limit a young person's ability to embrace the concept of a gender spectrum or that gender can be fluid; adolescents with ASD may present with more "black-and-white" thinking about gender."
 - "ASD-related symptoms can sometimes create or intensify an identification with GD. Rigid, overly concrete thinking (i.e., black-and-white thinking) in adolescents with ASD and milder gender concerns may lead some children/adolescents to assume that their gender nonconforming interests/traits imply full GD and a need for transition."
- The American Endocrine Society Clinical Practice Guidelines
 (<https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence#1> and <https://academic.oup.com/jcem/article/102/11/3869/4157558?login=false>) state the following:

- “For the care of ... older adolescents, an expert multi-disciplinary team comprised of medical professionals and mental health professionals should manage treatment.” (Essential Points)
- Hormone therapy should only be initiated “after a multidisciplinary team of medical and MHPs has confirmed the persistence of GD/gender incongruence and sufficient mental capacity to give informed consent.” (Recommendation 2.4)

CONCLUSIONS:

- **Providing these irreversible medications to a neurodivergent adolescent with coexisting psychological issues without a thorough psychological evaluation is a gross violation of the standard of care as clearly defined in all the guidelines.**
- As is obvious, all these guidelines stress the importance of specialized mental health evaluation and even multi-disciplinary teams for adolescents, and especially adolescents who are neurodivergent. Again, no specialized mental health provider has ever been involved in XXGXX’s care and no official diagnosis of gender dysphoria has been made. No mental health provider was consulted before initiating hormone therapy, which is a clear deviation from these guidelines.
- All these guidelines also highlight the importance of counseling for the fertility issues that will likely arise. It is very unlikely this was done adequately in the very short visit prior to initiating hormone therapy, especially considering XXGXX’s neurodivergency.
- **Any consent XXGXX gave for treatment, and any acknowledgement of counseling for fertility issues, is invalid because we have not yet determined how XXGXX’s neurological and psychological state are impacting her thought processes about gender.** The WPATH Guidelines and the Co-Occurring ASD and Gender Dysphoria Guidelines cited above stress the importance of treating neurodivergent adolescents significantly more cautiously for a reason--because “ASD-related executive function deficits may result in concrete thinking and struggle with ambiguity and future thinking, which can make assessing an adolescent’s understanding of the long-term implications of gender transition/treatment challenging. In addition, ASD-related flexibility difficulties can limit a young person’s ability to embrace the concept of a gender spectrum or that gender can be fluid; adolescents with ASD may present with more “black-and-white” thinking about gender.” (Strang, 2018.)
- Because she had no specialized psychological gender therapy or counseling, it is unclear how lasting her beliefs about her gender identity, her choices about fertility, or her desire risk impotence will be. Given her history of obsessions and fluctuating extreme views, we believe it is likely at least some of these decisions will change in the future. **The**

irreversible harms done by XXXXX. NP and Planned Parenthood cutting corners and not following guidelines could be devastating.

- The New Jersey State Medical Board has an obligation to protect children and young adults, especially those with special needs. This type of shoddy (and irreversible) medical practice is a threat to all of them.

XXXXX, MD (XXSpecialtyXX)

XXXXX, MD (Pediatrics)



[REDACTED]@gmail.com>

Re: [EXTERNAL] Re: BME Complaint against [REDACTED]

1 message

DCA BMECOMPLAINT <BMECOMPLAINT@dca.njoag.gov>

Tue, Aug 1, 2023 at 12:22 PM

To: [REDACTED]@gmail.com>

The nursing Board will determine if this needs to be sent to the Board of Medical Examiners should they find any concerns pertaining to the supervising physician's oversight of the NP.

From: [REDACTED]@gmail.com>
Sent: Tuesday, August 1, 2023 12:17 PM
To: DCA BMECOMPLAINT <BMECOMPLAINT@dca.njoag.gov>
Cc: [REDACTED]@gmail.com>
Subject: [EXTERNAL] Re: BME Complaint against Alicia Resnick, NP

Thanks for your response and I'm sorry for any misunderstanding.

Question: it's my understanding that nurse practitioners in NJ must have a supervising physician. Is that not correct? Can nurse practitioners practice totally independently?

If NPs cannot practice independently, I would like to know the name of the supervising physician and include that physician in my complaint. Perhaps a medical director (presumably a physician) wrote medical protocols for the NP to follow, which would also be relevant and I would like to know.

The issue here is whether the medical standard of care was followed in prescribing my special needs child irreversible medications after one very brief visit.

Determining whether the medical standard of care was followed seems more like a medical board issue than a nursing issue.

Does this make sense?

Thank you for your help with this matter.

[REDACTED] MD
[REDACTED] MD

On Aug 1, 2023, at 9:13 AM, DCA BMECOMPLAINT <BMECOMPLAINT@dca.njoag.gov> wrote:

Hello,

This complaint was sent to the Board of Nursing. Below is the information for this Board.

Email

NursingUpdates@dca.lps.state.nj.us



Call

(973) 504-6430



Inquiries about the Board may be forwarded to

Mary E. Fortier EdD, RN, CNL

Executive Director

P.O. Box 45010

Newark, New Jersey 07101

[Directions](#)

Regards,

New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183
Trenton, NJ 08625-0183
Telephone: (609) 826-7100
Email: BMCOMPLAINT@dca.njoag.gov

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DEPARTMENT OF HEALTH

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Health Facilities

08/18/2023

NJ State Department of Health
Health Facility Survey and Field Operations
PO Box 367
Trenton, NJ 08625-0367

[Redacted]
[Redacted]
[Redacted]

Dear [Redacted]

Your complaint has been received by the New Jersey Department of Health. Every effort has been made to ensure the security of this electronic transfer of information.

Please be advised that the information you provided will be reviewed and processed in accordance with state and/or Federal requirements.

Thank you for bringing this matter to our attention.

Sincerely,

NJ Department of Health
Complaint Program

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