



**Anmodning om en redegørelse for, hvad Sundheds og Ligestillingsministerierne har gjort for at sikre at der blev foretaget en uvildig og tilbunds gående undersøgelse af de gentagne indikationer på brud på interkønnedes menneskerettigheder i medicinsk regi, der af FN kategoriseres som skadelig praksis, mishandling og tortur og af EU sidestilles med kønslemlæstelse af kvinder.**

Flere Sundheds- og Ligestillings Ministre samt medlemmer af Folketingets Sundheds- og Ligestillingsudvalg er i perioden 2015 – d.d, flere gange og af Intersex Danmark samt af flere menneskerettighedsorganer blevet gjort opmærksom på, at der foregår graverende og systematiske brud på interkønnedes menneskerettigheder i Danmark, herunder <sup>ii</sup>unødvendig kirurgi på interkønnede børns kønsanatomi.

Der er ligeledes af flere omgange blevet gjort opmærksom på, at unødvendig kirurgi på interkønnede børns kønsanatomi, når disse indgreb udføres uden individets eget fulde frie og informerede <sup>iii</sup> samtykke, af <sup>iv</sup> FN betragtes som <sup>v</sup> skadelig praksis, <sup>vi</sup> mishandling og <sup>vii</sup> tortur, ligesom disse indgreb, I EU resolution P8\_TA(2017)0028 omtales som kønslemlæstelse og <sup>viii</sup> sidestilles med omskæring af kvinder, en praksis der er forbudt ved lov i Danmark og straffes med fængsel.

Danmark har qua de menneskerettighedskonventioner, vi har underskrevet og ratificeret, en menneskeretlig og dermed implicit en lovmæssig <sup>ix</sup> forpligtelse til omgående at undersøge enhver mistanke om at sådanne handlinger kunne finde sted, ved at iværksætte en <sup>x</sup> uvildig undersøgelse af situationen.

Jeg vil i denne sammenhæng henlede opmærksomheden på at FN i 2023 slog fast at <sup>xi</sup> *Der kan ikke være nogen effektiv forebyggelse af tortur, hvis de samme myndigheder, som der fremsættes beskyldninger mod, selv efterforsker deres ligemænd, underordnede eller overordnede. Hvis efterforskerne ikke er hierarkisk, administrativt og økonomisk uafhængige af de myndigheder, de undersøger, er der tale om en uforenelig interessekonflikt.*

Dermed anses en skriftlig besvarelse af et spørgsmål fra et sygehus, en overlæge/specialist der arbejder på området, eller Sundhedsstyrelsen derfor ikke som en uvildig undersøgelse.

Med baggrund i ovenstående, vil jeg gerne bede Ministerierne om en redegørelse for, hvad man fra aktivt har gjort, for at sikre at der blev foretaget en uvildig og tilbunds gående at undersøgelse af de henvendelser, og indikationer man igennem årene har modtaget, vedrørende unødvendig kirurgi på interkønnede børns kønsanatomi, udført på sygehuse i Danmark.

Med Venlig Hilsen

Inge Toft Thapprakhon  
Intersex Danmark

<sup>i</sup> 4/2 – 2016, CAT/C/DNK/CO/6-7 punkt 42 Under emnet: Intersex Persons

Link : [CAT/C/DNK/CO/6-7: Concluding observations on the combined sixth and seventh periodic reports of Denmark | OHCHR](#)

Amnesty International 2017, Rapporten "First do no harm"

Link: [Report](#)

26/10 -2017, CRC/C/DNK/CO/5 punkt 24, Under emnet: Harmful Practice/ Skadelig praksis.

Link(EN): [CRC/C/DNK/CO/5: Committee on the Rights of the Child: Concluding observations on the fifth periodic report of Denmark | OHCHR](#)

12/ 11 – 2019, E/C.12/DNK/CO/6 punkt 64, Under emnet: Intersex Children

Link: [E/C.12/DNK/CO/6](#)

16/2 -2021 A/HRC/WG.6/38/DNK/2, Punkt 10 og 11

Link: [g2103375.pdf](#)

8/12 – 2023 CAT/C/DNK/CO/8 punkt 32 under emnet :Intersex persons

Link : [CAT/C/DNK/CO/8: Concluding observations on the eighth periodic report of Denmark | OHCHR](#)

<sup>ii</sup> Rapport : "The Rights of Children in Biomedicine, Challenges posed by scientific advanced and uncertainties", Europarådets Bioetikudvalg (2017) Side 43, punkt 5.2.1 afsnit 2

On the scientific question of whether intervention is necessary, only three medical procedures have been identified as meeting that criteria in some infants:

- (1) administration of endocrine treatment to prevent fatal salt-loss in some infants,
- (2) early removal of streak gonads in children with gonadal dysgenesis, and
- (3) surgery in rare cases to allow exstrophic conditions in which organs protrude from the abdominal wall or impair excretion.

Side 43, punkt 5.2.1 afsnit 2

Older children with the need to menstruate may require surgical intervention to prevent vaginal pooling and other related harms. None of the aforementioned reviews have identified any other procedure as medically necessary.

Side 44, punkt 5.2.2 afsnit 3

Many other procedures are also rigorously defended by clinicians as highly beneficial to the health of the child and thus "necessary" for healthy functioning, such as hypospadias repair to enable "normal" urination in boys and vaginal-urethral separation in girls to prevent urinary tract infections – neither of which are supported by quality evidence of safety, benefit, or necessity and both of which risk irreversible injury

Side 44, punkt 5.2.2 afsnit 3

Cancer risk has been used to classify undescended testicle removal as a medical necessity, but the timing of the procedure remains a problem, especially if fertility preservation options are not offered to the child)

(Cancer risks to children with undescended testicles in most cases do not require gonad removal in infancy and can be delayed until late puberty or early adolescence in some cases, or even into adulthood.

Link: <https://rm.coe.int/16806d8e2f>

<sup>iii</sup> Dokument A/HRC/29/23 Human Rights Council Twenty-ninth session, Discrimination and violence against individuals based on their sexual orientation and gender identity Report of the Office of the United Nations High Commissioner for Human Rights

Punkt 38

*"Other medical procedures that can, when forced or otherwise involuntary, breach the prohibition on torture and ill-treatment include "conversion" therapy, sterilization, gender reassignment, and unnecessary medical interventions involving intersex children."*

Link : <https://undocs.org/A/HRC/29/23>

<sup>iv</sup> Document A/HRC/22/53

*"The conceptualization of abuses in health-care settings as torture or ill-treatment is a relatively recent phenomenon. In the present section, the Special Rapporteur embraces this ongoing paradigm shift, which increasingly encompasses various forms of abuse in healthcare settings within the discourse on torture."*

Side 4 punkt 15

Link: [United Nations \(ohchr.org\)](#)

<sup>v</sup> Dokument CEDAW/C/GC/31-CRC/C/GC/18 CEDAW og CRC om skadelig praksis.

Punkt 15 (Definition af skadelig praksis) "Harmful practices are persistent practices and forms of behaviour that are grounded in discrimination on the basis of, among other things, sex, gender and age, in addition to multiple and/or intersecting forms of discrimination that often involve violence and cause physical and/or psychological harm or suffering. The harm that such practices cause to the victims surpasses the immediate physical and mental consequences and often has the purpose or effect of impairing the recognition, enjoyment and exercise of the human rights and fundamental freedoms of women and children. There is also a negative impact on their dignity, physical, psychosocial and moral integrity and development, participation, health, education and economic and social status. The practices are therefore reflected in the work of both Committees."

Punkt 50 (Medicinere og politikeres ansvar) Where medical professionals or government employees or civil servants are involved or complicit in carrying out harmful practices, their status and responsibility, including to report, should be seen as an aggravating circumstance in the determination of criminal sanctions or administrative sanctions such as loss of a professional licence or termination of contract, which should be preceded by the issuance of warnings. Systematic training for relevant professionals is considered to be an effective preventive measure in this regard.

Link : <https://undocs.org/CEDAW/C/GC/31/CRC/C/GC/18>

<sup>vi</sup> Dokument CAT/C/57/4, FNs Torturkomite (2016)

Punkt 68

*"In health-care settings, ill-treatment and torture include denial of gender-appropriate medical treatment, verbal abuse and public humiliation, psychiatric evaluations, sterilization, and hormone therapy and genital-normalizing surgeries under the guise of so-called "reparative therapies"*

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Link : <https://undocs.org/en/CAT/C/57/4>

vii **Dokument A/HRC/22/53 (2013)**

**Punkt 32** The mandate has recognized that medical treatments of an intrusive and irreversible nature, when lacking a therapeutic purpose, may constitute torture or ill-treatment when enforced or administered without the free and informed consent of the person concerned. This is particularly the case when intrusive and irreversible, nonconsensual treatments are performed on patients from marginalized groups, such as persons with disabilities, notwithstanding claims of good intentions or medical necessity.

Link: [United Nations](#)

viii **Resolution P8\_TA(2017)0028 Fremme af ligestilling mellem kønnene inden for psykisk sundhed og klinisk forskning (2017)**

**Punkt BB** der henviser til, at kvinder og piger, der udsættes for kønslemlæstelse, risikerer alvorlige kort- og langvarige følger for deres fysiske, psykiske, seksuelle og reproduktive sundhed;

**Punkt BC** der henviser til, at interkønnede, der udsættes for kønslemlæstelse, også oplever følger for deres fysiske, psykiske, seksuelle og reproduktive sundhed;

**Punkt 61** opfordrer medlemsstaterne til at forebygge, forbyde og retsforfølge kønslemlæstelse af kvinder og af interkønnede og til at yde ofre samt personer, der risikerer at blive udsat for kønslemlæstelse, mental sundhedsstøtte i forbindelse med fysisk pleje;

Link: [TA \(europa.eu\)](#)

ix **Dokument A/HRC/29/23, FNs højkommisær for menneskerettigheder (2015)**

Punkt 13

"States have an obligation to protect all persons, including LGBT and intersex persons, from torture and other cruel, inhuman or degrading treatment or punishment in custodial, medical and other settings. This obligation extends to prohibiting, preventing, investigating and providing redress for torture and ill-treatment in all contexts of State control, including by ensuring that such acts are offences under domestic criminal law."

Link : <https://undocs.org/A/HRC/29/23>

x **Dokument A/HRC/52/30 Good practices in national criminalization, investigation, prosecution and sentencing for offences of torture (2023)**

**Punkt 38**

Establishing an indictable offence of torture in domestic criminal or penal codes is a primary obligation. Any delays in doing so interfere with the implementation of other obligations under the Convention against Torture.

**Punkt 61**

States have a duty to act as soon as a complaint has been lodged or, in the absence of a complaint, to investigate ex officio "wherever there is reasonable ground to believe that an act of torture has been committed in any territory under their jurisdiction".

**Punkt 62**

For impunity to end, all public officials should be formally required to notify the competent independent authorities immediately upon becoming aware of allegations or indications of torture or ill-treatment. It is a gross contravention of medical ethics for medical personnel to participate or be complicit in acts of torture.

**Punkt 69**

Penalties are to be commensurate with the gravity of the offence of torture, which should be assessed according to penalties established in national legislation for the most serious offences and sentencing laws and/or guidelines. When an act of torture is committed by a public authority, the punishment should take into account the special responsibility that public authorities play in society. Higher penalties may be due for those exercising superior orders or command responsibility. Based on the concluding observations of the Committee against Torture, it is indicated that an appropriate custodial sentence for the crime of torture ranges from 6 to 20 years' imprisonment and that one year is inadequate

Link: [A\\_HRC\\_52\\_30\\_AdvanceEditedVersion\\_0.docx \(live.com\)](#)

xi **Dokument A/HRC/52/30 Good practices in national criminalization, investigation, prosecution and sentencing for offences of torture (2023)**

**Punkt 63**

There can be no effective torture prevention if the same authorities against whom allegations are being made are themselves investigating their peers, subordinates or superiors. If investigators are not hierarchically, administratively and financially independent of the authorities they are investigating there is an irreconcilable conflict of interest. The principle of impartiality applies to all persons involved in investigating incidents or in taking decisions in reference to incidents, including the investigative body, forensic medical practitioners engaged to document the incident, prosecutors, lawyers, judges and special bodies.

Link: [A\\_HRC\\_52\\_30\\_AdvanceEditedVersion\\_0.docx \(live.com\)](#)