## EXHIBIT 74 SUBMITTED UNDER SEAL

Page 1 IN THE UNITED STATES DISTRICT COURT 1 FOR THE MIDDLE DISTRICT OF ALABAMA 2 NORTHERN DIVISION Civil Action No. 2:22-cv-184-LCB 3 4 5 BRIANNA BOE, et al., Plaintiffs, 6 7 UNITED STATES OF AMERICA, 8 Intervenor Plaintiff, 9 v. HON. STEVE MARSHALL, in his 10 official capacity as Attorney General 11 of the State of Alabama, et al., Defendants. 12 13 / 2 Biscayne Boulevard 14 Miami, Florida 15 April 29, 2024 9:58 a.m. - 3:22 p.m. 16 17 DEPOSITION OF KENNETH GOODMAN 18 \* \* \* \* \* MARKED CONFIDENTIAL \* \* \* \* \* 19 20 Taken before SUZANNE VITALE, R.P.R., F.P.R. 21 and Notary Public for the State of Florida at Large, 22 pursuant to Notice of Taking Deposition filed in the 23 above cause. 24 25

		Page 2		Page 4
1	APPEARANCES:		1	Thereupon:
2	On hohalf of Plaintiff		2	KENNETH GOODMAN,
3	On behalf of Plaintiff:		3	a witness named in the notice heretofore filed,
	HUMAN RIGHTS CAMPAIGN		4	being of lawful age and having been first duly
4	1640 Rhode Island Avenue, Northwest		5	sworn, testified on his oath as follows:
5	Washington, DC 20036 BY: CYNTHIA CHENG-WUN WEAVER, ESQ.		6	DIRECT EXAMINATION
5	cynthia.weaver@hrc.org		7	BY MR. SECHLER:
6			8	Q. Could you please state your name?
7	On behalf of Defendants:		9	A. Kenneth Goodman.
8	ALLIANCE DEFENDING FREEDOM 44180 Riverside Parkway		10	Q. Dr. Goodman, my name is Phil Sechler.
9	Lansdowne, Virginia 20176		11	represent the Defendants in this case.
	BY: PHILIP SECHLER, ESQ.		12	You have been retained to testify as an
10 11	psechler@adflegal.org		13	expert in this case; is that right?
12	ALSO PRESENT:		14	A. Yes.
	Jennifer Levi, Esq.		15	Q. And who retained you?
13	Aime Murphy, Esq.		16	A. My colleagues from the Human Rights
14 15			17	Coalition.
16			18	Q. When were you retained?
17			19	A. Last year. I don't recall exactly.
18			20	Q. 2023?
19 20			21	A. Yes.
20			22	Q. Do you recall the season? Was it the
22			23	winter, fall?
23			24	A. I do not.
24 25			25	Q. Okay. You're not a medical doctor?
		Page 3		Page 5
1		r age 5	1	A. I am not.
2 3	INDEX		2	Q. You don't practice medicine?
4	Examination Page Direct By Mr. Sechler: 4		3	A. I do not.
	Cross By Ms. Cheng-Wun Weaver: 200		4	Q. You've never practiced medicine?
5 6	DEFENSE EXHIBITS		5	A. Never.
7 8	No. Page Exhibit 1 Expert Rebuttal Report of 6		6	Q. You've never treated patients?
	Kenneth W. Goodman		7	A. No.
9	Exhibit 2     Curriculum Vitale     6       Exhibit 3     The Cass Review     14		8	Q. You don't have authority to prescribe
10	Exhibit 4 Supplemental Expert Report 28 of James Cantor		9	medications?
11	Exhibit 5 Clinical Practice Guidelines 30		10	A. I do not.
12	We Can Trust Exhibit 6 Standards of Care for the 31		11	Q. And you don't provide recommendations as
13	Health of Transgender and Gender Diverse People:		12	to particular forms of treatment?
	Version 8		12	A. I do not.
14	Exhibit 7 WHO Handbook for Guideline 36 Development 36		13	Q. You're not a psychiatrist or psychologist?
15	Exhibit 8 BOEAL_WPATH_001084 - 086 76 Exhibit 9 SOC-8 Document 90		15	A. No.
16	Exhibit 10 The Vexing Problem of 110		16	Q. You're not an expert in mental health?
17	Guidelines and Conflict of Interest: A Potential		10	A. No.
18	Solution Exhibit 11 PowerPoint dated May 11, 112		18	Q. Nor an expert in the study of cognitive
	2007		18 19	development?
19	Exhibit 12 Video Link 123 Exhibit 13 Informed Consent in 137		19 20	•
20	Decision-Making in Pediatric			A. Correct.
21	Practice Exhibit 14 Face Transplants: 156		21	Q. Do you have any publications on mental
	Medicine's New Ethical Dilemma		22	health?
22	- nothing		23	A. I have some that bear on behavioral health
22	Exhibit 15 WPATH Executive Committee 182		<u>.</u>	
22 23 24	Exhibit 15 WPATH Executive Committee 182 Minutes May 8, 2022		24 25	construed broadly, especially regarding ethical issues.

	Page 6		Page 8
1	Q. What publications do you have that bear on	1	A. Uh-huh.
2	mental health construed broadly?	2	Q. Is that a list of the documents that you
3	A. Well, developmental psych joint	3	reviewed in connection with preparing your report?
4	publications, a chapter with a colleague in Child	4	A. I'm not seeing a list.
5	Psychiatry, something on end-of-life care and	5	Oh, sorry, page 9, yes?
6	behavioral health.	6	Q. No, I'm sorry, page 4, paragraph 9.
7	I'd really like to look at my CV to recall	7	A. Oh, sorry.
8	that exactly.	8	Q. That's okay.
9	Q. Sure. Let me mark two exhibits,	9	A. In paragraph 11?
10	Dr. Goodman.	10	Q. No, I think it's paragraph 9, sir.
11	This will be Number 2.	11	A. Oh, sorry. I beg your pardon. Of course.
12	(Thereupon, the referred-to document was	12	Yes.
13	marked for Identification as Defendants' Exhibit 1.)	13	Q. And is that a list of documents that you
14	(Thereupon, the referred-to document was	14	reviewed in connection with preparing your report?
15	marked for Identification as Defendants' Exhibit 2.)	15	A. Yes.
16	BY MR. SECHLER:	16	Q. Did you review any other documents other
17	Q. Dr. Goodman, I'm handing you documents	17	than what's set forth in paragraph 9 in reviewing
18	marked 1 and 2.	18	your report?
19	A. Thank you.	19	I think I misspoke. Let me just restate
20	Q. When you get a moment, can you identify	20	that.
21	the documented marked as Exhibit 1, sir?	21	Did you review any other documents other
22	A. Exhibit 1 is titled "Expert Rebuttal	22	than what's set forth in paragraph 9 in preparing
23	Report of Kenneth W. Goodman," et cetera.	23	your report?
24	Q. Is that a report that you prepared?	24	A. Excluding the literature in the field,
25	A. Yes, sir.	25	excluding my reading about this in general.
	Page 7		Page 9
1	Q. Is your signature on page 14?	1	I mean, these are the documents I reviewed
2	A. It is.	2	for the sake of the report. One might actually read
3	Q. Did you have any help preparing that	3	something else during the course of the preparation
4	report?	4	of the report.
5	A. No.	5	Q. Did you review anything other than what's
6	Q. How many hours did it take you to prepare	6	set forth in paragraph 9
7	the report?	7	A. No.
8	A. Five, six, seven.	8	Q in the course of preparing the report?
9	Q. Have you formed any opinions in connection	9	A. For the sake of the report, no.
			-
10	with this case other than what is set forth in	10	Q. And as you sit here today, have you viewed
11	with this case other than what is set forth in Exhibit 1?	11	Q. And as you sit here today, have you viewed any other materials, other than what's set forth in
11 12	<ul><li>with this case other than what is set forth in</li><li>Exhibit 1?</li><li>A. Not to the best of my recollection. This</li></ul>	11 12	Q. And as you sit here today, have you viewed any other materials, other than what's set forth in paragraph 9, in connection with this case?
11 12 13	<ul><li>with this case other than what is set forth in</li><li>Exhibit 1?</li><li>A. Not to the best of my recollection. This</li><li>is a case that raises large issues and it might very</li></ul>	11 12 13	<ul><li>Q. And as you sit here today, have you viewed any other materials, other than what's set forth in paragraph 9, in connection with this case?</li><li>A. No.</li></ul>
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1 2			
2	Page 10	1	Page 12
	connection with this case?	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	say that it might be fair to say that I was I
1 2	A. No.	$\begin{vmatrix} 2 \\ 2 \end{vmatrix}$	spent time in a laboratory in computer science and write about that. But I think on an ongoing basis,
3	Q. Could you identify the documents	3	•••
4	A. Mine. Sorry.	45	it's probably fair to say that I'm not a scientist.
5	<ul><li>Q. But when you say yours</li><li>A. No, I'm trying to be literal and explicit.</li></ul>	6	Q. You don't see patients suffering from gender dysphoria?
6	I wrote a deposition. I might have made a reference	7	A. I do not.
8	to it. I might have had a look at it in preparing	8	Q. You've never made a diagnosis of gender
9	my report.	9	dysphoria?
10	Q. A deposition you gave in a previous case?	10	A. I have not.
11	A. You know, that's a question that's	11	Q. You've never been involved in the
12	interesting, whether one if one's written	12	treatment of gender dysphoria?
13	something, does one review it? How does one review		A. I've been, on occasion, consulted by my
14	it?	14	colleagues.
15	I might have recalled it. Does that count	15	Q. Well, you are consulted by your colleagues
16	as a review? I don't think so. I think for our	16	who are clinicians with respect to ethical issues
17	purposes, no.	17	from time to time, right?
18	Q. Can you identify the document marked as	18	A. Correct.
19	Exhibit 2?	19	Q. But none of those consultations have
20	A. That is my curriculum vitae.	20	involved gender dysphoria; isn't that right?
21	Q. And is that a current curriculum vitae?	21	A. No, some of well, orthogonally. Most
22	A. It was as of a few months ago. It changed	22	accurate answer is no.
23	in the last week.	23	Q. No, they did not involve gender dysphoria?
24	Q. How did it change?	24	A. I'd say no. There are a lot of cases
25	A. I've added some publications and	25	so I think the right answer is no.
	Page 11		Page 13
1	presentations.	1	There are cases involving patients, for
2	Q. Would you be willing to share an updated	2	example, if I may, involving patients who are born
2	copy of your CV?		
3		3	with pseudohermaphroditism and there are questions
4	A. Of course.	4	with pseudohermaphroditism and there are questions about how they ought to be treated.
45	<ul><li>A. Of course.</li><li>Q. And counsel can send it to us.</li></ul>	4 5	with pseudohermaphroditism and there are questions about how they ought to be treated. These are patients, for example, with one
4	<ul><li>A. Of course.</li><li>Q. And counsel can send it to us. Is the CV marked as Exhibit 2 true and</li></ul>	4 5 6	with pseudohermaphroditism and there are questions about how they ought to be treated. These are patients, for example, with one ovary and one testicle. It's not what we're talking
4 5 6 7	<ul><li>A. Of course.</li><li>Q. And counsel can send it to us. Is the CV marked as Exhibit 2 true and accurate in all respects?</li></ul>	4 5 6 7	with pseudohermaphroditism and there are questions about how they ought to be treated. These are patients, for example, with one ovary and one testicle. It's not what we're talking about, but it's not wholly unrelated.
4 5 6 7 8	<ul> <li>A. Of course.</li> <li>Q. And counsel can send it to us. Is the CV marked as Exhibit 2 true and accurate in all respects?</li> <li>A. To the best of my knowledge, yes, sir.</li> </ul>	4 5 6 7 8	<ul> <li>with pseudohermaphroditism and there are questions about how they ought to be treated.</li> <li>These are patients, for example, with one ovary and one testicle. It's not what we're talking about, but it's not wholly unrelated.</li> <li>Q. And what was the term that you used for</li> </ul>
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4 (Pages 10 - 13)

1	Page 14		Page 16
1	you reviewed any studies evaluating the benefits or	1	Do you see that?
2	harms of transition medications administered to	2	A. I do.
3	minors?	3	Q. You're aware that the Cass Review reported
4	A. My job entails that I remain more or less	4	that this month?
5	up to date about many issues in healthcare, and in	5	A. Yes.
6	the course of that carrying out that	6	Q. Do you agree with that statement?
7	responsibility, I have, over the years.	7	A. The statement uses the phrase "good
8	Q. Okay. Are you familiar with the Cass	8	evidence" and it's an absolute statement, and so
9	Review?	9	it's a judgment that I think a reasonable person
10	A. Yes.	10	with an equally good reputation might dispute.
11	Q. You understand that that review came out	11	Q. Did you dispute it, sir?
12	at the beginning of this month, April 2024?	12	A. I'm not competent to assess the scientific
13	A. Yes.	13	evidence. I am relying, as many others, on the
14	Q. Have you read that?	14	judgment of experts, and I just believe there are
15	A. I have.	15	I think it's well known there are experts who would
16	(Thereupon, the referred-to document was	16	take issue with the idea with the framing "no
17	marked for Identification as Defendants' Exhibit 3.)	17	good evidence" et al. That's an absolute statement
18	BY MR. SECHLER:	18	and I think there are colleagues who would disagree.
19	Q. Doctor, I'm handing you a document marked	19	Q. Would you agree, sir, that the Cass Review
20	Exhibit 3.	20	took into account a robust amount of evidence to
21	Dr. Goodman, I've handed you a document	21	reach that conclusion?
22	marked as Exhibit 3.	22	A. Yes.
23	Is this the document entitled the	23	Q. And if we look at page 57, do you see
24	"Cass Review" that you have reviewed?	24	there Figure 7?
25	A. Yes.	25	A. I do.
	Page 15		Page 17
1	Q. When did you review it?	1	Q. Do you see that figure depicts the vast
2	A. The week that it came out.	2	amount of information that was taken into account
3	Q. How long did you spend reviewing it?	3	A. Uh-huh.
4	A. A couple of hours and not in one sitting.	4	Q in connection with the Cass Review?
5	Q. Let me ask you to turn to page 13.	5	A. I do.
6	Might as well just take that clip off.	6	Q. Let me ask you to turn, sir, to page 29.
7	Before I ask you about page 13, you're	7	Directing your attention to paragraph 58,
		1	Directing your allention to paragraph 58,
8	familiar with the reputation of Hilary Cass?	8	which says, "Although a diagnosis of gender
8 9	familiar with the reputation of Hilary Cass? A. I'm familiar with what's been reported		which says, "Although a diagnosis of gender dysphoria has been seen as necessary for initiating
	· · ·	8	which says, "Although a diagnosis of gender
9	A. I'm familiar with what's been reported	8 9	which says, "Although a diagnosis of gender dysphoria has been seen as necessary for initiating
9 10	A. I'm familiar with what's been reported about her since the report came out. I was	8 9 10 11 12	which says, "Although a diagnosis of gender dysphoria has been seen as necessary for initiating medical treatment, it is not reliably predictive of
9 10 11	A. I'm familiar with what's been reported about her since the report came out. I was unfamiliar with her before.	8 9 10 11 12 13	which says, "Although a diagnosis of gender dysphoria has been seen as necessary for initiating medical treatment, it is not reliably predictive of whether that young person will have long-standing gender incongruence in the future, or whether medical intervention will be the best option for
9 10 11 12 13 14	<ul><li>A. I'm familiar with what's been reported about her since the report came out. I was unfamiliar with her before.</li><li>Q. Did she have a reputation are you familiar with the reputation she has in the medical community?</li></ul>	8 9 10 11 12 13 14	which says, "Although a diagnosis of gender dysphoria has been seen as necessary for initiating medical treatment, it is not reliably predictive of whether that young person will have long-standing gender incongruence in the future, or whether medical intervention will be the best option for them."
9 10 11 12 13 14 15	<ul><li>A. I'm familiar with what's been reported about her since the report came out. I was unfamiliar with her before.</li><li>Q. Did she have a reputation are you familiar with the reputation she has in the medical community?</li><li>A. I believe so, yes.</li></ul>	8 9 10 11 12 13 14 15	which says, "Although a diagnosis of gender dysphoria has been seen as necessary for initiating medical treatment, it is not reliably predictive of whether that young person will have long-standing gender incongruence in the future, or whether medical intervention will be the best option for them." Did I read that correctly?
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9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>A. I'm familiar with what's been reported about her since the report came out. I was unfamiliar with her before.</li> <li>Q. Did she have a reputation are you familiar with the reputation she has in the medical community?</li> <li>A. I believe so, yes.</li> <li>Q. And what is the reputation Dr. Cass has in the medical community?</li> <li>A. She's well regarded.</li> <li>Q. Now let me ask you to take a look at page 13, the second column, the third paragraph, last sentence.</li> <li>I'll direct you to that sentence, and I'll</li> </ul>	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>which says, "Although a diagnosis of gender dysphoria has been seen as necessary for initiating medical treatment, it is not reliably predictive of whether that young person will have long-standing gender incongruence in the future, or whether medical intervention will be the best option for them."</li> <li>Did I read that correctly?</li> <li>A. Yes.</li> <li>Q. Do you agree with that statement?</li> <li>A. I don't. Having earlier determined my background as a non-scientist, this is a dispute among scientists or a report by a scientist.</li> <li>It's making a conclusion about the ability of that evidence to reliably predict something. And</li> </ul>
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9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>A. I'm familiar with what's been reported about her since the report came out. I was unfamiliar with her before.</li> <li>Q. Did she have a reputation are you familiar with the reputation she has in the medical community?</li> <li>A. I believe so, yes.</li> <li>Q. And what is the reputation Dr. Cass has in the medical community?</li> <li>A. She's well regarded.</li> <li>Q. Now let me ask you to take a look at page 13, the second column, the third paragraph, last sentence.</li> <li>I'll direct you to that sentence, and I'll</li> </ul>	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>which says, "Although a diagnosis of gender dysphoria has been seen as necessary for initiating medical treatment, it is not reliably predictive of whether that young person will have long-standing gender incongruence in the future, or whether medical intervention will be the best option for them."</li> <li>Did I read that correctly?</li> <li>A. Yes.</li> <li>Q. Do you agree with that statement?</li> <li>A. I don't. Having earlier determined my background as a non-scientist, this is a dispute among scientists or a report by a scientist.</li> <li>It's making a conclusion about the ability of that evidence to reliably predict something. And</li> </ul>

	Page 18		Page 20
1	which reliable predictions are elusive.	1	There's always a risk in any medical
2	Q. What kind of treatments are those?	2	intervention. If you are asking whether this has
3	A. Pediatrics. Many of them. Oncology,	3	systematically more greater or frequent risk than
4	surgery, different kinds of surgery, neurosurgery.	4	others, I'm not able to assess that.
5	Once again, you're my job is to be	5	Q. Would you agree that loss of sexual
6	broadly aware of issues and concerns across the	6	response and the ability to experience orgasm is a
7	health professions, and to say that something must	7	risk of a harmful effect?
8	be reliably predictive would foreclose on a number	8	A. If that were a risk, that would be an
9	of interventions that people believe are appropriate	9	adverse risk, yes.
10	in pediatric care.	10	Q. And it would be a harmful risk, would it
11	Q. Have you formed any opinions on the safety	11	not?
12	of medical interventions to treat gender dysphoria	12	A. I think so.
13	in minors?	13	Q. Would you agree that a cardiovascular risk
14	A. No. Not other than than if it were	14	is a substantial risk of a harmful effect?
15	unsafe, the inference is the people who perform it	15	A. Once again, I'm not whether something
16	do so believing that it is safe.	16	is substantial or not in a probabilistic science,
17	There are people who are scientists and	17	which is medicine, is one that I would be
18	clinicians, and so my opinion is going to be shaped	18	incompetent to agree or disagree with. There are
19	by their clinical judgment about the safety and	19	substantial risks overwhelmingly in many medical
20	efficacy of intervention.	20	procedures.
21	So to that extent, I regard it as I	21	Q. What did the Cass Review say regarding the
22	regard it by by virtue of my experience and	22	efficacy of medical interventions to treat gender
23	education and knowledge, which when it comes to the		dysphoria in minors?
24	safety and efficacy of medical procedures is	24	A. As I recall, and perhaps it would be
25	dependent on that of others. I believe that the	25	helpful if you can tell me where that conclusion is
	Page 19		Page 21
1	trusted colleagues regard it as safe and, therefore,	1	made, that it was skeptical.
2	appropriate.	2	Q. Did you come to agree with that opinion?
3	Q. What did the Cass Review say about the	3	A. The evolution of medical intervention
4	safety of medical interventions to treat gender	4	medical science in fact, science in general, is
5	dysphoria in minors?	5	sometimes a very slow and accretive process.
6	A. Cass Review was concerned about the safety	6	Whether or not the latest report I beg
7	of gender-affirming therapy.	7	your pardon.
8	Q. And would you regard that as a pretty	8	Can I change my mind about that water?
9	credible source, to be concerned about the safety of	9	And so in an environment in which the
10	medical interventions for adolescents suffering from	10	evidence is what it is and the reports of various
11	gender dysphoria?	11	sorts are being offered on a regular basis, I don't
12	A. Credible but not necessarily dispositive.	12	regard in the in this context that conclusion as
13	Q. Would you rule it out in your practice?	13	dispositive framed by the fact that if you're
14	A. My job is to not is to constantly be	14	asking me an empirical question about medical
15	aware of evidence in pediatrics and adult care of	15	science thank you so much.
16	all kinds of research. And so one doesn't rule	16	Q. Let me direct your attention to page 32 of
17	anything out easily or quickly.	17	Exhibit 3.
18	Q. Would you agree that medical interventions	18	If you look at the second sentence of
19	to treat gender dysphoria in minors pose a	19 20	paragraph 82, it says, "There was sufficient
20	substantial risk of harmful effects?	20	insufficient/inconsistent evidence about the effects
21	A. Well, that substantial risk of harmful	21	of puberty suppression on psychological or
22	effects is a medical or clinical judgment and I it would be incorporate for me to have an opinion	22	psychosocial well-being, cognitive development,
23	it would be inappropriate for me to have an opinion	23 24	cardio-metabolic risk, or fertility."
24 25	on that other than those that I've already shared with you by provy	24 25	Did I read that correctly? A. You did.
1 40	with you by proxy.	L_J	

	Page 22		Page 24
1	Q. Do you agree with that conclusion?	1	Q. Would you agree it is now
2	A. I'm not not having reviewed the	2	disproportionately natal females who are presenting
3	evidence that she did and, moreover, probably not	3	with gender dysphoria?
4	being competent to do so, I don't know that I agree	4	A. That, I don't know. Disproportionately.
5	or disagree.	5	If that's the case, I'm happy to agree to it.
6	I have spent a lot of time writing about	6	You're asking me which male/female or
7	biomedical evidence and am of the view that, as I	7	female to male, that one is more than the other?
8	say, in any particular intervention, is generally	8	Q. Yes.
9	slow, accretive, and probabilistic. At any given	9	A. I believe I've heard that. Once again,
10	point in the history of treatment of any disease,	10	this is this is not I have low confidence in
11	that can be true.	11	my belief about what I've heard recently about that.
12	But I'm not competent to not having	12	Q. Have you formed any opinions as to the
13	either reviewed or being competent to review the	13	characteristics of the population of patients who
14	evidence she reviewed, I'm not entirely sure I'm in	14	are presenting with gender dysphoria?
15	a position to agree or disagree.	15	A. No.
16	Q. Okay. And, Doctor	16	Q. And so I take it you've not formed any
17	A. I note her concern.	17	opinions about the reasons why there is a sharp
18	Q. Let me ask you to turn to page 194.	18	increase in the presentation of patients with gender
19	If you look at paragraph 16.14 at the	19	dysphoria over the last ten years?
20	bottom of the first column.	20	A. Correct.
21	Do you see that?	21	Q. Changing gears.
22	A. Uh-huh.	22	Dr. Goodman, what is a clinical practice
23	Q. And the second sentence, "As a result, the	23	guideline?
24	evidence for the indicated uses of puberty blockers	24	A. A clinical practice guideline is a
25	and masculinizing/feminizing hormones in adolescents	25	document that is produced by various organizations
	Page 23		Page 25
1	Page 23 are unproven and benefit/harms are unknown."	1	Page 25 to support physicians and others in practice that
1 2	are unproven and benefit/harms are unknown."	1 2	to support physicians and others in practice that
2	are unproven and benefit/harms are unknown." Did I read that correctly?	2	to support physicians and others in practice that would include interventions addressed by the
2 3	are unproven and benefit/harms are unknown." Did I read that correctly? A. You did.		to support physicians and others in practice that would include interventions addressed by the guideline.
2	<ul><li>are unproven and benefit/harms are unknown."</li><li>Did I read that correctly?</li><li>A. You did.</li><li>Q. Do you agree with that conclusion?</li></ul>	2 3	to support physicians and others in practice that would include interventions addressed by the guideline. Q. Have you been involved in the development
2 3 4 5	<ul><li>are unproven and benefit/harms are unknown."</li><li>Did I read that correctly?</li><li>A. You did.</li><li>Q. Do you agree with that conclusion?</li><li>A. Normally in biomedical research, we don't</li></ul>	2 3 4 5	to support physicians and others in practice that would include interventions addressed by the guideline.
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10 review? No. 10 Q. How much time did you spend reviewing
I I I I I I I I I I I I I I I I I I I
12 evidence-based practice? Yes. 12 A. Couple of hours.
121212121313Q. Have you written on the issue of conflicts13Q. Now, if you can turn to page
14 of interest in the development of clinical practice 14 A. Ninety minutes, I'd say.
15 guidelines? 15 Q. Turn to page 42, Dr. Goodman.
16A. I don't recall. I wrote a book about this16Do you see paragraph 97 there at the
17 once. I don't recall how much I would have spent 17 bottom of page 42?
18 on on evidence-based practice, I mean, and, 18 A. Yes.
1 , , ,
19 hence, the role of practice guidelines. 19 O. It lists six references, four on page 42
19hence, the role of practice guidelines.19Q. It lists six references, four on page 42200. Do you know whether or not your book20and two on the top of page 43.
20 Q. Do you know whether or not your book 20 and two on the top of page 43.
20Q. Do you know whether or not your book20and two on the top of page 43.21mentions conflicts of interest arising from the21Do you see that?
20Q. Do you know whether or not your book20and two on the top of page 43.21mentions conflicts of interest arising from the21Do you see that?22development of clinical practice guidelines?22A. I do.
20Q. Do you know whether or not your book20and two on the top of page 43.21mentions conflicts of interest arising from the21Do you see that?22development of clinical practice guidelines?22A. I do.

	P 20		D 22
1	Page 30 WHO documents, but I didn't rereview them for the	1	Page 32 Before I ask you about Exhibit 6, sir, are
	purpose of this exchange.	$\begin{vmatrix} 1\\2 \end{vmatrix}$	you familiar with WPATH?
$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	Q. And let's mark a couple of those.	3	A. I am.
4	(Thereupon, the referred-to document was	4	Q. And what is WPATH?
	marked for Identification as Defendants' Exhibit 5.)		
5	BY MR. SECHLER:	5	A. It's the group that produced the practice
6		6	guidelines we're discussing today. Q. And are you familiar with SOC-8?
	Q. I'm handing you, Dr. Goodman, an exhibit marked as Exhibit 5.	7	A. I am.
8		8	
9	Can you identify the document marked as		Q. And what is SOC-8?
10	Exhibit 5, sir?	10	A. It's the standards of care, version 8, for
11	A. It is titled, "Clinical Practice	11	health and transgender in gender diverse people.
12	Guidelines We Can Trust" by the Institute of	12	It's version 8.
13	Medicine, one of the National Academies of Science.	13	Q. Is that the document that is marked as
14	Q. And this is the sixth reference listed by	14	Exhibit 6?
15	Dr. Cantor in paragraph 97; is that right?	15	A. Six, yes, it is.
16	A. It is.	16	Q. Now, if you turn to page S247 of
17	Q. Have you reviewed the document marked as	17	Exhibit 6. A. Yes.
18	Exhibit 5 previously?	18	
19	A. I when it was produced, I had a look at	19	Q. If you look at the first column, you see a
20	it. I don't know if that counts as adequate review	20	sentence that begins, in the middle of first
21	for our purposes here. I'm familiar with the	21	paragraph, "The process for development"? A. Yes.
22	document.	22	
23	Q. If you look at page 2, I believe there's copyright of 2011?	23 24	Q. Let me read that for the record. "The process for development of the SOC-8 incorporated
24 25	A. Yes, 2011.	24	recommendations on clinical practice guidelines"
25		25	
1	Page 31		Page 33
	() And have you reviewed this document any	1	let me start that again Strike that
	Q. And have you reviewed this document any time more recently than 2011?	$\begin{vmatrix} 1\\2 \end{vmatrix}$	let me start that again. Strike that. Reading from page S247 of Exhibit 6. "The
2	time more recently than 2011?	2	Reading from page S247 of Exhibit 6, "The
2 3	time more recently than 2011? A. No.	2 3	Reading from page S247 of Exhibit 6, "The process for development of the SOC-8 incorporated
2 3 4	time more recently than 2011? A. No. Well, perhaps 2012.	2 3 4	Reading from page S247 of Exhibit 6, "The process for development of the SOC-8 incorporated recommendations on clinical practice guidelines
2 3 4 5	<ul><li>time more recently than 2011?</li><li>A. No.</li><li>Well, perhaps 2012.</li><li>Q. You understand this is one of the</li></ul>	2 3 4 5	Reading from page S247 of Exhibit 6, "The process for development of the SOC-8 incorporated recommendations on clinical practice guidelines development from the National Academies of Medicine
2 3 4	<ul><li>time more recently than 2011?</li><li>A. No.</li><li>Well, perhaps 2012.</li><li>Q. You understand this is one of the documents that Dr. Cantor relied upon for purposes</li></ul>	2 3 4 5 6	Reading from page S247 of Exhibit 6, "The process for development of the SOC-8 incorporated recommendations on clinical practice guidelines development from the National Academies of Medicine and The World Health Organization that address
2 3 4 5 6 7	<ul><li>time more recently than 2011?</li><li>A. No. Well, perhaps 2012.</li><li>Q. You understand this is one of the documents that Dr. Cantor relied upon for purposes of his report?</li></ul>	2 3 4 5	Reading from page S247 of Exhibit 6, "The process for development of the SOC-8 incorporated recommendations on clinical practice guidelines development from the National Academies of Medicine and The World Health Organization that address transparency, conflict-of-interest policy,"
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2 3 4 5 6 7 8 9	<ul> <li>time more recently than 2011?</li> <li>A. No. Well, perhaps 2012.</li> <li>Q. You understand this is one of the documents that Dr. Cantor relied upon for purposes of his report?</li> <li>A. As he reports, yes.</li> <li>Q. And how could it be that you could respond</li> </ul>	2 3 4 5 6 7 8 9	Reading from page S247 of Exhibit 6, "The process for development of the SOC-8 incorporated recommendations on clinical practice guidelines development from the National Academies of Medicine and The World Health Organization that address transparency, conflict-of-interest policy," et cetera, et cetera. Do you see that?
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Page 34         Page 34         Page 34           1         developing SOC-87         1         precise dispositive report that I used in framing 1 great deal legation, yes.         1         precise dispositive report that I used in framing 1 great deal guidelines of the Institute of Medicine strike that.         3         1         this opinion." Sometimes the mapping rules between them is inexplicit.           8         Page 34         Q. How can you respond or dispute that 5         allegation if you have not review the opinion in that regard 1 you did not review the opinion in that regard 1 you did not review the 5         Q. I was asking, sir, whether or not you 4         A. There on formed that opinion, no.           10         conflict-of-interst recommendations of the 11         Institute of Medicine marked as Exhibit 5?         A. There on formed that opinion, no.           11         Institute of Medicine marked as Exhibit 5?         Thereupon, the referred-to document was 10         Thereupon, the referred-to document was 11           12         an conflict-of-interst recommendations of the 11         11         Thereupon, the referred-to document was 12         an the bin induse documents and your questions.           13         great deal in lost of exchanges, perhaps most 13         respecially in academia and the law, where when there 14         A. This is the Wold Health Organization's 13           14         arcle or developing that brief," that is 13         O, And would you agree that the wo documents 14         Q				
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3       allegation, yes.       3       them is inexplicit.         4       Q. How can you respond or dispute that       4       Q. I was asking, sir, whether or not you         6       practice guidelines of the Institute of Medicine       formed an option in that regard if you did not review the       6         9       optinion in that regard if you did not review the       7       Q. Now, you would agree one more document.         11       Institute of Medicine marked as Exhibit 5?       1       A. One of the things that you'll have         12       a. One of the things that you'll have       12       marked for Identification as Defendants' Exhibit 7.         13       noticed, both in these documents and your questions, in incorporate, "in have refered to, "this happens a in incorporate," 'In have refered to, "this happens a in gree hodies when there's a lot of 12       Q. Can you identify the document marked as Exhibit 7.         14       is when someone said, "I've relied on, "I've       I. A. This is the Wold Health Organization's 12         17       expecially in academia and the law, where when there it and of an gree hodies when there's a lot of 13       Q. And would you agree that the two documents are two large hodies when there's a lot of 14         12       account what is very difficult to be able to 3       3       0. And would you agree that both of those 14         23       I' A. there's a point-by-point refutation."       1				
4       Q. I was asking, sir, whether on or you         5       allegation if you have not review dethe clinical         6       practice guidelines of the Institute of Medicine         7       strike that.         8       How can you respond to Dr. Cantor's         9       opinion in that regard if you did not review the         10       conflict-of-interest recommendations of the         11       Institute of Medicine marked as Exhibit 5?         12       A. One of the things that you'll have         13       noticed, both in these documents and you question.         14       is when someone said, T've relied on," "Tve         15       incorporated, "T have referred to," this happens a         16       A. This is the World Health Organization's         17       especially in academia and the law, where when there's a lot of         18       are two large bodies when there's a lot of         18       are two large bodies when there's a lot of         19       article or developing that brief," that is         20       inherently vague.         21       inherently vague.         22       inherently vague.         23       If som both they document and any conclusion. That         24       G. So in connection withyour work on this <td></td> <td></td> <td></td> <td></td>				
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6       practice guidelines of the Institute of Medicine       6       A. I have not formed that opinion, no.         7       strike that.       6       A. I have not formed that opinion, no.         9       opinion in that regard if you did not review the       7       Q. Now, you would agree one more document.         10       conflict-of-interest recommendations of the       1       Institute of Medicine marked as Exhibit 5?         11       Institute of Medicine marked as Exhibit 5?       10       A. Yes.         12       an core of the things that your questions, and proceed in loss of exhanges, perhaps most       17       Exhibit 7, sir?         14       is when someone said, "Tve relied on," "Tve incorporated," "Thave referred to," this happens a       15       Exhibit 7, sir?         16       A. This is the World Health Organization's       18       18       BY MR, SECHLER:         18       are two large bodies when there's a lot of       18       16       A. This is the World Health Organization's         19       account when I was framing my report or writing that       16       A. This is the World Health Organization's         21       article or developing that brief," that is       21       conflicts of interest?         23       If some one doesm't give a point-by-point       23       Q. Now, you cited other authorities in your <td></td> <td></td> <td></td> <td></td>				
7       strike that.       7       Q. Now, you would agree - one more document.         8       How can you respond to Dr. Cantor's       9       And you can keep the Exhibit 7.         10       conflict-of-interest recommendations of the       10       And you can keep the Exhibit 7.         11       Institute of Medicine marked as Exhibit 5?       10       A. Yes.         13       noticed, both in these documents and your questions,       13       BY MR. SFCHLER:         14       is when someone said, 'Tve relid on, "Tve eithor on, "Tve eithor on, "Tve eithor on," Tve       13       BY MR. SFCHLER:         16       graat daal in lots of exchanges, perhaps most       16       A. This is the World Health Organization's         17       shylen and the law, where when thee's       10       A. This is the World Health Organization's         18       are two large bodies when there's a lot of       11       Handbook for Guideline Development.         18       are two large bodies when there's a lot of       21       conflicts of interest?         21       inherently vague.       22       A. Yes.       23       If someone doesn't give a point-by-point         21       inhorently vague.       23       Q. And would you agree that both of those       24       documents concern conflicts of interest are two documents <td< td=""><td></td><td></td><td></td><td>-</td></td<>				-
8         And you can keep the Exhibit 6 nearby, and           9         opinion in that regard if you did not review the         10         In handing you a document marked as Exhibit 7.           11         Institute of Medicine marked as Exhibit 5?         10         A. One of the things that you'll have           12         A. One of the things that you'll have         11         Institute of Medicine marked as Exhibit 7.           14         is when someone said, "I've relied on," T've         13         BY MR. SECHLER:           14         is when someone said, "I've relied on," T've         14         Q. Can you identify the document marked as           15         incorporated," Thave referred to," this happens a         16         A. This is the World Health Organization's           16         great deal in lots of exchanges, perhaps most         16         A. This is the World Health Organization's           17         especially in academia and the law, where when there's         18         Q. And would you agree that the two documents           10         arcice or developing that bricf," that is         21         conflicts of interest?           23         if someone doesn't give a point-by-point         23         Q. And would you agree that both of those           24         loon'that they did and how they took it into         2         Q. And would you agree that both of those				-
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13       noticed, both in these documents and your questions,       13       BY MR. SECHLER:         14       is when someone said, "Tve relied on," "Tve       13       BY MR. SECHLER:         15       incorporated," "Thave referred to," this happens a       15       C. any ou identify the document marked as         15       incorporated," "Thave referred to," this happens a       16       A. This is the World Health Organization's         17       especially in academia and the law, where when there's       16       A. This is the World Health Organization's         18       are two large bodies when there's a lot of       17       Handbook for Guideline Development.         19       marked as Exhibit 5 and Exhibit 7 are two documents       marked as Exhibit 6 and Exhibit 7 are two documents         11       inherently vague.       21       conflicts of interest?         21       inherently vague.       22       A. Yes.         23       If someone doesn't give a point-by-point       23       G. And would you agree that both of those         24       ist of what they did and how they took it into       24       documents concert conflicts of interest arising in         25       Cantor or anybody else had clear mapping rules       6       Kexes.       2         3       report, did you not?       A. Yes.       2       Q.				-
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18       are two large bodies when there's a lot of       18       Q. And would you agree that the two documents         19       documentation, and I say to you, "I took this into       19       marked as Exhibit 7 and Exhibit 7 are two documents         20       account when I was framing my report or writing that       20       that Dr. Cantor relied upon in his assessment of         21       article or developing that brief," that is       21       conflicts of interest?         22       interently vague.       22       A. Yes.         23       If someone doesn't give a point-by-point       24         24       dist of what they did and how they took it into       24         25       the development of clinical practice guidelines?         26       Page 35         1       "Ah, there's a point-by-point refutation."       1         2       I don't believe for anybody to be able to       3         3       assess these documents it's necessary to try and       4         4       figure out the points at which either WPATH or       5         5       Cantor or anybody else had clear mapping rules       5         6       between it, this document and any conclusion. That       6         10       case, Dr. Goodman, have you formed an ophinion asto 10       in certhat is your report and you're	16	great deal in lots of exchanges, perhaps most	16	A. This is the World Health Organization's
19       documentation, and I say to you, "I took this into       19       marked as Exhibit 6 and Exhibit 7 are two documents         20       account when I was framing my report or writing that       10       conflicts of interest?         21       article or developing that brief," that is       20       that Dr. Cantor relied upon in his assessment of         21       inherently vague.       21       conflicts of interest?         23       If someone doesn't give a point-by-point       23       Q. And would you agree that both of those         24       list of what they did and how they took it into       25       de weleopment of clinical practice guidelines?         2       I don't believe for anybody to be able to       25       Q. Now, you cited other authorities in your         3       assess these documents it's necessary to try and       3       report, did you not?       A. Yes.         2       Q. So in connection with your work on this       5       Q. And do you recall what authorities you       6         10       case, Dr. Goodman, have you formed an opinion as to       7       A. I would like very much to be able to       7         11       whether WPATH violated the guidelines that the       11       11       11       11       11       anyone has done.       9       Q. You might want to keep Exhibit 1 handy       10 <td>17</td> <td>especially in academia and the law, where when there</td> <td>17</td> <td>=</td>	17	especially in academia and the law, where when there	17	=
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<ul> <li>23 lesser degrees of specificity, and that's something</li> <li>24 that happens all the time, as you know, in the law</li> <li>23 with conflicts of interest in the development of</li> <li>24 clinical practice guidelines?</li> </ul>	20	think anyone has done. When someone takes into account something	20	There's just conflicts of interest conflicts of
24 that happens all the time, as you know, in the law 24 clinical practice guidelines?	20 21	think anyone has done. When someone takes into account something or refers to it or embodies it or somehow	20 21	There's just conflicts of interest conflicts of interest.
	20 21 22	think anyone has done. When someone takes into account something or refers to it or embodies it or somehow metabolizes it, that's going to be with greater or	20 21 22	There's just conflicts of interest conflicts of interest. Q. Why did you not cite authorities that deal
$\pm 25$ and in academia, to be able to say. Here's the $\pm 25$ A. Decause there's no difference among them	20 21 22 23	think anyone has done. When someone takes into account something or refers to it or embodies it or somehow metabolizes it, that's going to be with greater or lesser degrees of specificity, and that's something	20 21 22 23	There's just conflicts of interest conflicts of interest. Q. Why did you not cite authorities that deal with conflicts of interest in the development of

	D 20		D 40
1	Page 38 In other words, if you have a conflict of interest,	1	Page 40 Q. Now, if you turn, sir, to Exhibit 6
2	you have or not, then that's independent of	2	sorry, Exhibit 5. Turn to page 78.
3	whether or not what you might be conflicted in	3	Do you see the first paragraph, sir,
4	the preparation of. In other words, what frames a	4	defines conflict of interest as, "A set of
5	conflict of interest or any other kind of conflict	5	circumstances that creates a risk that professional
6	is going to be independent of the context in which	6	judgment or actions regarding a primary interest
7	you're conflicted.	7	will be unduly influenced by a secondary interest"?
8	Q. So is it your testimony, sir, that the	8	A. Yes.
9	documents marked as Exhibit 6 and 7 are superfluous	9	Q. And would you agree with that definition
10	of the authorities that you cited in Footnote 1 of	10	of conflict of interest?
11	your report?	11	A. I would not disagree with it. There are a
12	A. Not superfluous at all. They this was	12	number of them. This is one that I would agree
13	a conceptual analysis, if you will, of conflicts of	13	with.
14	interest.	14	Q. So a conflict of interest exists when
15	I regarded these reports being inasmuch	15	there's a risk of undue influence; is that right?
16	as they govern a great deal of science in the United	16	A. Yes.
17	States of America, to be particularly salient.	17	Q. If you look at page 79 of Exhibit 5, the
18	Whether one is doing research, whether one and	18	second paragraph on the page, the first sentence
19	this is what the ones I cite were focused on. Or	19	states, "Biases resulting from conflict of interest
20	whether one is practicing in a clinical context.	20	may be conscious or unconscious."
21	Whether or not you have a conflict of interest is	21	Would you agree with that?
22	independent of whether you're developing a practice	22	A. Yes.
23	guideline, doing an empirical study, or practicing	23	Q. So sometimes it's hard to tell whether a
24	in any number of professions.	24	conflict of interest actually causes an undue
25	I was focusing on the ones that govern	25	influence; is that right?
	Page 39		Page 41
1	research in the United States of America.	1	A. Correct.
2			
1 4	Q. When you were doing your work for your	2	Q. So why is the management and
$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	Q. When you were doing your work for your report, did you look for any authorities dealing	2 3	
			Q. So why is the management and
3	report, did you look for any authorities dealing	3	Q. So why is the management and identification of conflicts of interest important in
3 4	report, did you look for any authorities dealing with conflicts of interest in the development of	3 4	Q. So why is the management and identification of conflicts of interest important in the development of clinical practice guidelines?
3 4 5	report, did you look for any authorities dealing with conflicts of interest in the development of clinical practice guidelines?	3 4 5	<ul><li>Q. So why is the management and identification of conflicts of interest important in the development of clinical practice guidelines?</li><li>A. Because whether it's conscious or</li></ul>
3 4 5 6	report, did you look for any authorities dealing with conflicts of interest in the development of clinical practice guidelines? A. I was familiar with them.	3 4 5 6	<ul><li>Q. So why is the management and identification of conflicts of interest important in the development of clinical practice guidelines?</li><li>A. Because whether it's conscious or unconscious, one wants to be able to identify and</li></ul>
3 4 5 6 7 8 9	<ul><li>report, did you look for any authorities dealing with conflicts of interest in the development of clinical practice guidelines?</li><li>A. I was familiar with them.</li><li>Q. What authorities were you familiar with?</li><li>A. For example, the World Health Organization has several.</li></ul>	3 4 5 6 7 8 9	<ul><li>Q. So why is the management and identification of conflicts of interest important in the development of clinical practice guidelines?</li><li>A. Because whether it's conscious or unconscious, one wants to be able to identify and prevent bias.</li><li>Q. How would bias affect the development of clinical practice guidelines?</li></ul>
3 4 5 6 7 8 9 10	report, did you look for any authorities dealing with conflicts of interest in the development of clinical practice guidelines? A. I was familiar with them. Q. What authorities were you familiar with? A. For example, the World Health Organization has several. There's actually quite a few of these and	3 4 5 6 7 8 9 10	<ul> <li>Q. So why is the management and identification of conflicts of interest important in the development of clinical practice guidelines?</li> <li>A. Because whether it's conscious or unconscious, one wants to be able to identify and prevent bias.</li> <li>Q. How would bias affect the development of clinical practice guidelines?</li> <li>A. If, for instance well, let me the</li> </ul>
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	report, did you look for any authorities dealing with conflicts of interest in the development of clinical practice guidelines? A. I was familiar with them. Q. What authorities were you familiar with? A. For example, the World Health Organization has several. There's actually quite a few of these and I chose to focus on the conflict-of-interest regulations or the conflict-of-interest advice, regulations, requirements that, in fact, govern overwhelming all science in the United States of America, and I thought that that would be most salient for our purposes. I am familiar with WHO guidelines. In fact, I operate under them. Q. So apart from the WHO guidelines and the Institute of Medicine guidelines, what other conflicts-of-interest policies can you identify that deal with conflicts in the development of clinical	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>Q. So why is the management and identification of conflicts of interest important in the development of clinical practice guidelines?</li> <li>A. Because whether it's conscious or unconscious, one wants to be able to identify and prevent bias.</li> <li>Q. How would bias affect the development of clinical practice guidelines?</li> <li>A. If, for instance well, let me the reason I cited the authorities that I did in the context with which I'm most familiar is in environments where, for instance, someone is doing is consulting for a particular entity, amalgamated widgets, but one's also in one's daily work doing research on widgets, the for example, if my employer were asking me to do to do that research or I was otherwise as part of my job conducting such an empirical inquiry, then it would be reasonable for my employer and others to be concerned if it was also the case that I was being paid as a consultant for an entity that manufactures</li> </ul>

11 (Pages 38 - 41)

	Page 42		Page 44
1	compensation that's directly related to something	1	A. In principal, yes.
2	directly related to usually research, by the way, or	2	Q. Would you agree that WPATH's standards of
3	consulting that's related to the topic of research	3	care have been influential in directing the clinical
4	and in that case, therefore, the concern for me	4	practice of gender dysphoria?
5	being biased might be that I want to please the	5	A. I reckon they have. That in some sense is
6	person for whom I am consulting or the entity for	6	an empirical question. I don't think any of us is
7	which I am consulting.	7	capable of answering right now.
8	That is by far and away the most common	8	But generally speaking, in the you
9	form of conflict of interest in biomedical research.	9	weren't asking me about the zeitgeist though
10	Q. Sir, I'm sorry, I meant to ask	10	COURT REPORTER: I'm sorry, about the?
11	specifically about clinical practice guidelines.	11	MR. SECHLER: The spirit of the time.
12	How could the presence of bias affect the	12	So it is I mean, to be really precise,
13	development of clinical practice guidelines?	13	that's an empirical question, and I'm not
14	A. Well, if there were bias, then one would	14	competent to answer it.
15	want to know how it affected the guidelines.	15	BY MR. SECHLER:
16	We've actually seen people who've erred in	16	Q. Did you see, when you reviewed the Cass
17	the wrong direction to avoid the appearance of a	17	report, that the team that prepared that found
18	conflict of interest, up to and including patients	18	WPATH's SOC-8 to lack developmental vigor?
19	somehow regarding their physicians with conflicts as	19	A. I recall that was one of the criticisms,
20	more reliable because, therefore, they're working	20	yes.
21	for industry and that can infer some extra authority	21	Q. Do you agree with that?
22	for them.	22	A. I without a clear understanding of
23	So one might be interesting phenomenon,	23	developmental vigor and of further review of both
24	I would suggest.	24	documents, I don't really think it would be
25	So the point, of course, is that if	25	appropriate for me to comment on that important and
-	r , , , , , , , , , , , , , , , , , , ,	-	
	D 42		
1	Page 43	1	Page 45
1	someone is either conflicted or trying to avoid the	1	rebuttable conclusion.
2	someone is either conflicted or trying to avoid the appearance of conflict, that bias might, I suppose,	2	rebuttable conclusion. I mean, it's I have noted it. It is
2 3	someone is either conflicted or trying to avoid the appearance of conflict, that bias might, I suppose, somehow become reflected in the final work product,	2 3	rebuttable conclusion. I mean, it's I have noted it. It is significant, given the source, but I'm not competent
2 3 4	someone is either conflicted or trying to avoid the appearance of conflict, that bias might, I suppose, somehow become reflected in the final work product, whether it's a scientific report or practice	2 3 4	rebuttable conclusion. I mean, it's I have noted it. It is significant, given the source, but I'm not competent or able maybe I am competent, but I'm certainly
2 3 4 5	someone is either conflicted or trying to avoid the appearance of conflict, that bias might, I suppose, somehow become reflected in the final work product, whether it's a scientific report or practice guideline or any other such thing.	2 3 4 5	rebuttable conclusion. I mean, it's I have noted it. It is significant, given the source, but I'm not competent or able maybe I am competent, but I'm certainly unable in the circumstances to be able to say yes or
2 3 4 5 6	someone is either conflicted or trying to avoid the appearance of conflict, that bias might, I suppose, somehow become reflected in the final work product, whether it's a scientific report or practice guideline or any other such thing. Q. Do you believe it's important in the	2 3 4 5 6	rebuttable conclusion. I mean, it's I have noted it. It is significant, given the source, but I'm not competent or able maybe I am competent, but I'm certainly unable in the circumstances to be able to say yes or no to that question. It would be irresponsible, I
2 3 4 5 6 7	someone is either conflicted or trying to avoid the appearance of conflict, that bias might, I suppose, somehow become reflected in the final work product, whether it's a scientific report or practice guideline or any other such thing. Q. Do you believe it's important in the development of clinical practice guidelines to	2 3 4 5 6 7	rebuttable conclusion. I mean, it's I have noted it. It is significant, given the source, but I'm not competent or able maybe I am competent, but I'm certainly unable in the circumstances to be able to say yes or no to that question. It would be irresponsible, I think, to do so.
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	Page 46		Dage 49
1	Would a member of the guideline	1	Page 48 having a financial relationship with manufacturers
2	development group have a financial conflict of	$\begin{vmatrix} 1\\2 \end{vmatrix}$	of cholesterol-lowering drugs?
3	interest when he or she stands to gain financially	3	A. They might.
4	from recommendations in the guidelines?	4	Q. Can you explain why they might?
5	A. When you say, "stands to gain	5	A. It is possible the reason we have these
6	financially," could you elaborate on that a little?	6	guidelines is to try and guide best practice.
7	My grandfather used to own shares in RC	7	It is possible that someone might gain
8	Cola. Whenever we went out shopping, he insisted we	8	financially but might not alter their opinion in the
9	buy RC Cola because he thought it might improve the	9	process. That's the reason for the the number of
10	value of his shares. That made sense at the time.	10	reasons we require that, when there are conflicts
11	It was preposterous, of course.	11	identified, they be managed.
12	To gain financially in a way that would	12	Whether or not the management in any
13	matter in that way is would always be a concern.	13	particular case is adequate to the task is a further
14	Let's just say yes with the opportunity	14	question.
15	because I think your next question is going to be	15	So, for instance, the cardiologists might
16	well, in principle, non-trivial financial gain would	16	plausibly suggest, "I have given you my honest, best
17	be a source of concern.	17	critical assessment and it is a mere coincidence
18	Q. How do you define non-trivial?	18	that, in fact, I'm benefiting from this
19	A. Your question to me was?	19	financially."
20	Q. I'll ask the court reporter to read it	20	Now, we may raise our eyebrows on that,
21	back.	21	but it's not impossible that they are right. It's
22	(Last question read back.)	22	also entirely possible that if they're deriving a
23	THE WITNESS: So could you clarify "stands	23	direct benefit from the manufacturer of a product,
24	to gain financially." That was the point about	24	that, in fact, their conclusions could have been
25	the RC Cola. I don't know if it helped the	25	biased.
	D (7		
	Page 47		Page 49
1	stock or not, but if he stood to gain	1	Page 49 In other words, there's not a direct
1 2	-	1 2	-
	stock or not, but if he stood to gain		In other words, there's not a direct
2	stock or not, but if he stood to gain financially because one of his 14 shares went	2	In other words, there's not a direct causal connection between the conflict and the bias.
2 3	stock or not, but if he stood to gain financially because one of his 14 shares went up 30 cents, that's a financial gain and that's really obviously not what we're talking about today.	2 3	In other words, there's not a direct causal connection between the conflict and the bias. It's just of such great concern that we try and
2 3 4	stock or not, but if he stood to gain financially because one of his 14 shares went up 30 cents, that's a financial gain and that's really obviously not what we're talking	2 3 4	In other words, there's not a direct causal connection between the conflict and the bias. It's just of such great concern that we try and manage it for the sake of the process. Q. And I'm not asking you about management right now.
2 3 4 5	<ul> <li>stock or not, but if he stood to gain</li> <li>financially because one of his 14 shares went</li> <li>up 30 cents, that's a financial gain and that's</li> <li>really obviously not what we're talking</li> <li>about today.</li> <li>BY MR. SECHLER:</li> <li>Q. So receive a non-trivial amount of income.</li> </ul>	2 3 4 5	In other words, there's not a direct causal connection between the conflict and the bias. It's just of such great concern that we try and manage it for the sake of the process. Q. And I'm not asking you about management right now. I'm asking about whether the conflict
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13 (Pages 46 - 49)

	Page 50		Page 52
1	income received directly from the manufacturer,	1	Q. Are you aware whether or not the Institute
2	correct?	2	of Medicine believes that the practice of medicine
3	A. That's usually what it is. That's what	3	and income derived from clinical services can
4	they were concerned about with the cardiologists, if	4	constitute a financial conflict of interest?
5	I recall correctly.	5	A. I don't recall. Depends in the context, I
6	Q. It could also be a large equity share in	6	suppose. But I beg your pardon.
7	the company, correct?	7	Q. That's okay.
8	A. Institutions very often struggle with	8	A. I don't recall.
9	definition of what "large" counts as. But in	9	Q. So let me ask you to take a look at
10	principle, sure.	10	page 79 of Exhibit 5. And reading the second
11	Q. Is there a rule of thumb that you use to	11	sentence of this page, "Financial (commercial or
12	distinguish between non-trivial and trivial	12	non-commercial) conflicts of interest typically
13	A. I think the National Institutes sorry.	13	stems from actual or potential direct financial
14	Q income for purposes of financial	14	benefit related to topics discussed or products
15	conflicts of interest?	15	recommended in guidelines. Direct financial
16	A. I do not use one at all. My institution	16	commercial activities include clinical services from
17	and that of many other institutions rely on the	17	which a committee member derives a substantial
18	National Institutes of Health and that number has	18	proportion of his or her income."
19	changed over the years. It ranges from 5,000 to	19	Did I read that correctly?
20	\$25,000.	20	A. You did.
21	Q. Do you know what it is today?	21	Q. Do you agree that clinical services from
22	A. It's \$25,000.	22	which a committee member derives a substantial
23	Q. So you could be paid \$20,000 from the	23	proportion of his or her income can be a financial
24	manufacturer of a treatment that is being evaluated	24	conflict of interest?
25	by a guideline development group and that payment	25	A. So this is a complicated question. This,
	Page 51		Page 53
1	would not constitute a financial conflict of	1	of course, is oracular when it comes you'll
2	interest in your opinion?	2	notice there's no citation there.
3	A. Oh, it might very well do so. You might	3	It is an assertion that basically says
4	be paid a dollar and a quarter and that would	4	that it it seems plausible on its face, depending
5	constitute a financial conflict of interest. We	5	on your income, I suppose, one, it might be
6	began by discussing how this can be very subtle and		
		6	possible, but I think the Institutes of Medicine
7	sometimes unconscious. So in principle, yes.	6 7	
7   8		1	possible, but I think the Institutes of Medicine
8 9	sometimes unconscious. So in principle, yes. Q. Can clinical services that a member of the guideline development group performs constitute a	7 8 9	possible, but I think the Institutes of Medicine would also be mindful of the fact that, if you're going to have clinical guidelines for heart, lungs, kidneys, or anything else, you need to have people
8	sometimes unconscious. So in principle, yes. Q. Can clinical services that a member of the guideline development group performs constitute a financial conflict of interest?	7 8	possible, but I think the Institutes of Medicine would also be mindful of the fact that, if you're going to have clinical guidelines for heart, lungs, kidneys, or anything else, you need to have people who practice in those fields.
8 9 10 11	sometimes unconscious. So in principle, yes. Q. Can clinical services that a member of the guideline development group performs constitute a financial conflict of interest? A. For the sake of credible guidelines, I	7 8 9 10 11	possible, but I think the Institutes of Medicine would also be mindful of the fact that, if you're going to have clinical guidelines for heart, lungs, kidneys, or anything else, you need to have people who practice in those fields. Without being able to refresh myself about
8 9 10 11 12	<ul><li>sometimes unconscious. So in principle, yes.</li><li>Q. Can clinical services that a member of the guideline development group performs constitute a financial conflict of interest?</li><li>A. For the sake of credible guidelines, I would hope very much not.</li></ul>	7 8 9 10 11 12	possible, but I think the Institutes of Medicine would also be mindful of the fact that, if you're going to have clinical guidelines for heart, lungs, kidneys, or anything else, you need to have people who practice in those fields. Without being able to refresh myself about the context of that, I venture to say that the
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14 (Pages 50 - 53)

	Page 54		Page 56
1	be," sure, yes.	1	to that.
2	BY MR. SECHLER:	2	In principle, what this is calling for is
3	Q. And can you explain what you mean by	3	as much transparency as possible. If someone
4	probabilistic weight?	4	practices cardiology, then someone who says, "I
5	A. "Can be" is a hypothetical, right? I	5	practice cardiology," has, by virtue of that
6	can it's probabilistic. One might have no	6	declaration, arguably met that recommendation, hewed
7	might have no effect at all. It might have great	7	to or adhered to that recommendation. Because
8	effect. Like many other probabilistic phenomenon,	8	cardiologists have different incomes depending on
9	especially related to conflicts of interest.	9	their practice.
10	In other words, I some individual	10	Q. Right. My only question to you,
11	might most I would think we rely a great deal,	11	Dr. Goodman, is as an expert in medical ethics,
12	especially in this context, on professionals who are	12	would you expect a guideline an organization
13	doing what I said earlier; namely, I might very well	13	developing clinical practice guidelines to collect
14	benefit from something or other, but that is not	14	information from the members of the guideline
15	affecting my judgment.	15	development group on the amount of income they
16	The allegation that somebody is going	16	receive from clinical services that are being
17	to I not the allegation. The suggestion that	17	evaluated?
18	someone who's competent to practice cardiology and	18	A. No. As I say, I don't different people
19	she derives a substantial part of her income from	19	have different clinical practices.
20	the practice of cardiology should not be included in	20	Would you be concerned, for example, if a
21	the development of cardiology guidelines because	21	cardiologist made \$100,000 a year as opposed to
22	they can be influenced would undermine the entire	22	\$300,000 a year, or double those amounts, which is
23	guideline process.	23	probably more accurate? And the question then is,
24	So it "can be," in principal, not	24	that becomes a very interesting question about the
25	impossible, can be.	25	ways in which compensation might affect behavior and
	Page 55		Page 57
1	Q. And you understand that the Institute of	1	might cause bias.
2	Medicine recommends that information about income	2	It might be that the person who makes far
3	from clinical services be collected in the course of	3	more money relies on it less than the person who
4	identifying potential conflicts of interest?	4	makes far less money. There is no direct mapping
5	A. I don't recall that, but I will trust that	5	between how much one makes in the practice of one's
6	they do exactly that.	6	profession and the likelihood that that alone is
7	Q. And why don't you take a look at page 82	7	going to be significant.
8	and 83 of Exhibit 5. And just referring you to the	8	Once it's disclosed, as a matter of
9	bullet point	9	ethics, that I practice one practices cardiology,
10	A. Uh-huh.	10	one practices gender-affirming care, one practices
11	Q that starts at the very bottom of 82.	11	nephrology, then one is able to infer, directly and
12	"Disclosure should reflect all current and planned	12	easily, that that person derives income from that
13 14	commercial (including services from which a	13 14	practice.
14	clinician derives a substantial proportion of income)."	14	I am not sure what else you're suggesting should be sought.
15	A. Yes.	15	Q. Well, are you saying then that
17	Q. And you think it is important to collect	17	organization developing clinical practice guidelines
18	information about services from which a clinician	18	need not collect the information that we just said
18	derives a substantial proportion of income in	10	Exhibit 5, page 82, 83 says should be disclosed?
20	managing and identifying conflicts?	20	A. "Disclosure should reflect all current and
20	A. I think that depends on the granularity.	20	planned commercial activities," which is exactly
$21 \\ 22$	I mean, if someone is a physician in the practice of	$\frac{21}{22}$	what they've done by saying, "I practice
22	cardiology, how precise do you want to know about		cardiology."
24	percentage of her practice? The dollar value of her	23	Now, what they should also disclose is "I
25	practice? This is actually not explicit as regards	25	also am paid by a manufacturer of a drug that makes
	Prieree in this is actually not explicit as regards		and and pure of a manufacturer of a drug that makes

	Page 58		Page 60
1	heart medicine to do research or as a consultant."	1	But if I just don't know if there's a
2	The disclosure of the activity is what	2	standard that says disclose your annual income if
3	we're discussing. That's what that calls for. And	3	it's derived wholly from this or if it's a
4	I'm saying that I think that that has become	4	percentage of it. If it's only a percentage of it,
5	reasonably close to the standard.	5	suppose somebody is an endocrinologist and they only
6	Q. So if there was a guideline development	6	derive a small percentage of their income from
7	group evaluating the efficacy and safety of cardiac	7	gender-affirming care, what would that number say to
8	bypass surgery, you would not want to know how much,	8	you?
9	if anything, the members of that group make by	9	And the answer is your question is
10	performing cardiac bypass surgery; is that your	10	framed in such a way as to miss the opportunity to
11	testimony?	11	point out that our goal here in trying to identify
12	A. If I could know what I would do with that	12	conflicts of interest is to reduce bias. And we are
13	information having acquired it. The suggestion	13	in a position where the people who are most
14	that, with enough granularity, we would be able to	14	competent who have expertise in developing
15	predict whether any particular individual would be	15	guidelines are in some broad way conflicted in the
16	biased or not would, in fact, be a great	16	way you're suggesting simply because they derive
17	accomplishment, which is why I don't know that	17	their income from precisely the thing that gives
18	customarily people ask for the annual income of	18	them expertise in developing the guideline. And so
19	maybe you do know this in cardiology or any of	19	we're at a bit of a tight spot there.
20	the medical specialties.	20	If you're suggesting the particular amount
21	If someone is a cardiologist, working on a	21	that one makes of money in that practice is a
22	practice guideline, do they disclose how much money	22	necessary condition for being able to avoid bias,
23	they make per year in that practice? I don't know	23	no, I wouldn't agree to that. I don't know I
24	the answer to that.	24	don't know what would be appropriate and that's
25	Q. I am not asking you about annual income.	25	why that's why these documents are so thick.
	Page 59		Page 61
1	I'm asking about income derived	1	Q. Can you identify any authority in the
2	specifically from the treatment being performed,	2	field of medical ethics that supports a view that
3	which is cardiac bypass surgery. And you're saying	3	practitioners who derive income from clinical
4	you wouldn't want to know and wouldn't ask the	4	services being evaluated by a guideline development
5	members of the guideline development group to	5	group do not have a conflict of interest?
6	disclose the amount they would make from the	6	A. There were several negatives there. Would
7	treatment that's being evaluated?		The There were several negatives there. Would
ı '	treatment that's being evaluated?	7	you mind reframing that.
8	A. If you're doing cardiac bypass, that's all	7 8	-
·	0		you mind reframing that.
8	A. If you're doing cardiac bypass, that's all	8	you mind reframing that. (Last question read back.)
8 9	A. If you're doing cardiac bypass, that's all you're doing or you're not going to be any good at	8 9	you mind reframing that. (Last question read back.) THE WITNESS: No.
8 9 10	A. If you're doing cardiac bypass, that's all you're doing or you're not going to be any good at it.	8 9 10	you mind reframing that. (Last question read back.) THE WITNESS: No. BY MR. SECHLER:
8 9 10 11	<ul><li>A. If you're doing cardiac bypass, that's all you're doing or you're not going to be any good at it.</li><li>So the question is, if someone derives a</li></ul>	8 9 10 11	you mind reframing that. (Last question read back.) THE WITNESS: No. BY MR. SECHLER: Q. In fact
8 9 10 11 12	<ul> <li>A. If you're doing cardiac bypass, that's all you're doing or you're not going to be any good at it.</li> <li>So the question is, if someone derives a substantial percentage of their income, which would</li> </ul>	8 9 10 11 12	you mind reframing that. (Last question read back.) THE WITNESS: No. BY MR. SECHLER: Q. In fact A. But that's offhand.
8 9 10 11 12 13	<ul> <li>A. If you're doing cardiac bypass, that's all you're doing or you're not going to be any good at it.</li> <li>So the question is, if someone derives a substantial percentage of their income, which would be one's compensation for one doing one's job,</li> </ul>	8 9 10 11 12 13	<ul> <li>you mind reframing that.</li> <li>(Last question read back.)</li> <li>THE WITNESS: No.</li> <li>BY MR. SECHLER:</li> <li>Q. In fact</li> <li>A. But that's offhand.</li> <li>Might very well be the Institute of</li> </ul>
8 9 10 11 12 13 14	A. If you're doing cardiac bypass, that's all you're doing or you're not going to be any good at it. So the question is, if someone derives a substantial percentage of their income, which would be one's compensation for one doing one's job, substantial could even be 100 percent of it, then	8 9 10 11 12 13 14	<ul> <li>you mind reframing that.</li> <li>(Last question read back.)</li> <li>THE WITNESS: No.</li> <li>BY MR. SECHLER:</li> <li>Q. In fact</li> <li>A. But that's offhand.</li> <li>Might very well be the Institute of</li> <li>Medicine.</li> <li>Q. And you disagree with the Institute of</li> <li>Medicine and the statement they make on Exhibit 5,</li> </ul>
8 9 10 11 12 13 14 15	<ul> <li>A. If you're doing cardiac bypass, that's all you're doing or you're not going to be any good at it.</li> <li>So the question is, if someone derives a substantial percentage of their income, which would be one's compensation for one doing one's job, substantial could even be 100 percent of it, then whether that amount is X or two times X would not</li> </ul>	8 9 10 11 12 13 14 15	<ul> <li>you mind reframing that.</li> <li>(Last question read back.)</li> <li>THE WITNESS: No.</li> <li>BY MR. SECHLER:</li> <li>Q. In fact</li> <li>A. But that's offhand.</li> <li>Might very well be the Institute of</li> <li>Medicine.</li> <li>Q. And you disagree with the Institute of</li> </ul>
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8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. If you're doing cardiac bypass, that's all you're doing or you're not going to be any good at it. So the question is, if someone derives a substantial percentage of their income, which would be one's compensation for one doing one's job, substantial could even be 100 percent of it, then whether that amount is X or two times X would not help anybody decide whether or not that person is fit for purpose on the guideline development group. I'd be concerned about all of them in the way that one might be. But that takes me to RC Cola again. The idea that somebody is already deriving a substantial part of their income from something might, therefore, alter their their clinical	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>you mind reframing that.</li> <li>(Last question read back.) THE WITNESS: No.</li> <li>BY MR. SECHLER:</li> <li>Q. In fact</li> <li>A. But that's offhand. Might very well be the Institute of</li> <li>Medicine.</li> <li>Q. And you disagree with the Institute of</li> <li>Medicine and the statement they make on Exhibit 5, page 79, that, "Direct financial commercial activities include clinical services from which a committee member derives a substantial proportion of his or her income"?</li> <li>A. No, I don't disagree. What I'm saying is that doesn't produce a</li> </ul>

16 (Pages 58 - 61)

1	Page 62 not entirely dissimilar to the one that you and I	1	Page 64 because we've already determined that that's
$\begin{vmatrix} 1\\2 \end{vmatrix}$	might be regarded as having now about whether or	$\begin{vmatrix} 1\\2 \end{vmatrix}$	something you should know. In fact, it's probably
$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	not the practice of something itself conflicts one	$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	the reason they were on your guideline group in the
4	in guiding colleagues about the practice.	4	first place.
5	And so the idea that everyone who	5	"Any information," if what you want to
6	contributes to a practice guideline is, therefore,	6	mean by that is a dollar amount that they receive in
7	conflicted I think produces an unhappy consequence	7	income from the practice of medicine, I don't think
8	for practice guidelines in general.	8	that would be useful in any guideline preparation.
9	Q. You're aware that the Institute of	9	Q. And just to be clear, it's not in the
10	Medicine recognizes that the most knowledgeable	10	practice of medicine.
11	individuals regarding the subject matter addressed	11	My question is, would you want to know the
12	by a clinical practice guideline are frequently	12	dollar amount of income that a committee member
12	conflicted?	12	receives from performing or administering the
13		13	
14	A. How could they do otherwise, the Institute of Medicine?	14	treatment being evaluated?
			A. What of that would not be in the practice
16	Q. So I'm not asking you, sir, right now	16	of medicine?
17	about how you manage, in the extent to which you	17	Q. You can answer my question.
18	disclose anything. I'm asking simply whether you	18	A. So it is in the practice of medicine. If
19	collect the information.	19	you're practicing medicine and you make a certain
20	My question to you, sir, is, would you	20	salary, I wouldn't mind if someone disclosed their
21	want to know, in connection with the development of	21	salary.
22	clinical practice guidelines, the amount of income	22	What I'm suggesting is the suggestion that
23	committee members receive from treatments being	23	everybody who is on guideline committee needs to
24	evaluated by the committee?	24	disclose their personal income would not be as
25	A. No, I don't think once again, for the	25	compelling a bit of information as to know what else
	Page 63		Page 65
1	reasons I've given you earlier, that granularity is	1	they're receiving that might also be known to
2	reasons I've given you earlier, that granularity is not going to be particularly useful unless you	2	they're receiving that might also be known to increase the risk of bias.
2 3	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information.	2 3	they're receiving that might also be known to increase the risk of bias. The suggestion that the more money you
2 3 4	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a	2 3 4	they're receiving that might also be known to increase the risk of bias. The suggestion that the more money you make, the more likely you are to be biased is a
2 3 4 5	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a substantial part of someone's income, livelihood	2 3 4 5	they're receiving that might also be known to increase the risk of bias. The suggestion that the more money you make, the more likely you are to be biased is a which is these questions only make sense given
2 3 4 5 6	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a substantial part of someone's income, livelihood comes from this, we have enough to be mindful of the	2 3 4 5 6	they're receiving that might also be known to increase the risk of bias. The suggestion that the more money you make, the more likely you are to be biased is a which is these questions only make sense given that hypothesis, is itself an interesting hypothesis
2 3 4 5	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a substantial part of someone's income, livelihood comes from this, we have enough to be mindful of the fact that that is going to be an issue. Whether	2 3 4 5 6 7	they're receiving that might also be known to increase the risk of bias. The suggestion that the more money you make, the more likely you are to be biased is a which is these questions only make sense given that hypothesis, is itself an interesting hypothesis and I don't know whether it's true or not.
2 3 4 5 6 7 8	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a substantial part of someone's income, livelihood comes from this, we have enough to be mindful of the fact that that is going to be an issue. Whether it's this amount of money or that amount of money, I	2 3 4 5 6 7 8	they're receiving that might also be known to increase the risk of bias. The suggestion that the more money you make, the more likely you are to be biased is a which is these questions only make sense given that hypothesis, is itself an interesting hypothesis and I don't know whether it's true or not. I'm curious about a lot of things,
2 3 4 5 6 7 8 9	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a substantial part of someone's income, livelihood comes from this, we have enough to be mindful of the fact that that is going to be an issue. Whether it's this amount of money or that amount of money, I don't think advances the practice.	2 3 4 5 6 7 8 9	they're receiving that might also be known to increase the risk of bias. The suggestion that the more money you make, the more likely you are to be biased is a which is these questions only make sense given that hypothesis, is itself an interesting hypothesis and I don't know whether it's true or not. I'm curious about a lot of things, Counselor, and I understand the question.
2 3 4 5 6 7 8 9 10	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a substantial part of someone's income, livelihood comes from this, we have enough to be mindful of the fact that that is going to be an issue. Whether it's this amount of money or that amount of money, I don't think advances the practice. If it were research, then I would want to	2 3 4 5 6 7 8 9 10	they're receiving that might also be known to increase the risk of bias. The suggestion that the more money you make, the more likely you are to be biased is a which is these questions only make sense given that hypothesis, is itself an interesting hypothesis and I don't know whether it's true or not. I'm curious about a lot of things, Counselor, and I understand the question. Would I like to know? I'd like to know a
2 3 4 5 6 7 8 9 10 11	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a substantial part of someone's income, livelihood comes from this, we have enough to be mindful of the fact that that is going to be an issue. Whether it's this amount of money or that amount of money, I don't think advances the practice. If it were research, then I would want to know exactly how much they're being paid by the	2 3 4 5 6 7 8 9 10 11	they're receiving that might also be known to increase the risk of bias. The suggestion that the more money you make, the more likely you are to be biased is a which is these questions only make sense given that hypothesis, is itself an interesting hypothesis and I don't know whether it's true or not. I'm curious about a lot of things, Counselor, and I understand the question. Would I like to know? I'd like to know a whole lot of things that about finances in North
2 3 4 5 6 7 8 9 10 11 12	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a substantial part of someone's income, livelihood comes from this, we have enough to be mindful of the fact that that is going to be an issue. Whether it's this amount of money or that amount of money, I don't think advances the practice. If it were research, then I would want to know exactly how much they're being paid by the company. But surely there's a difference between	2 3 4 5 6 7 8 9 10 11 12	they're receiving that might also be known to increase the risk of bias. The suggestion that the more money you make, the more likely you are to be biased is a which is these questions only make sense given that hypothesis, is itself an interesting hypothesis and I don't know whether it's true or not. I'm curious about a lot of things, Counselor, and I understand the question. Would I like to know? I'd like to know a whole lot of things that about finances in North America and healthcare. For our purposes, I would
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a substantial part of someone's income, livelihood comes from this, we have enough to be mindful of the fact that that is going to be an issue. Whether it's this amount of money or that amount of money, I don't think advances the practice. If it were research, then I would want to know exactly how much they're being paid by the company. But surely there's a difference between someone who receives a check from a drug manufacturer which has a number on it and someone whose livelihood comes from seeing patients, for instance, are really quite different activities and,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	they're receiving that might also be known to increase the risk of bias. The suggestion that the more money you make, the more likely you are to be biased is a which is these questions only make sense given that hypothesis, is itself an interesting hypothesis and I don't know whether it's true or not. I'm curious about a lot of things, Counselor, and I understand the question. Would I like to know? I'd like to know a whole lot of things that about finances in North America and healthcare. For our purposes, I would say that the annual dollar amount that a physician makes in compensation in the practice of gender-affirming care is not going to help the guideline committee prevent, reduce bias.
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$\begin{array}{c} 2\\ 3\\ 4\\ 5\\ 6\\ 7\\ 8\\ 9\\ 10\\ 11\\ 12\\ 13\\ 14\\ 15\\ 16\\ 17\\ 18\\ 19\\ 20\\ \end{array}$	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a substantial part of someone's income, livelihood comes from this, we have enough to be mindful of the fact that that is going to be an issue. Whether it's this amount of money or that amount of money, I don't think advances the practice. If it were research, then I would want to know exactly how much they're being paid by the company. But surely there's a difference between someone who receives a check from a drug manufacturer which has a number on it and someone whose livelihood comes from seeing patients, for instance, are really quite different activities and, therefore, a completely different profile with regards to a conflict that we would be concerned might introduce bias. Q. So if you don't collect any information	$\begin{array}{c} 2\\ 3\\ 4\\ 5\\ 6\\ 7\\ 8\\ 9\\ 10\\ 11\\ 12\\ 13\\ 14\\ 15\\ 16\\ 17\\ 18\\ 19\\ 20\\ \end{array}$	<ul> <li>they're receiving that might also be known to increase the risk of bias.</li> <li>The suggestion that the more money you make, the more likely you are to be biased is a which is these questions only make sense given that hypothesis, is itself an interesting hypothesis and I don't know whether it's true or not.</li> <li>I'm curious about a lot of things,</li> <li>Counselor, and I understand the question.</li> <li>Would I like to know? I'd like to know a whole lot of things that about finances in North America and healthcare. For our purposes, I would say that the annual dollar amount that a physician makes in compensation in the practice of gender-affirming care is not going to help the guideline committee prevent, reduce bias.</li> <li>What would matter is if they're being paid by a separate company, for example, that makes hormonal drugs.</li> <li>Q. Would you want to know the proportion of</li> </ul>
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a substantial part of someone's income, livelihood comes from this, we have enough to be mindful of the fact that that is going to be an issue. Whether it's this amount of money or that amount of money, I don't think advances the practice. If it were research, then I would want to know exactly how much they're being paid by the company. But surely there's a difference between someone who receives a check from a drug manufacturer which has a number on it and someone whose livelihood comes from seeing patients, for instance, are really quite different activities and, therefore, a completely different profile with regards to a conflict that we would be concerned might introduce bias. Q. So if you don't collect any information from committee members about clinical services, you	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	<ul> <li>they're receiving that might also be known to increase the risk of bias.</li> <li>The suggestion that the more money you make, the more likely you are to be biased is a which is these questions only make sense given that hypothesis, is itself an interesting hypothesis and I don't know whether it's true or not.</li> <li>I'm curious about a lot of things,</li> <li>Counselor, and I understand the question.</li> <li>Would I like to know? I'd like to know a whole lot of things that about finances in North America and healthcare. For our purposes, I would say that the annual dollar amount that a physician makes in compensation in the practice of gender-affirming care is not going to help the guideline committee prevent, reduce bias.</li> <li>What would matter is if they're being paid by a separate company, for example, that makes hormonal drugs.</li> <li>Q. Would you want to know the proportion of their total income that comes from a particular</li> </ul>
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	reasons I've given you earlier, that granularity is not going to be particularly useful unless you gather lots of other information. Once it's been disclosed that a substantial part of someone's income, livelihood comes from this, we have enough to be mindful of the fact that that is going to be an issue. Whether it's this amount of money or that amount of money, I don't think advances the practice. If it were research, then I would want to know exactly how much they're being paid by the company. But surely there's a difference between someone who receives a check from a drug manufacturer which has a number on it and someone whose livelihood comes from seeing patients, for instance, are really quite different activities and, therefore, a completely different profile with regards to a conflict that we would be concerned might introduce bias. Q. So if you don't collect any information from committee members about clinical services, you won't know how much how much they stand to gain	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>they're receiving that might also be known to increase the risk of bias.</li> <li>The suggestion that the more money you make, the more likely you are to be biased is a which is these questions only make sense given that hypothesis, is itself an interesting hypothesis and I don't know whether it's true or not.</li> <li>I'm curious about a lot of things,</li> <li>Counselor, and I understand the question.</li> <li>Would I like to know? I'd like to know a whole lot of things that about finances in North America and healthcare. For our purposes, I would say that the annual dollar amount that a physician makes in compensation in the practice of gender-affirming care is not going to help the guideline committee prevent, reduce bias.</li> <li>What would matter is if they're being paid by a separate company, for example, that makes hormonal drugs.</li> <li>Q. Would you want to know the proportion of their total income that comes from a particular practice being evaluated, whether that's 5 percent</li> </ul>

17 (Pages 62 - 65)

1	Page 66 that people have in the world, I don't think that	1	Page 68 marked as Exhibit 1, and specifically the paragraph
2	that dollar amount particularly matters.	$\begin{vmatrix} 1\\2 \end{vmatrix}$	12, which was on pages 4 and 5, and the last
$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	A percentage, I would again defer I	$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	sentence of that paragraph states, "Such conflicts
4	would ask you to help guide me in answering your	4	require some form of management by the institution
5	question. Is it a standard across medical	5	issuing the guidelines."
6	specialties to collect that information? And I just	6	Do you see that?
7	don't know the answer to that.	7	A. I do.
8	Q. You don't know whether it's a standard to	8	Q. Could you explain what kind of management
9	collect the information I'm asking you about?	9	is required to be in place by an organization that
10	A. I do not know, for example, if	10	is issuing clinical practice guidelines?
11	cardiologists need to disclose their annual income	11	A. I'm not sure I have an opinion about what
12	to participate in a guidelines development group. I	12	kind of management process is required. There are
13	actually do not know that.	13	actually probably several that would be apt.
14	Q. If you look at page 78 of Exhibit 5. You	14	The intent here was to declare the process
15	see the last sentence of the first paragraph. There	15	is important. The details of it might need to be
16	are a number of clinical practice guideline	16	managed in the context.
17	developers mentioned.	17	Q. So why don't you identify the several that
18	Do you see that?	18	you believe would be apt?
19	A. Uh-huh.	19	A. If one is receiving consulting income, for
20	Q. You need to say yes or no.	20	example, which is the most common one that we
21	A. Uh-huh. I see it, yes. I beg your	21	encounter in this jurisdiction, then that would
22	pardon. I apologize. I apologize.	22	require that, if someone is being paid as a
23	Q. So	23	consultant by an entity that manufactures a product
24	A. Yes, I see the last sentence on page 78,	24	that is used in the practice that the guidelines are
25	first paragraph.	25	intended to guide, then that amount would need to be
	Page 67		D (0
	Tage 07		Page 69
1	Q. And listed there are the American Heart	1	disclosed, as to the duration of it, and that would
1 2	Q. And listed there are the American Heart Association, the American Thoracic Society, the	2	disclosed, as to the duration of it, and that would be the initial part of it.
	Q. And listed there are the American Heart Association, the American Thoracic Society, the American College of Chest Physicians, the American	2 3	disclosed, as to the duration of it, and that would be the initial part of it. Then there would need to be some
2 3 4	Q. And listed there are the American Heart Association, the American Thoracic Society, the American College of Chest Physicians, the American College of Physicians, and the World Health	2	disclosed, as to the duration of it, and that would be the initial part of it. Then there would need to be some assessment about whether or not it exceeds any
2 3	Q. And listed there are the American Heart Association, the American Thoracic Society, the American College of Chest Physicians, the American College of Physicians, and the World Health Organization.	2 3	disclosed, as to the duration of it, and that would be the initial part of it. Then there would need to be some assessment about whether or not it exceeds any particular threshold, which, as we've already
2 3 4 5 6	Q. And listed there are the American Heart Association, the American Thoracic Society, the American College of Chest Physicians, the American College of Physicians, and the World Health Organization. Do you see that?	2 3 4 5 6	disclosed, as to the duration of it, and that would be the initial part of it. Then there would need to be some assessment about whether or not it exceeds any particular threshold, which, as we've already learned, can vary over time, depending on the
2 3 4 5 6 7	Q. And listed there are the American Heart Association, the American Thoracic Society, the American College of Chest Physicians, the American College of Physicians, and the World Health Organization. Do you see that? A. I do.	2 3 4 5 6 7	disclosed, as to the duration of it, and that would be the initial part of it. Then there would need to be some assessment about whether or not it exceeds any particular threshold, which, as we've already learned, can vary over time, depending on the practice, depending on the amount, depending on
2 3 4 5 6 7 8	<ul> <li>Q. And listed there are the American Heart Association, the American Thoracic Society, the American College of Chest Physicians, the American College of Physicians, and the World Health Organization.</li> <li>Do you see that?</li> <li>A. I do.</li> <li>Q. And they're all clinical practice</li> </ul>	2 3 4 5 6 7 8	disclosed, as to the duration of it, and that would be the initial part of it. Then there would need to be some assessment about whether or not it exceeds any particular threshold, which, as we've already learned, can vary over time, depending on the practice, depending on the amount, depending on One may make a great deal of money in
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18 (Pages 66 - 69)

	Page 70		Page 72
1	research that she's doing that bears on the	1	Q. Is there any other element of a policy on
2	company's product or related products. It might	2	conflicts of interest that you would expect to see
3	even be a competing company's product, by the way.	3	in an organization developing clinical practice
4	Q. So a member's role on the committee could	4	guidelines?
5	be restricted in some respect?	5	A. It really depends. For example, who's
6	A. Not the role on the committee would be	6	making the assessment? Would it be an institutional
7	restricted. The actual what they do in the world	7	official? Would it be a separate committee, that
8	would be restricted.	8	sort of thing?
9	In other words, if you want to serve, if	9	And one might plausibly want to determine
10	you want to continue doing this once again, in	10	that in advance. In other words, what constitutes a
11	what I think the locus classicus, if you will, is,	11	conflict is part one. Now as part of the
12	you have somebody, might not even be a physician,	12	assessment, as part of the management process, one
13	who's receiving money as a consultant and doing	13	might want to say let's be clear about who is doing
14	scientific research. You might be told in the	14	that assessment and supervising that management.
15	conduct of your research, we're not you will not	15	Q. Let me ask you this, Dr. Goodman: How
16	be allowed to analyze the data.	16	many conflict-of-interest policies for guideline
17	You might be told any publications that	17	development organizations have you seen prior to
18	result from it need to disclose that you received	18	involvement in this case?
19	this other compensation that was unrelated that	19	A. I am familiar with the WHO's because I
20	was conceptually related to the research but not for	20	actually I operate under it. In other words,
21	the research. In other words, you were paid as a	21	I've had in my work, complete
22	consultant to help a study on drug development or	22	conflict-of-interest documentation all the time.
23	molecule design or discovery or something like that.	23	In fact, if one gives a talk, a physician
24	And that might need to be disclosed in publications.	24	who not just a physician but, for instance, a
25	So you either you either reduce the	25	physician who's giving a lecture, that's going to be
	Page 71		Page 73
1	Page 71 amount you're receiving from one source; on the	1	Page 73 certified for continuing medical education credits
1 2	amount you're receiving from one source; on the	1 2	certified for continuing medical education credits
	-		certified for continuing medical education credits needs to go through a very similar process. And I
2	amount you're receiving from one source; on the other side, you might have your activities	2	certified for continuing medical education credits
2 3	amount you're receiving from one source; on the other side, you might have your activities restricted to reduce the risk of bias.	2 3	certified for continuing medical education credits needs to go through a very similar process. And I am familiar with some of those. It's not guideline
2 3 4	<ul><li>amount you're receiving from one source; on the other side, you might have your activities restricted to reduce the risk of bias.</li><li>Q. Could a conflict of interest rise to the</li></ul>	2 3 4	certified for continuing medical education credits needs to go through a very similar process. And I am familiar with some of those. It's not guideline development.
2 3 4 5	<ul><li>amount you're receiving from one source; on the other side, you might have your activities restricted to reduce the risk of bias.</li><li>Q. Could a conflict of interest rise to the level of requiring disqualification or exclusion of</li></ul>	2 3 4 5	certified for continuing medical education credits needs to go through a very similar process. And I am familiar with some of those. It's not guideline development. So I think I'd have to limit it to the
2 3 4 5 6	<ul><li>amount you're receiving from one source; on the other side, you might have your activities restricted to reduce the risk of bias.</li><li>Q. Could a conflict of interest rise to the level of requiring disqualification or exclusion of a member from a guideline development committee?</li></ul>	2 3 4 5 6	certified for continuing medical education credits needs to go through a very similar process. And I am familiar with some of those. It's not guideline development. So I think I'd have to limit it to the ones I recall from the archives, if you will, that
2 3 4 5 6 7	<ul><li>amount you're receiving from one source; on the other side, you might have your activities restricted to reduce the risk of bias.</li><li>Q. Could a conflict of interest rise to the level of requiring disqualification or exclusion of a member from a guideline development committee?</li><li>A. I don't know. In my experience, which is</li></ul>	2 3 4 5 6 7	certified for continuing medical education credits needs to go through a very similar process. And I am familiar with some of those. It's not guideline development. So I think I'd have to limit it to the ones I recall from the archives, if you will, that is, my experience over the years, including that of
2 3 4 5 6 7 8	<ul> <li>amount you're receiving from one source; on the other side, you might have your activities</li> <li>restricted to reduce the risk of bias.</li> <li>Q. Could a conflict of interest rise to the</li> <li>level of requiring disqualification or exclusion of</li> <li>a member from a guideline development committee?</li> <li>A. I don't know. In my experience, which is</li> <li>as I've described, no one wants to be disqualified</li> </ul>	2 3 4 5 6 7 8	certified for continuing medical education credits needs to go through a very similar process. And I am familiar with some of those. It's not guideline development. So I think I'd have to limit it to the ones I recall from the archives, if you will, that is, my experience over the years, including that of the World Health Organization. Otherwise, no.
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$\begin{array}{c} 2\\ 3\\ 4\\ 5\\ 6\\ 7\\ 8\\ 9\\ 10\\ 11\\ 12\\ 13\\ 14\\ 15\\ 16\\ 17\\ 18\\ 19\\ 20\\ 21\\ 22\\ 23\\ \end{array}$	<ul> <li>amount you're receiving from one source; on the other side, you might have your activities restricted to reduce the risk of bias.</li> <li>Q. Could a conflict of interest rise to the level of requiring disqualification or exclusion of a member from a guideline development committee?</li> <li>A. I don't know. In my experience, which is as I've described, no one wants to be disqualified from doing their thing.</li> <li>They will generally therefore, people will either agree to the reduction of outside compensation or and/or agree to altering their roles when it comes to the research that they're doing.</li> <li>If someone were to say, "I refuse to take less money and I refuse to acknowledge that I'm receiving money in publications," then the institution could very well say that we're not going to let you do the research here.</li> <li>Q. And so these actions that might be taken, including restriction or limiting the amount of income received, those would be all part of a policy of the guideline development of an organization</li> </ul>	$\begin{array}{c} 2\\ 3\\ 4\\ 5\\ 6\\ 7\\ 8\\ 9\\ 10\\ 11\\ 12\\ 13\\ 14\\ 15\\ 16\\ 17\\ 18\\ 19\\ 20\\ 21\\ 22\\ 23\\ \end{array}$	<ul> <li>certified for continuing medical education credits needs to go through a very similar process. And I am familiar with some of those. It's not guideline development.</li> <li>So I think I'd have to limit it to the ones I recall from the archives, if you will, that is, my experience over the years, including that of the World Health Organization. Otherwise, no.</li> <li>Q. Apart from the World Health Organization, can you recall reviewing the conflict-of-interest policy of any other organization that was developing clinical practice guidelines?</li> <li>A. I do not recall.</li> <li>Q. Are there any other elements that you would expect to be included in a conflict-of-interest policy for a group developing clinical practice guidelines other than what you've mentioned?</li> <li>A. Not offhand. I believe I've shared what I think are the key elements of a conflict-of-interest process, a conflict-of-interest management process.</li> <li>Q. What would you expect that process to be documented in a policy?</li> </ul>
$\begin{array}{c} 2\\ 3\\ 4\\ 5\\ 6\\ 7\\ 8\\ 9\\ 10\\ 11\\ 12\\ 13\\ 14\\ 15\\ 16\\ 17\\ 18\\ 19\\ 20\\ 21\\ 22\\ \end{array}$	<ul> <li>amount you're receiving from one source; on the other side, you might have your activities restricted to reduce the risk of bias.</li> <li>Q. Could a conflict of interest rise to the level of requiring disqualification or exclusion of a member from a guideline development committee?</li> <li>A. I don't know. In my experience, which is as I've described, no one wants to be disqualified from doing their thing.</li> <li>They will generally therefore, people will either agree to the reduction of outside compensation or and/or agree to altering their roles when it comes to the research that they're doing.</li> <li>If someone were to say, "I refuse to take less money and I refuse to acknowledge that I'm receiving money in publications," then the institution could very well say that we're not going to let you do the research here.</li> <li>Q. And so these actions that might be taken, including restriction or limiting the amount of income received, those would be all part of a policy</li> </ul>	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>certified for continuing medical education credits needs to go through a very similar process. And I am familiar with some of those. It's not guideline development.</li> <li>So I think I'd have to limit it to the ones I recall from the archives, if you will, that is, my experience over the years, including that of the World Health Organization. Otherwise, no.</li> <li>Q. Apart from the World Health Organization, can you recall reviewing the conflict-of-interest policy of any other organization that was developing clinical practice guidelines?</li> <li>A. I do not recall.</li> <li>Q. Are there any other elements that you would expect to be included in a conflict-of-interest policy for a group developing clinical practice guidelines other than what you've mentioned?</li> <li>A. Not offhand. I believe I've shared what I think are the key elements of a conflict-of-interest process, a conflict-of-interest management process.</li> <li>Q. What would you expect that process to be</li> </ul>

19 (Pages 70 - 73)

	Page 74		Page 76
1	statement somewhere that says here's what we're	1	for outside consulting income?
2	going to do.	2	A. No, I don't recall.
3	Policy, as you know, rises to the level	3	Q. Do you know what level of conflict WPATH
4	as it can be quite official. And, in fact,	4	deemed to be worthy of public disclosure?
5	depending on the context, that might very well be	5	A. No, but I appreciate your help in
6	best practice.	6	referring me to that document, to the place where
7	In the development of practice guidelines,	7	they address it.
8	I'm not sure that I would insist on a policy as long	8	I do not recall. I just don't recall.
9	as everyone who is involved knew that this is what	9	Q. Well, let me ask you to take a look at
10	is expected of them and the documentation is kept.	10	another document here. This is Exhibit 8 I'm
11	And it's documented in a certain way. In other	11	handing you, Dr. Goodman.
12	words, it's a it's a might even be a	12	A. This is what I recall.
13	clarification by me from me of by policy,	13	THE REPORTER: I need one second to reopen
14	since there are lots of different policies, there's	14	a file.
15	procedures, there's guidelines and many of them have	15	(Short pause.)
16	the same effect.	16	BY MR. SECHLER:
17	Institutions have policies of different	17	Q. Dr. Goodman, I've handed you a document
18	kinds. Some of them actually have legal	18	marked as Exhibit 8, which is one of the disclosure
19	consequences. And so I think there could be one	19	forms that WPATH produced in this litigation.
$\frac{1}{20}$	could be pluralistic in accepting their various	20	(Thereupon, the referred-to document was
20	structures that would lay out what the process is.	20	marked for Identification as Defendants' Exhibit 8.)
21	Q. Whether we call it a policy or not, you	22	BY MR. SECHLER:
22	would expect the process to be documented in writing		Q. Did you undertake yourself in connection
23	somewhere and laid out, right?	23	with your work in this case to collect and review
24	A. Generally speaking, yes.	24	the disclosure forms that WPATH produced in
25		25	*
	Page 75		Dago 77
1			Page 77
1	Q. So did WPATH have any conflict-of-interest	1	discovery?
2	Q. So did WPATH have any conflict-of-interest policy laid out in writing in connection with its	2	discovery? A. No, I did not.
2 3	Q. So did WPATH have any conflict-of-interest policy laid out in writing in connection with its development of SOC-8?	2 3	discovery? A. No, I did not. Q. Let me ask you to take a look at the top
2 3 4	<ul><li>Q. So did WPATH have any conflict-of-interest policy laid out in writing in connection with its development of SOC-8?</li><li>A. I've seen reference in SOC-8 to to</li></ul>	2 3 4	<ul><li>discovery?</li><li>A. No, I did not.</li><li>Q. Let me ask you to take a look at the top of page 1084, which is the first page of Exhibit 8.</li></ul>
2 3 4 5	<ul><li>Q. So did WPATH have any conflict-of-interest policy laid out in writing in connection with its development of SOC-8?</li><li>A. I've seen reference in SOC-8 to to now I can't remember. WPATH actually has a conflict</li></ul>	2 3 4 5	<ul><li>discovery?</li><li>A. No, I did not.</li><li>Q. Let me ask you to take a look at the top of page 1084, which is the first page of Exhibit 8. Do you see the second paragraph starts</li></ul>
2 3 4 5 6	<ul> <li>Q. So did WPATH have any conflict-of-interest policy laid out in writing in connection with its development of SOC-8?</li> <li>A. I've seen reference in SOC-8 to to now I can't remember. WPATH actually has a conflict of interest, attends to conflict of interest in one</li> </ul>	2 3 4 5 6	<ul> <li>discovery?</li> <li>A. No, I did not.</li> <li>Q. Let me ask you to take a look at the top of page 1084, which is the first page of Exhibit 8. Do you see the second paragraph starts with the sentence, "Interests must be disclosed</li> </ul>
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	Page 78		Page 80
1	Q. So it's adequate	1	A. Yes.
2	A. In other words	2	Q. You don't know as you sit here looking at
3	Q. Go ahead.	3	this policy what exact level of financial interest
4	A. Including subsequent statements there.	4	would require them to take action, for instance,
5	Is your question please repeat your	5	restricting somebody's activities?
6	question.	6	A. I think the implication is it would be
7	Q. I'll ask the court reporter to repeat it.	7	\$5,000.
8	(Last question read back.)	8	In other words, if someone is making more
9	THE WITNESS: Well, those two sentences	9	than \$5,000 from an outside source, management of
10	are two sentences. The next paragraph goes on	10	conflicts may include prohibiting relationship in
11	to managing them. So those two sentences	11	SOC-8, open discussions, et cetera.
12	alone, no. In the larger context, yes.	12	So it seems to be describing the process
13	BY MR. SECHLER:	13	that you're asking for, does it not?
14	Q. Well, do you have any indication in the	14	Q. Well so you're saying that the
15	document before you as to the threshold that WPATH	15	5,000-dollar limit on the page just refers to what
16	would apply to financial conflicts of interest?	16	needs to be disclosed by the person filling out this
17	A. No.	17	form, right?
18	Q. Do you have any indication in the	18	A. Right.
19	document	19	Q. And you're saying that anything that is
20	A. I beg your pardon. Pardon me. One	20	disclosed by the person filling out this form rises
21	second.	21	to the level that it needs to be acted upon by the
22	This refers to the \$5,000 at the bottom of	22	organization?
23	the first page. Is that what you're referring to?	23	A. As is standard.
24	Q. I'm asking you, sir, whether or not you're	24	Q. Would you expect conflicts of interest to
25	aware of the amount of financial conflict of	25	be publicly disclosed by an organization that is
	Page 79		Page 81
1	Page 79 interest that would require some action on the part	1	Page 81 developing clinical practice guidelines?
1 2	interest that would require some action on the part	1 2	developing clinical practice guidelines?
2	interest that would require some action on the part of WPATH to manage a financial conflict of interest?	2	developing clinical practice guidelines? A. Would I expect?
2 3	<ul><li>interest that would require some action on the part</li><li>of WPATH to manage a financial conflict of interest?</li><li>A. I beg your pardon.</li></ul>	2 3	<ul><li>developing clinical practice guidelines?</li><li>A. Would I expect?</li><li>Q. Let me repeat it.</li></ul>
2 3 4	<ul><li>interest that would require some action on the part</li><li>of WPATH to manage a financial conflict of interest?</li><li>A. I beg your pardon.</li><li>If I understand your question, this</li></ul>	2 3 4	<ul><li>developing clinical practice guidelines?</li><li>A. Would I expect?</li><li>Q. Let me repeat it.</li><li>Should financial conflicts of interest be</li></ul>
2 3 4 5	<ul><li>interest that would require some action on the part</li><li>of WPATH to manage a financial conflict of interest?</li><li>A. I beg your pardon.</li><li>If I understand your question, this</li><li>sets this basically suggested that anything over</li></ul>	2 3 4 5	<ul><li>developing clinical practice guidelines?</li><li>A. Would I expect?</li><li>Q. Let me repeat it. Should financial conflicts of interest be disclosed by an organization developing clinical</li></ul>
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	D 92		D 04
1	Page 82 So, therefore, I might advise one way or	1	Page 84 A. It does.
2	another depending on whether or not someone if	2	Q. And there's no exception, is there?
3	someone is making a lot of money from the	3	A. None given.
4	manufacture of endocrine drugs, that obviously is	4	Q. Is there any implied?
5	the greatest concern that one might have. One of	5	A. The nature of a potential conflict of
6	the concerns that one might have here.	6	interest suggests that it might be de minimis.
7	Generally speaking, transparency is good.	7	Generally speaking. I'm just I'm parsing you as
8	Balancing against other values and considerations is	8	literally as I can. It doesn't explicitly say
9	sometimes useful in the process.	9	"all."
10	Q. And why is transparency good?	10	So once we're now trying to get the force
11	A. Oh, that's a big question, Counselor.	11	of this, the implication of this, now we're trying
12	Transparency is good when it comes to the	12	to figure out whether the intent, which otherwise
13	practice when it comes to these issues so the	13	here is very clear, why did they not say "all" if
14	so that others appropriately locate it can help	14	they meant all.
15	make so the people, for example, to whom the	15	Q. What does the World Health Organization's
16	guidelines apply will be able to make an assessment	16	policy say with respect to the disclosure of
17	about them.	17	conflicts of interest and whether it includes "all"?
18	Q. And you're aware that the Institute of	18	A. I would need to refer to that.
19	Medicine endorses your view of transparency, are you	19	Q. You don't remember offhand?
20	not?	20	A. Not offhand at all.
21	A. I am I can't imagine they would	21	Q. What do and I take it you don't know
22	disagree.	22	what other conflict-of-interest policies say with
23	Q. If you look at Exhibit 5 before you, sir,	23	respect to whether all conflicts of interest need to
24	and turn to page 77.	24	be disclosed publicly?
25	If you look at the second full paragraph,	25	A. The question to me is
	Page 83		Page 85
1	which I'll read, "Transparency also requires	1	Q. Let me repeat that. That was not a good
2	which I'll read, "Transparency also requires statements regarding the development team members'	2	Q. Let me repeat that. That was not a good question.
2 3	which I'll read, "Transparency also requires statements regarding the development team members' clinical experience and potential conflicts of	2 3	Q. Let me repeat that. That was not a good question. And I take it you do not know what other
2 3 4	which I'll read, "Transparency also requires statements regarding the development team members' clinical experience and potential conflicts of interest as well as the guideline's funding source."	2 3 4	Q. Let me repeat that. That was not a good question. And I take it you do not know what other policies regarding conflicts of interest in the
2 3 4 5	which I'll read, "Transparency also requires statements regarding the development team members' clinical experience and potential conflicts of interest as well as the guideline's funding source." Do you see that?	2 3 4 5	Q. Let me repeat that. That was not a good question. And I take it you do not know what other policies regarding conflicts of interest in the development of clinical practice guidelines say
2 3 4 5 6	<ul> <li>which I'll read, "Transparency also requires</li> <li>statements regarding the development team members'</li> <li>clinical experience and potential conflicts of</li> <li>interest as well as the guideline's funding source."</li> <li>Do you see that?</li> <li>A. Uh-huh.</li> </ul>	2 3 4 5 6	Q. Let me repeat that. That was not a good question. And I take it you do not know what other policies regarding conflicts of interest in the development of clinical practice guidelines say regarding disclosure and whether it includes all
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22 (Pages 82 - 85)

1	Page 86	1	Page 88
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	If they did accept a cup of coffee from	1	Generally speaking and that's where we
$\begin{vmatrix} 2 \\ 2 \end{vmatrix}$	the pharmaceutical company, would that be "all" in disaloging conflict of interest? And the engugation	2 3	were earlier with transparency. Generally speaking,
3	disclosing conflict of interest? And the answer is yes, if it was "all," that would have to include the	4	transparency is good. The granularity of
5	cup of coffee.	4 5	transparency, the circumstances under which it needs to be compelled, the thresholds for doing so would
6	We live in an environment that is shaped,	6	shape the answers to all of those. Especially the
7	as you well know, by extraordinary marketing efforts	7	ones that I'm most interested in; namely, whether
8	by some of these industries. And that's their	8	one ought to do such a thing.
9	business. I mean, that's what they do. They're	9	So I think, generally speaking, it
10	trying to facilitate the practice of their drug.	10	depends. Which is not as ethics and the law are
11	But in the environment, there were some	11	not dissimilar in that regard. One should really
12	people who would regard something as a cup of coffee		have a whole lot more information before making a
12	as quite literally something that they would disdain	13	recommendation that broad.
14	for fear of some appearance of a conflict. And so,	14	As I say, I haven't reviewed any of the
15	therefore, all matters in the context, I would	15	WPATH disclosure documents. I don't know I don't
16	think, and one could have a debate about that,	16	know what any of them make. I don't even know if it
17	especially when it come to the pharmaceutical	17	rises to an issue.
18	industry that's obviously not what anyone here is	18	Q. Can you identify any literature in the
19	contemplating here. I'm sharing it with you because	19	field of medical ethics that allows an organization
20	we're trying to be precise about "all," and I can	20	developing clinical practice guidelines to pick and
21	imagine a circumstance where agreeing to all would	21	choose which conflicts of interest it chooses to
22	end up being absurd or inapt.	22	disclose publically?
23	Mind you, I never had a cup of coffee from	23	A. Framed that way, no.
24	a pharmaceutical company.	24	Q. Do you know what standard WPATH used to
25	Q. I thought you mentioned there was a	25	determine what conflicts of interest to publicly
	Page 87		Page 89
1	threshold applied to determine those financial	1	disclose?
2	conflicts of interests that needed to be managed.	2	A. Is it not given? Pardon me a moment.
3	A. Correct.	3	No, I don't know.
4	Q. And would you expect financial conflicts	4	Q. Continuing on through Exhibit 8, you see
5	of interest that needed to be managed above the	5	the last block first of all, would you agree that
6	threshold to be publicly disclosed?	6	WPATH did not ask members of the guideline
7	A. Would I expect them or would I recommend	7	development committee to disclose the amount of
8	them or ought they to be? And the which of those	8	income they received through clinical services that
9	was it?	9	were being evaluated in the guidelines?
10	Q. All three. Thank you.	10	A. Yes, apparently not.
11	A. Happy to help.	11	Q. And do you see the last block on the third
12	Q. Expect, recommend, and ought.	12	page of Exhibit 8 has an interest that the member
13	A. That's good. I hate to go all lawyerly on	13	filling this form out wrote down?
14	you, but it does depend.	14	And I'll read it, "I work clinically with
15	Public disclosure and the mechanism for	15	trans and gender diverse patients, thus my everyday
16	disclosure needs to be balanced against a number of	16	work is influenced by the SOC."
17	other values. One, whose for example, there	17	Do you see that?
18	might be contractual reasons why it needs to be	18	A. Yes.
19	disclosed for internal purposes, but public	19 20	Q. And do you know whether or not WPATH
20			obtained additional information from this member to
01	disclosure would be forbidden.	20	
21	I'm imagining agreements between industry	21	get details?
22	I'm imagining agreements between industry and individuals where certain things need to be	21 22	get details? A. Oh, I do not know.
22 23	I'm imagining agreements between industry and individuals where certain things need to be obviously need to disclose as compelled or required	21 22 23	get details? A. Oh, I do not know. Q. And in your view, it's fine for WPATH not
22	I'm imagining agreements between industry and individuals where certain things need to be	21 22	get details? A. Oh, I do not know.

23 (Pages 86 - 89)

1	Page 90		Page 92
1	A. Yes.	1	Q. Do you have any idea how much a
2	What would they do with the information	2	vaginoplasty costs?
3	other than use to certify they're competent to serve	3	A. No.
4	on the committee, on the group?	4	Q. Am I correct, sir, that vaginoplasty is
5	Q. Do you know how many members serve or	5	essentially the construction of a vagina from tissue
6	served on WPATH's SOC-8 revision committee?	6	from a penis?
7	A. It's quite a few. I don't recall the	7	A. I would ask you're asking me a medical
8	number. It's quite a few. I mean, I'm recalling	8	question. My understanding is you can use different
9	the list of authors on the front page. I don't	9	kinds of tissue.
10	recall the number.	10	Q. To do what?
11	Q. Do you know what percentage of the members		A. To do a vaginoplasty.
12	of the SOC-8 revision committee derive income from	12	Q. Which is what?
13	clinical services provided for gender dysphoria?	13	A. The creation of a vagina.
14	A. I do not know.	14	Q. Do you think that there's any financial
15	Q. Are you familiar with Marci Bowers?	15	conflict of interest for somebody who performs
16	A. The name rings a bell.	16	thousands of vaginoplasties to be on the committee
17	Q. Marci Bowers was on the SOC-8 revision	17	that evaluates surgery for adolescents and
18	committee?	18	developing clinical practice guidelines on that
19	A. Okay.	19	topic?
20	(Thereupon, the referred-to document was	20	A. By virtue of the practice?
21	marked for Identification as Defendants' Exhibit 9.)	21	Q. My question stands.
22	BY MR. SECHLER:	22	A. I can imagine someone saying this is
23	Q. Mr. Goodman, I'm handing you a document	23	precisely the kind of person who should be writing
24	marked as Exhibit 9, which is a listing of the SOC-8	24	these guidelines.
25	contributors or members of the revision committee of	25	Q. I'm asking what you say as the ethics
	Page 91		Page 93
1	SOC-8.	1	expert, Dr. Goodman.
I		1	expert, D1. Goodinan.
2	Do you see that?	2	A. The idea if she already has a thriving
23	Do you see that? A. I do.		
	-	2	A. The idea if she already has a thriving
3	A. I do.	2 3	A. The idea if she already has a thriving practice, it's not clear how much more it will
3 4	<ul><li>A. I do.</li><li>Q. Have you undertaken to review whether or</li></ul>	2 3 4	A. The idea if she already has a thriving practice, it's not clear how much more it will thrive. I mean, if she's doing that many of them and guidelines support her practice, which is obviously the concern that's being articulated here,
3 4 5	<ul><li>A. I do.</li><li>Q. Have you undertaken to review whether or not anyone on this list is had a conflict of</li></ul>	2 3 4 5	A. The idea if she already has a thriving practice, it's not clear how much more it will thrive. I mean, if she's doing that many of them and guidelines support her practice, which is
3 4 5 6	<ul><li>A. I do.</li><li>Q. Have you undertaken to review whether or not anyone on this list is had a conflict of interest in connection with the revision of SOC, the</li></ul>	2 3 4 5 6	A. The idea if she already has a thriving practice, it's not clear how much more it will thrive. I mean, if she's doing that many of them and guidelines support her practice, which is obviously the concern that's being articulated here,
3 4 5 6 7	<ul><li>A. I do.</li><li>Q. Have you undertaken to review whether or not anyone on this list is had a conflict of interest in connection with the revision of SOC, the development of SOC-8?</li></ul>	2 3 4 5 6 7	A. The idea if she already has a thriving practice, it's not clear how much more it will thrive. I mean, if she's doing that many of them and guidelines support her practice, which is obviously the concern that's being articulated here, how many more can she do even with supportive
3 4 5 6 7 8	<ul> <li>A. I do.</li> <li>Q. Have you undertaken to review whether or not anyone on this list is had a conflict of interest in connection with the revision of SOC, the development of SOC-8?</li> <li>A. No, I recall tabbing through this some</li> </ul>	2 3 4 5 6 7 8	A. The idea if she already has a thriving practice, it's not clear how much more it will thrive. I mean, if she's doing that many of them and guidelines support her practice, which is obviously the concern that's being articulated here, how many more can she do even with supportive guidelines? This ends up being a calumny against the people who do this professionally.
3 4 5 6 7 8 9	<ul> <li>A. I do.</li> <li>Q. Have you undertaken to review whether or not anyone on this list is had a conflict of interest in connection with the revision of SOC, the development of SOC-8?</li> <li>A. No, I recall tabbing through this some time ago. I don't recall doing so with that granularity.</li> <li>Q. Let me ask you to turn these pages are</li> </ul>	2 3 4 5 6 7 8 9	A. The idea if she already has a thriving practice, it's not clear how much more it will thrive. I mean, if she's doing that many of them and guidelines support her practice, which is obviously the concern that's being articulated here, how many more can she do even with supportive guidelines? This ends up being a calumny against the
3 4 5 6 7 8 9 10	<ul> <li>A. I do.</li> <li>Q. Have you undertaken to review whether or not anyone on this list is had a conflict of interest in connection with the revision of SOC, the development of SOC-8?</li> <li>A. No, I recall tabbing through this some time ago. I don't recall doing so with that granularity.</li> </ul>	2 3 4 5 6 7 8 9 10	A. The idea if she already has a thriving practice, it's not clear how much more it will thrive. I mean, if she's doing that many of them and guidelines support her practice, which is obviously the concern that's being articulated here, how many more can she do even with supportive guidelines? This ends up being a calumny against the people who do this professionally. The physicians and surgeons I know who do this, like most physicians who do most things, do it
3 4 5 6 7 8 9 10 11	<ul> <li>A. I do.</li> <li>Q. Have you undertaken to review whether or not anyone on this list is had a conflict of interest in connection with the revision of SOC, the development of SOC-8?</li> <li>A. No, I recall tabbing through this some time ago. I don't recall doing so with that granularity.</li> <li>Q. Let me ask you to turn these pages are</li> </ul>	2 3 4 5 6 7 8 9 10 11	A. The idea if she already has a thriving practice, it's not clear how much more it will thrive. I mean, if she's doing that many of them and guidelines support her practice, which is obviously the concern that's being articulated here, how many more can she do even with supportive guidelines? This ends up being a calumny against the people who do this professionally. The physicians and surgeons I know who do
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	Page 94		Page 96
1	asked, in other words.	1	hard for me to understand how it is that that
2	Q. And can you identify any reference in the	2	would be included as part of a management
3	field of medical ethics that supports your view that	3	process.
4	a clinician with that level of work in a field and	4	So, therefore, am I curious? I'm curious
5	with the practice being evaluated does not have a	5	about what everyone makes. Do I believe that
6	financial conflict of interest?	6	that disclosure is necessary for the
7	A. Nor that, nor its opposite. I don't know	7	credibility of the process? No, I do not.
8	if that issue has been addressed in the ethics	8	BY MR. SECHLER:
9	literature one way or another.	9	Q. Sir, you keep changing my question to
10	Q. Didn't we just look, sir, at the Institute	10	whether or not you want to know somebody's annual
11	of Medicine policy on conflicts of interest?	11	income.
12	A. I'm sorry. I thought we've already	12	My question is whether, for Marci Bowers,
13	determined that one's practice needs to be disclosed	13	who performed thousands of vaginoplasties, you would
14	as part of the process that one, in fact, through	14	want to know any information surrounding the
15	their practice, might have a conflict of interest	15	financial remuneration that she receives from that
16	according to the Institute of Medicine.	16	particular surgery as she is helping draft a chapter
17	And what, therefore, the does the	17	on surgery for adolescents in adults with gender
18	ethics literature suggest, therefore, that someone	18	dysphoria?
19	who has that conflict ought not to be doing the	19	A. And my answer can remains no because
20	procedure? No.	20	the kind of conflicts that we are most concerned
21	Q. Sir, I'm not asking about how a conflict	20	about, the ones that are most common, the ones that
22	like this might be managed, whether it requires	21	are most erosive are those that do not arise from
23	disclosure, restriction, exclusion. We're not there	23	the actual practice of in a specialty that's
24	vet.	23	related to the guideline.
25	I'm just asking whether you, if you were	25	If she were getting money from a drug
25	The just asking whether you, it you were	25	If she were getting money from a drug
1	Page 95	1	Page 97
1	recommending the collection of information on	1	company for surgical equipment, for example, then
2	recommending the collection of information on potential conflicts, would ask members of a	2	company for surgical equipment, for example, then that would I might have a different opinion.
2 3	recommending the collection of information on potential conflicts, would ask members of a guideline development committee to at least reveal	2 3	company for surgical equipment, for example, then that would I might have a different opinion. Q. Right. I understand that's your
2 3 4	recommending the collection of information on potential conflicts, would ask members of a guideline development committee to at least reveal how much income they gained from procedures being	2 3 4	<ul><li>company for surgical equipment, for example, then</li><li>that would I might have a different opinion.</li><li>Q. Right. I understand that's your</li><li>testimony, sir. And that's why I was pointing you</li></ul>
2 3 4 5	recommending the collection of information on potential conflicts, would ask members of a guideline development committee to at least reveal how much income they gained from procedures being evaluated by the committee.	2 3 4 5	<ul><li>company for surgical equipment, for example, then</li><li>that would I might have a different opinion.</li><li>Q. Right. I understand that's your</li><li>testimony, sir. And that's why I was pointing you</li><li>to page 79 of Exhibit 5, which states that "Direct</li></ul>
2 3 4 5 6	recommending the collection of information on potential conflicts, would ask members of a guideline development committee to at least reveal how much income they gained from procedures being evaluated by the committee. And I take it your testimony is that none,	2 3 4 5 6	company for surgical equipment, for example, then that would I might have a different opinion. Q. Right. I understand that's your testimony, sir. And that's why I was pointing you to page 79 of Exhibit 5, which states that "Direct financial commercial activities include clinical
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25 (Pages 94 - 97)

	<b>D</b> 00		<b>D</b> (00)
1	Page 98 If knowing one's annual income was so	1	Page 100 clinical services being evaluated, right?
			A. Counsel, let me
$\begin{vmatrix} 2 \\ 2 \end{vmatrix}$	important, I would think the Institute of Medicine	23	
3	would explicitly ask for it, as opposed to generally		Q. This is not a conversation, sir. This is
4	saying it.	4	a question and answer. So if you don't want to
5	Q. So how is the Institute of Medicine going	5	answer that question, that's fine.
6	to find out if any member of a guideline development group receives a substantial proportion of his or	6 7	A. No, it's not that I don't want to answer it.
7   8	her income from something being evaluated without	8	What you're suggesting though, what your
9	asking about it?	9	question amounts to is, were suppose we were
10	A. Well, asked and answered, right? Do you	10	
10	derive a substantial percentage of your income?	11	constituting a conflict of interest sorry, a practice guideline group, we are seeking out people
11	Yes.	11	
12	In which case, that's all the Institute of	12	who have expertise in the practice that we're proposing to guide.
13	Medicine seems to be asking for.	13	
14	Q. And did WPATH ask that question?	14	So if one's already reached out to someone because of their practice, I'm not entirely sure
	A. Oh, sorry, I don't know that question.	16	that the question is particularly apt. In other
16	•	17	
17 18	Well, did they ask it? I mean, it seems to be answered in all of these bios here in the	17	words, of course you're here because you derive a substantial percentage of your income; otherwise, we
10	affirmative.	10	
20	Q. I'm talking about the conflict-of-interest	20	wouldn't have asked you to be on the guideline group in the first place.
20	disclosure form.	20	So, therefore, to suggest any organization
$\begin{vmatrix} 21\\22 \end{vmatrix}$	A. The conflict-of-interest disclosure form	21 22	has failed to make explicit a question is is not
22	does not let me just refresh my memory.	22	a matter of process. It's a matter of it's a
23	No. Other than no.	23	kind of redundancy.
25	Q. And you would agree that to that extent,	25	Should they have done it in anticipation
1	Page 99 the conflict-of-interest disclosure form that WPATH	1	Page 101 of this? Oh, I have no idea. But once again, if
2	put together conflicts with the Institute of	2	someone is recruited because of their clinical
3	Medicine's recommendations?	3	practice, asking them what their clinical practice
4	A. No. I wouldn't agree to that at all.	4	is doesn't make sense in the context.
5	What I would say is if in fact, what	5	Q. Can you identify any reference or piece in
6	I'd be curious to know is whether or not someone	6	the field of medical ethics that regards clinical
7	putting together a group of cardiologists for	7	services, especially those services from which a
8	cardiology guidelines asked the people to would	8	committee member derives a substantial proportion of
9	solicit membership and say and reach out to them	9	his or her income as not a financial conflict of
10	and say, as part of our conflict of interest "you	10	interest?
11	were chosen to be on the committee because of your	11	A. I don't know how often George Bernard Shaw
12	practice. Now, for the conflict-of-interest part of	12	is quoted in such circumstances. He famously said,
13	our policy, would you disclose whether that's part	13	"I'll forever despair for civilization as long as
14	of your practice or not?"	14	surgeons are paid for cutting off arms."
15	In other words, I don't think that in the	15	This in some sense in other words, you
16	circumstances the composition of a guideline's	16	have a conflict of interest if you get paid for
17	group, unless, for instance, there were some other	17	cutting off arms and you cut off arms, then you've
18	kind of consideration, which I can't think of right	18	got a conflict of interest.
19	now, it would be in violation of that when it's	19	The only way that ends is to impugn the
20	obvious on its face that that was the reason they	20	integrity of every physician, and I don't think
21	were included in the first place.	21	that that that advances any cause here.
22	Q. You agree that the WPATH did not collect	22	Are there physicians who do things for the
23	information from the members of the guideline	23	sake of acquiring greater income? Oh, I don't know.
24	development committee on whether or not they derived	24	I reckon there are some.
25	a substantial proportion of their income from	25	But to suggest that your practice itself
1			• •

	Page 104
Page 102 1 conflicts that a busy practice or a growing 1 all on their face seem quite re	
2 practice for whatever reason is generated by a 2 The citation here which	
3 desire for more income is a thorough going critique 3 at is an article from a journal	
4 of the medical profession, which I am not prepared 4 these.	that missed a lot of
5 to agree to. 5 to agree to. 5 to agree to. 5 Whether or not any org	conization latalona
e l	
8 people they solicited whether or not the substantial 8 Sometimes for the credibility	
9 percentage of their income is derived from the 9 might omit one or add others	s that are not listed
10 process the guidelines are intended to support or 10 here.	and the star stars
11 guide. 11 So that a particular i	
12 Q. Can service as a paid expert witness in 12 not hew precisely to this list	10
13 litigation be a conflict of interest for a member of 13 reference on page 106. I dom	•
14     a guideline development group?       15     14       16     15	
15 A. Oh, I don't know. I'd have to think about 15 useful in determining the cre	dibility of the
16 that. 16 process.	
17 It depends on the context, I think. 17 Since you flagged serv	
18 Expert witness for whom? I mean, in what context? 18 witness, for what and in what	
19Q. Let's say they're providing opinions that19one might want to know. Is	it salient, in other
20relate to the topics being evaluated.20words?	
21     A. Maybe. I need to know more about     21     So one could edit this is	
22 Q. Have you ever have you ever considered 22 this actually has not been fra	
23this issue before I asked it, whether or not23were to edit it, I would want	
24 services as an expert witness constitutes conflict 24 expert in a case in some salie	•
25of interest?25So it might or might no	ot have been
Page 103	Page 105
1 A. All the time. 1 salient.	
2 Q. With respect to clinical practice 2 Q. What standard is it th	
2 midalinas?	at you'd want to
3 guidelines? 3 know more about?	-
4 A. Never. 4 In your answer, you m	entioned that there's
4A. Never.4In your answer, you m5Q. So if you look at the page we were just5a standard you'd want to kno	entioned that there's ow more about.
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	Page 106		Page 108
1	So to say that anyone has left out one of	1	Do you remember that?
2	these might or might not be interested in reporting	2	A. Yes, we've seen that before.
3	it.	3	Q. And you see it says they, "all have
4	Q. Now, if you turn back to Exhibit 1,	4	conflict-of-interest policies encompassing financial
5	Dr. Goodman, which is your report.	5	and intellectual conflicts"?
6	Let me ask you, sir, to turn to page 9 and	6	A. Yes, I see that.
7	the last sentence of paragraph 21.	7	Q. And you weren't aware that the Institute
8	A. Yes.	8	of Medicine had discussed intellectual conflicts
9	Q. Do you see you write, "The idea of an	9	when you wrote your report, were you?
10	intellectual conflict is not established in the	10	A. No, I just said it wasn't established in
11	literature"?	11	the literature.
12	A. Yes.	12	Q. So the policy by the Institute of Medicine
13	Q. And where did you get that idea, sir?	13	about clinical practice guidelines and conflicts of
14	A. My familiarity with the literatures is I	14	interest is not part of the literature?
15	guess the best source of that.	15	A. Oh, it is part of the literature. Would
16	Q. Did you do any research before making this	16	you say it is thereby established because Institute
17	statement that the idea of an intellectual conflict	17	of Medicine says so?
18	is not established in the literature?	18	Q. You see the citation next to the sentence
19	A. I made my statement based on my belief	19	I just read you?
20	that the concept of intellectual conflict is not	20	A. Yes.
21	established in the literature. Other things are.	21	Q. Do you know who Gordon Guyatt is?
22	Q. Were you suggesting that Dr. Cantor was	22	A. I do.
23	straying from what is established in the medical	23	Q. You agree he's a well-established
24	literature in his report?	24	scientist?
25	A. I was suggesting that the term of art that	25	A. I do.
	Page 107		Page 109
1	is used in the discussion of conflicts of interest	1	Q. You agree he's a scientist who's made
2	is usually described as a conflict of conscience.	2	great contributions in the world of evidence-based
3	I think that's, perhaps, what Dr. Cantor	3	practice?
4	meant.	4	A. Significant, important.
5	Q. And not intellectual conflict?	5	"Great" is vague.
6	A. I'm not sure what an intellectual conflict	6	
7		0	Q. Have you looked at his article, as cited
'	is.	7	Q. Have you looked at his article, as cited here, to determine whether or not he uses the phrase
8	is. I could we could speculate. When we		- ·
		7	here, to determine whether or not he uses the phrase
8	I could we could speculate. When we	7 8	here, to determine whether or not he uses the phrase "intellectual conflicts"?
8 9	I could we could speculate. When we teach graduate students, for example, we teach them	7 8 9	<ul><li>here, to determine whether or not he uses the phrase</li><li>"intellectual conflicts"?</li><li>A. Not in many years. Were he to have, it</li><li>wouldn't change my opinion.</li><li>Q. How many articles do you need to read that</li></ul>
8 9 10	I could we could speculate. When we teach graduate students, for example, we teach them to be to do rigorous science and don't be and	7 8 9 10	<ul><li>here, to determine whether or not he uses the phrase</li><li>"intellectual conflicts"?</li><li>A. Not in many years. Were he to have, it</li><li>wouldn't change my opinion.</li></ul>
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28 (Pages 106 - 109)

	Page 110		Page 112
1	him to be concerned about. That's all.	1	and all of ours, expect us to be working full time
2	Q. When you did your report, were you aware	2	for them.
3	that Dr. Guyatt uses the term "intellectual conflict	3	This comes a lot in the scientific world
4	of interest"?	4	where people do consulting. However, in a conflict
5	A. I did not recall that.	5	of commitment in that context would arise if, in
6	Q. Let me ask you to take a look at	6	fact, some scientists were spending so much time
7	Exhibit 10.	7	doing consulting that his or her day job might be
8	(Thereupon, the referred-to document was	8	less well attended to than expected. Usually for a
9	marked for Identification as Defendants'	9	time, just a time.
10	Exhibit 10.)	10	Although, I reckon it could apply to other
10	THE WITNESS: I'm looking at Exhibit 10.	10	kinds of commitments as well.
12	BY MR. SECHLER:	12	(Thereupon, the referred-to document was
12	Q. This is an article called "The Vexing	12	marked for Identification as Defendants'
13	Problem of Guidelines and Conflict of Interests: A	13	Exhibit 11.)
14	Potential Solution."	14	BY MR. SECHLER:
15	Do you see that?	15	Q. I am going to ask you to take a look at
17	A. Yes.	17	Exhibit 11.
18	Q. This seems pretty on point to the topic	18	Can you identify this document, sir?
19	we've been discussing today, isn't it?	10	A. This appears to be a PowerPoint
20	A. Apparently so.	20	presentation oh, you put the pictures a
20	Q. You have not read this?	20	PowerPoint presentation that I gave in 2007, at a
21 22	A. It's been some time. It rings a bell.	21 22	conflict-of-interest symposium.
22	Q. Do you know whether or not you read this?	22	Q. If you turn to page 8, I believe, you have
23	A. I cannot recall.	23	a slide discussing conflicts of commitment; is that
24	Q. So if you look at the first sentence of	24	right?
25	Q. So if you look at the first sentence of	25	iigin:
	Page 111		Page 113
1	the summary at the top of page 2, do you see it	1	A. Yes.
2	the summary at the top of page 2, do you see it says, "Issues of financial and intellectual conflict	2	<ul><li>A. Yes.</li><li>Q. And one of the things you mention is</li></ul>
2 3	the summary at the top of page 2, do you see it says, "Issues of financial and intellectual conflict of interest in clinical practice guidelines have	2 3	<ul><li>A. Yes.</li><li>Q. And one of the things you mention is "publication and authorship."</li></ul>
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29 (Pages 110 - 113)

	Page 114		Page 116
1	that.	1	at all. It's a wonderful debate and it has reached
2	How does social and policy advocacy	2	no conclusion.
3	constitute a conflict of conscience?	3	If you care strongly about what the answer
4	A. If, for example there's a famous	4	should be, should you be doing science in that
5	example in the literature having to do with whether	5	domain? And that's why and that's a legitimate
6	or not the termination of pregnancy increases the	6	and interesting unresolved question. Whether or not
7	risk of breast cancer. Epidemiologists have studied	7	that's best described as a conscience or commitment
8	this over the years.	8	is further open to dispute. I don't think much
9	And then in a single couple of months,	9	hangs on the termalogic description.
10	many years ago, two articles came out, one showing a	10	Q. In fact, if you go to the next page after
11	correlation, not a a correlation. Another not	11	the picture of the dogs.
12	showing a correlation. And it turns out that both	12	A. You see one is a fox.
13	the studies raised concern because of the publicly	13	Q. One of them is a fox.
14	known views of the principal investigators about the	14	A. After that?
15	right to be able to obtain an abortion. In other	15	Q. Yes. Page 10, I guess. There is a slide
16	words, there might have been concern that finding a	16	titled "Non-Financial Conflicts."
17	causal relationship, as was suggested by one of the	17	Do you see that?
18	articles, was more in support of a particular a	18	A. Uh-huh.
19	value that the investigator held.	19	Q. And here, you quote the following
20	Q. In Exhibit 11, you called that conflict of	20	statement: "Non-financial conflicts of interest are
21	commitment, but it also can be a conflict of	21	more subtle yet more pervasive and cannot be
22	conscience?	22	eliminated. They require continuous attention if
23	A. It can be, yes.	23	they are to be managed successfully."
24	Q. Should an organization developing	24	Do you see that?
25	strike that.	25	A. I do.
-			
	Page 115		Page 117
1	Page 115 How should an organization developing	1	Page 117 Q. So how would you advise an organization to
1 2	-	1 2	č
	How should an organization developing		Q. So how would you advise an organization to
2	How should an organization developing clinical practice guidelines identify potential	2	Q. So how would you advise an organization to pay attention to and manage non-financial conflicts?
2 3	How should an organization developing clinical practice guidelines identify potential conflicts of conscience?	2 3	<ul><li>Q. So how would you advise an organization to pay attention to and manage non-financial conflicts?</li><li>A. You flatter me, Counselor. This is one</li></ul>
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30 (Pages 114 - 117)

	Page 118		Page 120
1	conscience? So it would nice if these terms were	1	research.
2	precise. They are not.	2	Now, whether a guideline group which is
3	This is, generally speaking, the idea that	3	itself not doing research can profitably be advised
4	all things being equal, it would be it would	4	about avoiding, managing such conflicts is itself an
5	be it would be good to be clear about whether or	5	interesting question. And if I were to be asked to
6	not one well, I say whoever this guy Goodman	6	do so, I'd expect to do a lot of preparatory work
7	is, let's ask him to be far more specific about what	7	beforehand precisely to capture those nuances.
8	it means to be a non-financial conflict of interest,	8	Whether they're applicable in the current instance
9	which is actually not his phrase. He's quoting it.	9	is a separate question.
10	I've given you examples of what	10	Q. So after this conceptual exercise, where
11	non-financial conflicts might be. Interest is used	11	you discuss what constitutes a non-financial
12	in that case as a metaphor.	12	conflict, what more would you advise them to do in
13	So the point here is there's an	13	terms of paying continuous attention to managing?
14	aspirational point to graduate students about the	14	A. My students?
15	responsible conduct of research. I'm sure it	15	Q. No, a guideline development group.
16	doesn't qualify me to extrapolate from it to be able	16	A. This was not intended for guideline
17	to advise a guideline board about how it ought to	17	development groups. This was intended for graduate
18	attend to this sort of thing.	18	students.
19	Q. Are you qualified to advise a guideline	19	Q. Would you agree that a guideline
20	board how they should attend to non-financial	20	development group should pay continuous attention to
21	conflicts of interest?	21	non-financial conflicts of interest?
22	A. I don't know. I reckon so. But I'm not	22	A. I am not entirely sure whether or not
23	sure anyone is and why it would be different for one	23	conflicts of such conflicts would be salient for
24	more than another.	24	a guideline development group.
25	It's a great question though.	25	I'd be more concerned about financial
			Dage 121
1	Page 119		Page 121
1		1	conflicts of interest. In other words, what would
	Q. So how would you advise a guideline development organization to pay continuous attention	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	conflicts of interest. In other words, what would such a conflict be for somebody on a guideline
2	development organization to pay continuous attention	2	such a conflict be for somebody on a guideline
2 3	development organization to pay continuous attention and manage non-financial conflicts?	2 3	such a conflict be for somebody on a guideline development group? And I'm not sure what that is
2 3 4	<ul><li>development organization to pay continuous attention and manage non-financial conflicts?</li><li>A. Well, one, if they were to decide that</li></ul>	2 3 4	such a conflict be for somebody on a guideline development group? And I'm not sure what that is yet.
2 3 4 5	<ul><li>development organization to pay continuous attention and manage non-financial conflicts?</li><li>A. Well, one, if they were to decide that that was worthwhile, I'd say we're going to need to</li></ul>	2 3 4 5	such a conflict be for somebody on a guideline development group? And I'm not sure what that is yet. I can tell you what it is for a scientist,
2 3 4 5 6	<ul><li>development organization to pay continuous attention and manage non-financial conflicts?</li><li>A. Well, one, if they were to decide that that was worthwhile, I'd say we're going to need to do some conceptual analysis here and identify what</li></ul>	2 3 4 5 6	such a conflict be for somebody on a guideline development group? And I'm not sure what that is yet. I can tell you what it is for a scientist, but I'm not sure I can tell you what it is for
2 3 4 5 6 7	<ul><li>development organization to pay continuous attention and manage non-financial conflicts?</li><li>A. Well, one, if they were to decide that that was worthwhile, I'd say we're going to need to do some conceptual analysis here and identify what constitutes a non-financial conflict.</li></ul>	2 3 4 5 6 7	such a conflict be for somebody on a guideline development group? And I'm not sure what that is yet. I can tell you what it is for a scientist, but I'm not sure I can tell you what it is for somebody who is evaluating scientific work with the
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31 (Pages 118 - 121)

	Page 122		Page 124
1	A. No.	1	THE WITNESS: Thank you.
2	Q. Do you know what WPATH did to manage	2	(Whereupon a video was played and taken
3	non-financial conflicts of interest?	3	down to the best of the court reporter's ability:)
4	A. No.	4	"I was also questioning the impact of
5	MS. CHENG-WUN WEAVER: Can we stop at	5	technology on gender. Medical interventions
6	1:00?	6	allow some of us to change our primary and
7	MR. SECHLER: Sure.	7	secondary sex characteristics. We have
8	THE WITNESS: What time is it now?	8	phalloplasty that creates a penis and a scrotum
9	MR. SECHLER: Ten of.	9	and testicles. We have vaginoplasty that
10	BY MR. SECHLER:	10	creates a vagina and a vulva. We have chest
11	Q. Do you know how many members on the WPATH	11	masculinization and breast augmentation. All
12	SOC-8 revision committee would consider themselves	12	of which create bodies that are readable to
13	to be trans activists?	13	outsiders, but it's clear that cisgender bodies
14	A. No, I do not know.	14	are still a reference point.
15	Q. Would you think that self-declaration of	15	"But will technology give us options that
16	yourself as a trans activist could constitute a	16	are artistic and creative?
17	non-financial conflict of interest in when it comes	17	"Artificial limbs even now can transmit
18	to developing the SOC-8 guidelines?	18	rudimentary sensory data back to the wearer.
19	A. No more than a cardiologist who is an	19	And it seems to me that a fully functional
20	activist for clean arteries would be conflicted if	20	artificial sensate penis is maybe not that far
21	they were asked to be on a cardiology guideline	21	off.
22	committee.	22	"But do we have to stick to penis and
23	Q. I have one video. I might have two,	23	vagina norms? Can we have genitalia that look
24	actually, just to make things interesting.	24	like flowers or or abstract sculpture? Can
25	A. I like videos.	25	we have multiple? Can they be interchangeable?
	Page 123		Page 125
1	Q. I'm going to mark as the next exhibit	1	And what about other areas of the body?
2	Exhibit 12.	2	"Now, communication is another form of
3	(Thereupon, the referred-to document was	3	technology that shapes our identities through
4	marked for Identification as Defendants'	4	access to the Internet and media. And we may
5	Exhibit 12.)	5	soon have technologies that allow us to engage
6	BY MR. SECHLER:	6	even more immersively.
7	Q. This is the source and we will upload the	7	"Accept us? You should revere us. We're
8	video or the link.	8	confronting boundaries and deconstructing
9	I'm going to show you a video clip.	9	assumptions made by history and society, and we
10	MS. CHENG-WUN WEAVER: Is this 12?	10	are evolving gender into something wonderous.
11	MR. SECHLER: Yeah, it's 12.	11	We hope the world will learn from our wisdom,
12	BY MR. SECHLER:	12	but our very presence demonstrates the
13	Q. So I'm going to play the video marked as	13	immeasurable potential for human existence.
14	Exhibit 12, or I should say described in the	14	"I know that many would fear the
15	document marked as Exhibit 12, and I think the court	15	gender-queer planet we represent. But we are
		16	here. We are trans and non-binary and gender
16	reporter will take down the audio and I'll ask you		
16 17	questions about it.	17	queer. And to all those opposed out there, I
		18	queer. And to all those opposed out there, I say, it's about time you got used to it.
17 18 19	questions about it. A. Good. I just realized that there are people on	18 19	queer. And to all those opposed out there, I say, it's about time you got used to it. Thank you very much."
17 18	<ul><li>questions about it.</li><li>A. Good.</li><li>I just realized that there are people on</li><li>Zoom here and I don't know who they are.</li></ul>	18 19 20	<pre>queer. And to all those opposed out there, I say, it's about time you got used to it. Thank you very much." (Video concluded.)</pre>
17 18 19 20 21	<ul> <li>questions about it.</li> <li>A. Good.</li> <li>I just realized that there are people on</li> <li>Zoom here and I don't know who they are.</li> <li>MS. CHENG-WUN WEAVER: There's counsel for</li> </ul>	18 19 20 21	queer. And to all those opposed out there, I say, it's about time you got used to it. Thank you very much." (Video concluded.) BY MR. SECHLER:
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17 18 19 20 21 22 23	<ul> <li>questions about it.</li> <li>A. Good.</li> <li>I just realized that there are people on</li> <li>Zoom here and I don't know who they are.</li> <li>MS. CHENG-WUN WEAVER: There's counsel for</li> <li>the U.S. Department of Justice. They represent</li> <li>the Defendant sorry, the Plaintiff</li> </ul>	18 19 20 21 22 23	<ul> <li>queer. And to all those opposed out there, I say, it's about time you got used to it.</li> <li>Thank you very much."</li> <li>(Video concluded.)</li> <li>BY MR. SECHLER:</li> <li>Q. So, Dr. Goodman, do you see anything in that video that would suggest that that member of</li> </ul>
17 18 19 20 21 22	<ul> <li>questions about it.</li> <li>A. Good.</li> <li>I just realized that there are people on</li> <li>Zoom here and I don't know who they are.</li> <li>MS. CHENG-WUN WEAVER: There's counsel for</li> <li>the U.S. Department of Justice. They represent</li> </ul>	18 19 20 21 22	<ul> <li>queer. And to all those opposed out there, I say, it's about time you got used to it.</li> <li>Thank you very much."</li> <li>(Video concluded.)</li> <li>BY MR. SECHLER:</li> <li>Q. So, Dr. Goodman, do you see anything in</li> </ul>

32 (Pages 122 - 125)

	Page 126		Page 128
1	By the way, I should let me just stop	1	Q. So if you were advising WPATH as the
2	for a second. So we watched a video. That was	2	ethics expert and you saw that, during the
3	Laura Jacobs, who is a member of the WPATH, SOC-8	3	development of the guidelines, you would not suggest
4	revision committee.	4	that WPATH get more information from Laura Jacobs to
5	My question, just to repeat it for the	5	determine whether there was a non-financial conflict
6	record, do you see anything in that video that would	6	of interest?
7	suggest to you that Laura Jacobs might have a	7	A. I think we've already determined that the
8	non-financial conflict of interest?	8	fact that one performs a procedure I don't know
9	A. Well, what I found striking about the	9	what is she a physician? What does she do?
10	video, of course, is how much of it was not devoted	10	Q. Laura Jacobs is listed in Exhibit 13. I'm
11	to gender-affirming therapy but to other speculative	11	sorry, Exhibit 9.
12	futuristic, even what's been sometimes called	12	A. Is it under surgery again?
13	trans-humanistic considerations.	13	Q. Let me yeah, Exhibit 9.
14	I think what was clear in a very small	14	These pages are not numbered, but if you
15	part of the video was that she supports the	15	go to the middle.
16	availability of gender-affirming care.	16	A. Yes.
17	Beyond that, it may suggest many things,	17	Q. Did you find Laura Jacobs on the chapter
18	but I'm not sure that it suggests a conflict of the	18	of Assessment and Therapeutic Approaches of
19	sort that we've been discussing. In other words	19	Non-Binary?
20	so, no.	20	A. Yes.
21	There are a lot of things in that video	21	Q. Okay.
22	which one might discuss profitably and enjoy	22	A. She's been candid with her description.
23	discussing. Talking about the future of medicine	23	What more would one advise a group to want to know
24	and humanity is always interesting. There are	24 25	about her? This is an advocate, as self-described,
25	people who are doing similar not dissimilar,	23	an advocate, activist.
	Daga 127		
1	Page 127	1	Page 129
1	anyway, work in neuroscience, which is all really	1	So if that if activism on behalf of a
2	anyway, work in neuroscience, which is all really rather quite speculative.	2	So if that if activism on behalf of a medical procedure constitutes such a conflict, then
2 3	anyway, work in neuroscience, which is all really rather quite speculative. Strip away the speculative part of that	2 3	So if that if activism on behalf of a medical procedure constitutes such a conflict, then yes. If it's not, then no.
2 3 4	anyway, work in neuroscience, which is all really rather quite speculative. Strip away the speculative part of that video and you have somebody who has declared their	2 3 4	So if that if activism on behalf of a medical procedure constitutes such a conflict, then yes. If it's not, then no. One that certain areas of medicine are
2 3 4 5	anyway, work in neuroscience, which is all really rather quite speculative. Strip away the speculative part of that video and you have somebody who has declared their support of gender-affirming therapy, which one could	2 3 4 5	So if that if activism on behalf of a medical procedure constitutes such a conflict, then yes. If it's not, then no. One that certain areas of medicine are settled, like cardiology, would make it unusual for
2 3 4 5 6	anyway, work in neuroscience, which is all really rather quite speculative. Strip away the speculative part of that video and you have somebody who has declared their support of gender-affirming therapy, which one could have inferred which is inferrable from the very	2 3 4 5 6	So if that if activism on behalf of a medical procedure constitutes such a conflict, then yes. If it's not, then no. One that certain areas of medicine are settled, like cardiology, would make it unusual for someone to fault a cardiologist for saying, "I'm an
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33 (Pages 126 - 129)

	Page 130		Page 132
1	thought to be, in many processes, to be to be	1	This is Exhibit 13.
2	good, namely.	2	A. The point, of course, is if one is
3	We see this in courts all the time. It's	3	unalterably opposed to cardiology and believes that
4	good to hear different perspectives to try and find	4	cardiology is wrong, then one should not be on a
5	out what the best approach is.	5	guideline committee that's producing cardiologic
6	So disagreement, for example, can be good.	6	guidelines. That's not a diverse perspective.
7	If one achieves disagreement through a diverse or	7	That's a saboteur. And that was the point I was
8	variant perspective, that's good. But now we need	8	trying to make earlier. That's not a diverse
9	to be very clear about what it means to have a	9	perspective.
10	variant perspective. It's a credible one.	10	If you don't believe in a particular
10	Q. Do you know whether there were any	10	approach or a medical procedure, and there are many
12	practitioners on the SOC-8 revision committee who	11	in the world in fact, many things that happen in
12	have expressed skepticism or concerns about	12	medicine are controversial. In fact, that's why we
13 14	performing medical treatment on minors presenting	13	have offends who do what I do because a lot of stuff
14	with gender dysphoria?		
15 16	A. I do not know.	15	is really quite controversial and we're worried
10 17		16 17	about all of it.
	Q. Do you know whether or not there were any deterministic and a the committee?		But the idea that you're opposed to animal
18	detransitioners represented on the committee?	18	research does not make you a good, diverse member of
19 20	A. No, I do not know. No, I do not know.	19	an animal care use committee. If you're opposed to
20	But if it helps, especially in academic	20	human experimentation in children, you should not be
21	context, a potentially useful analogy is in the form	21	on an institutional review board that reviews human
22	of institutional animal care and use committees.	22	subjects research involving children.
23	I'm giving you something. A	23	If you have an objection to cosmetic
24	detransitioner is someone who I assume opposes	24	surgery or the kind of gender-affirming therapy that
25	gender-affirming care; is that right?	25	happens in Miami all the time on adolescents, by
	Page 131		Page 133
1	MR. SECHLER: Can you repeat the question?	1	which I mean breast augmentation, if you object to
2	BY MR. SECHLER:	2	that, then you shouldn't be on a committee that's
3	Q. I think we're off the question,		
	<b>e</b> ,,, 1,	3	guiding that.
4	Dr. Goodman.	3 4	guiding that. That was the force of your question. And
4 5	-		• •
	Dr. Goodman.	4	That was the force of your question. And
5	Dr. Goodman. A. Well, let me reframe my response.	4 5	That was the force of your question. And that's the answer.
5 6	Dr. Goodman. A. Well, let me reframe my response. What's a detransitioner, to make sure I	4 5 6	That was the force of your question. And that's the answer. Merely to suggest that diverse
5 6 7	Dr. Goodman. A. Well, let me reframe my response. What's a detransitioner, to make sure I understand your question? Whether a detransitioner	4 5 6 7	That was the force of your question. And that's the answer. Merely to suggest that diverse perspectives are being excluded by not having people
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	Page 134		Page 136
1	Q. Let me ask you to turn back to your	1	vulnerable. Prisoners are considered vulnerable.
2	report, Exhibit 1. I'll direct your attention to	2	Sometimes people with low language ability or
3	paragraphs 26 and 27.	3	education are considered vulnerable.
4	You used the term "valid consent" to	4	Vulnerability is shaped by concern that
5	describe the consent that healthcare practitioners	5	someone might that it might impede voluntariness.
6	should receive from patients before providing	6	Q. What does it mean to be vulnerable?
7	medical treatment?	7	A. To be susceptible to to anything that
8	A. Yes.	8	would impede voluntariness.
9	Q. And what are the elements of valid	9	Q. Why are children considered strike
10	consent?	10	that.
11	A. The first gives the more common term its	11	Why are minors considered vulnerable?
12	broad usage; namely, adequate information. So if	12	A. Minors makes it clear that we have, in our
13	someone is going to be a patient or participant in	13	society and many others, for a number of reasons,
14	research, then that person needs to receive such	14	had to stipulate age of majority.
15	information as a reasonable person would want to	15	And so minors is generally speaking
16	know to decide whether to move forward or not.	16	well, someone who's not 18 years old yet, we know
17	That's the adequate information component.	17	plenty of people who minors who have great
18	Second component is voluntariness.	18	insight before that age and there's plenty of adults
19	Actually, these are no particular order for our	19	who lack that insight.
20	purposes. The second one is voluntariness; namely,	20	But the concern, of course, is, one, for
21	that the decision whether or not to move forward is	21	their ability to understand and appreciate the
22	freely given, not induced or coerced in any way.	22	information; therefore, impeding their ability to
23	The third competent is, generally	23	knowingly agree to move forward. That's the main
24	speaking, mental capacity; namely, the ability to	24	consideration is that one of them. Ordering is
25	generally the ability to understand and appreciate	25	not ordering the different criteria is not going
	Page 135		Page 137
1	all that information in the first place.	1	to be helpful.
2	Q. And referring you to the adequate	2	Generally speaking, a minor and others are
3	information competent you mentioned.	3	going to be regarded as vulnerable in part because
4	A. Uh-huh.	4	they will not be able wholly to understand and
5	Q. Adequate information about what?	5	appreciate the information as part of the adequate
6	A. About procedure or the experiment that's	6	information and criterion.
7	about to be conducted. What are the risks? What	7	Q. And what about the other two criteria,
8	are the benefits? What are the alternatives?	8	does a minor's age have an effect on whether they
9	Q. I believe in Footnote 7 in your report you	9	have the mental capacity to understand the
		10	
$\pm 10$	cite six references in support of this general	110	information or whether or not their involuntariness?
10	cite six references in support of this general discussion.		information or whether or not their involuntariness? A. So the first so, yes, being
11	discussion.	11	A. So the first so, yes, being
11 12	discussion. Do you see that?	11 12	A. So the first so, yes, being intellectually immature, which, once again, we
11 12 13	discussion. Do you see that? A. I do.	11 12 13	A. So the first so, yes, being intellectually immature, which, once again, we stipulate as being up through the age of 17, for a
11 12	discussion. Do you see that?	11 12 13 14	A. So the first so, yes, being intellectually immature, which, once again, we stipulate as being up through the age of 17, for a number of important legal purposes, entails that
11 12 13 14 15	discussion. Do you see that? A. I do. Q. Are these authoritative treatises in the field of medical ethics?	11 12 13 14 15	A. So the first so, yes, being intellectually immature, which, once again, we stipulate as being up through the age of 17, for a number of important legal purposes, entails that the inference that that person might not be able to
11 12 13 14 15 16	<ul><li>discussion.</li><li>Do you see that?</li><li>A. I do.</li><li>Q. Are these authoritative treatises in the field of medical ethics?</li><li>A. I believe them to be.</li></ul>	11 12 13 14	A. So the first so, yes, being intellectually immature, which, once again, we stipulate as being up through the age of 17, for a number of important legal purposes, entails that
11 12 13 14 15 16 17	<ul><li>discussion.</li><li>Do you see that?</li><li>A. I do.</li><li>Q. Are these authoritative treatises in the field of medical ethics?</li><li>A. I believe them to be.</li><li>Q. Are minors considered a vulnerable</li></ul>	11 12 13 14 15 16 17	A. So the first so, yes, being intellectually immature, which, once again, we stipulate as being up through the age of 17, for a number of important legal purposes, entails that the inference that that person might not be able to understand the information and, therefore, unable to meet that criteria.
11 12 13 14 15 16 17 18	<ul> <li>discussion.</li> <li>Do you see that?</li> <li>A. I do.</li> <li>Q. Are these authoritative treatises in the field of medical ethics?</li> <li>A. I believe them to be.</li> <li>Q. Are minors considered a vulnerable population in the field of medical ethics?</li> </ul>	11 12 13 14 15 16 17 18	A. So the first so, yes, being intellectually immature, which, once again, we stipulate as being up through the age of 17, for a number of important legal purposes, entails that the inference that that person might not be able to understand the information and, therefore, unable to meet that criteria. The other concern is they might be more
11 12 13 14 15 16 17 18 19	<ul> <li>discussion.</li> <li>Do you see that?</li> <li>A. I do.</li> <li>Q. Are these authoritative treatises in the field of medical ethics?</li> <li>A. I believe them to be.</li> <li>Q. Are minors considered a vulnerable population in the field of medical ethics?</li> <li>A. They are.</li> </ul>	11 12 13 14 15 16 17	A. So the first so, yes, being intellectually immature, which, once again, we stipulate as being up through the age of 17, for a number of important legal purposes, entails that the inference that that person might not be able to understand the information and, therefore, unable to meet that criteria. The other concern is they might be more susceptible to inducement or coercion.
11 12 13 14 15 16 17 18 19 20	<ul> <li>discussion.</li> <li>Do you see that?</li> <li>A. I do.</li> <li>Q. Are these authoritative treatises in the field of medical ethics?</li> <li>A. I believe them to be.</li> <li>Q. Are minors considered a vulnerable population in the field of medical ethics?</li> <li>A. They are.</li> </ul>	11 12 13 14 15 16 17 18 19 20	A. So the first so, yes, being intellectually immature, which, once again, we stipulate as being up through the age of 17, for a number of important legal purposes, entails that the inference that that person might not be able to understand the information and, therefore, unable to meet that criteria. The other concern is they might be more susceptible to inducement or coercion. (Thereupon, the referred-to document was
11 12 13 14 15 16 17 18 19 20 21	<ul> <li>discussion.</li> <li>Do you see that?</li> <li>A. I do.</li> <li>Q. Are these authoritative treatises in the field of medical ethics?</li> <li>A. I believe them to be.</li> <li>Q. Are minors considered a vulnerable population in the field of medical ethics?</li> <li>A. They are.</li> <li>Q. And what does vulnerable mean in your field?</li> </ul>	11 12 13 14 15 16 17 18 19 20 21	A. So the first so, yes, being intellectually immature, which, once again, we stipulate as being up through the age of 17, for a number of important legal purposes, entails that the inference that that person might not be able to understand the information and, therefore, unable to meet that criteria. The other concern is they might be more susceptible to inducement or coercion. (Thereupon, the referred-to document was marked for Identification as Defendants'
11 12 13 14 15 16 17 18 19 20	<ul> <li>discussion.</li> <li>Do you see that?</li> <li>A. I do.</li> <li>Q. Are these authoritative treatises in the field of medical ethics?</li> <li>A. I believe them to be.</li> <li>Q. Are minors considered a vulnerable population in the field of medical ethics?</li> <li>A. They are.</li> <li>Q. And what does vulnerable mean in your field?</li> <li>A. So someone is vulnerable if there's a</li> </ul>	11 12 13 14 15 16 17 18 19 20	A. So the first so, yes, being intellectually immature, which, once again, we stipulate as being up through the age of 17, for a number of important legal purposes, entails that the inference that that person might not be able to understand the information and, therefore, unable to meet that criteria. The other concern is they might be more susceptible to inducement or coercion. (Thereupon, the referred-to document was marked for Identification as Defendants' Exhibit 13.)
11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>discussion.</li> <li>Do you see that?</li> <li>A. I do.</li> <li>Q. Are these authoritative treatises in the field of medical ethics?</li> <li>A. I believe them to be.</li> <li>Q. Are minors considered a vulnerable population in the field of medical ethics?</li> <li>A. They are.</li> <li>Q. And what does vulnerable mean in your field?</li> </ul>	11 12 13 14 15 16 17 18 19 20 21 22	A. So the first so, yes, being intellectually immature, which, once again, we stipulate as being up through the age of 17, for a number of important legal purposes, entails that the inference that that person might not be able to understand the information and, therefore, unable to meet that criteria. The other concern is they might be more susceptible to inducement or coercion. (Thereupon, the referred-to document was marked for Identification as Defendants'

35 (Pages 134 - 137)

	Page 138		Page 140
1	of Pediatrics entitled "Informed Consent and	1	full capacity, for that reason, to support and
2	Decision-Making in Pediatric Practice."	2	protect the process and ensure that the rights it
3	Do you see that?	3	may be based on rights at the end of the day, but
4	A. I do.	4	the rights of the person who's about to be to
5	Q. Are you familiar with this piece?	5	participate in research or to become a patient are
6	A. I'm aware of it. I have not reviewed it	6	respected, we find someone appropriately related to
7	in some time.	7	them to consent on their behalf. And so I don't
8	Q. Is this considered an authoritative piece	8	know what the harm is. It might be a wrong.
9	in connection with informed consent in pediatrics?	9	I mean, if you treated a child for
10	A. I don't know how it's considered.	10	anything without consent, there may be no harm at
11	Generally, the American Academy of Pediatrics is a	11	all. In fact, emergency departments do it all the
12	reputable organization and its technical reports are	12	time. If the kid shows up with a really bad wound
13	accordingly given appropriate weight.	13	and the mom and dad are not there, it would be
14	Q. If you look at page E7, I'd like to direct	14	irresponsible not to treat that patient.
15	your attention to some language.	15	In other cases, we do it because it's a
16	A. Yes.	16	matter of good process and to ensure somebody is
17	Q. If you look at the third column on the	17	participating on behalf of the incapacitated person
18	page and the first paragraph in that column.	18	to ensure the credibility of the consent process.
19	A. Uh-huh.	19	So I think there may be no harm at all.
20	Q. There's language in the middle that	20	As regards to human rights, there may be a wrong if
21	starts, "The prefrontal cortex."	21	you didn't get a surrogate or guardian or proxy
22	Do you see that?	22	consent.
23	A. I do.	23	Q. Yeah, I guess that takes us back to the
24	Q. Let me read that, "The prefrontal cortex	24	reason why the profession insists upon valid consent
25	where many executive functions are coordinated,	25	at all. Like, what are the purposes for requiring
20			
	Page 139		Page 141
1	-	1	Page 141 valid consent in order to do a medical procedure on
	Page 139	1 2	
1	Page 139 including the balancing of risks and rewards, is		valid consent in order to do a medical procedure on
1 2	Page 139 including the balancing of risks and rewards, is among the last areas of the brain to mature, with	2	valid consent in order to do a medical procedure on anyone?
1 2 3	Page 139 including the balancing of risks and rewards, is among the last areas of the brain to mature, with these functions continuing to develop and mature	2 3	<ul><li>valid consent in order to do a medical procedure on anyone?</li><li>A. Well, there are many reasons for that.</li></ul>
1 2 3 4	Page 139 including the balancing of risks and rewards, is among the last areas of the brain to mature, with these functions continuing to develop and mature into young adulthood."	2 3 4	<ul><li>valid consent in order to do a medical procedure on anyone?</li><li>A. Well, there are many reasons for that.</li><li>I mean, the ethical reason is it honors</li></ul>
1 2 3 4 5	Page 139 including the balancing of risks and rewards, is among the last areas of the brain to mature, with these functions continuing to develop and mature into young adulthood." Did I read that correctly?	2 3 4 5	<ul><li>valid consent in order to do a medical procedure on anyone?</li><li>A. Well, there are many reasons for that. I mean, the ethical reason is it honors</li><li>the right of people to control their bodies and</li></ul>
1 2 3 4 5 6	Page 139 including the balancing of risks and rewards, is among the last areas of the brain to mature, with these functions continuing to develop and mature into young adulthood." Did I read that correctly? A. You did.	2 3 4 5 6	<ul><li>valid consent in order to do a medical procedure on anyone?</li><li>A. Well, there are many reasons for that. I mean, the ethical reason is it honors</li><li>the right of people to control their bodies and consent to a refused medical treatment.</li></ul>
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36 (Pages 138 - 141)

	Page 142		Page 144
1	did you note that that review found or stated that	1	A. I do.
2	brain maturation may be temporarily or permanently	2	Q. Was that your understanding, that the Cass
3	disrupted by the use of puberty blockers?	3	Review had a recommendation that puberty blockers be
4	A. I noted that concern.	4	offered only under a research protocol?
5	Q. It was also noted in the review that that	5	A. I did not recall it. I see it now.
6	could have an impact on the young person's ability	6	In other words, they're not out of bounds.
7	to make complex risk-relating decisions?	7	The point that one and this is a very common kind
8	A. Which we knew before that. In other	8	of thing that people say, is we would like stronger
9	words so, yes, I noted that, yes.	9	evidence for all of this sort of thing.
10	Q. How did you know that before that?	10	But if they were wholly inappropriate,
11	A. Sorry. How did I know which before which?	11	then they would not even be available under research
12	Q. I'm responding to your answer, "Which we	12	protocol.
13	knew before that."	13	The larger point is let's not miss the
14	A. Well, we knew that there are many	14	opportunity to gather more evidence.
15	different things that happen to children which might	15	Q. Right.
16	impede their cognition medical risk is completely	16	A. As opposed to let's not do any of it.
17	remote from this one before or after the age of	17	Q. Let me ask you to turn back to your
18	majority.	18	report.
19	There are some that are thought for all	19	A. Yes.
20	we know, for some of the science, they might improve		Q. If you go to page 13, your paragraph 32.
21	the minor. The evidence here is really in	20	A. Yes.
$21 \\ 22$	evolution. Which is why Cass, in noting it, was not	21	Q. You note that Defendants' experts made
22	dissuaded from her recommendation that this care	22	certain points, including, "minors lack the
23	still be available.	23 24	intellectual maturity to comprehend that the
24	Q. Well, you know what the Cass Review	24 25	decision to obtain gender-affirming care might
25	-	23	
	Page 143		Page 145
			-
1	recommended with respect to puberty blockers, don't	1	affect future reproductive health."
2	you?	2	affect future reproductive health." I'll stop there.
2 3	you? A. Did Cass not support the use of puberty	2 3	affect future reproductive health." I'll stop there. A. Yes.
2 3 4	you? A. Did Cass not support the use of puberty blockers, hormones in that context?	2 3 4	<ul><li>affect future reproductive health."</li><li>I'll stop there.</li><li>A. Yes.</li><li>Q. You don't disagree with that point, do</li></ul>
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37 (Pages 142 - 145)

	Page 146		Page 148
1	Q. Have you seen literature suggesting that	1	A. Unlikely. However, that's all true for
2	adolescents tend to over value short-term rewards	2	everything. In other words, the ability of a minor
3	rather than long-term rewards?	3	to understand and appreciate with an adult's
4	A. No, I have not seen the literature.	4	comprehension things like future reproductive
5	Q. Are you familiar with the literature?	5	potential or orgasms or future disability or any
6	A. It's been alluded to. Yes, I am familiar	6	number of consequences of any medical procedure are
7	with it.	7	precisely why we ask guardians and parents to
8	Q. And do you see the last point there that	8	consent on their behalf, hoping that those guardians
9	you referenced, "Some adolescents' sense of urgency	9	in good faith will understand more about orgasms
10	stems from hypersensitivity to reward."	10	than their children.
11	Do you see that?	11	Q. Would you agree that such treatments
12	A. Yes.	12	should not be provided to minors without consent
13	Q. Do you agree with that?	13	from their parents regarding this?
14	A. I have no basis to agree or disagree. I	14	A. I can't think of a circumstance where you
15	don't know the literature on this. I'm trying in	15	would not want someone to legally authorize
16	the interest of good faith to be explicit about what	16	before we called them legally authorized
17	the experts suggest so that I can respond adequately	17	representatives to do such a thing. But that's also
18	to them.	18	true for any medical intervention, absent an
19	If I I might be able to agree or	19	emergency.
20	disagree with these if I had greater familiarity	20	Q. Now, does valid consent require the
21	with the literature.	21	clinician to have certain information about the
22	The idea that adolescents have been	22	risks and likely benefits of the proposed treatment?
23	taking have increased risk-taking behavior is	23	A. Certain information?
24	thought to be common knowledge. I have no idea	24	Q. Have a certain amount of information?
25	whether it's actually true or not. It may very well	25	A. Certain amount.
	Page 147		Page 149
1	be. I do not know.	1	Q. A level, a minimum?
2	Q. Do you have any reason to disagree with	2	A. Well, to be sure, one, the challenge of
3	the proposition that minors are incapable of	3	the consent process is to be able to communicate in
4	comprehending long-term implications of medical	4	a meaningful way to your patient, whether it's an
5	treatments for gender dysphoria?	5	adult or a patient, about salient facts that bear on
6	A. I think that varies by the age of the	6	the intervention. And so I no more or less so
7	minor. We've seen 17, 16, 15-year-olds for whom we	7	than anywhere else I would think in medicine, right?
8	do organ transplants.	8	Q. Well, are there some procedures or
9	We've actually had cases where we've had	9	circumstances where they the field doesn't know
10	donors, sibling donors risk of being an organ	10	enough to be able to even get informed consent?
		11	
11	donor for a sibling entails extraordinary risk and	11	A. There are many interventions where we
11 12	yet many institutions have done it. Mindful of the	12	consider pediatric oncology where, by the way, there
11	yet many institutions have done it. Mindful of the fact, all all of the concerns we have about		consider pediatric oncology where, by the way, there you're in some sense asking a minor to contemplate
11 12 13 14	yet many institutions have done it. Mindful of the fact, all all of the concerns we have about minors' capacity to consent, we so your as	12 13 14	consider pediatric oncology where, by the way, there you're in some sense asking a minor to contemplate the risk of their own death. I think that that's
11 12 13 14 15	yet many institutions have done it. Mindful of the fact, all all of the concerns we have about minors' capacity to consent, we so your as framed, that's much too sweeping.	12 13 14 15	consider pediatric oncology where, by the way, there you're in some sense asking a minor to contemplate the risk of their own death. I think that that's also something that children are not particularly
11 12 13 14 15 16	yet many institutions have done it. Mindful of the fact, all all of the concerns we have about minors' capacity to consent, we so your as framed, that's much too sweeping. I think some do, some don't, and that may	12 13 14 15 16	consider pediatric oncology where, by the way, there you're in some sense asking a minor to contemplate the risk of their own death. I think that that's also something that children are not particularly very good at. And yet, we regularly allow their
11 12 13 14 15 16 17	yet many institutions have done it. Mindful of the fact, all all of the concerns we have about minors' capacity to consent, we so your as framed, that's much too sweeping. I think some do, some don't, and that may be actually assessable, if we can assess it, which	12 13 14 15 16 17	consider pediatric oncology where, by the way, there you're in some sense asking a minor to contemplate the risk of their own death. I think that that's also something that children are not particularly very good at. And yet, we regularly allow their parents on their behalf to consent to participating
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11 12 13 14 15 16 17 18 19	yet many institutions have done it. Mindful of the fact, all all of the concerns we have about minors' capacity to consent, we so your as framed, that's much too sweeping. I think some do, some don't, and that may be actually assessable, if we can assess it, which I'm not sure we can, on a case-by-case basis. Q. What about a minor who's prescribed	12 13 14 15 16 17 18 19	consider pediatric oncology where, by the way, there you're in some sense asking a minor to contemplate the risk of their own death. I think that that's also something that children are not particularly very good at. And yet, we regularly allow their parents on their behalf to consent to participating in research trials where the study agent might expedite their death.
11 12 13 14 15 16 17 18 19 20	<ul> <li>yet many institutions have done it. Mindful of the fact, all all of the concerns we have about minors' capacity to consent, we so your as framed, that's much too sweeping.</li> <li>I think some do, some don't, and that may be actually assessable, if we can assess it, which I'm not sure we can, on a case-by-case basis.</li> <li>Q. What about a minor who's prescribed puberty blockers at Tanner stage two? Are you</li> </ul>	12 13 14 15 16 17 18	consider pediatric oncology where, by the way, there you're in some sense asking a minor to contemplate the risk of their own death. I think that that's also something that children are not particularly very good at. And yet, we regularly allow their parents on their behalf to consent to participating in research trials where the study agent might expedite their death. And the debate is what's adequate
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38 (Pages 146 - 149)

	Page 150		Page 152
1	You provide the information as best you	1	might contemplate with no information or evidence
2	have it in the context.	2	whatsoever?
3	Do you wish you had more? In many cases,	3	Q. Okay.
4	yes, and that's true for many interventions in	4	A. I don't know what those are.
5	pediatrics.	5	Q. So what about lobotomies; are you familiar
6	Q. Can you think of any intervention where	6	with lobotomies?
7	there's just not enough known to even ask anyone,	7	A. I am familiar with I have a layperson's
8	parent, adult, anyone, for valid consent because you	8	familiarity with lobotomies. But also, by the way,
9	just don't know enough about the benefits and the	9	electroconvulsive therapy, where many people have
10	risks?	10	completely there I've acquired the belief from
11	A. I think that our regulatory structure	11	experts that, while people don't like it, it
12	allows physicians in good faith to make decisions,	12	actually will save a lot of lives.
13	we call it off-label use, where it says that I have	13	And so evidence for whom, with what
14	a duty to treat this patient. I'm not entirely	14	understanding, with what broad agreement, our entire
15	confident of all the tools in my armamentarium now.	15	discussion is shaped by the fact that scientists
16	Nevertheless, it would be irresponsible to do	16	don't agree about this and, therefore, individual
17	nothing and, therefore but you would not treat	17	clinicians have created responsibility in
18	someone over someone's objection, I don't think, if	18	recommending procedures.
19	that's I'm not sure if that was the force of your	19	Whether or not lobotomies are appropriate
20	question.	20	or not, I have no opinion on that.
21	Q. Well, you were positing a clinician who	21	Q. You have no opinion as to whether or not
22	may have a belief that something could work.	22	the University of Miami hospital would perform a
23	What about a situation where there really	23	lobotomy on somebody who came in and asked for it?
24	wasn't a basis to believe that, given the current	24	A. I'm sure if someone said, "I would like a
25	state of the knowledge?	25	lobotomy, please," they would probably demure.
1	Page 151	1	Page 153
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	Do you think that clinician could still	1	But I thought your question was, is it
$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	proceed under a theory of valid consent from the patient?	23	possible that there is some neurosurgeon or psychiatrist who might say the only hope for saving
4	A. It wouldn't be a theory. It would	4	this patient is a lobotomy.
5	basically be to say, as long as one were clear, that	5	At that point, I think someone might say,
6	the evidence base is is not what we wished it	6	all right, that would be not be morally
7	were and, in fact, there's a term of art in medical	7	unacceptable. It would be edgy, but patients don't
8	practice for that, is you treat something	8	
			$\sigma_{ee}$
9			get treated for anything simply because they asked for it
9 10	empirically.	9	for it.
10	empirically. That's a fancy way of saying the doctor	9 10	for it. Q. So why would your employer demure if
10 11	empirically. That's a fancy way of saying the doctor has no idea whether it will work or not. And on the	9 10 11	for it. Q. So why would your employer demure if someone were to ask for a lobotomy?
10 11 12	empirically. That's a fancy way of saying the doctor has no idea whether it will work or not. And on the other hand, inaction is regarded to be inappropriate	9 10 11 12	<ul><li>for it.</li><li>Q. So why would your employer demure if someone were to ask for a lobotomy?</li><li>A. Because the standard for treating patients</li></ul>
10 11 12 13	empirically. That's a fancy way of saying the doctor has no idea whether it will work or not. And on the other hand, inaction is regarded to be inappropriate for any number of reasons.	9 10 11 12 13	<ul><li>for it.</li><li>Q. So why would your employer demure if someone were to ask for a lobotomy?</li><li>A. Because the standard for treating patients is based on clinical indications for the treatment.</li></ul>
10 11 12 13 14	empirically. That's a fancy way of saying the doctor has no idea whether it will work or not. And on the other hand, inaction is regarded to be inappropriate for any number of reasons. So yes, I can imagine circumstances where	9 10 11 12 13 14	<ul><li>for it.</li><li>Q. So why would your employer demure if someone were to ask for a lobotomy?</li><li>A. Because the standard for treating patients is based on clinical indications for the treatment.</li><li>And patients the difference in ethics is between</li></ul>
10 11 12 13 14 15	empirically. That's a fancy way of saying the doctor has no idea whether it will work or not. And on the other hand, inaction is regarded to be inappropriate for any number of reasons. So yes, I can imagine circumstances where one might strongly recommend that something for	9 10 11 12 13 14 15	<ul><li>for it.</li><li>Q. So why would your employer demure if someone were to ask for a lobotomy?</li><li>A. Because the standard for treating patients is based on clinical indications for the treatment.</li><li>And patients the difference in ethics is between requests and refusals.</li></ul>
10 11 12 13 14 15 16	empirically. That's a fancy way of saying the doctor has no idea whether it will work or not. And on the other hand, inaction is regarded to be inappropriate for any number of reasons. So yes, I can imagine circumstances where one might strongly recommend that something for example, the legally authorized representative, that	9 10 11 12 13 14 15 16	<ul><li>for it.</li><li>Q. So why would your employer demure if someone were to ask for a lobotomy?</li><li>A. Because the standard for treating patients is based on clinical indications for the treatment.</li><li>And patients the difference in ethics is between requests and refusals.</li><li>At the end of the day, a clinician needs</li></ul>
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10 11 12 13 14 15 16 17 18 19	empirically. That's a fancy way of saying the doctor has no idea whether it will work or not. And on the other hand, inaction is regarded to be inappropriate for any number of reasons. So yes, I can imagine circumstances where one might strongly recommend that something for example, the legally authorized representative, that even in the absence of gold standard evidence is, nevertheless, prudent or to consider a particular treatment.	9 10 11 12 13 14 15 16 17 18	for it. Q. So why would your employer demure if someone were to ask for a lobotomy? A. Because the standard for treating patients is based on clinical indications for the treatment. And patients the difference in ethics is between requests and refusals. At the end of the day, a clinician needs to use her judgment to decide whether or not a particular intervention is right for this patient. Q. Was the information base that was known in
10 11 12 13 14 15 16 17 18	empirically. That's a fancy way of saying the doctor has no idea whether it will work or not. And on the other hand, inaction is regarded to be inappropriate for any number of reasons. So yes, I can imagine circumstances where one might strongly recommend that something for example, the legally authorized representative, that even in the absence of gold standard evidence is, nevertheless, prudent or to consider a particular	9 10 11 12 13 14 15 16 17 18 19	for it. Q. So why would your employer demure if someone were to ask for a lobotomy? A. Because the standard for treating patients is based on clinical indications for the treatment. And patients the difference in ethics is between requests and refusals. At the end of the day, a clinician needs to use her judgment to decide whether or not a particular intervention is right for this patient.
10 11 12 13 14 15 16 17 18 19 20	empirically. That's a fancy way of saying the doctor has no idea whether it will work or not. And on the other hand, inaction is regarded to be inappropriate for any number of reasons. So yes, I can imagine circumstances where one might strongly recommend that something for example, the legally authorized representative, that even in the absence of gold standard evidence is, nevertheless, prudent or to consider a particular treatment. It depends, once again, entirely on the procedure and what the alternatives are.	9 10 11 12 13 14 15 16 17 18 19 20	for it. Q. So why would your employer demure if someone were to ask for a lobotomy? A. Because the standard for treating patients is based on clinical indications for the treatment. And patients the difference in ethics is between requests and refusals. At the end of the day, a clinician needs to use her judgment to decide whether or not a particular intervention is right for this patient. Q. Was the information base that was known in the 1940s in this country sufficient to obtain valid consent to perform lobotomies on patients?
10 11 12 13 14 15 16 17 18 19 20 21	empirically. That's a fancy way of saying the doctor has no idea whether it will work or not. And on the other hand, inaction is regarded to be inappropriate for any number of reasons. So yes, I can imagine circumstances where one might strongly recommend that something for example, the legally authorized representative, that even in the absence of gold standard evidence is, nevertheless, prudent or to consider a particular treatment. It depends, once again, entirely on the procedure and what the alternatives are. Q. So you can't think of any procedures where	9 10 11 12 13 14 15 16 17 18 19 20 21	for it. Q. So why would your employer demure if someone were to ask for a lobotomy? A. Because the standard for treating patients is based on clinical indications for the treatment. And patients the difference in ethics is between requests and refusals. At the end of the day, a clinician needs to use her judgment to decide whether or not a particular intervention is right for this patient. Q. Was the information base that was known in the 1940s in this country sufficient to obtain valid
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39 (Pages 150 - 153)

	Page 154		Page 156
1	procedures on patients?	1	And so I but if an individual surgeon
2	A. I still don't know. It might very well	2	were to say, "I don't want to do that," then for
3	you asked me a historic question about what was	3	that individual surgeon, that would have to be
4	widely known in the 1940s.	4	adequate.
5	What I'm trying to say is I I'm looking	5	Q. Okay. So let me ask you to look at
6	for examples of something today that might fall	6	another document before we get to the Cass Review.
7	under that heading, and the answer is I can't think	7	Exhibit 14.
8	of anything. But there may very well be something.	8	(Thereupon, the referred-to document was
9	If I knew more medicine.	9	marked for Identification as Defendants'
10	Q. Why don't you take a look at Exhibit 3,	10	Exhibit 14.)
11	the Cass Review.	11	BY MR. SECHLER:
12	THE WITNESS: You took it away from me	12	Q. So, Dr. Goodman, I've handed you a
13	again.	13	document marked as Exhibit 14, which is a news
14	MS. CHENG-WUN WEAVER: I'll leave it with	14	report entitled "Face Transplants: Medicine's New
15	you.	15	Ethical Dilemma."
16	BY MR. SECHLER:	16	Do you see that?
17	Q. Before I ask you about that, though,	17	A. I do.
18	Doctor	18	Q. And you understand what a full face
19	A. Please.	19	transplant is?
20	Q. You can't think of any example that we	20	A. I believe I do.
21	face today where we may not know enough about the	21	Q. And what is that?
22	benefits and risks of a treatment to go forward with	22	A. It would be a transplantation of a full
23	it and to obtain valid consent?	23	face.
24	A. If I understand your question correctly,	24	Q. And do you recall being interviewed in
25	we do it all the time in pediatrics. We don't have	25	connection with the procedure of a full face
	Page 155		Page 157
1	as much evidence as we would like, and nevertheless,	1	transplant?
2	we have the evidence we do and that guides decisions	2	A. Not until now.
3	about whether to treat the patient or not. You see	3	Q. Well, take your time, if you want to look
4	this especially in complex, rare diseases.	4	at that, but on page 2
5	Q. I'm not asking about situations where you	5	A. That's a good quote, by the way.
6	go forward.	6	Yes, on page 2.
7	I'm asking about situations where you		res, on page 2.
8	I'm asking about situations where you	7	Q. Yeah, on page 2.
	don't because you don't know enough. And you can't	8	
9	- · ·		Q. Yeah, on page 2.
	don't because you don't know enough. And you can't	8	<ul><li>Q. Yeah, on page 2.</li><li>A. I'm there.</li></ul>
9	don't because you don't know enough. And you can't think of an example where you don't go forward	8 9	<ul><li>Q. Yeah, on page 2.</li><li>A. I'm there.</li><li>Q. Actually, beginning at the very bottom of</li></ul>
9 10	don't because you don't know enough. And you can't think of an example where you don't go forward because you don't know enough?	8 9 10	<ul><li>Q. Yeah, on page 2.</li><li>A. I'm there.</li><li>Q. Actually, beginning at the very bottom of page 1. I'm sorry.</li></ul>
9 10 11	<ul><li>don't because you don't know enough. And you can't think of an example where you don't go forward because you don't know enough?</li><li>A. Individual clinicians might very well</li></ul>	8 9 10 11	<ul><li>Q. Yeah, on page 2.</li><li>A. I'm there.</li><li>Q. Actually, beginning at the very bottom of page 1. I'm sorry.</li><li>The article quotes you as saying, "The</li></ul>
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<ul> <li>9</li> <li>10</li> <li>11</li> <li>12</li> <li>13</li> <li>14</li> <li>15</li> <li>16</li> <li>17</li> <li>18</li> </ul>	<ul> <li>don't because you don't know enough. And you can't think of an example where you don't go forward because you don't know enough?</li> <li>A. Individual clinicians might very well decide based on that that it would be inappropriate. A surgeon, for example, might say, "I don't understand enough about the risks and I don't want to be responsible for making things worse."</li> <li>And so I'm thinking neurosurgery for the most part or sometimes cardiovascular surgery where you can kill your patient if you do the wrong thing, right? But other surgeons would say, "I disagree with your assessment of that."</li> </ul>	8 9 10 11 12 13 14 15 16 17 18	<ul> <li>Q. Yeah, on page 2.</li> <li>A. I'm there.</li> <li>Q. Actually, beginning at the very bottom of page 1. I'm sorry.</li> <li>The article quotes you as saying, "The procedure contemplated in Cleveland raises very interesting questions about personal identity and how people think of themselves. That raises questions about the psychological and psychiatric risks and we don't know what those are. We don't know how to communicate to people what it would be like to have a completely new face."</li> </ul>
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9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>don't because you don't know enough. And you can't think of an example where you don't go forward because you don't know enough?</li> <li>A. Individual clinicians might very well decide based on that that it would be inappropriate. A surgeon, for example, might say, "I don't understand enough about the risks and I don't want to be responsible for making things worse."</li> <li>And so I'm thinking neurosurgery for the most part or sometimes cardiovascular surgery where you can kill your patient if you do the wrong thing, right? But other surgeons would say, "I disagree with your assessment of that."</li> <li>At the end of the day, we place great trust and store in the individual in this case,</li> </ul>	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>Q. Yeah, on page 2.</li> <li>A. I'm there.</li> <li>Q. Actually, beginning at the very bottom of page 1. I'm sorry. The article quotes you as saying, "The procedure contemplated in Cleveland raises very interesting questions about personal identity and how people think of themselves. That raises questions about the psychological and psychiatric risks and we don't know what those are. We don't know how to communicate to people what it would be like to have a completely new face." Do you see that? A. I do. Q. Did you make that statement on or around December 2005 in connection with this article?</li></ul>
9         10         11         12         13         14         15         16         17         18         19         20         21         22         23	<ul> <li>don't because you don't know enough. And you can't think of an example where you don't go forward because you don't know enough?</li> <li>A. Individual clinicians might very well decide based on that that it would be inappropriate. A surgeon, for example, might say, "I don't understand enough about the risks and I don't want to be responsible for making things worse." And so I'm thinking neurosurgery for the most part or sometimes cardiovascular surgery where you can kill your patient if you do the wrong thing, right? But other surgeons would say, "I disagree with your assessment of that." At the end of the day, we place great trust and store in the individual in this case, surgeon's ability to be discerning and make</li> </ul>	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	<ul> <li>Q. Yeah, on page 2.</li> <li>A. I'm there.</li> <li>Q. Actually, beginning at the very bottom of page 1. I'm sorry. <ul> <li>The article quotes you as saying, "The procedure contemplated in Cleveland raises very interesting questions about personal identity and how people think of themselves. That raises questions about the psychological and psychiatric risks and we don't know what those are. We don't know how to communicate to people what it would be like to have a completely new face."</li> <li>Do you see that?</li> <li>A. I do.</li> <li>Q. Did you make that statement on or around December 2005 in connection with this article?</li> <li>A. I can only infer the answer to that is yes</li> </ul> </li> </ul>
9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>don't because you don't know enough. And you can't think of an example where you don't go forward because you don't know enough?</li> <li>A. Individual clinicians might very well decide based on that that it would be inappropriate. A surgeon, for example, might say, "I don't understand enough about the risks and I don't want to be responsible for making things worse."</li> <li>And so I'm thinking neurosurgery for the most part or sometimes cardiovascular surgery where you can kill your patient if you do the wrong thing, right? But other surgeons would say, "I disagree with your assessment of that."</li> <li>At the end of the day, we place great trust and store in the individual in this case,</li> </ul>	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<ul> <li>Q. Yeah, on page 2.</li> <li>A. I'm there.</li> <li>Q. Actually, beginning at the very bottom of page 1. I'm sorry. The article quotes you as saying, "The procedure contemplated in Cleveland raises very interesting questions about personal identity and how people think of themselves. That raises questions about the psychological and psychiatric risks and we don't know what those are. We don't know how to communicate to people what it would be like to have a completely new face." Do you see that? A. I do. Q. Did you make that statement on or around December 2005 in connection with this article?</li></ul>

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1	Page 158	1	Page 160
$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$	where there's not enough known about the psychiatric and psychological risks to obtain valid consent to a	$\begin{vmatrix} 1\\2 \end{vmatrix}$	rhinoplasty in a minor." And they say, "Look at this nose and what this kid is going through with
$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	patient?	3	this nose."
4	A. Absolutely not. I would not infer from	4	There are certain kinds of procedures
5	this that at all.	5	which we you might be more cautious about it.
6	This is risky. This is rare. This was a	6	If someone came in and looked as good as
7	case of first impression, by the way, the first in	7	you, I would say there's no basis for a face
8	the world, and this is and this quote is	8	transplant.
9	signaling a number of cautionary messages, in part	9	On the other hand, one might plausibly be
10	because no one has ever done it before.	10	able to imagine a circumstance for whatever reason,
11	It was on a commentary on the	11	not disfigurement by accident but something I'm
12	appropriateness of it, that is to say that it's	12	thinking in the context of a much restricted kind of
13	really hard to get this right. Which is for face	13	procedure, and I change my mind about it when I saw
14	transplants, probably more the case well	14	the patient's nose, which was extraordinary, and I
15	I'm sorry. So yes, I said that, and I	15	said, "Okay, I'm going to change my view about
16	think it's I think I agree with it still.	16	that."
17	Q. So if one of your clinicians came to you	17	So, in other words, they're not analogous,
18	asking for advice about whether or not they could	18	what happened in face transplants 20 years ago.
19	have valid consent to perform a full face transplant	19	Even if I were to say today, "Face transplants are a
20	on a patient who was electing it because they didn't	20	bad idea, don't do them because people want them," I
21	like their face, would you give them advice to say,	21	don't which I'm not saying, to be clear.
22	"As long as you tell them honestly that we don't	22	I'm not sure how that advances our
23	know the risks, go ahead"?	23	discussion.
24	A. No. What I would say first of all, the	24	Q. Well, your rhinoplasty example, if the
25	people who get face transplants, such as they are,	25	nose on the minor patient had not been the nose that
	Page 159		Page 161
1	and I don't know how often this has happened in the	1	you saw but something that in your opinion was kind
2	last 20 years, seek it not because they want a new	2	of a common variety nose that wasn't liked, would
3	face. They seek it because they've been badly	3	you then say to your clinician it, "You shouldn't go
4	disfigured and which, by the way, also entails	4	forward"?
5	significant psychological and psychiatric risks.	5	A. I would say, "You have to have a reason to
6	It's when a surgeon or physician becomes	6	go forward and I don't see the reason here. If you
7	involved that the valid consent process needs to	7	give me a reason, then we can discuss it."
8	take that into account.	8	Q. Why do they need a reason to go forward if
9	If someone were to call me today and say,	9	there's parental consent?
10	"Well, we've had 20 years of face transplants," this	10	A. Because medical interventions need to be
11	was a case of first impression in the world and I	11	assessed by competent physicians. And there's a lot
12	think the stakes and the knowledge are significantly	12	of things the patients might ask for that are
13	different.	13	inappropriate. We have an opioid crisis because of
14	Q. Well, you changed my hypothetical. My	14	that.
15	hypothetical wasn't about someone who was disfigured	15	The mere requesting of something from a
16	but someone who wanted to have a new face.	16	physician does not absolve the physician from using their clinical judgment to decide whether it's right
17	Would you say to your clinician, "As long	17	
18	as you tell them that we don't have information	18 19	for the patient. So merely if someone asks for
	about the psychiatric outcome, that you can go ahead	17	something across the arc of I mean, if someone
19	and give velid concent"?	20	anya "I think I have concer places give me concer
20	and give valid consent"?	20	says, "I think I have cancer, please give me cancer drugs " you wouldn't do that, even if turns out
20 21	A. It depends on the face. By which I mean	21	drugs," you wouldn't do that, even if turns out
20 21 22	A. It depends on the face. By which I mean to say years ago, I would be talking to a	21 22	drugs," you wouldn't do that, even if turns out they're right because it might not or they say,
20 21 22 23	A. It depends on the face. By which I mean to say years ago, I would be talking to a cosmetic surgeon and I would be expressing an	21 22 23	drugs," you wouldn't do that, even if turns out they're right because it might not or they say, "I want this drug and not that one," or "I want"
20 21 22	A. It depends on the face. By which I mean to say years ago, I would be talking to a	21 22	drugs," you wouldn't do that, even if turns out they're right because it might not or they say,

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	Page 162		Page 164
1	between clinician and patient, requires a clear	1	I think certain behavioral drugs. I'm not
2	understanding about roles and a learned professional	2	sure. I'm not sure offhand. I can imagine there
3	like a physician ought to have a understand why	3	would be some that would be legitimate.
4	it is that something has been requested and then	4	Q. Legitimate refusals to?
5	make an assessment about whether or not it's	5	A. To accede to a parental request but it
6	appropriate for that patient.	6	would have to be something like that.
7	One might very well say, "A first full	7	Q. What about bariatric surgery, does your
8	face transplant is worth giving it a go," as a case	8	employer perform bariatric surgery on obese minors?
9	of first impression, as it were.	9	A. I do not know.
10	But I don't think they're analogous.	10	Q. So how would you define the standard that
11	Q. Is parental authority to make medical	11	you just gave an example of? What is the standard
12	decisions for minor children constrained compared	12	that a clinician should apply when determining
13	with the autonomy that adults themselves enjoy?	13	whether or not to accept parental consent on behalf
14	A. In some respects.	14	of a minor?
15	Q. Explain.	15	A. The standard for evaluating the validity
16	A. Jehovah's Witnesses, for example, refuse	16	of the consent?
17	blood transfusions.	17	Q. Very well spoken, yes.
18	An adult Jehovah Witness will die for want	18	A. Whether it have you, the parent, been
19	of a blood transfusion. They will honor the adult's	19	given adequate information? Are you, the parent,
20	valid refusal of blood for whatever the reason is.	20	making on your child's behalf a voluntary decision?
21	We don't challenge them on their faith.	21	And do you, the parent, understand and appreciate
22	A child, however, who is a child of	22	what I've just told you?
23	Jehovah's Witnesses, even if the parents are	23	Q. Well, why wouldn't all those three things
24	requesting that there not be a transfusion will in	23	be true in the case of a parent who's a Jehovah's
25	most jurisdictions lead to a request for judicial	25	Witness who refuses a blood transfusion?
1	Page 163 intervention to transfuse the child.	1	Page 165 A. Because they're not parallel cases at all.
2	So that's an example of, I think, what	2	Because at the end of day, that child is going to
3	you're asking for.	3	die. And in our society, we've agreed we do not
4	Q. Can you think of any examples where a	4	allow parental refusal of ordinary treatments to
5	parent is requesting treatment of a child and,	5	peril the life and limb of children.
6	again, you're going to end up in judicial	6	Q. But which of the three things you just
7	intervention because the hospital won't do it?	7	mentioned are
8	A. Well, similar cases. Usually they're	8	A. They don't apply in that case. That's why
9	shaped by faith, traditions. If someone refuses	9	we get a court order.
10	there's certain faiths that do not accept modern	10	Q. Yeah, but my question is what's the
11	medicine and we've had there are cases that	11	standard that you would apply when you evaluate
12	you're familiar with where children where	12	requests from your clinicians, what standard do you
13	institutions have been compelled over parental	13	apply when determining whether or not the hospital
14	objections to provide cancer care, for example, for	14	can correctly refuse to accede to a parental
14	· · · · · · · · · · · · · · · · · · ·	15	request?
14	a child.	15	
15		16	-
	a child. Q. Right, so I was just asking about the reverse.		A. Only the standard of valid consent and patient best interest.
15 16	Q. Right, so I was just asking about the reverse.	16	A. Only the standard of valid consent and patient best interest.
15 16 17	Q. Right, so I was just asking about the	16 17	A. Only the standard of valid consent and
15 16 17 18	<ul><li>Q. Right, so I was just asking about the reverse.</li><li>Can you think of an example where a parent has requested on behalf of a child a medical</li></ul>	16 17 18	A. Only the standard of valid consent and patient best interest. There's no separate standard for that than there is for anything else.
15 16 17 18 19	<ul> <li>Q. Right, so I was just asking about the reverse.</li> <li>Can you think of an example where a parent has requested on behalf of a child a medical intervention that the hospital did not think was</li> </ul>	16 17 18 19	A. Only the standard of valid consent and patient best interest. There's no separate standard for that than
15 16 17 18 19 20	Q. Right, so I was just asking about the reverse. Can you think of an example where a parent has requested on behalf of a child a medical intervention that the hospital did not think was appropriate?	16 17 18 19 20	<ul> <li>A. Only the standard of valid consent and patient best interest.</li> <li>There's no separate standard for that than there is for anything else.</li> <li>Q. What do you mean by patient best interest?</li> <li>A. Well, if, for example, a parent were to</li> </ul>
15 16 17 18 19 20 21	<ul> <li>Q. Right, so I was just asking about the reverse.</li> <li>Can you think of an example where a parent has requested on behalf of a child a medical intervention that the hospital did not think was</li> </ul>	16 17 18 19 20 21	<ul> <li>A. Only the standard of valid consent and patient best interest.</li> <li>There's no separate standard for that than there is for anything else.</li> <li>Q. What do you mean by patient best interest?</li> </ul>
15 16 17 18 19 20 21 22	<ul> <li>Q. Right, so I was just asking about the reverse.</li> <li>Can you think of an example where a parent has requested on behalf of a child a medical intervention that the hospital did not think was appropriate?</li> <li>A. Those requests on behalf of the child are</li> </ul>	16 17 18 19 20 21 22	<ul> <li>A. Only the standard of valid consent and patient best interest.</li> <li>There's no separate standard for that than there is for anything else.</li> <li>Q. What do you mean by patient best interest?</li> <li>A. Well, if, for example, a parent were to request that a lobectomy; I want my child to have</li> </ul>

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1	Page 166 that or the surgeon would make that judgment	1	Page 168 Normally we recommend taking the advice
		2	of listen to your doctor, take your doctor's
$\begin{vmatrix} 2 \\ 2 \end{vmatrix}$	once again, the standard at the end of day is in the	2 3	advice. If you don't like your doctor's advice,
3	head of the physician.	4	talk to other doctors.
4	It sometimes happens and people		
5	disagree reasonable people disagree as you've	5	It's trickier in the case of parents and
6	discovered throughout this process. Reasonable	6	children. But the question you're asking would be
7	people disagree.	7	inappropriately answered without a lot more facts.
8	So suppose a woman has a family history of	8	Q. So what's the role of parental consent if,
9	breast cancer, tests positive for the BRCA1 or 2	9	in your opinion, you could look at a situation and a
10	genes and someone says, well, one of the best ways	10	clinician's determination of best interest and a
11	to prevent you from developing breast cancer is to	11	minor's assent would be sufficient to compel a
12	do mastectomies.	12	procedure or go forward with a procedure?
13	One might counsel one might agree to	13	A. Once again, I don't think we'd necessarily
14	that depending on the particular facts of the case,	14	be talking about compelling a procedure as much as
15	the nature of the family history, what we know now	15	we might be saying depending on your view of things.
16	about breast cancer genes, and say, you know	16	And I'm trying to think of an example
17	something, let's do watchful waiting. Or one might	17	that's in a completely different area.
18	plausibility say with the same information, the same	18	Get a second or third opinion. That's a
19	patient, you know something, we can see our way	19	good idea in cancer care. Sometimes a cancer doctor
20	clear to doing a mastectomy.	20	will say I recommend this. The kid once again, I
21	In other words, the standard is not going	21	don't how common any of this is. But since your
22	to give you the same answer in every case. What you	22	hypothetical is interesting, the child may say, I'm
23	want in every case is that the learned professional	23	okay with it and the parents say we've got
24	who's doing this is mindful of these requirements	24	misgivings and we don't want to consent to it yet.
25	and is using their clinical judgment guided by the	25	In that case, one would be well advised to
	Page 167		Page 169
1	best interest of the patient, which is why some	1	learn more about the procedure, talk to other
2	surgeons will not take some cases outside of the	2	clinicians, talk to more experts and so forth.
3	current domain at all and others will do them.	3	Judicial intervention is a dramatic step.
4	We have surgeons now do fetal surgery.	4	It usually is when someone is in imminent risk of
5	Others wouldn't consider it, to try to conduct fetal	5	dying. But it captures your example of something
6	abnormalities.	6	that we do independently of what a parent wants. It
7	Q. Would it be appropriate for a parent to	7	is comparatively rare.
8	refuse to consent to treatment recommended by a	8	Q. Now, in terms of procedures that the
9	gender care doctor and that the child wants to	9	healthcare provider should not accede to the
10	receive?	10	parental request, isn't sterilization of a child or
11	A. I need to know more about that. It sounds	11	a minor one of them?
12	like it would be a very interesting ethics consult.	12	A. If I'm not mistaken, that might be
13	Q. So you think there are situations where a	13	addressed in Florida statute.
14	doctor could recommend medical treatment for gender		It's worth mentioning. When you say
15	dysphoria, the child is on board, the parent isn't	15	sterilization, there are a number of procedures that
16	and it could be a case for judicial intervention?	16	are on analogy.
17	A. It might be. Once again, I need to know a	17	So, yes, sterilization is sometimes that
18	lot more facts about that.	18	sort of thing where we're very reluctant to do such
19	Once again, generally speaking might	19	a thing, absent other circumstances that make it
20	get a second opinion, too by, the way. I mean,	20	permissible.
21	there are number of ways that a case like this would	21	Q. And why is that treated differently?
22	be approached.	22	A. Well, it depends on who is being
23	The summary your proceed is	23	sterilized by the way. Male, female, is it
24	interesting. But a proper answer and a thoughtful	24	reversible or not, that sort of thing.
25	answer would require more facts.	25	Q. A hysterectomy on a minor female who wants

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Page 170Page 1701to manage menstruation?1to do for this child was.2A. You may recall a very interesting case2Q. Did you ever express an opinion on it?3of experts who you and your colleagues and your4Liont recall that I did. I was trying4client would agree with and a case involving an4to guide colleagues who were some of them were6autism spectrum disorder. It was in the news.6done; others not so much.7And what the family was hoping physicians7Q. How did it turn out?8would do. I don't remember the exact details but8A. I believe I don't remember. I believe10developing and as she's mentruating, one, this is10the ethics service they turned to,11causing her, the patient, in her mental condition12refreshed about it. I just don't know the long-term13phenomenon of menstruation and she's also getting13outcome of it at all.14really large and it's hard for us to carry her14Q. So apart from an autistic child, would it15because is he's not otherwise mobile.15be permissible for a healthcare provider to perform16Therefore, if we can imped her16a hysterectomy on a minor daughter for17development, it would be in her best interest.17non-life-threatening reasons?18At the time, it was a controversial case18A. As part of medical treatment for gender19because it might have involved sterilization for1
2       A. You may recall a very interesting case       2       Q. Did you ever express an opinion on it?         3       of experts who you and your colleagues and your       3       A. I don't recall that I did. I was trying         4       client would agree with a severe - with severe       5       adolescent female with a severe - with severe         5       adolescent female with a severe - with severe       5       adolescent female with a severe - with severe         6       autism spectrum disorder. It was in the news.       7       Q. How did it turn out?         7       And what the family was hoping physicians       7       Q. How did it turn out?         8       would do. I don't remember the exact details but       8       A. I believe I don't remember. I believe         9       the idea is Ashley is getting older and Ashley is       9       the committee the ethics service they turned to,         10       developing and as be's menstruating, one, this is       10       the committee the ethics committee that they relied on said it         11       cause is he's not otherwise mobile.       11       4       O. So apart from an autistic child, would it         15       because it might have involved sterilization for       14       Q. So apart from an autistic child, would it         16       Therefore, if we can impede her       16       A. A spa
3       of experts who you and your colleagues and your       3       A. I don't recall that I did. I was trying         4       client would agree with and a case involving an       5         5       adolescent female with a severe with severe       5         6       autism spectrum disorder. It was in the news.       7         7       And what the family was hoping physicians       7         8       would do. I don't remember the exact details but       8         9       the idea is Ashley is getting older and Ashley is       9         10       developing and as she's menstruating, one, this is       10         11       causing her, the patient, in her mental condition       11         12       extreme alarm. She's much distressed by the       11         13       phenomenon of menstruation and she's also getting       12         14       really large and it's hard for us to carry her       14         15       because it wight have involved sterilization for       15         16       Therefore, if we can imped her       15         17       development, it would be in her best interest.       17         18       At the time, it was a controversial case       18         19       because it might have involved sterilization of people with incapacity is quit
4       client vould agree with and a case involving an adolescent female with a severe with severe adolescent female with a severe with severe severe the matching
5       adolescent female with a severe with severe       5       emphatic, including surgeons, that it should be         6       autism spectrum disorder. It was in the news.       7       Q. How did it turn out?         7       And what the family was hoping physicians       7       Q. How did it turn out?         8       would do. I don't remember the exact details but       9       the ethics committee I don't remember. I believe         9       the idea is Ashley is getting older and Ashley is       10       developing and as she's menstruating, one, this is         10       developing and as she's menstruating, one, this is       11       the ethics committee that they relied on said it         11       causing her, the patient, in her mental condition       11       would be permissible but I have to have my memory         13       phenomenon of menstruation and she's also getting       11       outcome of it at all.         14       really large and it's hard for us to carry her       15       be cause it might have involved sterilization for         16       Therefore, if we can impede her       16       A. As part of medical treatment for gender         19       because it might have that was against a       20       Q. And where does the role of potential         21       background.       21       reget come in your analysis? <td< td=""></td<>
6       autism spectrum disorder. It was in the news.       6       done; others not so much.         7       And what the family was hoping physicians       7       Q. How did it turn out?         8       would do. I don't remember the exact details but the idea is Ashley is getting older and Ashley is 10       8       A. I believe I don't remember. I believe + I don't remember. I believe + I don't remember. I believe + the committee the ethics service they turned to, 10         11       causing her, the patient, in her mental condition 11       8       A. I believe I don't remember. I believe + the committee the ethics service they turned to, 10         12       extreme alarm. She's much distressed by the 13       10       the ethics committee that they relied on said it 11         13       phenomenon of menstruation and she's also getting 14       really large and it's hard for us to carry her 15       11         15       because she's not otherwise mobile.       15       be permissible for a healthcare provider to perform a hysterectomy on a minor daughter for 17         16       Therefore, if we can impede her 17       17       non-life-threatening reasons?         18       At the time, it was a controversial case 19       8       A. As part of medical treatment for gender 19         10       hackground.       21       regret come in your analysis?       22         21       hackey objee with incapacity is quite 21
7       And what the family was hoping physicians       7       Q. How did it turn out?         8       would do. I don't remember the exact details but       8       A. I believe I don't remember. I believe         9       the idea is Ashley is getting older and Ashley is       9       the committee I don't remember. I believe         9       the idea is Ashley is getting older and Ashley is       9       the committee I don't remember. I believe         9       the idea is Ashley is getting older and Ashley is       9       the committee I don't remember. I believe         10       developing and as she's mestruating, one, this is       10       the tethics committee that they relied on said it         11       causing her, the patient, in her mental condition       extreme alarn. She's much distressed by the       11       would be permissible but I have to have my memory         12       extreme alarn. She's much distressed by the       13       outcome of it at all.       14       Q. So apart from an autistic child, would it         15       because in might have involved sterilization for       16       a hysterectomy on a minor daughter for       non-life-threatening reasons?         16       that purpose. That was that was against a       20       Q. And where does the role of potential         11       background.       21       reget rome in your analysis?
8       would do. I don't remember the exact details but       8       A. I believe I don't remember. I believe         9       the idea is Ashley is getting older and Ashley is       9       the committee that they relied on said it         10       developing and as she's menstruating, one, this is       10       the ethics committee that they relied on said it         11       causing her, the patient, in her mental condition       11       would be permissible but I have to have my memory         12       exterme alarm. She's much distressed by the       11       really large and it's hard for us to carry her         14       really large and it's hard for us to carry her       14       Q. So apart from an autistic child, would it         15       because is not otherwise mobile.       15       be permissible for a healthcare provider to perform         16       Therefore, if we can impede her       16       non-life-threatening reasons?         18       At the time, it was a controversial case       18       A. As part of medical treatment for gender         19       because it might have involved sterilization for       19       dysphoria, yes, with parental consent.         20       However, where someone, because of a       11       reget come in your analysis?         21       hat sproke devel of peole with incapacity is quite       24       Q. Do you have any informa
9       the idea is Ashley is getting older and Ashley is       9       the committee the ethics service they turned to,         10       developing and as she's menstruating, one, this is       10       the ethics committee +- the ethics service they turned to,         11       causing her, the patient, in her mental condition       10       the ethics committee +- the ethics service they turned to,         12       extreme alarm. She's much distressed by the       12       refreshed about it. I just don't know the long-term         13       phenomenon of menstruation and she's also getting       13       outcome of it at all.         14       really large and it's hard for us to carry her       14       Q. So apart from an autistic child, would it         15       because she's not otherwise mobile.       16       a hysterectomy on a minor daughter for         17       development, it would be in her best interest.       17       non-life-threatening reasons?       18         18       At the time, it was a controversial case       18       A. As part of medical treatment for gender         19       background.       21       regret come in your analysis?         22       However, where someone, because of a       21       regret come in your analysis?         23       number of cultural and historical considerations,       24       Q. Do you have any information, Dr
10developing and as she's menstruating, one, this is10the ethics committee that they relied on said it11causing her, the patient, in her mental condition11would be permissible but I have to have my memory12extreme alarm. She's much distressed by the12refreshed about it. I just don't know the long-term13phenomenon of menstruation and she's also getting13outcome of it at all.14really large and it's hard for us to carry her14Q. So apart from an autistic child, would it15because she's not otherwise mobile.16Therefore, if we can impede her1616Therefore, if we can impede her16a hysterectomy on a minor daughter for non-life-threatening reasons?1818At the time, it was a controversial case18A. As part of medical treatment for gender19beckause it might have involved sterilization for 1919Q. And where does the role of potential21background.21regret come in your analysis?22However, where someone, because of a 2322A. It is among the considerations that one would do well to be mindful of.24the sterilization of people with incapacity is quite 2424Q. Do you have any information, Dr. Goodman 2523number of cultural and historical considerations 2424A. It wish I had time to share and quite 2624Vage for 271gender dysphoria come to regret that?3a mental disability and there are other procedures 334
11causing her, the patient, in her mental condition11would be permissible but I have to have my memory12extreme alarm. She's much distressed by the12refreshed about it. I just don't know the long-term13phenomenon of menstruation and she's also getting13outcome of it at all.14really large and it's hard for us to carry her14Q. So apart from an autistic child, would it15because she's not otherwise mobile.16Therefore, if we can impede her1616Therefore, if we can impede her16a hysterectomy on a minor daughter for17development, it would be in her best interest.17non-life-threatening reasons?18At the time, it was a controversial case18A. As part of medical treatment for gender19because it might have involved sterilization for19Q. And where does the role of potential20that purpose. That was that was against a20Q. And where does the role of potential21background.21regret come in your analysis?22However, where someone, because of a2131we used to sterilize people with incapacity is quite2424Q. Do you have any information, Dr. Goodman.25in tratic people who had mental112disability and weal, I think, would agree that33a mental disability and there are other procedures54No one is suggesting that anyone here has45a mental disability to reproduce which, in fact, we </td
12extreme alarm. She's much distressed by the phenomenon of menstruation and she's also getting really large and it's hard for us to carry her because she's not otherwise mobile.12refreshed about it. I just don't know the long-term outcome of it at all.13in the set is not otherwise mobile.14Q. So apart from an autistic child, would it be permissible for a healthcare provider to perform a hysterectomy on a minor daughter for non-life-threatening reasons?16Therefore, if we can impede her development, it would be in her best interest.1617development, it would be in her best interest.1718At the time, it was a controversial case that purpose. That was that was against a number of cultural and historical considerations, 221821background.2022However, where someone, because of a number of cultural and historical considerations, legally, politically and ethically fraught because2124Page 1717we used to sterilize people who had mental 2242A. I wish I had time to share and quite recently, I mean, in the last week or so but a couple of articles in the surgical journals which showed that regret by patients for knee surgery, 676in reproductive medicine and oncology which imperil in treating?77A. No, of course not. I don't treat anybody.89Q. Was Ashley somebody that you were involved in treating?910A. No, of course not. I don't treat anybody.10
13phenomenon of menstruation and she's also getting13outcome of it at all.14really large and it's hard for us to carry her14Q. So apart from an autistic child, would it15because she's not otherwise mobile.15be permissible for a healthcare provider to perform16Therefore, if we can impede her16a hysterectomy on a minor daughter for17development, it would be in her best interest.17non-life-threatening reasons?18At the time, it was a controversial case18A. As part of medical treatment for gender19because it might have involved sterilization for19dysphoria, yes, with parental consent.20that purpose. That was that was against a20Q. And where does the role of potential21background.21regret come in your analysis?22However, where someone, because of a23Number of cultural and historical considerations,23number of cultural and historical considerations,23Q. Do you have any information, Dr. Goodman,24the sterilization of people with incapacity is quite24gender dysphoria come to regret that?25legally, politically and ethically fraught because25on the rate at which minors who have surgery for24we used to sterilize people who had mental1gender dysphoria come to regret that?3that is out of bounds.3couple of articles in the surgical journals which4No one is suggesting that anyone here has4couple of articles in the surgic
14really large and it's hard for us to carry her14Q. So apart from an autistic child, would it15because she's not otherwise mobile.15be permissible for a healthcare provider to perform16Therefore, if we can impede her16a hysterectomy on a minor daughter for17development, it would be in her best interest.17non-life-threatening reasons?18At the time, it was a controversial case18A. As part of medical treatment for gender19because it might have involved sterilization for19dysphoria, yes, with parental consent.20that purpose. That was that was against a20Q. And where does the role of potential21background.21regret come in your analysis?22However, where someone, because of a22A. It is among the considerations that one23number of cultural and historical considerations,23Q. Do you have any information, Dr. Goodman.24the sterilization of people with incapacity is quite24Q. Do you have any information, Dr. Goodman.25legally, politically and ethically fraught because25on the rate at which minors who have surgery for24we used to sterilize people who had mental1gender dysphoria come to regret that?3a mental disability and there are other procedures4No one is suggesting that anyone here has34No one is suggesting that anyone here has5a mental disability to reproduce which, in fact, we48do all the time, especially in o
15because she's not otherwise mobile.15be permissible for a healthcare provider to perform16Therefore, if we can impede her16a hysterectomy on a minor daughter for17development, it would be in her best interest.17non-life-threatening reasons?18At the time, it was a controversial case18A. As part of medical treatment for gender19because it might have involved sterilization for19dysphoria, yes, with parental consent.20that purpose. That was that was against a20Q. And where does the role of potential21background.21regret come in your analysis?22However, where someone, because of a21would do well to be mindful of.21the sterilization of people with incapacity is quite24Q. Do you have any information, Dr. Goodman25legally, politically and ethically fraught because25on the rate at which minors who have surgery for24we used to sterilize people who had mental1gender dysphoria come to regret that?2A. No one is suggesting that anyone here has3a mental disability and there are other procedures3a mental disability to reproduce which, in fact, we4couple of articles in the surgical journals which4do all the time, especially in oncology.9A. No, of course not. I don't treat anybody.9Q. Was Ashley somebody that you were involved9A. Not I could with a little bit of time10in treating?10and a computer. In fact, somebody c
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11 A. No, of course not. I don't treat anybody. 11 search right now.
12 Q. I'm sorry. Was Ashley someone your 12 Q. So apart from those articles that you
13 clinicians were involved in treating that you 13 mentioned that you saw in the last couple of weeks,
14 consulted them? 14 any other information that you have on the rate of
15 A. You remembered her name. 15 regret of minors who undergo surgery for gender
16 No. Oh, Ashley, you're talking about the 16 dysphoria?
17 case I just mentioned? 17 A. I would have to I'm familiar that
18 Q. Yes. 18 there's literature on this and there's controversy
19 A. Oh, no, she was not. I don't remember 19 surrounding it. Other than that, that specifically
20 where she was. 20 no.
21 Q. It was just something written up in the 21 Q. Are you familiar with lawsuits that have
22 literature? 22 been filed against healthcare providers for

44 (Pages 170 - 173)

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1	Page 174		Page 176
1	I don't remember any of them.	1	severe behavioral abnormality?
2	MS. CHENG-WUN WEAVER: Can we take a	1	Q. Let's talk about autism.
3	bathroom break?	3	A. I don't know how someone with autism would
4	MR. SECHLER: We can take a break any	4	come to regard themselves as needing as having
5	time.	5	gender dysphoria. It's a hypothetical. It may not
6	(Recess taken from 2:27 p.m. to 2:36 p.m.)	6	be possible.
7	BY MR. SECHLER:	7	Q. You're not familiar with any correlation
8	Q. Dr. Goodman, why does mental illness limit	8	between diagnoses of gender dysphoria and autism?
9	a patient's ability to provide voluntary consent to	9	A. No.
10	medical treatment?	10	Q. Let me ask you to take a look at the Cass
11	A. It might not.	11	Review which is right there. If you can turn to
12	Generally speaking, however, the concern	12	page 93. If you can go to paragraph 5.41.
13	would be that, depending on the mental illness or	13	A. Okay.
14	deficit, that one might not be able to understand	14	Q. And it states, "Some research studies have
15	and appreciate the information.	15	suggested that transgender and gender-diverse
16	Q. And have you dealt with that as the ethics	16	individuals are three to six times more likely to be
17	advisor to clinicians in your hospital?	17	autistic than cisgender individuals, after
18	A. Incapacity often arises in hospitals	18	controlling for age and educational attainment."
19	usually in the context of end-of-life care when	19	Do you see that?
20	surrogates and proxies are appointed.	20	A. I do.
21	Q. Have you had situations where you've had	21	Q. Did I read that correctly?
22	capacity questions arise with respect to minors who	22	A. Apparently so.
23	were suffering behavior maladies?	23	Q. So in the situation of a minor who has
24	A. I don't recall. No more than simply	24	assented but who is autistic, would you have any
25	because they're minors. Capacity questions arise on	25	concerns about that minor being referred for
	Page 175		Page 177
1	their face in all cases with minors, because they're	1	transition medications or surgery for gender
1	•		
2	minors.	2	dysphoria?
3	Q. Well, is there any role for minor assent	2 3	A. Forgive me for the skepticism. Some
3 4	Q. Well, is there any role for minor assent in connection with medical treatment for gender	3 4	A. Forgive me for the skepticism. Some studies have suggested that is how should I put
3	Q. Well, is there any role for minor assent in connection with medical treatment for gender dysphoria?	3 4 5	A. Forgive me for the skepticism. Some studies have suggested that is how should I put this? really rather quite vague.
3 4 5 6	<ul><li>Q. Well, is there any role for minor assent in connection with medical treatment for gender dysphoria?</li><li>A. I believe there is.</li></ul>	3 4 5 6	<ul> <li>A. Forgive me for the skepticism. Some studies have suggested that is how should I put this? really rather quite vague.</li> <li>It's not saying first of all, I'm not</li> </ul>
3 4 5 6 7	<ul><li>Q. Well, is there any role for minor assent in connection with medical treatment for gender dysphoria?</li><li>A. I believe there is.</li><li>Q. Would you think that minor ascent is a</li></ul>	3 4 5 6 7	<ul> <li>A. Forgive me for the skepticism. Some studies have suggested that is how should I put this? really rather quite vague. It's not saying first of all, I'm not sure what it means to say that a study suggests</li> </ul>
3 4 5 6 7 8	<ul><li>Q. Well, is there any role for minor assent in connection with medical treatment for gender dysphoria?</li><li>A. I believe there is.</li><li>Q. Would you think that minor ascent is a necessary condition to proceed with treatment?</li></ul>	3 4 5 6 7 8	<ul> <li>A. Forgive me for the skepticism. Some studies have suggested that is how should I put this? really rather quite vague. It's not saying first of all, I'm not sure what it means to say that a study suggests something. Some, of course, could be two in a</li> </ul>
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3 4 5 6 7 8 9 10 11	<ul> <li>Q. Well, is there any role for minor assent in connection with medical treatment for gender dysphoria?</li> <li>A. I believe there is.</li> <li>Q. Would you think that minor ascent is a necessary condition to proceed with treatment?</li> <li>A. I cannot think of an example where, if a minor did not assent, one would proceed anyway.</li> <li>Q. So would you have a question about minor</li> </ul>	3 4 5 6 7 8 9 10 11	A. Forgive me for the skepticism. Some studies have suggested that is how should I put this? really rather quite vague. It's not saying first of all, I'm not sure what it means to say that a study suggests something. Some, of course, could be two in a hundred. And absent knowing more I don't know the reference "Warrier, et al. 2020." I don't know what to say about it. If that's the case, it's the
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45 (Pages 174 - 177)

	Page 178		Page 180
1	concerns. My job is to be concerned.	1	based on the evidence is in the best interest of the
2	If I were in my capacity to be asked to	2	patient, then one needs to weigh the severity of the
3	consult in a case, I'd want to know a whole lot	3	incapacity that you're describing, which is on top
4	more before I would be able to say I'm	4	of minor hood in deciding whether to go forward or
5	concerned or I'm not concerned. I really	5	not in deciding whether what the appropriate
6	don't I don't know enough about this to be	6	role of assent is.
7	able to say anything useful one way or another.	7	And that can't be determined unless you
8	I had one of the things we've learned,	8	know how severe the malady is. It's impossible to
9	and you know this too, is that many mental	9	determine absent that.
10	conditions, including autism, are on spectrums	10	Q. So what is the Nuremberg Code?
11	and, absent knowing where one is on the	11	A. What does the code what is it, what
12	spectrum, it would be probably bad form to	12	does it do?
13	opine in general about all cases of somebody	13	Q. Are you familiar with it?
14	with a particular diagnosis.	14	A. I am.
15	BY MR. SECHLER:	15	Q. Does it have a role in your practice as a
16	Q. If there was a correlation between	16	bioethicist?
17	behavioral maladies and minors presenting with	17	A. Not anymore. It's a historic document
18	gender dysphoria, would you recommend any extra	18	that's been overtaken by others that are far more
19	steps for clinicians involved in providing medical	19	the Nuremberg Code, for example, would prohibit
20	treatments to those minors?	20	what's now common public health research, for
21	A. Not necessarily. Based on the strength of	21	example.
22	the correlation.	22	The Nuremberg Code requires the informed
23	Correlation, as you know, is not causation	23	consent of everybody in a research environment and
24	and it might there may be other factors that are	24	yet we've made and discovered reasons for a number
25	at play. My general, and I think this is sort of	25	of exceptions to that since 1945 or '6.
	Page 179		Page 181
1	Page 179 Hornbook Ethics is you should always devote great	1	Page 181 O. Does voluntary consent require freedom
1 2	Hornbook Ethics is you should always devote great	1 2	Q. Does voluntary consent require freedom
2	Hornbook Ethics is you should always devote great attention to the consent process and make sure that	2	Q. Does voluntary consent require freedom from controlling influences?
2 3	Hornbook Ethics is you should always devote great attention to the consent process and make sure that it's not being impeded in any way.		<ul><li>Q. Does voluntary consent require freedom from controlling influences?</li><li>A. Well, controlling influences that would</li></ul>
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2 3	Hornbook Ethics is you should always devote great attention to the consent process and make sure that it's not being impeded in any way. If in the circumstances one were to believe that that would be impediment to the consent	2 3	<ul><li>Q. Does voluntary consent require freedom from controlling influences?</li><li>A. Well, controlling influences that would undermine the validity of the consent. I mean, people are under all sorts of controlling inferences</li></ul>
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	Page 182		Page 184
1	is destroying civilization, I would not be surprised	1	Q. You weren't one the bioethicists who WPATH
2	if that were true.	2	consulted?
3	I'm not aware of that.	3	A. I was not.
4	Q. Are you aware of how WPATH has handled the	4	Q. Do you know any bioethicists who were
5	issue of valid consent in SOC-8?	5	consulted by WPATH?
6	A. I'd have to be directed to the once	6	A. I do not know who they consulted. It's
7	again, I haven't read this recently.	7	possible they consulted with someone I know. But
8	(Thereupon, the referred-to document was	8	since I don't know, I can't connect those two.
9	marked for Identification as Defendants'	9	Q. Now, if we go back to Exhibit 6 which is
10	Exhibit 15.)	10	SOC-8 and it's it might be right there.
11	BY MR. SECHLER:	11	I'd ask you to turn down to page S48. I'm
12	Q. I'm handing you a document marked as 15.	12	just directing you to the bottom of the page there,
12	A. Thank you.	12	the paragraph that carries over on to S49.
13	Q. You're welcome.	13	Do you see where it states, "From a human
14	-	15	rights perspective, considering gender diversity as
15	I'm handing you a document entitled "WPATH Executive Committee Minutes." It is part of the	15	a normal and expected variation within the broader
	*		
17	WPATH document production in this case.	17	diversity of the human experience, it is an
18 19	And my first question is whether you've seen this document before?	18 19	adolescent's right to participate in their own
			decision-making process about their health and
20	A. I do not recall.	20	lives, including access to gender health services."
21	MR. SECHLER: And I should put a note on	21	Do you see that?
22	the record here, I assume we will be treating	22	A. I do.
23	the transcript and attachments as confidential	23	Q. Are you aware of any reference in the
24	because this is material covered by protective	24	WPATH SOC-8 standards regarding parental or guardian
25	order and I certainly don't want to be	25	consent?
	Dage 183		D 105
1	Page 183		Page 185
1	responsible for violating it.	1	A. I can't recall. I do not recall.
2	responsible for violating it. MS. CHENG-WUN WEAVER: Yes, that's right.	1 2	<ul><li>A. I can't recall. I do not recall.</li><li>Q. And do you know the citation here to</li></ul>
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	Page 186		Page 188
1	quality of the argument, not the media in which it's	1	times. In my life, maybe 20 15, 20.
2	published.	2	Q. Okay. Have any of your opinions ever been
3	Q. Dr. Goodman, do you agree that social	3	excluded or limited by a court for any reason?
4	pressure and fear of censure is affecting what is	4	A. No.
5	published concerning transition medications for	5	Q. Has any court found you not competent or
6	minors and the willingness of doctors to voice	6	not qualified to testify on any subject?
7	concerns?	7	A. No.
8	A. I'm not aware of that.	8	Q. How many of those about 20 times ended up
9	Q. Have any doctors or other scientists	9	with you testifying in court?
10	expressed to you their concern about being adversely	10	A. Three, four, perhaps.
11	affected for expressing concerns about medical	11	Q. So if you can look at Exhibit 1 again and
12	treatment for gender dysphoria?	12	take a look at paragraph 11 on page 4.
13	A. Not in my experience.	12	A. Yes.
14	Q. Did you see the reference in the Cass	14	Q. I believe you list four cases there,
15	report about that issue?	15	right?
16	A. I'm not sure I remember it. I understand	16	A. Yes.
17	the issue.	17	Q. Are there other cases besides those where
18	Q. Let's take a look.	18	you've testified in court?
19	If you can turn to page 13.	19	A. Yes.
20	A. Okay.	20	Q. And what other cases did you testify in
20	Q. If you look at the top of the second	20	court in?
21 22	column, it states, "There are few other areas of	$ ^{21}_{22}$	A. I appreciate if I could have my list of
22	healthcare where professionals are so afraid to	22	previous cases. One of them was a case in Missouri
23	openly discuss their views, where people are	23	involving a dispute over control, if not ownership,
24	vilified on social media and where namecalling echos		of biological material for research.
25	vinned on social media and where nameeaning cenos	25	or biological material for research.
	Page 187		Page 189
1	the worst bullying behavior. This must stop."	1	I have the style at home. I can provide
2	the worst bullying behavior. This must stop." Did I read that correctly?	2	I have the style at home. I can provide that, if necessary. And that may be the third or
2 3	<ul><li>the worst bullying behavior. This must stop."</li><li>Did I read that correctly?</li><li>A. Yes.</li></ul>	2 3	I have the style at home. I can provide that, if necessary. And that may be the third or fourth one in addition to these. Two of which
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	Page 190		Page 192
1	A. I did.	1	Q. And you don't remember who that is?
2	Q. What about the Gainesville Woman Care	2	A. Absolutely not.
3	case, what did that involve?	3	Q. How many lawyers did you work with in the
4	A. That involved an expert affidavit, and if	4	Doe versus Ladapo case?
5	memory serves, it was the trial was scheduled but	5	A. Several.
6	a judge actually issued a summary judgment if I'm	6	Was it you? I get a lot of calls and I
7	not mistaken.	7	also get calls that I'm not interested and, frankly,
8	Q. It appears you at least testified by	8	they all run together.
9	deposition in that matter?	9	This is salient. This is what you-all do.
10	A. I think so, yes. Yes.	10	This is not mostly what I do.
11	Q. Do you know what the case was about?	11	Q. Okay.
12	A. That one was that was Florida's	12	A. And I I'm looking at this and thinking,
13	mandatory waiting period for termination of	13	what happened in Gainesville which goes back to what
14	pregnancy.	14	year, 2000. I just don't remember.
15	Q. How did you come to be involved in those	15	Q. You were working with The Human Rights
16	two cases regarding mandatory waiting periods?	16	Campaign in connection with your retention as an
17	A. I do not recall.	17	expert in Doe versus Ladapo, correct?
18	As someone who teaches what I teach where	18	A. Yes.
19	valid consent is near the core of it, both in our	19	Q. And at some point, one of the lawyers
20	educational and a frankly our legal system,	20	involved in that case asked you if you could be
21	someone I don't know how I came to know them or	21	involved in the Alabama case?
22	they came to know me.	22	A. Either that or referred me to somebody who
23	Q. Do you do work for the Human Rights	23	was involved in the other case.
24	Campaign?	24	Q. And you don't know how long ago that was?
25	A. No.		
25		25	A. No, sometime before I actually was
23	Page 191	25	Page 19
1		25	Page 19 deposed. You have the deposition there I reckon.
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49 (Pages 190 - 193)

	Page 194		Page 196
1	Was that preparation for this case? When	1	Q. Did you meet with counsel in person before
2	there's such a case and there's a report or a	2	this deposition?
3	document or an article, one reads it. Does that	3	A. About this deposition?
4	equal preparation for the case?	4	Q. Uh-huh, yes.
5	Q. Well, you tell me. I mean, if it does,	5	A. We've spoken on the phone.
6	then you're required to disclose it to us.	6	Q. But you didn't meet in person to prepare?
7	A. Well, as I say, I've already disclosed to	7	A. No. Excuse me. No, I don't think so.
8	you that when I read about when I heard about	8	Mind you, in the the Tennessee case,
9	this, I tabbed through this report.	9	does that count as preparation if it's on the same
10	When I saw the article last literally	10	issue, you know, that sort of thing?
10	in the last week, I looked at it online. I haven't	10	Q. You mean the Florida case?
11	printed it yet. I haven't had a chance I haven't	11	A. The Florida case, yes, sorry. I beg your
12	read it carefully.	12	pardon.
	-	13	-
14	Q. And just for the record, when you said		Tennessee, Florida, you know, they all run
15	"this," you were talking about the Cass report?	15	together after a point.
16	A. I'm referring to the Cass report, yes.	16	Q. Have you spoken to anyone besides counsel
17	Q. Were there any other materials, since the	17	about your involvement in this case?
18	time you prepared your report up until today,	18	A. No.
19	besides those articles you mentioned regarding and	19	Q. Colleagues, bosses, students?
20	your Cass Review that you can recall reviewing?	20	A. No.
21	A. No. Sorry, I misunderstood.	21	Q. Have you ever served on an institutional
22	Once again, and perhaps the most recent	22	review board?
23	articles I'm still using them to prepare for today's	23	A. I have.
24	experience. I did not use them to prepare.	24	Q. How many times?
25	Sometimes I didn't even use this to prepare. It was	25	A. I served on well, service lasts for a
	Page 195		Page 197
1	due diligence to know what it was about.	1	certain duration. I've been on two separate
$\begin{vmatrix} 2 \\ 2 \end{vmatrix}$	Q. This again referring to the Cass Review?	$\begin{vmatrix} 2 \\ 2 \end{vmatrix}$	institutional reviews. One of them is from my
3	A. The Cass Review, yes.	3	institution, University of Miami. The other was for
4	Q. There's no video.	4	a while I served on the institutional review board
5	A. She's watching.	5	for Baptist Health of South Florida, a large
6	Q. She can't add words, though.	6	hospital group in South Florida.
7	So back to the question, what did you do	7	Q. And how long did you serve on the
8	to prepare for your deposition today? Did you meet	8	University of Miami's IRB?
9	with anybody?	9	A. Eight, ten years. That's approximate.
10	A. Not beside counsel on the phone, no.	10	Q. How long did you serve on the Baptist
11	Q. Well, that's part of my question.	11	Health IRB?
12	How long did you talk to counsel on the	12	A. Half that or less.
13	phone without revealing the substance of your	13	Q. And when did your affiliation with the
		1 1 4	Linesensites of Microsi IDD completele()
14	conversation?	14	University of Miami IRB conclude?
15	A. On and off over a couple of hours.	15	A. Some years ago. I'm at the University of
15 16	<ul><li>A. On and off over a couple of hours.</li><li>Q. When was that?</li></ul>	15 16	A. Some years ago. I'm at the University of Miami now for more than 30 years and I would say
15 16 17	<ul><li>A. On and off over a couple of hours.</li><li>Q. When was that?</li><li>A. Over the past six months since we</li></ul>	15 16 17	A. Some years ago. I'm at the University of Miami now for more than 30 years and I would say I don't recall. I'd really have to look at my CV
15 16 17 18	<ul><li>A. On and off over a couple of hours.</li><li>Q. When was that?</li><li>A. Over the past six months since we originally since they contacted me.</li></ul>	15 16 17 18	A. Some years ago. I'm at the University of Miami now for more than 30 years and I would say I don't recall. I'd really have to look at my CV and it might not even list the date I was on the
15 16 17 18 19	<ul><li>A. On and off over a couple of hours.</li><li>Q. When was that?</li><li>A. Over the past six months since we originally since they contacted me. There was an initial contact, I assume.</li></ul>	15 16 17 18 19	A. Some years ago. I'm at the University of Miami now for more than 30 years and I would say I don't recall. I'd really have to look at my CV and it might not even list the date I was on the IRB. It counts as a form of service which is it
15 16 17 18 19 20	<ul> <li>A. On and off over a couple of hours.</li> <li>Q. When was that?</li> <li>A. Over the past six months since we originally since they contacted me. There was an initial contact, I assume.</li> <li>Unlike lawyers, I don't actually log what I do by</li> </ul>	15 16 17 18 19 20	A. Some years ago. I'm at the University of Miami now for more than 30 years and I would say I don't recall. I'd really have to look at my CV and it might not even list the date I was on the IRB. It counts as a form of service which is it probably is there.
15 16 17 18 19 20 21	<ul> <li>A. On and off over a couple of hours.</li> <li>Q. When was that?</li> <li>A. Over the past six months since we originally since they contacted me. There was an initial contact, I assume.</li> <li>Unlike lawyers, I don't actually log what I do by day and hour. Perhaps I should start.</li> </ul>	15 16 17 18 19 20 21	<ul> <li>A. Some years ago. I'm at the University of Miami now for more than 30 years and I would say I don't recall. I'd really have to look at my CV and it might not even list the date I was on the IRB. It counts as a form of service which is it probably is there.</li> <li>Q. Let's take a look. Exhibit 2, I believe.</li> </ul>
15 16 17 18 19 20 21 22	<ul> <li>A. On and off over a couple of hours.</li> <li>Q. When was that?</li> <li>A. Over the past six months since we originally since they contacted me. There was an initial contact, I assume.</li> <li>Unlike lawyers, I don't actually log what I do by day and hour. Perhaps I should start. But when you don't bill for stuff, you</li> </ul>	15 16 17 18 19 20 21 22	<ul> <li>A. Some years ago. I'm at the University of Miami now for more than 30 years and I would say I don't recall. I'd really have to look at my CV and it might not even list the date I was on the IRB. It counts as a form of service which is it probably is there.</li> <li>Q. Let's take a look. Exhibit 2, I believe.</li> <li>A. Did you take that one from me too? Let's</li> </ul>
15 16 17 18 19 20 21 22 23	<ul> <li>A. On and off over a couple of hours.</li> <li>Q. When was that?</li> <li>A. Over the past six months since we originally since they contacted me. There was an initial contact, I assume.</li> <li>Unlike lawyers, I don't actually log what I do by day and hour. Perhaps I should start. But when you don't bill for stuff, you lose interest in that sort of thing. You</li> </ul>	15 16 17 18 19 20 21 22 23	<ul> <li>A. Some years ago. I'm at the University of Miami now for more than 30 years and I would say I don't recall. I'd really have to look at my CV and it might not even list the date I was on the IRB. It counts as a form of service which is it probably is there.</li> <li>Q. Let's take a look. Exhibit 2, I believe.</li> <li>A. Did you take that one from me too? Let's see. If they put table of contents.</li> </ul>
15 16 17 18 19 20 21 22	<ul> <li>A. On and off over a couple of hours.</li> <li>Q. When was that?</li> <li>A. Over the past six months since we originally since they contacted me. There was an initial contact, I assume.</li> <li>Unlike lawyers, I don't actually log what I do by day and hour. Perhaps I should start. But when you don't bill for stuff, you</li> </ul>	15 16 17 18 19 20 21 22	<ul> <li>A. Some years ago. I'm at the University of Miami now for more than 30 years and I would say I don't recall. I'd really have to look at my CV and it might not even list the date I was on the IRB. It counts as a form of service which is it probably is there.</li> <li>Q. Let's take a look. Exhibit 2, I believe.</li> <li>A. Did you take that one from me too? Let's</li> </ul>

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	Page 198		Page 200
1	under any number of headings.	1	take one quick break and I'll look through my
2	See, here's where having it online would	2	notes and see if we're done.
3	be helpful.	3	MS. CHENG-WUN WEAVER: We're going to read
4	Q. It looks like service starts on page 77.	4	and sign the deposition.
5	That might help.	5	(Recess taken from 3:19 p.m. to 3:21 p.m.)
6	A. Sometimes I'm refreshing my memory,	6	MR. SECHLER: I don't have any other
7	also the Veterans Administration Medical Center,	7	questions, Dr. Goodman. But thank you very
8	1992 to 2001.	8	much for your time and attention.
9	Q. The IRB there?	9	THE WITNESS: Thank you.
10	A. The IRB there.	10	MS. CHENG-WUN WEAVER: I'm going to ask
11	And down a little, 1994 to 2000.	11	one quick question if that's okay.
12	Q. What page?	12	CROSS EXAMINATION
13	A. I'm on page 78, bottom, fifth from the	13	BY MS. CHENG-WUN WEAVER:
14	bottom.	14	Q. Dr. Goodman, did you hear or read anything
15	Does that answer your question?	15	today that would lead you to change your expert
16	Q. Did you find a year for University of	16	report in this case?
17	Miami?	17	A. I did not.
18	A. Yes, 1994 to 2000.	18	MS. CHENG-WUN WEAVER: Thank you. That's
19	Q. Oh, okay.	19	all I have.
20	A. And that is an alternate from 2000 to	20	(Concluded at 3:22 p.m.)
21	2003. Sometimes you there are numbers in	20	(Concluded at 5.22 p.m.)
22	alternates.	22	
23	Q. Did any of the research that you	23	
24	considered in any IRB involve medical treatments for		
25	gender dysphoria?	25	
			D - 201
1	Page 199 A. No.	1	Page 201
$\begin{vmatrix} 1\\2 \end{vmatrix}$	Q. Did any of the proposed protocols that you	2	CERTIFICATE OF OATH
$\begin{vmatrix} 2\\ 3 \end{vmatrix}$	considered involve research on pediatric subjects?		
	considered involve research on pediatric subjects:	3	
	Λ νος	3	STATE OF FLORIDA )
4	A. Yes. O How many?		STATE OF FLORIDA ) COUNTY OF BROWARD )
5	Q. How many?	4	
5 6	<ul><li>Q. How many?</li><li>A. I can't remember. That would have been</li></ul>	4 5	COUNTY OF BROWARD ) I, the undersigned authority, certify
5 6 7	<ul><li>Q. How many?</li><li>A. I can't remember. That would have been</li><li>I can't remember. I mean over that period?</li></ul>	4 5 6 7 8	COUNTY OF BROWARD ) I, the undersigned authority, certify that KENNETH GOODMAN personally appeared before
5 6 7 8	<ul><li>Q. How many?</li><li>A. I can't remember. That would have been</li><li>I can't remember. I mean over that period?</li><li>Any number I give you will be speculation.</li></ul>	4 5 6 7 8 9	COUNTY OF BROWARD ) I, the undersigned authority, certify that KENNETH GOODMAN personally appeared before me and was duly sworn.
5 6 7 8 9	<ul> <li>Q. How many?</li> <li>A. I can't remember. That would have been</li> <li>I can't remember. I mean over that period? Any number I give you will be speculation.</li> <li>I'd rather not. No fewer than ten for both Baptist</li> </ul>	4 5 6 7 8 9 10	COUNTY OF BROWARD ) I, the undersigned authority, certify that KENNETH GOODMAN personally appeared before me and was duly sworn. WITNESS my hand and official seal this
5 6 7 8 9 10	<ul> <li>Q. How many?</li> <li>A. I can't remember. That would have been</li> <li>I can't remember. I mean over that period? Any number I give you will be speculation.</li> <li>I'd rather not. No fewer than ten for both Baptist and University of Miami. VA doesn't have pediatric</li> </ul>	4 5 6 7 8 9 10 11	COUNTY OF BROWARD ) I, the undersigned authority, certify that KENNETH GOODMAN personally appeared before me and was duly sworn.
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5 6 7 8 9 10 11 12	<ul> <li>Q. How many?</li> <li>A. I can't remember. That would have been</li> <li>I can't remember. I mean over that period? Any number I give you will be speculation.</li> <li>I'd rather not. No fewer than ten for both Baptist and University of Miami. VA doesn't have pediatric patients. Without this is almost a quarter of</li> </ul>	4 5 7 8 9 10 11 12 13	COUNTY OF BROWARD ) I, the undersigned authority, certify that KENNETH GOODMAN personally appeared before me and was duly sworn. WITNESS my hand and official seal this 30th day of April, 2024.
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2	CERTIFICATE	1	CONF Kenneth Goodman (#6653486)	
3		3	ERRATA SHEET	
4	STATE OF FLORIDA )	-		
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6				
7	I, SUZANNE VITALE, R.P.R., F.P.R., do		REASON	
8	hereby certify that I was authorized to and did		PAGELINECHANGE	
9	stenographically report the foregoing deposition			
10	of KENNETH GOODMAN; that a review of the		REASON	
11	transcript was requested; and that the transcript		PAGELINECHANGE	
12	is a true record of my stenographic notes.			
13	I FURTHER CERTIFY that I am not a	12	REASON	
14	relative, employee, attorney, or counsel of any	13	PAGE LINE CHANGE	
15	of the parties, nor am I a relative or employee	14		_
16	of any of the parties' attorney or counsel	15	REASON	
17	connected with the action, nor am I financially	16	PAGELINECHANGE	
18 19	interested in the action.	17		_
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