



Do Physicians and Health Professionals Really Support “Gender-Affirming” Interventions in Minors?

Proponents of the interventions prohibited by the Vulnerable Child Protection Act will likely assert that several major medical and mental health associations, including the American Psychiatric Association, the American Academy of Pediatrics (AAP) and the Endocrine Society, support the use of puberty blockers, cross-sex hormones, and surgeries in minors who express the belief they were “born in the wrong body.”

It is important to understand, however, that these organizations that claim to represent scientific consensus are merely professional guilds that are as susceptible to political influence as any other, and with respect to this issue, they have been taken over by the most radical elements. For example, the AAP’s statement in support of transition affirming interventions was created and adopted by a tiny fraction of the AAP’s membership, and contradicts every reference it cites. By contrast, a number of other U.S. medical and mental health associations have identified these radical interventions as harmful to minors and advocate for extensive psychological evaluation and treatment of minors and families. Furthermore, medical societies in other industrialized nations have raised similar alarms about such interventions in minors.

The AAP’s Statement Supporting These Interventions in Minors Was Created and Adopted by a Small Number of Activists.

- Prior to the creation of its statement, the AAP began partnering with the Human Rights Campaign, a radical pro-trans activist organization.¹ At such time the AAP ceased operating as an impartial, unbiased medical organization on this issue.
- It is unknown how many of the AAP’s members actually support puberty-blocking drugs, opposite-sex hormones, mastectomies, and genital surgery in minors because its members have never been polled.² *The AAP policy was created without input from its general membership.*
- A maximum of 36 AAP Fellows of 67,000 voting Fellows and non-voting members created and passed this policy. The contributing Committees contain a total of 24 pediatricians. Having been approved by the Committees, the proposed statement would have been voted on by the 12-member AAP Board, meaning a maximum of 36 members approved the policy. This is around 0.05 percent of the AAP’s membership.³
- The AAP policy-making process works as follows:⁴
 - Statements are produced by 10–12-member standing Committees and/or Section Executive Committees and sent to the AAP Board of Directors for a vote.
 - AAP members often do not even see such reports until after they appear in the media. *Members have no direct input.*
 - *The Section Executive Committee involved in writing the AAP policy on gender-affirming interventions in minors consists of only seven members.*

1) <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/HRC-Joins-With-Nation’s-Leading-Pediatric-Organizations-on-New-Guide-Supporting-Transgender-Youth.aspx>; 2) <https://illinoisfamily.org/homosexuality/66000-pediatricians-really-support-aaps-trans-affirmative-policy/>; 3) <https://www.nationalreview.com/2018/10/dont-let-transgender-activists-politicize-child-health-care/>; 4) <https://illinoisfamily.org/homosexuality/66000-pediatricians-really-support-aaps-trans-affirmative-policy/>

There Are Serious Flaws in the AAP's Statement Supporting These Radical Interventions in Minors.

- **The AAP's Statement Is Unsupported by its Citations.** Dr. James Cantor (a gay psychologist who worked at the Toronto Gender Identity clinic) analyzed the AAP statement and found that *the studies on which AAP based its policy simply do not say what AAP claimed they do.* "In fact, the references that AAP cited as the basis of policy instead outright contradicted that policy, repeatedly endorsing *watchful waiting* [rather than medical intervention]."⁵
- Dr. Susan Bradley, a child psychiatrist with 40 years of clinical experience and research and who founded the Toronto Gender Identity Clinic at the Centre for Addiction and Mental Health, has warned:

"I'm deeply concerned that AAP's guidance has gotten so far ahead of the current knowledge base about gender dysphoric children, according to the best research we have that spans decades of clinical practice. We know from multiple studies that around 80 percent of gender dysphoric children will desist from their cross-sex identification in childhood to identify with their natal sex. Most of these will grow up to be gay or lesbian; a substantial minority have also been diagnosed with autism.

Yet the AAP guidance incorrectly dismisses these studies as flawed and outdated. There is no professional consensus on medical treatment of gender-dysphoric children and young adolescents We do not know the long-term effects of medical transition in young people; these effects are mostly irreversible and include sterility and sometimes impaired sexual function. **Watchful waiting, which was the treatment of choice for many years, has been dismissed as false and harmful with no evidence for this assertion.**"⁶

The Endocrine Society Guidelines Are Similarly Flawed.

- Based on its own internal rating systems, none of the 22 guidelines are based on "strong scientific evidence," and almost all are based on "very low-quality" or "low-quality" scientific evidence.⁷

Other U.S. Medical Societies Have Rejected These Chemical and Surgical Intervention in Minors.

- **The American College of Pediatricians (ACPeds)** – In stark contrast to the AAP, ACPeds had its entire membership of pediatric health professionals comment and vote on its statement. Its members have adopted the following position:

"Pre-pubertal children diagnosed with gender dysphoria may be given puberty blockers as young as eleven, and will require cross-sex hormones in later adolescence to continue impersonating the opposite sex. These children will

5) <http://www.sexologytoday.org/2018/10/american-academy-of-pediatrics-policy.html>; 6) <https://www.nationalreview.com/2018/09/pediatrician-groups-transgender-orthodoxy/>; 7) <https://www.acped.org/wordpress/wp-content/uploads/1.25.2019-Observations-in-a-Gender-Clinic-by-Robles.pdf>

never be able to conceive any genetically related children even via artificial reproductive technology. In addition, cross-sex hormones (testosterone and estrogen) are associated with dangerous health risks including but not limited to cardiac disease, high blood pressure, blood clots, stroke, diabetes, and cancer. *Conditioning children into believing a lifetime of chemical and surgical impersonation of the opposite sex is normal and healthful is child abuse.*⁸

- **The Association of American Physicians and Surgeons** – Dr. Jane Orient, Executive Director of the Association of American Physicians and Surgeons, recently stated:

“[The puberty blocker Lupron] undoubtedly causes irreversible loss of fertility and many other adverse effects that are potentially lethal. It does not turn a male child into a female child, only into a eunuch who will lose his full potential for growth and strength.”

“Children have no capacity to comprehend these long-term consequences, so the use of this drug in gender-confused children constitutes unethical experimentation.”⁹

- **Alliance for Therapeutic Choice and Scientific Integrity** – “We believe that there is substantial scientific evidence that transition interventions place children and teens at great risk and that there are insufficient, research based indications of benefit to the child to justify these developmentally premature procedures.”¹⁰
- **National Task Force for Therapy Equality** – “Experimental puberty blockers and toxic hormones that combined often sterilize [minors] and foreclose sexual functioning for life (they’ll never have an orgasm), having their breasts surgically removed, potential castration, a lifetime of being a medical patient, a nearly 3 times higher persisting rate of psychiatric hospitalizations and a 19 times higher rate of completed suicides after sex change even if they live in a liberal and affirming community, all with the assumption that 11, 14, or 16 year old minors are competent to choose these treatments—and all before they are old enough to drive. This is hardly a cure for suicide.”¹¹
- **The Christian Medical & Dental Association** – “Hormones prescribed to a previously biologically healthy child for the purpose of blocking puberty inhibit normal growth and fertility. Continuation of cross-sex hormones, such as estrogen and testosterone, during adolescence is associated with increased health risks including, but not limited to, high blood pressure, blood clots, stroke, and some types of cancer.”¹²

International Medical Societies and Leading Voices Have Raised Similar Alarms.

- **Warnings issued by multiple world medical groups.** Three separate groups of physicians have recently written to leading medical journals questioning hormonal treatment of children and adolescents with gender dysphoria in countries such as the United States, Canada, Australia, and certain European countries.

8) <https://www.acped.org/the-college-speaks/position-statements/gender-ideology-harms-children/>; 9) <https://www.breitbart.com/politics/2019/10/25/no-credible-scientific-evidence-support-puberty-blockers-transgender-children/>; 10) <https://www.therapeuticchoice.com/transgender/>; 11) <http://www.therapyequality.org/ab2119/>; 12) <https://cmda.org/position-statements/>

- These physicians are extremely concerned that current practice is outpacing the science, citing a lack of robust clinical trial evidence to support existing recommendations from groups such as the Endocrine Society, American Academy of Pediatrics, and Royal Children’s Hospital Melbourne, which all support “gender affirmation.”¹³
- In a letter to *The Lancet* at the end of last year, Richard Byng, MB BCh, PhD, of the Community and Primary Care Research Group, University of Plymouth, UK, and colleagues stress, “The evidence of medium-term benefit from hormonal treatment and puberty blockers is based on weak follow-up studies,” and guidelines do “not consider longer term effects, including the difficult issue of de-transition.”¹⁴
- In correspondence to the *Archives of Disease in Childhood*, Christopher Richards, MBBS, of the Royal Victoria Infirmary, Newcastle, UK, and colleagues state: “To halt the natural process of puberty is an intervention of momentous proportions with lifelong medical, psychological, and emotional implications.”¹⁵
- **Warning of the Australian College of Physicians** – Australian experts (over 200 doctors, including 9 child psychiatrists, 9 pediatricians, and 14 university professors) are calling for an urgent national inquiry into unproven hormone drugs’ being given to gender-confused children. Their detailed submission, arguing that risks including infertility and lifelong regret outweigh the benefits, has been sent to Health Minister Greg Hunt and the Royal Australasian College of Physicians.¹⁶
 - These experts are among a growing number of critics challenging the trend of putting children on blockers: “virtually all those on blockers go on to cross-sex hormones (and sometimes surgery), meaning an irrevocable transition to a medical approximation of the opposite sex. This makes them lifelong patients with a range of potential complications and a high risk of infertility.”
 - Developmental psychologist Dianna Kenny states: “It’s been massively and irresponsibly over-diagnosed ... (these children and teens) are going to be irrevocably damaged by the treatment they received.”
 - Pediatrics Professor Whitehall, who backed the submission, asked, “Who gave ethics approval for this treatment when it lacks any scientific basis and therefore is an experiment?”
- **Royal College of General Practitioners in the UK** – In its June 2019 position statement: “There is a significant lack of robust, comprehensive evidence around the outcomes, side effects and unintended consequences of such treatments [puberty blockers, cross-sex hormones] for people with gender dysphoria, particularly children and young people, which prevents general practitioners from helping patients and their families from making an informed decision.”¹⁷

13) https://www.medscape.com/viewarticle/909129#vp_1; 14) Byng R, Bewley S, Clifford D, McCartney M. Gender questioning children deserve better science. *Lancet* 2018; 392:2435; 15) Richards CG, Maxwell J, McCune N, et al. Use of puberty blockers for gender dysphoria: A momentous step in the dark. *Arch Dis Child*. Published online January 19, 2019; 17) <https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2019/RCGP-position-statement-providing-care-for-gender-transgender-patients-june-2019.ashx?la=en>

- **Swedish National Council for Medical Ethics** – “In the past few years, the number of children and young people who turn to health care providers for assessment and treatment of gender dysphoria has increased dramatically. This increase is particularly large in girls. Similar developments can be seen in many high-income countries. Assessment and treatment of gender dysphoria in children and young people raises a number of difficult ethical questions.”¹⁸
- **World-renowned Child and Adolescent Psychiatrist Dr. Christopher Gillberg at Sweden’s Gothenburg University** – Warns that unproven treatment of trans-identifying children is “*possibly one of the greatest scandals in medical history.*”¹⁹ He states the situation in Sweden is “absolutely horrendous,” with hundreds of children a year given “experimental” puberty blockers and cross-sex hormones, risking infertility, “in the face of their parents’ doubts.” Professor Gillberg’s neuro-psychiatry group at Gothenburg University — which has research hubs in Britain, France and Japan — has called for “*an immediate moratorium on the use of puberty blocker drugs because of their unknown long-term effects.*”²⁰

As this discussion shows, a large and growing number of physicians and medical associations reject the scientifically unsupported, politicized policies of organizations that endorse transition-affirming interventions.

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