Gender changes, implications, and ethical dilemmas

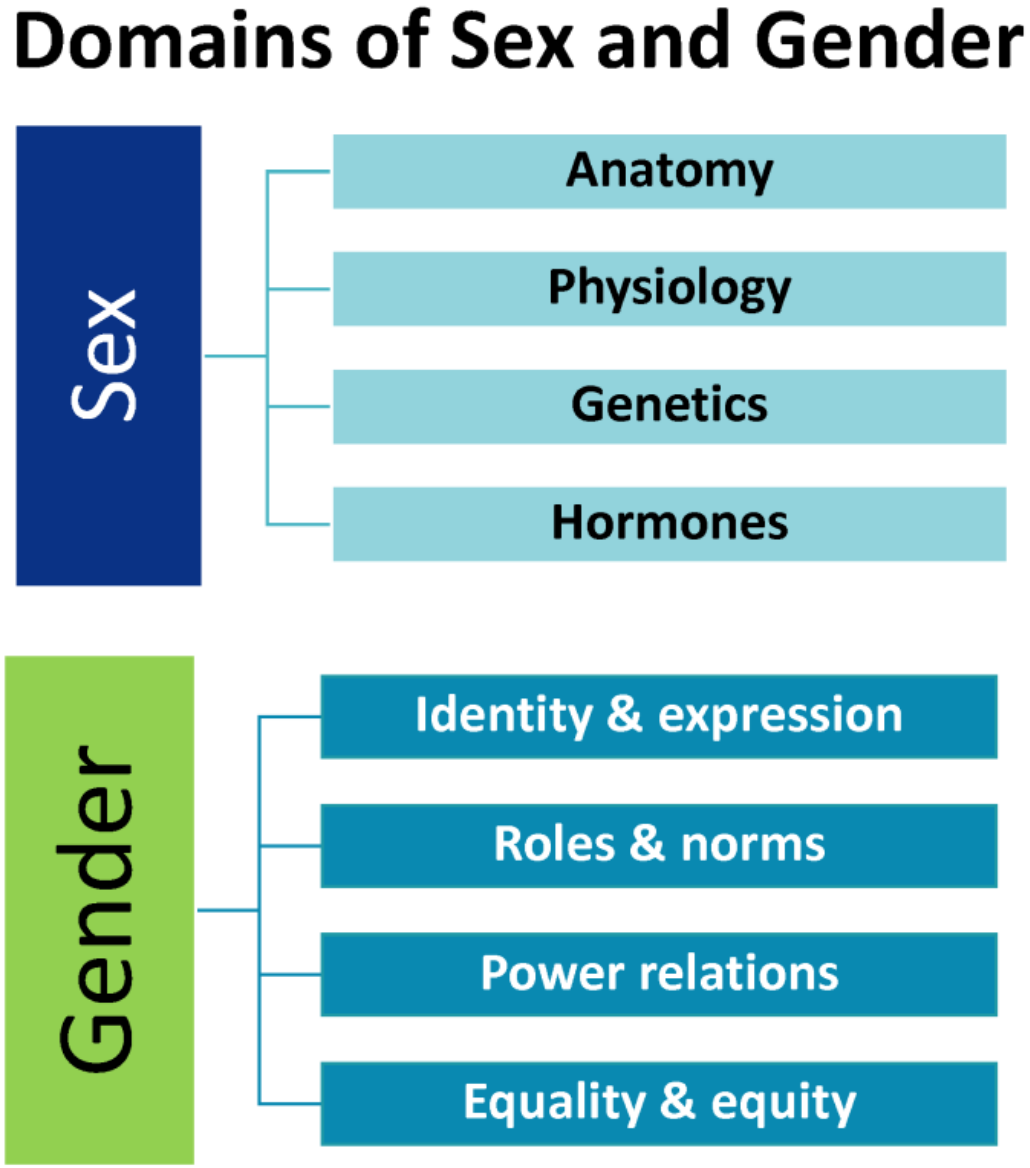
Ethical and medical aspects of the treatment of children with gender dysphoria

Urh Grošelj
Faculty of Medicine, University of Ljubljana
UMC – University Children's Hospital Ljubljana
National Medical Ethics Committee of Slovenia
SIESC 2024, Vipava, 25.7.2024

Sex / gender

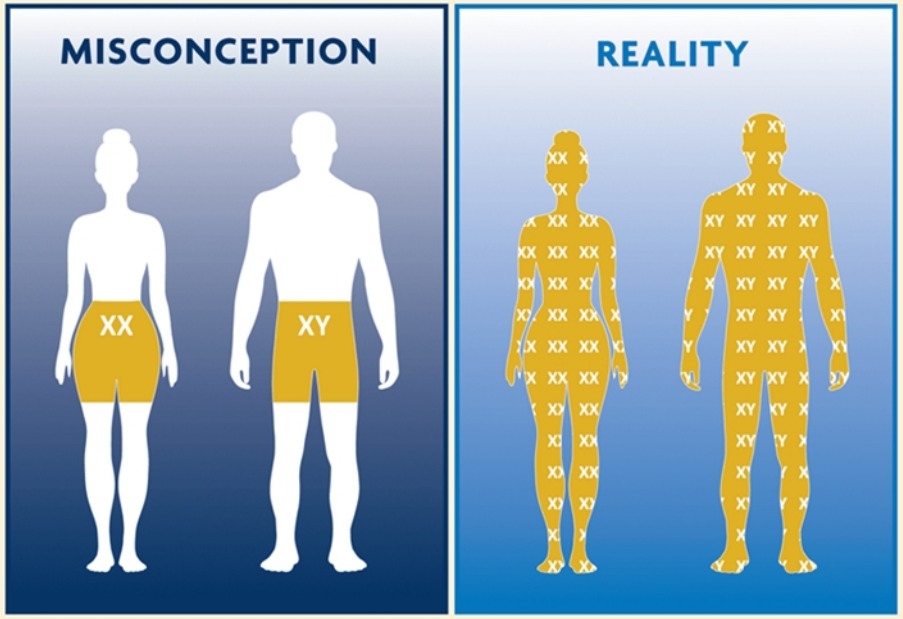
- **“Sex”** is a biological variable that defines **male human and any other creature as and female** (or intersex) based on their reproductive organs and genitalia, derived from their chromosomes. (XX for women, and XY for men)

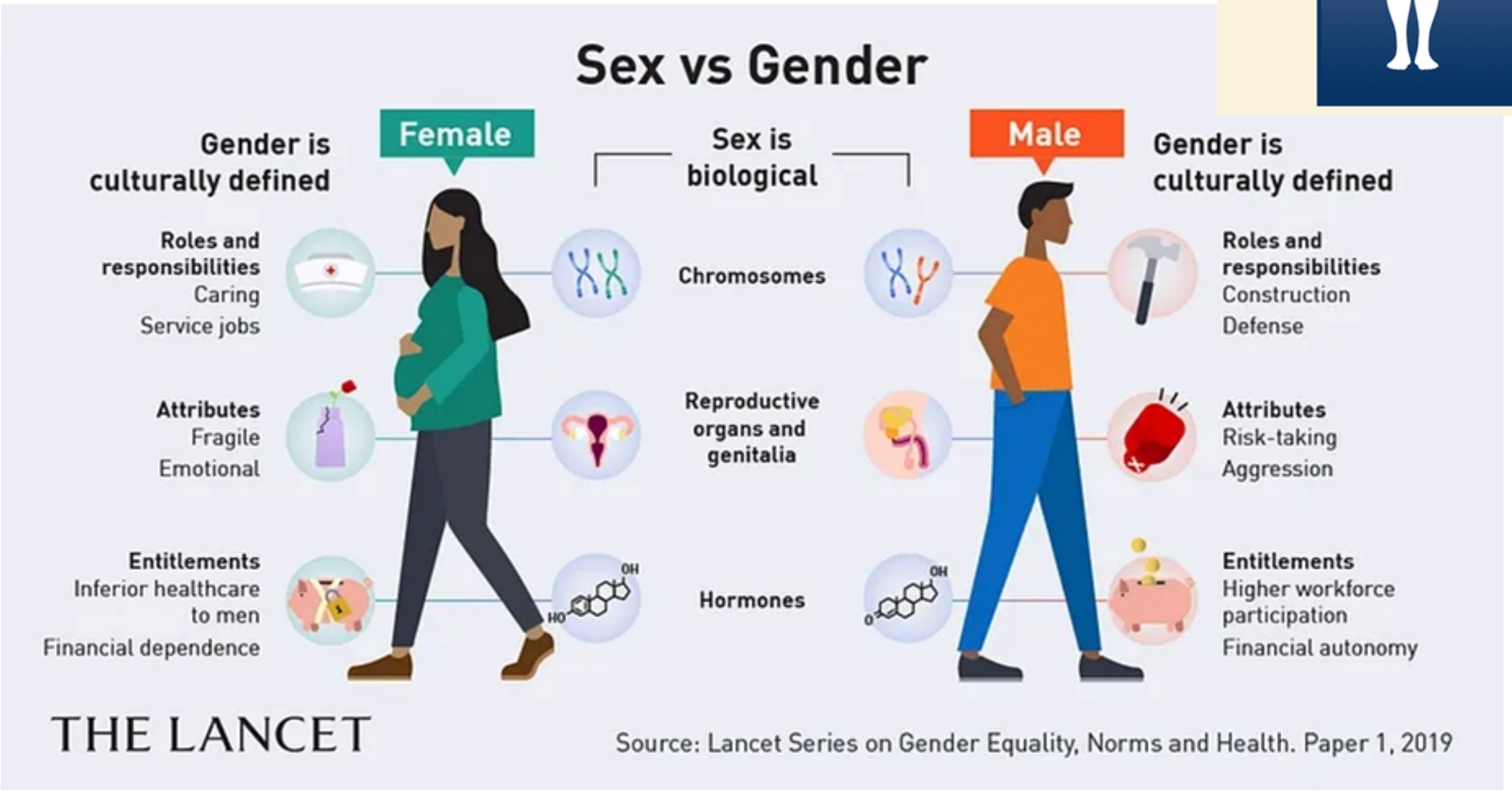
- **“Gender”** is a socially originated term that refers to **the roles, behaviors,** and activities a specified society, condition, and time allocates to people



Sources: https://medicine.yale.edu/whr/news/sex-and-gender/; https://orwh.od.nih.gov/about/director/messages/gender-as-social-and-cultural-variable-and-health; https://gh.bmj.com/content/3/4/e001038

Sex / gender (cont.)





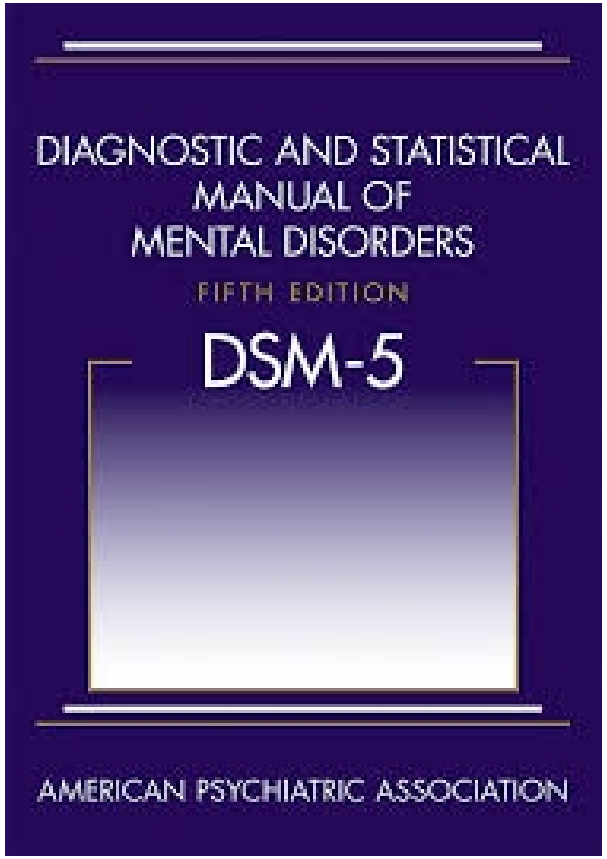
Gender dysphoria

- Stable desire to be the other sex, desire to live or be seen as the other sex, or belief that he/she has typical feelings and reactions of the other sex
- This is manifested by cross-dressing and the desire for hormonal and surgical gender confirmation
- Continuing discomfort with the individual's assigned sex or feeling inadequate to the gender role of that biological sex
- The disorder causes clinically significant distress or impaired social, occupational or other functioning

Gender dysphoria definition – DSM-5

- **DSM-5:** gender dysphoria refers to "*...distress that may accompany a discrepancy between one's own experienced or expressed gender and one's assigned gender*" *and also requires the presence of "...clinically significant distress or impairment in social, school, or other important areas of functioning*“

- DSM-5 lists gender dysphoria as **a mental disorder**

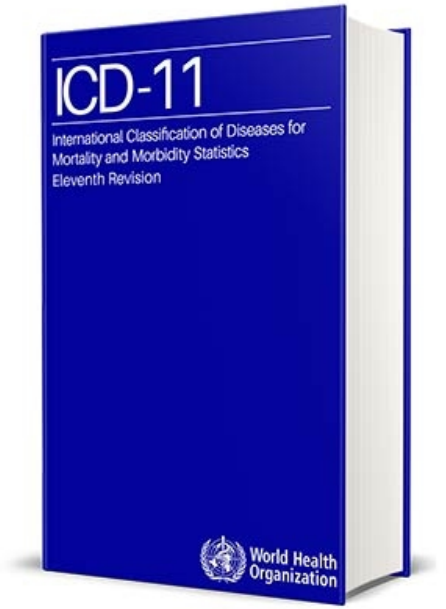


Gender dysphoria definition – ICD-11

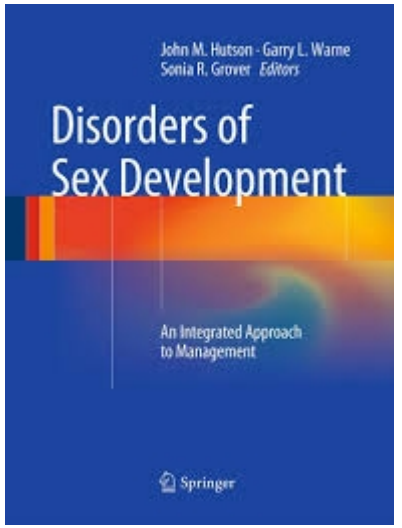
- **ICD-11:** describes gender non-conformity as a condition "*...characterised by a **marked and persistent** discrepancy between an individual's experiential sex and assigned sex*"

- ICD-11 now lists gender non-conformity as a **condition related to sexual health**

- Previous versions of the ICD listed it as a 'mental, behavioural or non-developmental disorder'



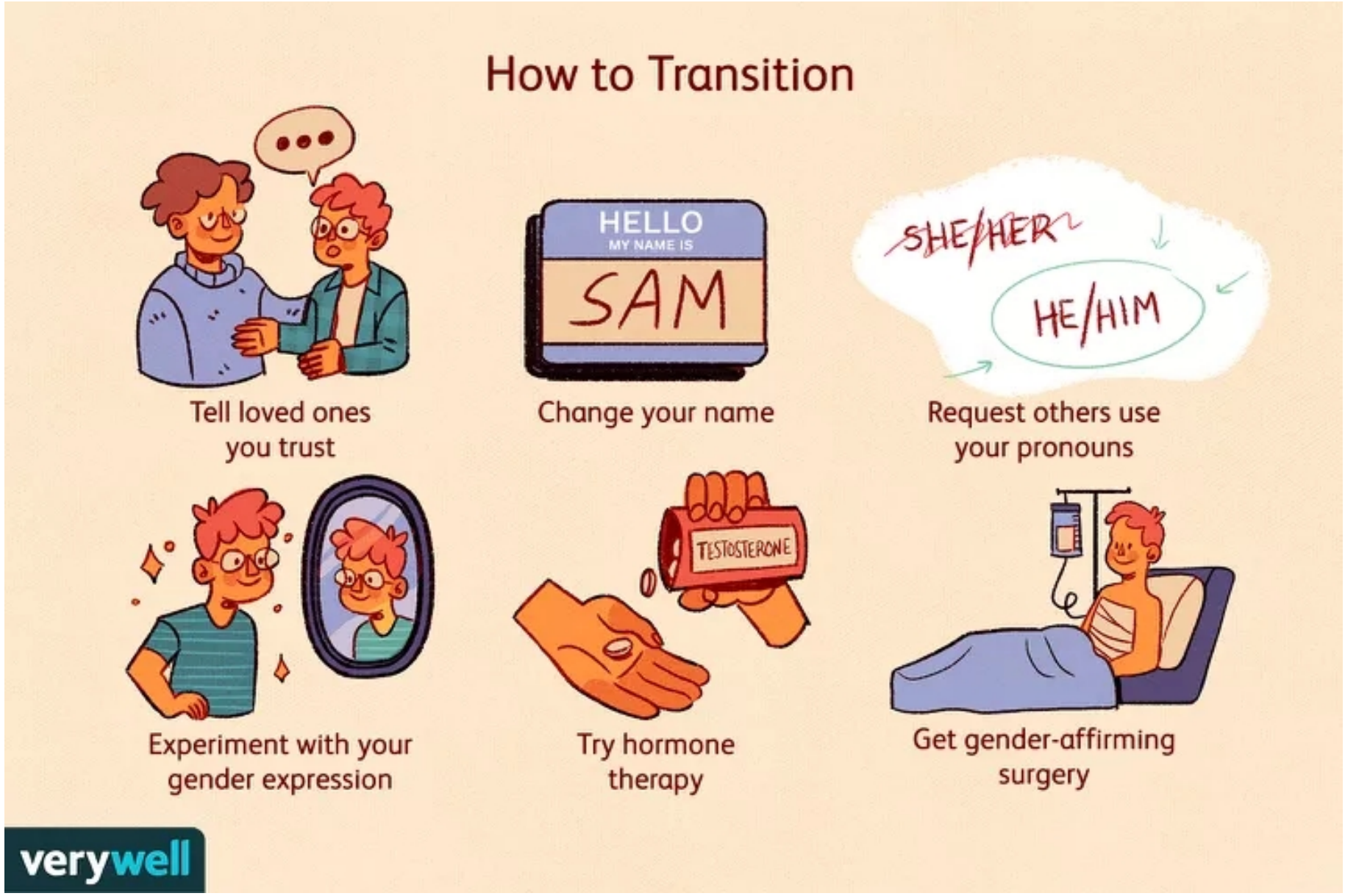
Intersex (Disorders/Differences of Sexual Development (DSD))



- **Intersex people** are individuals born with any of several sex characteristics including chromosome patterns, gonads, or genitals that, "do not fit typical binary notions of male or female bodies"
- Sex assignment at birth usually aligns with a child's external genitalia
- The number of births with ambiguous genitals is in the range of 1:4,500–1:2,000 (0.02%–0.05%).
- Other conditions involve the development of atypical chromosomes, gonads, or hormones
- Intersex people were previously referred to as "hermaphrodites" or "congenital eunuchs"

Gender dysphoria and transitioning

- A proportion of people experiencing gender dysphoria pursue social, legal, and medical changes affirming their subjectively experienced gender
- **Social transitioning:** These may include presenting with the desired gender in their personal environments (e.g., family, friends, workplace, school, ...) by using different names and pronouns
- **Legal transitioning:** It may also include formal changes of their name and/or gender on documents
- **Medical transition:** can be achieved by prescription of cross-sex hormones (estrogens or testosterone, depending on subjects' biological characteristics) and/or gender-reassigning surgical procedures including genital (gynecological, urological) and other (mastectomy, plastic surgery, and ear, nose, and throat surgery procedures)



Source: https://www.verywellhealth.com/gender-transitioning-5085242

Always rare individuals did not fit ... The story of Ljuba Prenner (1906-1977)

- Graduated from law school prior to WW2
- During the war, collaborated with the communist resistance -> violation of cultural silence -> imprisonment
- Excluded from the Writers' Association (then re-included shortly before her death)
- Sent to communist labor camp
- First crime novel in Slovenia, The Unknown Perpetrator (1939)
- Documentary film A Good Man (2006)

Source: T. Jevšnikar et al.

Ljuba Prenner (cont.)

- From a young age, she preferred hanging out with boys to girls
- Wearing boys' or men's clothes, briefcase, tie and hat
- She expressed herself in the masculine grammatical gender
- Famous for saying on arrival at her new law firm: "*I am Dr Ljuba Prenner, neither a man nor a woman*".
- She suffered from grief, disappointments and unrequited love
- Literature was the only place where she could express her true self -> first-person male narrators

Ljuba Prenner (cont.)

In her legacy, she only once, in a letter to a priest and writer Ksaver Meško, spoke about her image:

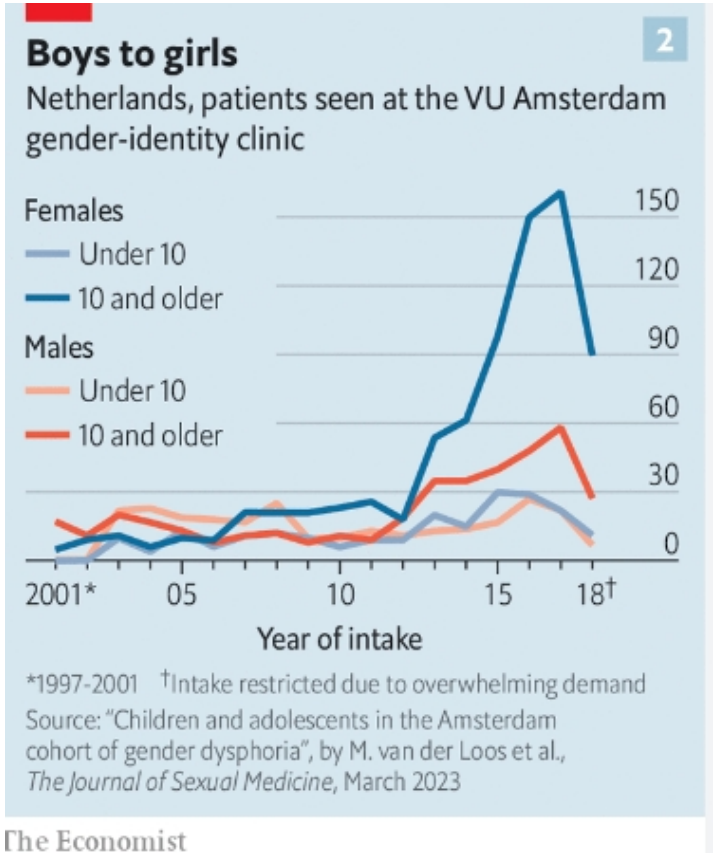
'*The last time we met, I had the impression that something about me bothered you. Perhaps my trousers?*

Look, dear Monsignor, we have known each other for so many years, and I would not want you to think of me as a mockingbird who imagines something that cannot be. Nothing comes from nothing, and if there is an effect, there is a cause for it, is there not? I wear trousers to make my life easier, I find it difficult to wear skirts, and God only knows why that is so.

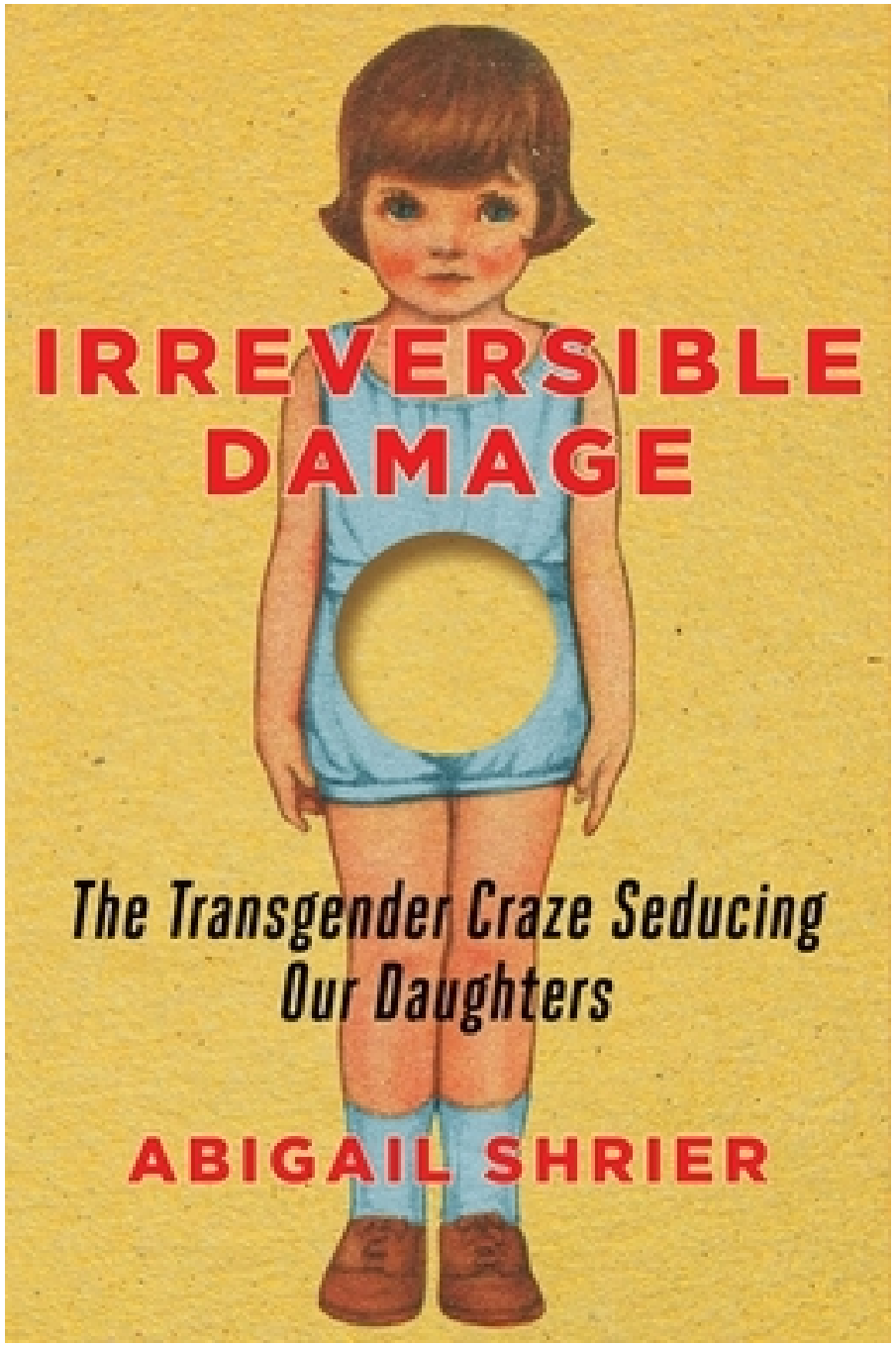
For years I didn't dare to be me, but now I am, and at last nobody cares anymore."

Gender dysphoria in the past

- In the past century, gender dysphoria appeared to be a very rare phenomenon
- When present, few people sought medical interventions, and specialized medical services available were rare or nonexistent in many countries until the last two decades
- Reliable data on past prevalence of gender dysphoria is lacking because the phenomenon was poorly investigated
- When the specialised services were established, they were attended predominantly by small numbers of adults with assigned male sex (trans females), usually having a long-term history of gender dysphoria



Radobuljac DM 2024



Abigail Schrier

- Traditionally, "typical" child with gender dysphoria was a prepubescent male (biological) child, in fact very rare in the population, the situation has changed in just a few years
- Suddenly, female (biological) adolescents started to show gender dysphoria, and in almost all cases the situation was new (i.e. these girls did not have a personal history of gender dysphoria at an earlier, pre-pubertal stage)
- Often, the gender dysphoria was already present in someone in their friendship or social circle, usually also a social media user
- >1000% increase in the prevalence in this demographic group (as reported in several developed countries) is unusual from an epidemiological perspective

Lisa Littman

- 256 parents completed surevy
- 83% natal females
- 16.4y at onset
- 41% non-heterosexual
- 63% at least one mental disorder
- 37% at least one other member of social group

- **Coined the term ROGD**

Archives of Sexual Behavior (2023) 52:1031–1043
https://doi.org/10.1007/s10508-023-02576-9

ORIGINAL PAPER

Rapid Onset Gender Dysphoria: Parent Reports on 1655 Possible Cases

Suzanna Diaz[1] · J. Michael Bailey[2]

Received: 28 January 2022 / Revised: 25 February 2023 / Accepted: 27 February 2023 / Published online: 29 March 2023

Abstract

During the past decade there has been a dramatic increase in adolescents and young adults (AYA) complaining of gender dysphoria. One influential if controversial explanation is that the increase reflects a socially contagious syndrome: Rapid Onset Gender Dysphoria (ROGD). We report results from a survey of parents who contacted the website ParentsofROGDKids.com because they believed their AYA children had ROGD. Results focused on 1655 AYA children whose gender dysphoria reportedly began between ages 11 and 21 years, inclusive. These youths were disproportionately (75%) natal female. Natal males had later onset (by 1.9 years) than females, and they were much less likely to have taken steps toward social gender transition (65.7% for females versus 28.6% for males). Pre-existing mental health issues were common, and youths with these issues were more likely than those without them to have socially and medically transitioned. Parents reported that they had often felt pressured by clinicians to affirm their AYA child's new gender and support their transition. According to the parents, AYA children's mental health deteriorated considerably after social transition. We discuss potential biases of survey responses from this sample and conclude that there is presently no reason to believe that reports of parents who support gender transition are more accurate than those who oppose transition. To resolve controversies regarding ROGD, it is desirable that future research includes data provided by both pro- and anti-transition parents as well as their gender dysphoric AYA children.

Elon Musk Says His Trans Daughter Was ‘Killed by Woke Mind Virus’

- Musk’s 20-year-old child Vivian Jenna Wilson, who he said underwent the procedures during the pandemic after he was tricked into agreeing to gender-affirming care procedures
- Called gender-reassignment surgery "child mutilation and sterilization”
- "I lost my son, essentially. They call it 'deadnaming' for a reason. The reason they call it ‘deadnaming’ is because your son is dead.“
- "I vowed to destroy the woke mind virus after that," Musk said. "And we’re making some progress."

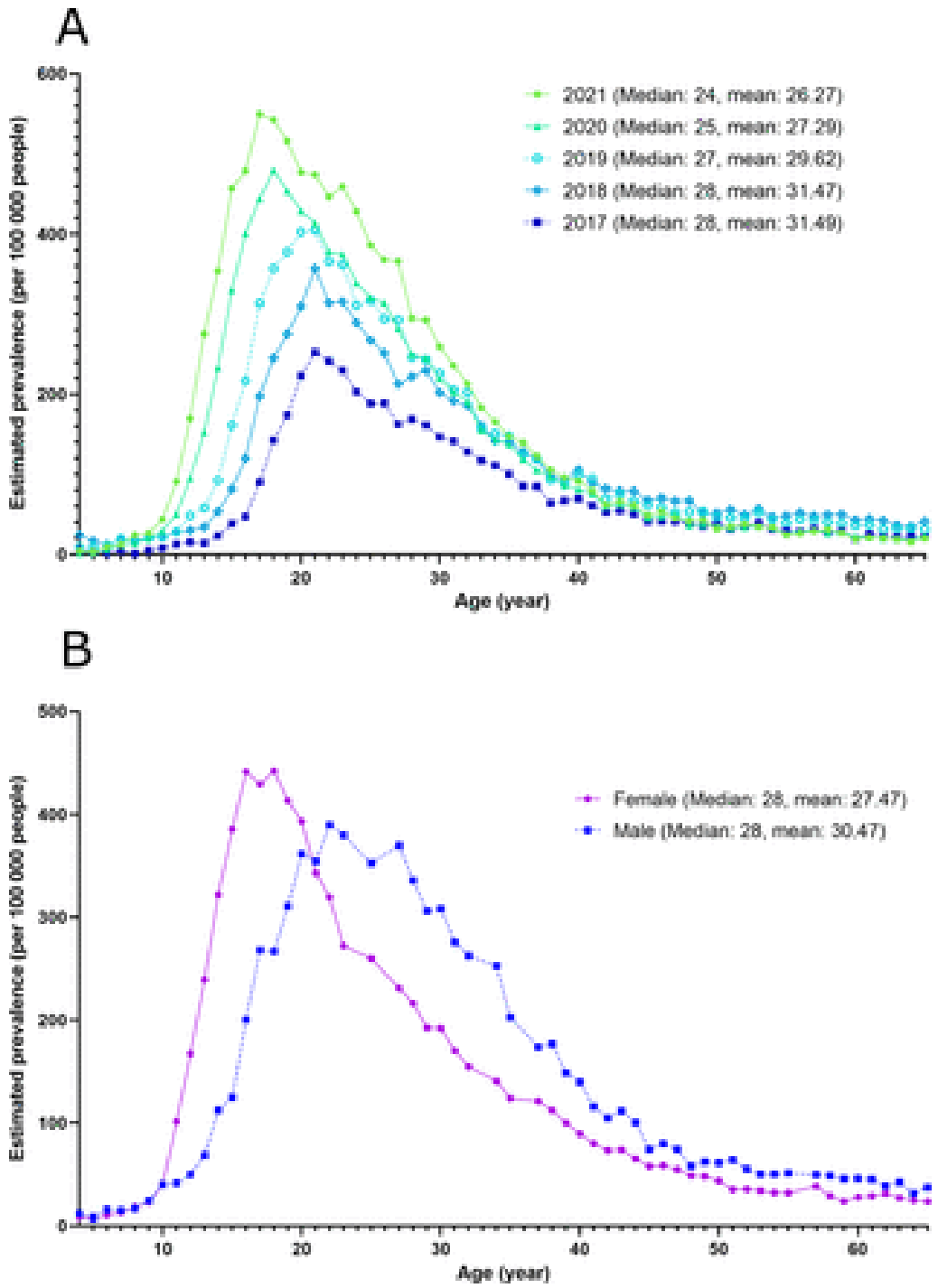
Epidemiology of gender dysphoria

Open access Letter

General Psychiatry

The mean age of gender dysphoria diagnosis is decreasing

Ching-Fang Sun ,[1] Hui Xie ,[2] Vemmy Metsutnan ,[3] John H Draeger,[1] Yezhe Lin ,[1,4] Maria Stack Hankey ,[5] Anita S Kablinger [1]



Epidemiology of gender dysphoria

- **There has been an overall 8-fold *increase* in the prevalence of gender-identity-related diagnoses (F64), overrepresented among adolescent females over the last decade**

- Like other international data, the German data reveal a marked increase in gender-identity-related diagnoses (F64) in youth in the past decade

- Adolescent females had the highest prevalence (452.2/100,000) and have experienced the sharpest increase (12-fold, from 37.9/100,000 in 2013)

MEDICINE

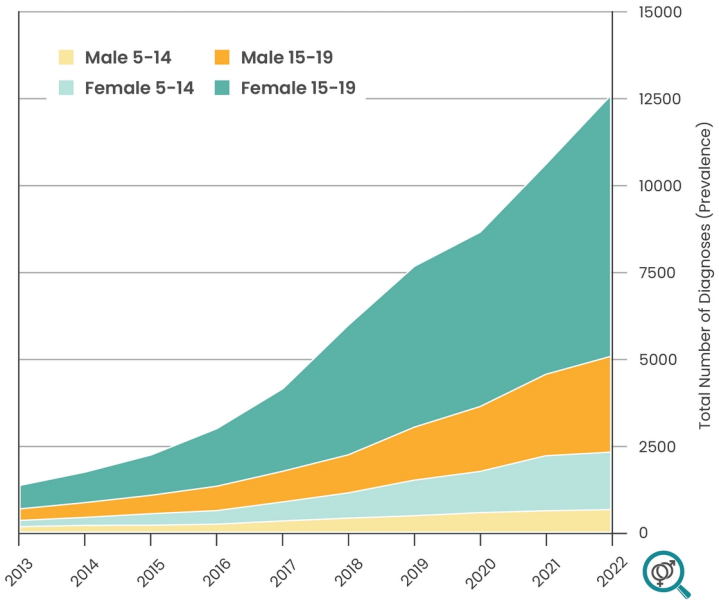
CORRESPONDENCE

Research Letter

Gender Identity Disorders Among Young People in Germany: Prevalence and Trends, 2013–2022

An Analysis of Nationwide Routine Insurance Data.

Child and Adolescent Diagnoses of Gender Dysphoria
Germany



Source: Bachmann CJ, Golub Y, Holstiege J, Hoffmann F. Störungen der Geschlechtsidentität bei jungen Menschen in Deutschland: Häufigkeit und Trends 2013–2022. Eine Analyse bundesweiter Routinedaten. [Gender identity disorders among young people in Germany: prevalence and trends, 2013–2022. An analysis of nationwide routine insurance data.] Deutsches Ärzteblatt 2024; 121:370–371. DOI: 10.3238/arztebl.m2024.0098. Raw count data presented with permission.

Development of clinical guidelines

- The first protocol for the medical and psychological management of children and adolescents with gender dysphoria was published by Dutch researchers **in 2006**
- Initial professional guidelines, have influenced the clinical practice in many countries over the subsequent two decades
- *Emphasis in management of children and adolescents at the time was on psychological treatments, family counseling, and psychosocial care*

- After the publication of a Dutch study on puberty suppression in adolescents with gender dysphoria in 2011, puberty suppression (introduction of “puberty blockers”) and hormonal treatments for gender dysphoric youth after the start of puberty were also advised
- Puberty blockers were advised to give youth with gender dysphoria additional time to develop and consolidate their sexual identity while preventing the development of sexualised physical characteristics

Development of clinical guidelines (cont.)

- Guidelines advised that the administration of cross-sex hormones (estrogens or testosterone) should begin after the age of 16 years, but could be started earlier in some instances if the incongruent experienced gender identity persisted, and youth wished to proceed with gender reassignment.

- Furthermore, guidelines advised that surgical procedures should be undertaken after the age of 18 years, although they have also occasionally been reported in minors

(Initial) approach to gender dysphoria

- Symptoms of gender dysphoria at prepubertal ages decrease or even **disappear in a considerable percentage of children** (estimates range **from 80–95%).** Therefore, any intervention in childhood would seem premature and inappropriate (Cohen-Kettenis et al., 2008)

- Because most gender dysphoric children will not remain gender dysphoric through adolescence (Wallien & Cohen-Kettenis, 2008), we recommend that young children not yet make a complete social transition (different clothing, a different given name, referring to a boy as “her” instead of “him”) before the very early stages of puberty." (de Vries and Cohen-Kettenis, 2012)

Majority will grow out gender dysphoria …

- *“The vast majority of children grow out of gender dysphoria if allowed to go through puberty. The single best cure is letting nature take its course.”*

JK Rowling

CORRESPONDENCE

Research Letter

Gender Identity Disorders Among Young People in Germany: Prevalence and Trends, 2013–2022

An Analysis of Nationwide Routine Insurance Data.

- **For most young people, the gender-identity related diagnosis (F64) does not persist after 5 years**.

- After 5 years, only 36.4% retained the gender identity-related diagnosis on their records.

- Adolescent females aged 15–19 had the lowest persistence rate (27.3%), while young males aged 20–24 had the highest persistence rate (49.7%).

- While other explanations for the finding of low diagnostic stability of gender-related diagnoses in youth are possible (e.g., delaying medical interventions until an older age, using creative coding strategies that avoid using the F64 gender identity diagnosis), the sheer magnitude of non-persistence of the diagnosis (over 60% overall, and over 70% in young females) has significant implications for treatment

Archives of Sexual Behavior (2024) 53:1813–1825
https://doi.org/10.1007/s10508-024-02817-5

ORIGINAL PAPER

Development of Gender Non-Contentedness During Adolescence and Early Adulthood

Pien Rawee[1] · Judith G. M. Rosmalen[1,2] · Luuk Kalverdijk[2] · Sarah M. Burke[2]

Received: 28 April 2023 / Revised: 19 January 2024 / Accepted: 20 January 2024 / Published online: 27 February 2024

Abstract
Adolescence is an important period for the development of gender identity. We studied the development of gender non-contentedness, i.e., unhappiness with being the gender aligned with one's sex, from early adolescence to young adulthood, and its association with self-concept, behavioral and emotional problems, and adult sexual orientation. Participants were 2772 adolescents (53% male) from the Tracking Adolescents' Individual Lives Survey population and clinical cohort. Data from six waves were included (ages 11–26). Gender non-contentedness was assessed with the item "I wish to be of the opposite sex" from the Youth and Adult Self-Report at all six waves. Behavioral and emotional problems were measured by total scores of these scales at all six waves. Self-concept was assessed at age 11 using the Global Self-Worth and Physical Appearance subscales of the Self-Perception Profile for Children. Sexual orientation was assessed at age 22 by self-report. In early adolescence, 11% of participants reported gender non-contentedness. The prevalence decreased with age and was 4% at the last follow-up (around age 26). Three developmental trajectories of gender non-contentedness were identified: no gender non-contentedness (78%), decreasing gender non-contentedness (19%), and increasing gender non-contentedness (2%). Individuals with an increasing gender non-contentedness more often were female and both an increasing and decreasing trajectory were associated with a lower global self-worth, more behavioral and emotional problems, and a non-heterosexual sexual orientation. Gender non-contentedness, while being relatively common during early adolescence, in general decreases with age and appears to be associated with a poorer self-concept and mental health throughout development.

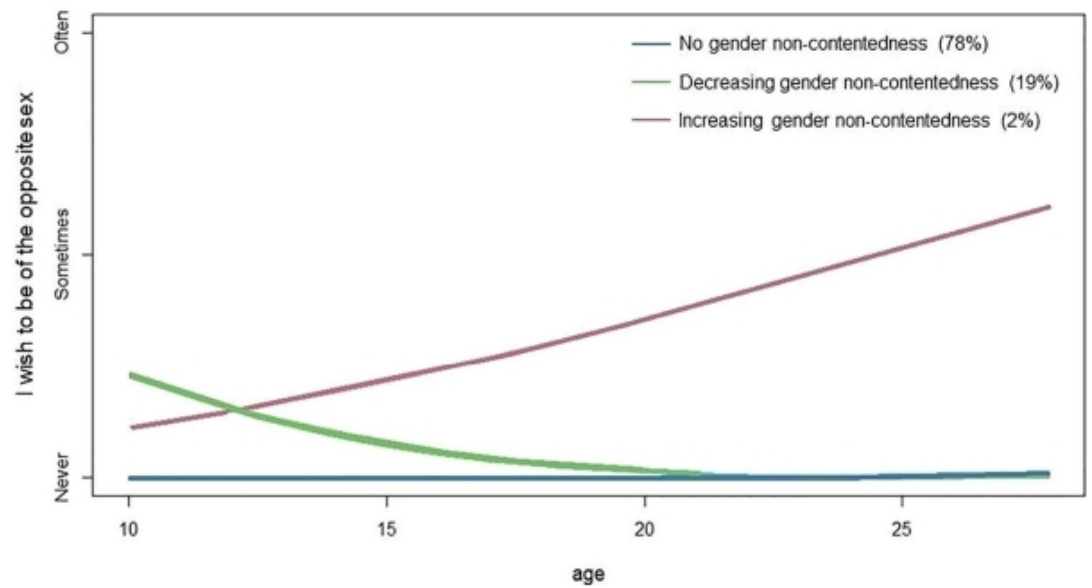
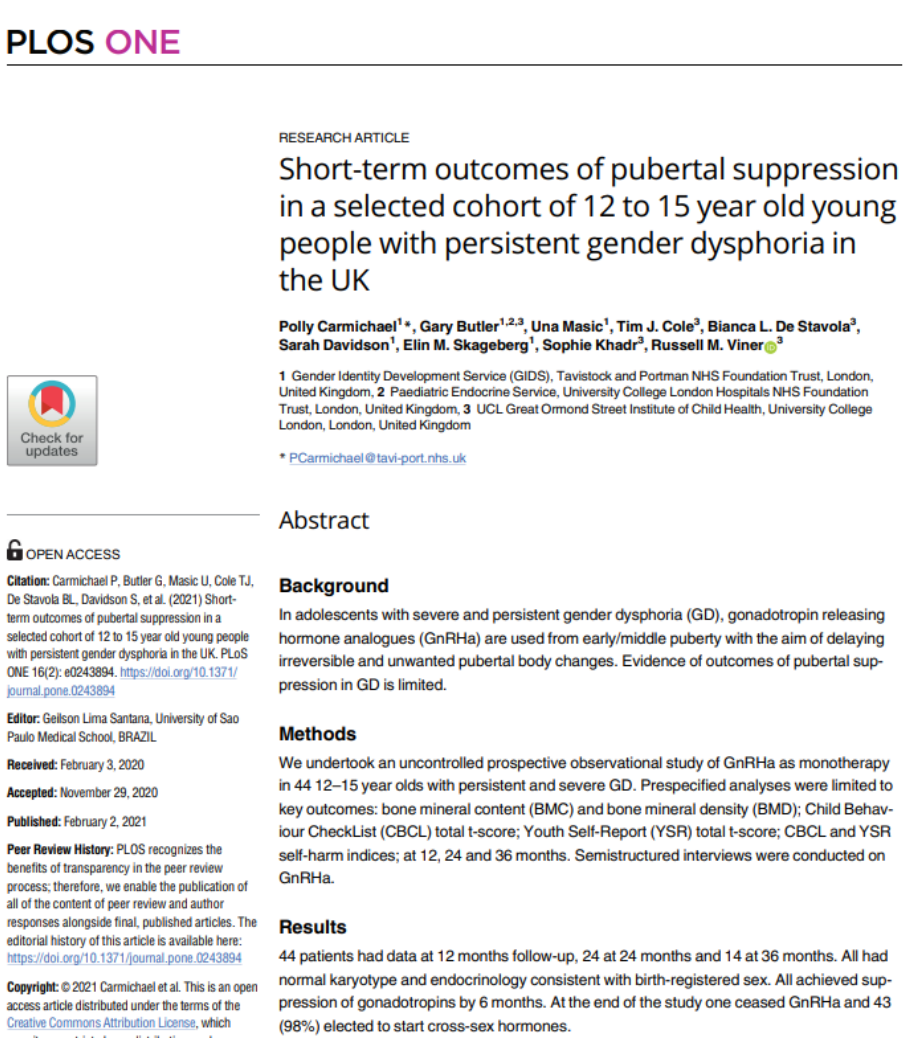


Fig. 2 Trajectory groups of gender non-contentedness throughout adolescence and early adulthood, identified with latent class growth analysis. A mean trajectory line is plotted for every group. Percentages refer to the percentage of individuals in a trajectory group of the total sample after removal of individuals with a class probability < 0.75 and individuals not placed in a class. Due to rounding, percentages do not add up to 100%

Puberty blockers for gender dysphoria

- Puberty blockers competitively block puberty hormone receptors to prevent the spontaneous release of two puberty inducing hormones, Follicular Stimulating Hormone (FSH) and Luteinising Hormone (LH) from the pituitary gland
- This arrests the progress of puberty, delaying the development of secondary sexual characteristics
- The use of puberty blockers for children and adolescents with gender dysphoria is off-label

Puberty blockers – reversible action?



PLOS ONE

RESEARCH ARTICLE

Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK

Polly Carmichael[1]*, Gary Butler[1,2,3], Una Masic[1], Tim J. Cole[3], Bianca L. De Stavola[3], Sarah Davidson[1], Elin M. Skageberg[1], Sophie Khadr[3], Russell M. Viner[3]

1 Gender Identity Development Service (GIDS), Tavistock and Portman NHS Foundation Trust, London, United Kingdom, **2** Paediatric Endocrine Service, University College London Hospitals NHS Foundation Trust, London, United Kingdom, **3** UCL Great Ormond Street Institute of Child Health, University College London, London, United Kingdom

* PCarmichael@tavi-port.nhs.uk

Check for updates

OPEN ACCESS

Citation: Carmichael P, Butler G, Masic U, Cole TJ, De Stavola BL, Davidson S, et al. (2021) Short-term outcomes of pubertal suppression in a selected cohort of 12 to 15 year old young people with persistent gender dysphoria in the UK. PLoS ONE 16(2): e0243894. https://doi.org/10.1371/journal.pone.0243894

Editor: Geilson Lima Santana, University of Sao Paulo Medical School, BRAZIL

Received: February 3, 2020

Accepted: November 29, 2020

Published: February 2, 2021

Peer Review History: PLOS recognizes the benefits of transparency in the peer review process; therefore, we enable the publication of all of the content of peer review and author responses alongside final, published articles. The editorial history of this article is available here: https://doi.org/10.1371/journal.pone.0243894

Abstract

Background

In adolescents with severe and persistent gender dysphoria (GD), gonadotropin releasing hormone analogues (GnRHa) are used from early/middle puberty with the aim of delaying irreversible and unwanted pubertal body changes. Evidence of outcomes of pubertal suppression in GD is limited.

Methods

We undertook an uncontrolled prospective observational study of GnRHa as monotherapy in 44 12–15 year olds with persistent and severe GD. Prespecified analyses were limited to key outcomes: bone mineral content (BMC) and bone mineral density (BMD); Child Behaviour CheckList (CBCL) total t-score; Youth Self-Report (YSR) total t-score; CBCL and YSR self-harm indices; at 12, 24 and 36 months. Semistructured interviews were conducted on GnRHa.

Results

44 patients had data at 12 months follow-up, 24 at 24 months and 14 at 36 months. All had normal karyotype and endocrinology consistent with birth-registered sex. All achieved suppression of gonadotropins by 6 months. At the end of the study one ceased GnRHa and 43 (98%) elected to start cross-sex hormones.

Rather than buying time for children to explore their feelings about gender and weigh risks and benefits of various treatment options, as proponents of puberty suppression have often claimed, multiple studies demonstrate ***nearly all children who undergo puberty suppression proceed to cross-sex hormones***

Puberty blockers – preventing open future

Archives of Sexual Behavior (2024) 53:1941–1956
https://doi.org/10.1007/s10508-024-02850-4

ORIGINAL PAPER

Puberty Suppression for Pediatric Gender Dysphoria and the Child's Right to an Open Future

Sarah C. J. Jorgensen[1,2] · Nicole Athéa[3] · Céline Masson[4]

Abstract
In this essay, we consider the clinical and ethical implications of puberty blockers for pediatric gender dysphoria through the lens of "the child's right to an open future," which refers to rights that children do not have the capacity to exercise as minors, but that must be protected, so they can exercise them in the future as autonomous adults. We contrast the open future principle with the beliefs underpinning the gender affirming care model and discuss implications for consent. We evaluate claims that puberty blockers are reversible, discuss the scientific uncertainty about long-term benefits and harms, summarize international developments, and examine how suicide has been used to frame puberty suppression as a medically necessary, lifesaving treatment. In discussing these issues, we include relevant empirical evidence and raise questions for clinicians and researchers. We conclude that treatment pathways that delay decisions about medical transition until the child has had the chance to grow and mature into an autonomous adulthood would be most consistent with the open future principle.

Puberty blockers

NHS England

Clinical Policy:

Puberty suppressing hormones (PSH) for children and young people who have gender incongruence / gender dysphoria [1927]

Publication date: 12 March 2024

Commissioning position

Puberty suppressing hormones (PSH) are not available as a routine commissioning treatment option for treatment of children and young people who have gender incongruence / gender dysphoria.

Gender dysphoria and anorexia – any similarities?

- **Anorexia** - also seen a sharp increase over a period of time, with some characteristics of 'contagiousness' (e.g. occurring in clusters), and is several times more common among girls

- The medical goal in anorexia nervosa is to diagnose the condition as early as possible and then to intervene quickly, with appropriate psychological and dietary support, before the condition can be 'chronicised' (which usually has a very unfavourable prognosis)

- On the other hand, as many, including some doctors, advocate, in the case of gender dysphoria, medicine should automatically confirm the self-diagnosis of the condition made by the child

Gender dysphoria and anorexia

Themenschwerpunkt Sexuologie

Elective Affinities?* Trans-Identification and Anorexia Nervosa as Maladaptive Attempts to Resolve Developmental Conflicts in Female Adolescence

Alexander Korte, Gisela Gille

Sexuologie 30 (3–4) 2023 / 105–122 / DGSMTW / DOI: 10.61387/sexuologie.2023.34.27
http://www.sexuologie-info.de

- The development of a stable female identity in adolescence is highly complex, demanding, susceptible to disruption and accompanied by crises. *When an adolescent girl fails to negotiate these challenges successfully, serious disorders, including anorexia and gender dysphoria, may arise, with psychological conflicts projecting onto the body. Either disorder may serve as an "exit strategy" employed when a girl cannot find a way to accept her developing female body. However, the diagnosis of "gender dysphoria" can offer several societal advantages in the current cultural moment*
- *In both anorexia and gender dysphoria, relatives, especially parents, are exposed to strong feelings of helplessness and powerlessness in addition to the massive feelings of guilt and failure that often arise. In both disorders, this sometimes exacerbates the symptoms" of the … patient within a correspondingly pathological relationship dynamic*

Gender dysphoria and anorexia (cont.)

- The authors criticize the "trans-affirmative" (gender-affirming) model of care for adolescents, which is focused on the provision of physical body modifications, as inconsistent with the principles of adolescent development. They highlight the importance of addressing adolescent gender dysphoria within a developmental framework

- Clinicians working with gender-dysphoric adolescents must familiarize themselves with the complex dynamics of female adolescent development, and that trans-affirmative medical interventions should not be considered until adolescent development is complete

CORRESPONDENCE

Research Letter

Gender Identity Disorders Among Young People in Germany: Prevalence and Trends, 2013–2022

An Analysis of Nationwide Routine Insurance Data.

- **Youth diagnosed with gender dysphoria suffer from a high rate of mental health comorbidities**

- Over 70% of young people diagnosed with gender dysphoria had at least one other psychiatric diagnosis (67% of males and 76% of females)

- In order of decreasing frequency, comorbid diagnoses were depressive disorders, anxiety disorders, borderline personality disorders, attention deficit/hyperactivity disorder, and post-traumatic stress disorders

Open Access Feature Paper Article

Care of Transgender Patients: A General Practice Quality Improvement Approach

by **Isabel Boyd** [1,*], **Thomas Hackett** [2] and **Susan Bewley** [3]

[1] Falmouth and Penryn Primary Care Network, C/O Penryn Surgery, Saracen Way, Penryn, Cornwall TR10 8HX, UK

[2] Penryn Surgery, Saracen Way, Penryn, Cornwall TR10 8HX, UK

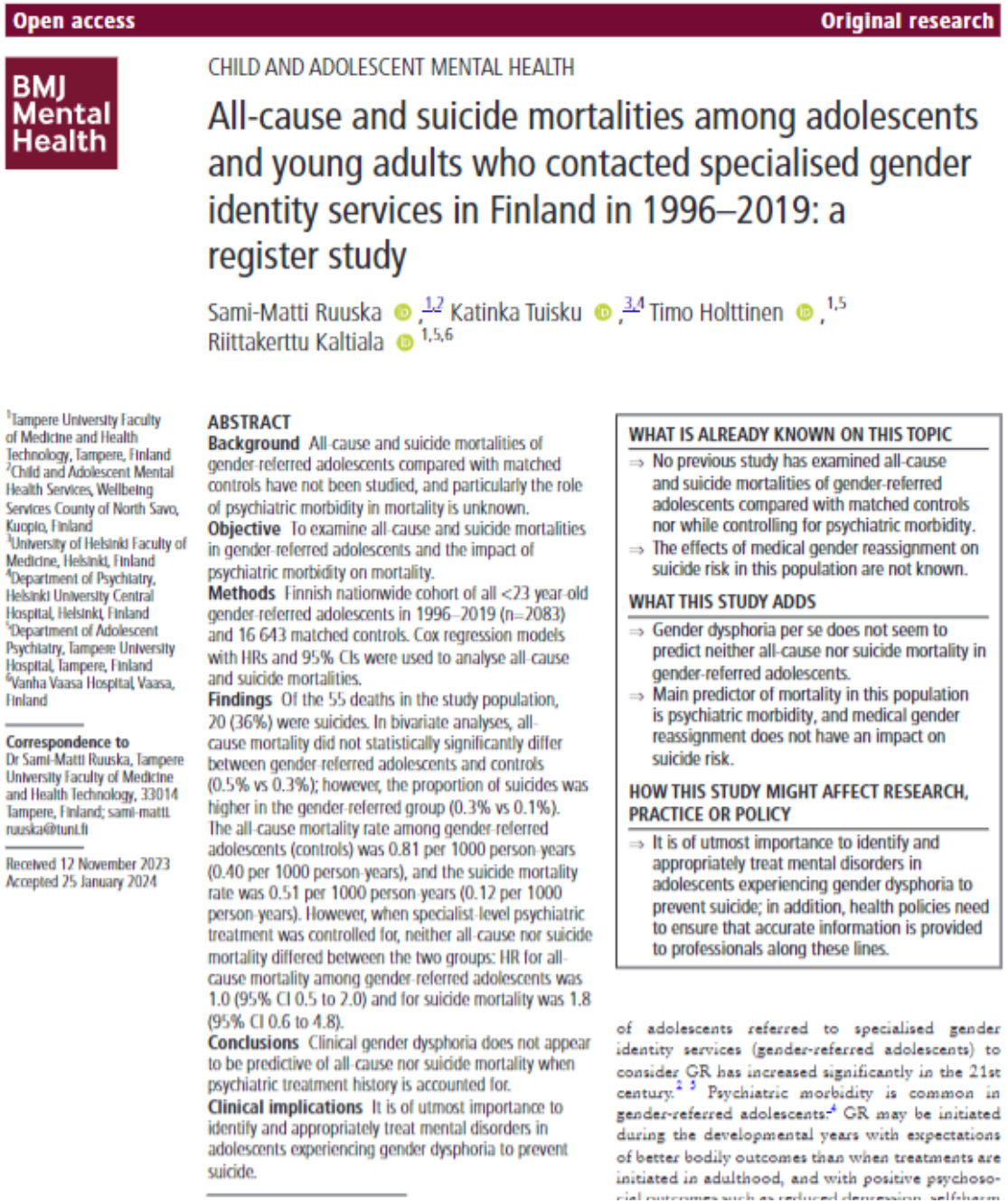
[3] Department of Women and Children's Health, School of Life Course and P Sciences & Medicine, King's College London, London SE1 7EH, UK

[*] Author to whom correspondence should be addressed.

Healthcare **2022**, *10*(1), 121; **https://doi.org/10.3390/healthcare10010121**

Table 3. Adverse childhood experiences, lifetime history of mental health problems and use of mental health services for non-gender related issues.

Problem	Number	%
Adverse childhood experiences		
Documented history of childhood abuse, neglect or violence (including "severe bullying" at school, n = 2)	13	19
Lifetime history of mental health issue found in notes		
Anxiety/Depression (mild/moderate/severe)	51	76
Personality Disorder	7	10
Deliberate Self Harm	36	54
Autistic Spectrum Disorder and/or Asperger's Syndrome	10	15
Eating Disorder	2	3
Functional Seizures	3	4
Attention Deficit Hyperactivity Disorder	4	6
Obsessive Compulsive Disorder	3	4
Bipolar Type II	1	1
None of the above diagnoses	9	13
Use of mental health services		
Child and adolescent mental health service (CAMHS) or child psychiatry involvement for non-gender issues	24	36
Secondary psychiatric services' involvement for non-gender issues (including referrals, assessments or admissions)	20	30
Total number of patients	67	100



Open access Original research

BMJ Mental Health

CHILD AND ADOLESCENT MENTAL HEALTH

All-cause and suicide mortalities among adolescents and young adults who contacted specialised gender identity services in Finland in 1996–2019: a register study

Sami-Matti Ruuska [1,2] Katinka Tuisku [3,4] Timo Holttinen [1,5] Riittakerttu Kaltiala [1,5,6]

[1]Tampere University Faculty of Medicine and Health Technology, Tampere, Finland
[2]Child and Adolescent Mental Health Services, Wellbeing Services County of North Savo, Kuopio, Finland
[3]University of Helsinki Faculty of Medicine, Helsinki, Finland
[4]Department of Psychiatry, Helsinki University Central Hospital, Helsinki, Finland
[5]Department of Adolescent Psychiatry, Tampere University Hospital, Tampere, Finland
[6]Vanha Vaasa Hospital, Vaasa, Finland

Correspondence to
Dr Sami-Matti Ruuska, Tampere University Faculty of Medicine and Health Technology, 33014 Tampere, Finland; sami-matti.ruuska@tuni.fi

Received 12 November 2023
Accepted 25 January 2024

ABSTRACT

Background All-cause and suicide mortalities of gender-referred adolescents compared with matched controls have not been studied, and particularly the role of psychiatric morbidity in mortality is unknown.

Objective To examine all-cause and suicide mortalities in gender-referred adolescents and the impact of psychiatric morbidity on mortality.

Methods Finnish nationwide cohort of all <23 year-old gender-referred adolescents in 1996–2019 (n=2083) and 16 643 matched controls. Cox regression models with HRs and 95% CIs were used to analyse all-cause and suicide mortalities.

Findings Of the 55 deaths in the study population, 20 (36%) were suicides. In bivariate analyses, all-cause mortality did not statistically significantly differ between gender-referred adolescents and controls (0.5% vs 0.3%); however, the proportion of suicides was higher in the gender-referred group (0.3% vs 0.1%). The all-cause mortality rate among gender-referred adolescents (controls) was 0.81 per 1000 person-years (0.40 per 1000 person-years), and the suicide mortality rate was 0.51 per 1000 person-years (0.12 per 1000 person-years). However, when specialist-level psychiatric treatment was controlled for, neither all-cause nor suicide mortality differed between the two groups: HR for all-cause mortality among gender-referred adolescents was 1.0 (95% CI 0.5 to 2.0) and for suicide mortality was 1.8 (95% CI 0.6 to 4.8).

Conclusions Clinical gender dysphoria does not appear to be predictive of all-cause nor suicide mortality when psychiatric treatment history is accounted for.

Clinical implications It is of utmost importance to identify and appropriately treat mental disorders in adolescents experiencing gender dysphoria to prevent suicide.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ No previous study has examined all-cause and suicide mortalities of gender-referred adolescents compared with matched controls nor while controlling for psychiatric morbidity.
⇒ The effects of medical gender reassignment on suicide risk in this population are not known.

WHAT THIS STUDY ADDS

⇒ Gender dysphoria per se does not seem to predict neither all-cause nor suicide mortality in gender-referred adolescents.
⇒ Main predictor of mortality in this population is psychiatric morbidity, and medical gender reassignment does not have an impact on suicide risk.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ It is of utmost importance to identify and appropriately treat mental disorders in adolescents experiencing gender dysphoria to prevent suicide; in addition, health policies need to ensure that accurate information is provided to professionals along these lines.

of adolescents referred to specialised gender identity services (gender-referred adolescents) to consider GR has increased significantly in the 21st century.[2 3] Psychiatric morbidity is common in gender-referred adolescents.[4] GR may be initiated during the developmental years with expectations of better bodily outcomes than when treatments are initiated in adulthood, and with positive psychoso-

- **Suicides remain uncommon events in gender-dysphoric youth, regardless of gender transition status**
- Results do not suggest that gender transition reduced suicides
- The Finnish study's results suggest that the clinical management of gender-dysphoric young people should focus on the management of comorbid psychiatric conditions, which are a well-known risk factor for suicides

Hannah Barnes

- The Tavistock Clinic was one of the global epicentres of the development of the field from the 1980s
- Thousands of children and adolescents with gender dysphoria were treated not only unethically but, at least in some cases, we can safely say criminally
- Experimental methods of 'treatment' have often not followed the usual principles of good clinical and research practice
- Children and adolescents have been treated with drugs and interventions that have never been indicated and clinically tested for their condition, without any evidence of benefit for the young patient(s). Many of these cases were undocumented, irreversible, with permanent consequences for health and the body
- In the case of adolescents below the legal age of autonomous decision-making, at least in some cases, these interventions were also carried out without (or even in spite of) the parents' expressed will

Doubt in Denmark

Another progressive country is having second thoughts about paediatric gender transition

BERNARD LANE

AUG 13, 2023

- In 2014, there were **only 4** documented pediatric cases who requested gender reassignment. By 2022, the number of referrals grew by 8700% to 352
- By 2018, Denmark's centralized gender service was medically transitioning 65% of referred youth
- In 2022, only 6% of those referred to Denmark's centralized gender clinic were prescribed endocrine interventions (puberty blockers and/or cross-sex hormones)

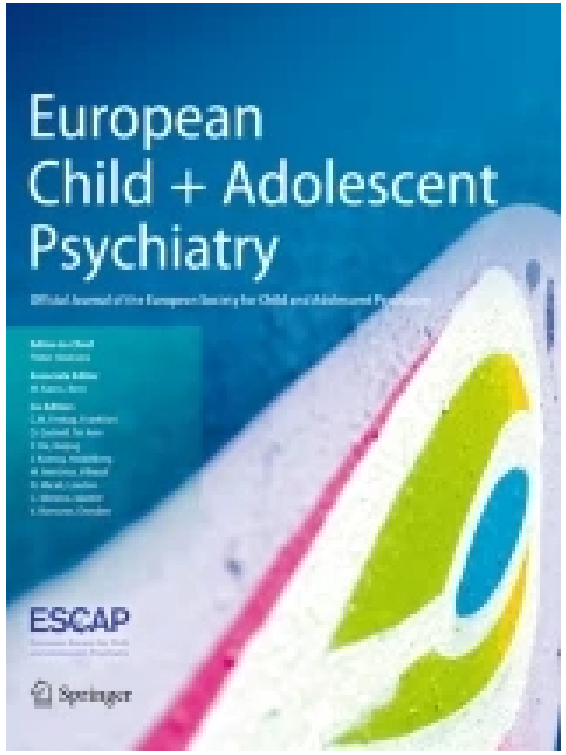
År	Børn henvist til udredning	Børn, der fik hormonbehandling
2014	4 (indexår)	0 af 4 (behandling ikke etableret)
2016	97 (↑ 2325% ift. indexår)	14 af 97 udredte, svarende til 14%
2017	105 (↑ 2525% ift. indexår)	49 af 105 udredte, svarende til 47%
2018	95 (↑ 2275% ift. indexår)	62 af 95 udredte, svarende til 65%
2019	172 (↑ 4200% ift. indexår)	59 af 172 udredte, svarende til 34%
2020	191 (↑ 4675% ift. indexår)	65 af 191 udredte, svarende til 34%
2021	294 (↑ 7250% ift. indexår)	70 af 294 udredte, svarende til 24%
2022	352 (↑ 8700% ift. indexår)	22 af 352 udredte, svarende til 6%
I alt	***1.306 (2016-2022)***	***341 af 1.306 udredte, sv. til 26%***
Kilde: Region Hovedstaden		

European Child & Adolescent Psychiatry
https://doi.org/10.1007/s00787-024-02440-8

ESCAP COMMUNICATION

ESCAP statement on the care for children and adolescents with gender dysphoria: an urgent need for safeguarding clinical, scientific, and ethical standards

Maja Drobnič Radobuljac[1,2] · Urh Grošelj[3,4,5,6] · Riittakerttu Kaltiala[7,8,9] · the ESCAP Policy Division · the ESCAP Board · Robert Vermeiren[10] · Sofie Crommen[11] · Konstantinos Kotsis[12] · Andrea Danese[13,14] · Pieter J. Hoekstra[15] · Jörg M. Fegert[16]



- ESCAP published a statement in early 2024 calling for clinical, scientific and ethical standards in the management of children with gender dysphoria
- They warn of the long-term harms of puberty suppressants and opposite-sex hormones
- Encourage an open and evidence-based expert debate on best standards of care

Maja D. Radobuljac

ESCAP statement (2024) (cont.)

Key principles for working with adolescents with gender dysphoria:

- prohibition of experimental and unnecessarily invasive interventions;
- warnings about the unreliability of the diagnosis of gender dysphoria over time;
- ensuring appropriate diagnosis and treatment of co-occurring psychiatric disorders;
- stressing the importance of informing children and parents about the risks and benefits of treatment

Learning from past mistakes:

- ESCAP calls on the EU to set up a registry of studies to better understand the effects of different treatments for gender dysphoria;
- they stress the need to monitor long-term studies to better understand the natural course of gender dysphoria and the consequences of medical transition

Finally, ESCAP urges health professionals to avoid experimental and unnecessarily invasive treatments and to adhere to the principle of "primum nil nocere" (first do no harm)

The Cass Review

Independent review of gender identity services for children and young people

Independent review of gender identity services for children and young people: Final report

April 2024

Hilary Cass

- UK National Health Service (NHS) published a major report by paediatrician Hilary Cass, former President of the Royal College of Paediatricians

- The report thoroughly refutes the arguments for invasive and irreversible interventions on children who wish to change their sex. Cass concludes that **'confirmation therapy' is not supported by adequate evidence** and has **irreversible consequences**

The Cass Review (cont.)

- The report's findings show that most of the studies supporting this therapy are exaggerated or misrepresented. The report warns against social transition for children as it increases the likelihood of further medical interventions. Most children outgrow their gender confusion without intervention.

- Cass recommends caution when prescribing hormonal treatment to minors under 18. The NHS has already introduced guidelines restricting the routine prescription of hormonal drugs.

- Cass concluded that model is fundamentally flawed because these children's significant pre-existing mental health problems are effectively ignored in the false expectation that transition will cure them.

FEATURE

Check for updates

writingblock@protonmail.com

Cite this as: *BMJ* 2024;385:q1141
http://dx.doi.org/10.1136/bmj.q1141
Published: 23 May 2024

BMJ INVESTIGATION

Gender medicine in the US: how the Cass review failed to land

A landmark investigation with bearing on the future of gender identity services for children and adolescents has been pivotal in the UK—and largely ignored by US medical organisations and media. **Jennifer Block** reports on how America has resisted the push for a more holistic approach

- The American Psychological Association, American Psychiatric Association, and American College of Obstetricians and Gynecologists, which have position statements in support of the affirmative model, have remained silent about Cass

- US Department of Health and Human Services (HHS), which informs that “research demonstrates that gender affirming care improves the mental health and overall wellbeing of gender diverse children and adolescents” and calls puberty blockers “reversible”

Politics/activists influencing science – WPATH example

Any publication of the evidence reviews had to go through three rounds of WPATH interference:

1.WPATH had to approve the conclusions.
2.WPATH had ongoing content control over the content of the planned publication.
3.WPATH had the final document control.

The authors were also required to insert into the article a statement that asserted its independence from WPATH, effectively denying that WPATH interference had taken place

WPATH

Marking their own homework

NEW YORK

Court documents show how research into trans medicine has been manipulated

IN APRIL HILARY CASS, a British paediatrician, published her review of gender-identity services for children and young people, commissioned by NHS England. It cast doubt on the evidence base for youth gender medicine. This prompted the World Professional Association for Transgender Health (WPATH), the leading professional organisation for the doctors and practitioners who provide services to trans people, to release a blistering rejoinder. WPATH said that its own guidelines were sturdier, in part because they were "based on far more systematic reviews".

Systematic reviews should evaluate the evidence for a given medical question in a careful, rigorous manner. Such efforts are particularly important at the moment, given the feverish state of the American debate on youth gender medicine, which is soon to culminate in a Supreme Court case challenging a ban in Tennessee. The case turns, in part, on questions of evidence and expert authority.

Court documents recently released as part of the discovery process in a case involving youth gender medicine in Alabama reveal that WPATH's claim was built on shaky foundations. The documents show that the organisation's leaders interfered with the production of systematic reviews that it had commissioned from the Johns Hopkins University Evidence-Based Practice Centre (EPC) in 2018.

From early on in the contract negotiations, WPATH expressed a desire to control the results of the Hopkins team's work. In December 2017, for example, Donna Kelly, an executive director at WPATH, told Karen Robinson, the EPC's director, that the WPATH board felt the EPC researchers "cannot publish their findings independently". A couple of weeks later, Ms Kelly emphasised that, "the [WPATH] board wants it to be clear that the data cannot be used without WPATH approval".

Ms Robinson saw this as an attempt to exert undue influence over what was supposed to be an independent process. John Ioannidis of Stanford University, who co-authored guidelines for systematic reviews, says that if sponsors interfere or are allowed to veto results, this can lead to either biased summaries or suppression of unfavourable evidence. Ms Robinson sought to avoid such an outcome. "In general, my understanding is that the university will not sign off on a contract that allows a sponsor to stop an academic publication," she wrote to Ms Kelly.

Months later, with the issue still apparently unresolved, Ms Robinson adopted a sterner tone. She noted in an email in March 2018 that, "Hopkins as an academic institution, and I as a faculty member therein, will not sign something that limits academic freedom in this manner," nor "language that goes against current standards in systematic reviews and in guideline development".

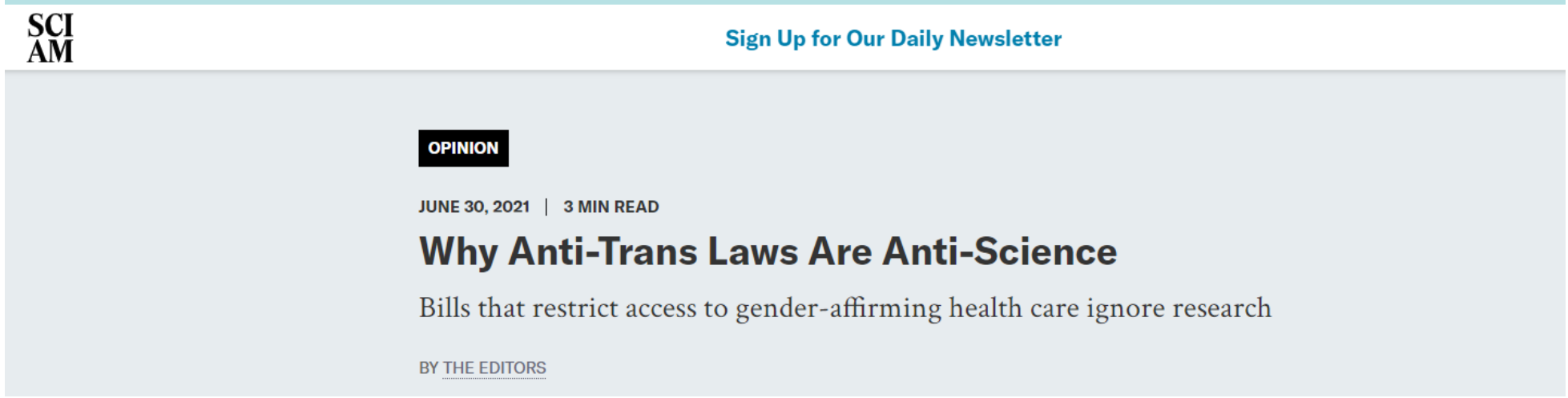
Not to reason XY

Eventually WPATH relented, and in May 2018 Ms Robinson signed a contract granting WPATH power to review and offer feedback on her team's work, but not to meddle in any substantive way. After WPATH leaders saw two manuscripts submitted for review in July 2020, however, the parties' disagreements flared up again. In August the WPATH executive committee wrote to Ms Robinson that WPATH had "many concerns" about these papers, and that it was implementing a new policy in which WPATH would have authority to influence the EPC team's output—including the power to nip papers in the bud on the basis of their conclusions.

Ms Robinson protested that the new policy did not reflect the contract she had signed and violated basic principles of unfettered scientific inquiry she had emphasised repeatedly in her dealings with WPATH. The Hopkins team published only one paper after WPATH implemented its new policy: a 2021 meta-analysis on the effects of hormone therapy on transgender people. Among the recently released court documents is a WPATH checklist confirming that an individual from WPATH was involved "in the design, drafting of the article and final approval of [that] article". (The article itself explicitly claims the opposite.) Now, more than six years after signing the agreement, the EPC team does not appear to have published anything else, despite having provided WPATH with the material for six systematic reviews, according to the documents.

No one at WPATH or Johns Hopkins has responded to multiple inquiries, so there are still gaps in this timeline. But an email in October 2020 from WPATH figures, including its incoming president at the time, Walter Bouman, to the working group on guidelines, made clear what sort of science WPATH did (and did not) want published. Research must be "thoroughly scrutinised and reviewed to ensure that publication does not negatively affect the provision of transgender health care in the broadest sense," it stated. Mr Bouman and one other coauthor of that email have been named to a World Health Organisation advisory board tasked with developing best practices for transgender medicine.

Another document recently unsealed shows that Rachel Levine, a transwoman who is assistant secretary for health, succeeded in pressing WPATH to remove minimum ages for the treatment of children from its 2022 standards of care. Dr Levine's office has not commented. Questions remain unanswered, but none of this helps WPATH's claim to be an organisation that bases its recommendations on science. ■



- SA magazine's editors stated that it is "unscientific and cruel" to claim that treatments are "unproven and dangerous" or that "legislation is necessary to protect children."
- Data "consistently show that access to gender affirming care is associated with better mental health outcomes."
- "Decades of data support the use and safety of puberty pausing medications,"
- The magazine's editor in chief, Laura Helmuth: "The research is clear, and all the relevant medical organisations agree"; policies that restrict treatments are "dangerous, cruel, bigoted, and contrary to all the best scientific and medical evidence."

Briefing | Trans substantiation

The evidence to support medicalised gender transitions in adolescents is worryingly weak

The effectiveness and side-effects of the most common treatments are not well understood

Conclusions

- Many of the safeguards, not only at the level of society, but especially those established in medicine and medical ethics after the horrors of the Second World War, have failed completely or to a significant extent in the case of the treatment of children and adolescents with gender dysphoria in many cases
- Medicine, under pressure from society and ideology, has once again forgotten its usual ethical standards, in particular, first, do no harm (»primum nil nocere«), and also to treat with care, protect and seek the welfare (»bonum facere«), which is particularly necessary in the case of vulnerable groups.
- The interests of society (or even of ideology) can never take precedence over the well-being of the individual in the treatment of an individual.
- Our brain - especially the frontal part, important for rational decision-making - matures by around 25 years of age, great caution is needed when making irreversible decisions.

Questions?

Thanks for attention