

Youth Gender Transition Is Pushed Without Evidence

Psychotherapy, not hormones and surgery, is increasingly the first line of treatment abroad.

July 13, 2023 4 51 pm ET



A protest outside the Alabama State House in Montgomery, March 30. PHOTO: JAKE CRANDALL ASSOCIATED PRESS

As experienced professionals involved in direct care for the rapidly growing numbers of gender-diverse youth, the evaluation of medical evidence or both, we were surprised by the Endocrine Society’s claims about the state of evidence for gender-affirming care for youth (Letters, July 5). Stephen Hammes, president of the Endocrine Society, writes, “More than 2,000 studies published since 1975 form a clear picture: Gender-affirming care improves the well-being of transgender and gender-diverse people and reduces the risk of suicide.” This claim is not supported by the best available evidence.

Every systematic review of evidence to date, including one published in the Journal of the Endocrine Society, has found the evidence for mental-health benefits of hormonal interventions for minors to be of low or very low certainty.

By contrast, the risks are significant and include sterility, lifelong dependence on medication and the anguish of regret. For this reason, more and more European countries and international professional organizations now recommend psychotherapy rather than hormones and surgeries as the first line of treatment for gender-dysphoric youth.

Dr. Hammes's claim that gender transition reduces suicides is contradicted by every systematic review, including the review published by the Endocrine Society, which states, "We could not draw any conclusions about death by suicide." There is no reliable evidence to suggest that hormonal transition is an effective suicide-prevention measure.

The politicization of transgender healthcare in the U.S. is unfortunate. The way to combat it is for medical societies to align their recommendations with the best available evidence—rather than exaggerating the benefits and minimizing the risks.

This letter is signed by 21 clinicians and researchers from nine countries.

FINLAND

Prof. Riittakerttu Kaltiala, M.D., Ph.D.

Tampere University

Laura Takala, M.D., Ph.D.

Chief Psychiatrist, Alkupsykiatria Clinic

UNITED KINGDOM

Prof. Richard Byng, M.B.B.Ch., Ph.D.

University of Plymouth

Anna Hutchinson, D.Clin.Psych.

Clinical psychologist, The Integrated Psychology Clinic

Anastassis Spiliadis, Ph.D.(c)

Director, ICF Consultations

SWEDEN

Angela Säm ord, M.D.

Senior consultant, Sahlgrenska University Hospital Sven

Román, M.D.

Child and Adolescent Psychiatrist

NORWAY

Anne Wæhre, M.D., Ph.D.

Senior consultant, Oslo University Hospital

BELGIUM

Em. Prof. Patrik Vankrunkelsven, M.D. Ph.D.

Katholieke Universiteit Leuven Honorary

senator

Sophie Dechêne, M.R.C.Psych. *Child*

and adolescent psychiatrist Beryl

Koener, M.D., Ph.D.

Child and adolescent psychiatrist

FRANCE

Prof. Celine Masson, Ph.D.

Picardy Jules Verne University

Psychologist, Oeuvre de Secours aux Enfants

Co-director, Observatory La Petite Sirène

Caroline Eliacheff, M.D.

Child and adolescent psychiatrist Co-director,

Observatory La Petite Sirène Em. Prof. Maurice

Berger, M.D. Ph.D.

Child psychiatrist

SWITZERLAND

Daniel Halpérin, M.D.

Pediatrician

SOUTH AFRICA

Prof. Reitze Rodseth, Ph.D.

University of Kwazulu-Natal

Janet Giddy, M.B.Ch.B., M.P.H. *Family*

physician and public-health expert Allan

Donkin, M.B.Ch.B.

Family physician

UNITED STATES

Clin. Prof. Stephen B. Levine, M.D.

Case Western Reserve University Clin.

Prof. William Malone, M.D.

Idaho College of Osteopathic Medicine Director, Society for

Evidence Based Gender Medicine

Clin. Prof. Patrick K. Hunter, M.D.

Florida State University

Pediatrician and bioethicist

Transgenderism has been highly politicized—on both sides. There are those who will justify any hormonal-replacement intervention for any young person who may have been identified as possibly having gender dysphoria. This is dangerous, as probably only a minority of those so identified truly qualify for this diagnosis. On the other hand, there are those who wouldn't accept any hormonal intervention, regardless of the specifics of the individual patients.

Endocrinologists aren't psychiatrists. We aren't the ones who can identify gender-dysphoric individuals. The point isn't to open the floodgates and offer an often-irreversible treatment to

all people who may have issues with their sexuality, but to determine who would truly benefit from it.

Jesus L. Penabad, M.D.

Tarpon Springs, Fla.

Appeared in the July 14, 2023, print edition as 'The Evidence on Gender Transition for Youth'.