



# THE CASS REVIEW

England's National Health Service (NHS) commissioned a review to understand the reasons for the increase in referrals for gender-focused medical intervention and the changing epidemiology, and to identify the clinical approach and service model that would best serve the new adolescent population. The review was led by Dr. Hilary Cass, a former president of the Royal College of Pediatricians, England's equivalent of the American Academy of Pediatrics. Dr. Cass had no prior involvement in this area of medicine and was therefore deemed to be unbiased. The Cass Review Final Report (<https://cass.independent-review.uk/home/publications/final-report/>) was released in April 2024.

The review included:

- An assessment of all aspects of pediatric gender care services at the Tavistock Clinic's Gender Identity Development Service (GIDS), the only pediatric gender clinic in operation in the U.K., between 2009 and 2020.
- A series of systematic reviews, conducted by the University of York, of published evidence relevant to epidemiology, clinical management, models of care and outcomes, as well as an appraisal of international guidelines and an international survey of gender clinics to look at evidence application and clinical practice in other comparable health systems.

## SUMMARY OF KEY FINDINGS

- Dramatic rise in numbers of gender dysphoria referrals in teens and young people — predominantly girls and young women — was “a result of a complex interplay between biological, psychological and social factors.”
- Conflicting views on clinical practices created an atmosphere of fear and confusion, so providers were not always following usual care plans for young people presenting with psychological distress.
- The systematic evidence review revealed the poor quality of published studies, providing no firm basis for making clinical decisions, or for helping children and families make informed choices.
- Strengths and weaknesses of the current evidence base for the care of children and young people were often misrepresented and overstated, in both scientific publications and social debate.
- Controversy took the focus away from the individualized care plans needed.
- Insufficient proof that puberty blockers reduce gender dysphoria or improve mental health; blockers impact cognitive and psychosexual development and it is known that they diminish bone density and may limit a child's height (with other physical impacts unknown).
- No long-term data is available to understand the impacts of giving opposite-sex hormones to minors.
- Clinicians had no way to determine in advance which children would continue to suffer from gender dysphoria even when treated with blockers and hormones.
- Medicalization is not the best path to manage gender-related distress in most young people. For “clinically indicated” cases, efforts should be made to address their wider mental health and psychosocial issues before proceeding down the medical pathway.
- “Innovation” is needed in the field, but effective oversight is required to avoid unproven approaches being introduced into clinical practice.

- WPATH, the Endocrine Society, and the authors of studies on pediatric gender medicine engaged in the unethical practice of circular referencing, also known as citation laundering, in which they reference their own and each other's policies or findings (without regard for the quality of evidence) to lend false legitimacy to their claims.
- Adult gender clinics refused to release their data so no conclusions could be drawn regarding the long term use of hormones (though the refusal speaks volumes).

## **CHANGES IN THE U.K. BASED ON THE CASS REVIEW**

- Closure of the Gender Identity Development Service clinic serving minors and opening several regional clinics with new, improved clinical protocols.
- Banning of puberty blockers indefinitely — no prescribing to anyone under 18 diagnosed with gender dysphoria.
- Psychotherapy First — new multi-disciplinary teams would pursue a more holistic approach to treatment, centered on mental health support.
- Change in guidance for schools on social transition: schools “should not proactively initiate action towards a child’s social transition.”
- The U.K. Health Secretary demanded “full co-operation” by adult gender clinics (which had previously refused to provide data to researchers). Adult services were required to provide records on trans-identifying patients who started their treatment as children, but might later have changed their minds and/or suffered serious physical and mental health problems as a result.
- All staff working with gender-confused children and teens must undergo a “required professional training curriculum and competencies framework.”
- The NHS announced the start of a comprehensive review of adult gender clinic services.
- Adult gender clinics must proceed with extreme caution when offering opposite-sex hormones to young people and no minor can be seen at an adult gender clinic.

## **LEARN MORE**

**WBUR Interview with Dr. Hilary Cass**

[www.wbur.org/onpoint/2024/05/08/nhs-hilary-cass-review-gender-transgender-care](http://www.wbur.org/onpoint/2024/05/08/nhs-hilary-cass-review-gender-transgender-care)

**Gender Medicine in the U.S.: How the Cass Review Failed To Land, Jennifer Block, The BMJ**

[www.bmj.com/content/bmj/385/bmj.q1141.full.pdf](http://www.bmj.com/content/bmj/385/bmj.q1141.full.pdf)

