



THE U.S. IS AN OUTLIER

Our international friends — particularly in northern European countries — are sharply altering policies on gender medicine. They are taking steps to protect vulnerable youth from unnecessary and dangerous interventions (www.di-ag.org/interventions#interventions-details) because their experts are realizing that the risks of illness and regret outweigh the benefits.

Meanwhile, here in the U.S. (and Canada), any attempt to expose the lack of evidence for the mental health benefits of removing the breasts of distressed 13-year-old girls or putting children who still believe in Santa Claus on bone-damaging puberty blockers is met with cries of “bigot” and “transphobe.”

According to a report from Reuters, as of October 2022, “the number of gender clinics treating children in the United States has grown from zero to more than 100 in the past 15 years,” a growing industry all guided by the discredited World Professional Association of Transgender Health (WPATH) (<https://environmentalprogress.org/big-news/wpath-files>), an organization that recognizes “eunuch” as a gender that could be medically treated by elective castration. With none of our major medical associations policing their own, as of May 2024, 25 states (all of them “red”) have passed legislation to limit opposite-sex hormones and surgeries for gender-confused minors. The blue states are refusing to acknowledge the science, let alone follow it. Time for our party — and our country — to catch up with what much of the world already knows: gender medicine is a shameful medical scandal.

POLICY CHANGES IN OTHER COUNTRIES

In 2014, Dutch researchers published an account of their experience transitioning 55 youth diagnosed with gender dysphoria. This paper and a 2011 Dutch study (www.di-ag.org/the-dutch-studies) are the foundation on which subsequent policies and practices on youth medical transition (collectively known as the “Dutch Protocol”) were built. In less than ten years, hormonal and surgical “transition” of teenagers and young adults spread across Europe, the U.S., Canada, Australia, New Zealand, and many other parts of the world.

Subsequently, European countries began to report poor outcomes, patient regret, and harms following several years of applying the Dutch Protocol. As a result, many national health authorities conducted systematic evidence reviews, including NHS England’s comprehensive *Cass Review* (<https://cass.independent-review.uk/home/publications/final-report/>), completed in April 2024. According to *The Cass Review*, “While a considerable amount of research has been published in this field, systematic evidence reviews demonstrated the poor quality of the published studies, meaning there is not a reliable evidence base upon which to make clinical decisions, or for children and their families to make informed choices.” Despite the inability of researchers to replicate the results of the Dutch studies, medical “transition” has gone mainstream and become a standard part of general medical practice in many countries.

Based on the mounting (lack of) evidence, the European countries listed below are now in the process of changing (or at minimum, vigorously debating) their national health policies for youth with gender distress.

FOLLOWING THE EVIDENCE

- **Finland** originally supported medical interventions for gender-distressed youth, but quickly found worsened mental health after such interventions. After conducting a systematic evidence review — the first country to do so, they changed their national policy from physical intervention to psychological treatment as the first line of treatment.

Also see: *Medical treatments for gender dysphoria that reduces functional capacity in transgender people, Council for Choices in Health Care in Finland*, June 16, 2020

<https://palveluvalikoima.fi/documents/1237350/22895838/Summary+transgender.pdf>

- **Sweden** is considered one of the most progressive countries in the world. In 1972, it was the first country to allow people to change their legal sex. However, following the 2011 publication of a study on adults after sex-trait modification hormones and surgery/ies which showed a higher rate of mortality, particularly due to suicide, and a 2022 systematic evidence review (<https://pubmed.ncbi.nlm.nih.gov/37069492/>) which found that the evidence for benefit after youth “transition” was low quality, Sweden’s National Board of Health and Welfare concluded that “the risks of puberty suppressing treatment ... and gender-affirming hormonal treatment currently outweigh the possible benefits.” Sweden’s national treatment policy now emphasizes psychological care, restricting youth “transition” to experimental protocols (<https://segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth>).

Also see:

Care of children and adolescents with gender dysphoria, Care of Children and Adolescents With Gender Dysphoria

<https://files.static-nzz.ch/2022/12/29/9a063296-b0a9-4e4d-a18f-110269f5e550.pdf>

- **England** has instituted a range of changes following the April 2024 publication of The Cass Review (<https://cass.independent-review.uk/home/publications/final-report/>) — an assessment of all aspects of pediatric gender care services at the U.K.’s gender clinic and a series of systematic reviews conducted by the University of York (and publication in 2022 of The Interim Cass Review), and publication in October 2020 of England’s National Institute for Health and Care Excellence systematic evidence reviews for puberty blockers and opposite-sex hormones, which found the evidence of benefit to be of very low certainty. Changes to the medical care for children and teens presenting with distress about their “gender” include:
 - Closure of the Tavistock, England’s only youth gender clinic, and development of regional centers that emphasize a holistic and psychological approach to treating gender distress.
 - An end to the prescribing of puberty blockers and opposite-sex hormones with the exception of yet-to-be-designed research protocols and exceptional cases” that will require approval by a multidisciplinary team.
 - Removal of ideologic language, such as “chestfeeding,” from hospital settings, in a shift back to sex-based, clear language.
 - An end to teaching about “gender identity” in schools through age 18.

These changes are mirrored in Scotland and Wales.

- In **Germany**, the 128th German Medical Assembly, which comprises 250 delegates from 17 German medical associations, passed resolutions to restrict puberty blockers, cross-sex hormones, and surgeries for those under age 18 other than as part of a controlled clinical trial. (<https://segm.org/German-resolution-restricts-youth-gender-transitions-2024>)

LEARN MORE

For information about additional countries, visit di-ag.org/the-us-is-an-outlier

