

Medical Care of Gender-Confused Youth Beyond the UK

FINLAND

2020, Council for Choices in Health Care in Finland (PALKO/COHERE)¹, *Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors* (report regarding gender dysphoric youth under age 25) – [findings and recommendations](#):

- **No medical treatment for gender dysphoria is evidence-based.**
- Gender reassignment on minors is experimental.
- Gender reassignment does not alleviate comorbid mental health issues.
- Hormone therapy can interfere with an adolescent's natural process of identity development
- Autistic youth are overrepresented among those suffering from gender dysphoria.
- The first-line treatment for gender dysphoria is psychosocial support and, as necessary, psychotherapy and treatment of possible comorbid psychiatric disorders.
- Minors must have their mental and behavioral health issues resolved before determination of their stable gender identity.
- All gender treatments for youth shall be performed in research settings.
- With pre-pubescent children, if the gender dysphoria is severe, persistent, and increases at puberty, on a case-by-case basis the child may be sent to the research group for suppression of puberty or halting of menses with a prerequisite of in-depth assessment.
- For adolescents with dysphoria at puberty, provided the distress is not typical for normal child development, does not subside after psychotherapy, and appears to be the stable identity, the child can be sent to the research group for possible hormones.
- Hormonal interventions on minors must be done with a great deal of caution.
- **"No decisions should be made that can permanently alter a still-maturing minor's mental and physical development."**
- **MINORS ARE NOT PERMITTED SURGICAL INTERVENTIONS.**

SWEDEN

February 2022, Swedish National Board of Health and Welfare (SNBHW), [findings and updated recommendations](#) for hormone therapy in gender dysphoria in young people under the age of 18:

- **"[T]he risks of puberty suppressing treatment with GnRH-analogues and gender-affirming hormonal treatment currently outweigh the possible benefits..."**
- There are a growing number of gender dysphoric youth with significant mental health issues.
- The cause of the substantial increase in gender dysphoric youth is unknown and the flip in sex ratio from traditionally gender dysphoria males to females is not understood.
- **There are an increased number of regretters/detransitioners.**
- Restraint is needed with hormone therapy.
- The first line of treatment is psychotherapy.
- Psychological treatment should not affirm or disavow a gender identity.
- Those with comorbid mental health issues need more extensive psychotherapy.

1 Finnish Studies – (1) a study of 70 adolescents placed on puberty blockers, **resulted in no decrease in gender dysphoria**; (2) a study of 201 adolescents, of the 100 who just received psychological interventions, they showed improvements in global functioning at 6 months. The other 101 were placed on puberty blockers combined with psychological interventions. They showed improvements at 12 and 18 months; and (3) a study of cross-sex hormones showed that hormones did **not** alleviate developmental and psychiatric symptoms in youth. Thus, the Fins saw **no benefit** in putting a child on puberty blockers or hormones.

- Any hormone treatments shall be in a research setting and only in extraordinary cases where the dysphoria occurs prior to puberty and persists for years (~5 years) with a marked psychological strain.
- Gender dysphoric adolescents with no history of childhood dysphoria may receive puberty blockers in extraordinary cases, but not cross-sex hormones.

AUSTRALIA AND NEW ZEALAND

September 2021, Royal Australia New Zealand College of Psychiatrists (RANZCP), the registration body for psychiatrists – [findings and recommendations](#):

- Non-exploratory affirmative model without high quality evidence requires caution.
- “Research on Gender Dysphoria is still emerging. At present, **there is a paucity of quality evidence** on the outcomes of those presenting with Gender Dysphoria. In particular, there is a need for better evidence in relation to outcomes for children and young people.”
- Do not merely affirm the gender identity – “Psychiatrists should engage with people experiencing Gender Dysphoria in a way which is person-centred, non-judgmental and cares for their mental health needs.”
- Causality of the dysphoria must be assessed – “Assessment and treatment should be based on the best available evidence and fully explore the person’s gender identity and the biopsychosocial context from which this has emerged.”
- Long-term studies are needed in relation to wellbeing and quality of life during and after medical and surgical interventions.

FRANCE

February 2022, Académie Nationale De Médecine, *Medicine and gender transidentity in children and adolescents* – [findings and recommendations](#):

- “There is no test to distinguish ‘structural’ gender dysphoria from transient dysphoria in adolescence. Moreover, the risk of over-diagnosis is real, as shown by the increasing number of transgender young adults wishing to ‘detransition’”
- There is a relationship of social media with the “epidemic-like phenomenon” in the cases or clusters of friend groups with gender dysphoria.
- The psychological support phase should be extensive.
- A multi-discipline assessment is needed before those with persistent gender dysphoria can be placed on puberty blockers or hormones.
- Great medical caution must be taken with children and adolescents.

BELGIUM

July 2022

– A major publication printed an [open letter](#) from psychiatrists entitled, “Is it justified, and desirable, to allow children and adolescents the right to change gender based only on feeling?”

– A [European manifesto](#), signed by scientists, doctors and academics of the humanities and social sciences calls upon the media of France, Belgium, Germany, the United Kingdom, Switzerland and other European countries “to faithfully represent serious studies and scientifically established data concerning ‘gender dysphoria’ of children in programs intended for a large audience,” recognizing the social contagion. Gender reassignment is not a miracle cure.