

Interim Results of the Independent Review of Medical Care of Gender-Confused Youth in the UK

In 2023, on the basis of the UK's National Health Service [Cass Review](#), the only children's gender clinic in the UK, Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust (Tavistock), will shut down. It will be replaced with regional hospital-based services. This change resulted from a number of whistle-blowers within the Tavistock who noted that it hid negative outcomes from puberty blockers and complaints that the children were being fast-tracked to transition without exploratory therapy.

Some of the more salient interim findings are:

- One clinic cannot handle the number of new referrals and the complexity of the cases. In 2009, there were 50 youth referred; this jumped to 2,500 with 4,600 on the waitlist in 2020. (Section 3.10 of the Cass Review.)
- The wait time could be more than 2 years. During this period, the child's gender identity can become more fixed making psychotherapy more difficult. (Ibid., at section 4.36.)
- The reversal of the historic sex ratio of predominately males with gender dysphoria to females is notable, with females presenting with later onset of dysphoria. (Ibid., at section 3.11.)
- Children who are in "foster care" are overrepresented. (Ibid.)
- **One-third of children/youth have autism or other types of neurodiversity. (Ibid.)**
- **Over-emphasis on transition considering the poor quality of the efficacy of the treatments is problematic. (Ibid., at section 3.21.)**
- **Certainty of stable gender identity is difficult to predict since identity can remain fluid into the mid-20s. (Ibid., at section 3.22)**
- The Tavistock did not keep adequate data on outcomes. (Ibid., at section 3.34.)
- Little is known about the long-term outcome of the new cohort of females that transitioned. (Ibid., at section 3.23.)
- The Tavistock failed to have a systematic, formal mental health or neurodevelopmental assessments or formal diagnosis of companion metal health issues. (Ibid., at section 3.38.)
- **Unknown whether puberty blockers do indeed provide valuable time for children and young people to consider their options, or whether they effectively 'lock in' children and young people to a treatment pathway which culminates in progression to feminising/masculinising hormones by impeding the usual process of sexual orientation and gender identity development. Notably, children placed on puberty blockers have a 96.5% to 98% chance of proceeding to cross-sex hormone treatments. (Puberty blockers cannot be described as a pause button but a scaffolded step.) (Ibid., at section 3.31)**
- The effect of cessation of puberty could retard the development of the brain and further concretize gender confusion. Further study is needed. (Ibid., at sections 3.32 and 3.33.)
- **The long-term outcomes of medicalization of children is unknown and there is no established protocol to determine which child would benefit or be harmed by gender interventions (Ibid., at section 3.34.)**
- The lack of quality controls on the treatments is problematic. (Ibid., at section 5.3.)
- **The appropriate treatment for gender dysphoric youth is not clear. (Ibid., at section 6.1.)**

THE UK RECOGNIZES THAT MEDICALIZING GENDER-CONFUSED CHILDREN MAY NOT BE THE BEST TREATMENT.