

WPATH'S GUIDELINES ARE JUNK SCIENCE

1. WPATH IS NOT AND HAS NEVER BEEN A RELIABLE SOURCE OF INFORMATION

The British Medical Journal in 2021, in its [review of the clinic practice guidelines](#) (CPGs), WPATH received the lowest ranking. BMJ reported: "Clinicians should be made aware that gender minority/trans health clinical practice guidelines outside of HIV-related topics are **linked to a weak evidence base, with variations in methodological rigour and lack of stakeholder involvement.** Clinicians should proceed with caution." Guidelines focusing on transition have the lowest CPGs. **WPATH is a special-interest association and guidance may be driven by provider-interests rather than healthcare needs.**

Courts recognize that the WPATH recommendations are not universally endorsed and "are merely criteria promulgated by a controversial private organization with a declared point of view." (See [Doe v. Snyder \(9th Cir. 2022\) 28 F.4th 103](#); [Edmo v. Corizon, Inc. \(9th Cir. 2020\) 949 F.3d 482.](#))

2. WPATH GUIDELINES USES WEAK METHODOLOGY

Emergency Care Research Institute (ECRI), an independent nonprofit organization that evaluates healthcare technology and safety, provides a "Trust Scorecard" that rates the quality of healthcare guidelines based on the strength of the evidence and the measures taken to reduce bias in the recommendations. ECRI did not even include WPATH in its database because it does not utilize a systematic review process. WPATH uses the Delphi process to approve recommendations. **The Delphi process is considered to provide the lowest level of evidence** for making causal inferences in medicine. With the growing number of detransitioners, WPATH's recommendation to unquestionably "affirm" a child's gender identity is reckless.

3. WPATH IS INCONSISTENT

WPATH SOC v. 8 continues to state that puberty blockers are completely reversible, but WPATH's acting president, Dr. Marci Bowers, [admitted](#) on March 2022 at the Duke University seminar, *Trans & Gender Diverse Policies, Care, Practices, & Wellbeing*, that **"...every single child who was, or adolescent, who was truly blocked at Tanner stage 2, has never experienced orgasm. I mean, it's really about zero."** More than 95% of all children that start puberty blockers continue on to hormones and are therefore rendered sterile. Bone density mass may not recover after stopping puberty blockers. Height is irreversibly affected. Penis sizes stunted by puberty blockers do not resume normal growth. Development of pseudotumor cerebri, recently associated with use of puberty blockers in children, may cause progressive, permanent vision loss.

4. CONTRIBUTORS TO WPATH INCLUDE ACTIVISTS

Susie Green, the head of Mermaids, a non-profit transgender advocacy group is a contributor to WPATH SOC v. 8 adolescent section. She transitioned her son because he played with girls toys. Dianne Ehrensaft, PhD is a contributor too. She [believes](#) that: male toddlers that unsnap their onesies and little girls that pull out their barrettes are "gender communicating" and she claims that there are infinite number of genders.

WPATH IS AN ADVOCACY GROUP NOT A MEDICAL GROUP FOLLOWING EVIDENCE-BASED MEDICINE.