What the Pediatric Endocrine Society gets wrong about medical interventions in its Position Statement on Transgender Health

THE SAFETY AND EFFICACY OF PEDIATRIC GENDER INTERVENTIONS ARE NOT SUPPORTED BY EVIDENCE.

The Pediatric Endocrine Society makes verifiably false claims that have been invalidated by Sweden, Finland, and England — countries that have conducted systematic evidence reviews and conclude:

- there is a paucity of evidence to support puberty blockers and/or cross-sex hormones in minors.
- there is an unprecedented uptick of youth seeking gender interventions.
- those with autism or other neurodevelopmental issues, and/or pre-existing mental health issues are overrepresented in the current patient population.
- the effect of social contagion and influence of social media is significant, particularly in the outsized cohort of females seeking gender treatment.
- there is a high risk of iatrogenic harm from puberty blockers, hormones, and surgeries.

In March 2023, Norway announced that it will re-evaluate gender treatment guidelines after finding insufficient evidence for the use of puberty blockers and cross sex hormone treatments in young people, especially for teenagers.

The "Dutch Model," upon which the current blocker/hormones/surgery protocol is based, has been subjected to severe criticism and its results have never been reproduced.

No data exists to support the claim that gender interventions are life-saving.

- No record exists of scores of teen suicides due to gender dysphoria prior to the 2016 exponential rise in medicalization of minors seeking gender transition, or in those unable to get "gender-affirming" treatment.
- Self-harm risk among gender-nonconforming youth is about the same as other youth with mental health and developmental disorders. At the world's largest clinic for transgender youth in the UK, from 2010-2020, only 4 out of 15,000 (<1%) minors on the waitlist and unable to access services committed suicide.
- In the highly touted, long-awaited study, Psychosocial Functioning in Transgender Youth after 2 Years of Hormones (NEJM 2023), which followed 315 children prescribed puberty blockers or hormones at four major multidisciplinary clinics, the suicide rate was alarmingly high, with 2 suicides within 1 year of starting treatment, and 11 instances of "suicidal ideation during study visit." Notably, children with severe psychiatric problems, including those exhibiting suicidality, were excluded from the study. The study authors dropped suicidality from the criteria it is tracking, presumably because the results didn't meet the "life-saving treatment" narrative.
- Adults following hormones and surgeries fare even worse. In Sweden, a country with a long history of tolerance, the longest (30-year) study of sex-reassigned adults found that compared to same birth-sex controls, rates of all-cause mortality were 2.8 higher post-reassignment, **completed suicides were 19.1 times higher, suicide attempts were 4.9 times higher,** and psychiatric inpatient care was 2.8 times higher.

- Studies demonstrate that an average of 85% or more of the youth considered transgender or gender diverse will outgrow their discomfort with their natural bodies, with a significant percentage of them being gay or bi-sexual if not socially or medically transitioned.

Puberty blockers, cross-sex hormones, and surgeries do not result in significantly improved mental health outcomes.

- Improvements in depression and anxiety in the same NEJM-published study were minimal and not statistically significant. These minor improvements were seen only in females, and cannot be attributed to the cosmetic effects of testosterone rather than the mood-improving effects of the drug or other interventions provided, such as psychotherapy.

The number of detransitioners — those who regret medical transition and subsequently stop treatment — is unknown, but is growing.

- The often cited 1% detransition rate is based on a 2015 Dutch study of adults and those who had significant pre-pubescent gender dysphoria, in which the definition of "regret" excludes most detransitioners and 20% of participants were lost to follow-up.
- There is no long-term tracking of patients inclusive of youth who have been prescribed puberty blockers and/or hormones in the US. Studies show that upwards of 30% detransition.
- Preliminary studies show that 75% of detransitioners do not inform their clinicians about their regret so gender clinics wrongly believe silence is satisfaction.
- Detransitioners are a growing demographic and have begun filing lawsuits against the medical providers who irreversibly harmed them. Class-action suits are expected.

The Pediatric Endocrine Society's assertion that there is "a durable biological underpinning to gender identity" lacks reliable data.

- There are no biological metrics to determine who, if anyone, will benefit from gender treatments.
- Brain imaging is highly inconclusive and has never been used to determine whether a patient should be prescribed puberty blockers, hormones, or surgeries.
- The brain imaging has no control group, and studies suggesting differences in trans-identified patients included no distinction for use of hormones or same-sex attraction.
- The entire basis of prescribing these treatments is that the patient wants them; no gate keeping or guardrails exist, even with children.

Pediatric endocrinologists across the country are participating in the largest medical scandal in our lifetime, sterilizing vulnerable children and setting them up as lifetime medical patients based on shoddy evidence rejected by every country that has conducted a systematic evidence review — a review that US medical organizations refuse to conduct. It is only a matter of time before enough damage is done to our young people that pediatric endocrinologists will have to answer for their actions in the face of overwhelming evidence that contradicts their dangerous and unsupportable practices.