

An Open Letter to the Alberta Medical Association (AMA) Regarding the February 1st Statement from the AMA Section of Pediatrics on gender-affirming treatments

March 2024

On February 1, 2024 your association released a [statement](#) in response to Alberta Premiere Danielle Smith's proposed changes to the treatment of trans-identified children and adolescents, those struggling with gender ideation. We ask that you consider and respond to our questions and concerns regarding your statement and explain how the official position described therein is consistent with your profession's fundamental principle to first "do no harm."

We are a group of concerned parents, most of whom have children struggling with gender ideation and grappling with the largely unrestricted social and medical options being presented to them in Canada. We believe that **no child has the necessary cognitive and psychosocial maturity to provide informed consent to the use of off-label synthetic hormones and surgical procedures, often referred to as "gender-affirming healthcare," that have irreversible and damaging effects on their health and fertility.** We also carefully follow the results of **peer-reviewed research in this area, which, to date, has NOT yielded strong evidence of the safety or efficacy of gender-affirming medical treatments.** Therefore, we work to increase public awareness and pressure our social, medical and political organizations to conduct themselves from an evidence-based perspective.

We have identified several areas of concern in your recent statement and we address them herein. In summary, your statement contains generalizations that are not supported by sound evidence; false statements about the safety and efficacy of the off-label drugs you recommend for children and adolescents; reference to your steadfast opposition to

safeguarding children and adolescents through proper regulatory processes and networks; and finally, a strong disregard for age-appropriate decision-making and consent to medical treatments and surgical procedures that have irreversible and damaging effects, and which increasing numbers of youth are living to regret.

Your statement first asserts that “transgender youth have higher rates of mental health issues and suicidality because of the stigma attached to their status. The mental health of these children and youth will be markedly worse when denied care.” The fact is, however, that recent peer-reviewed research, such as this [20-year Finnish study](#), **does NOT** show that gender affirming healthcare improves the mental health outcomes of children and adolescents. For example, and perhaps most importantly, this research **does NOT find** decreased suicide rates in youth who have accessed gender-affirming medical treatment.

Your statement further asserts that “the effects of puberty-blocking agents are not irreversible; and once treatment stops, puberty goes forward. Treatment allows the patient time to determine their options without permanent effects.” This assertion is particularly disturbing for two reasons: (1) it blatantly **misleads readers** about how puberty blockers are actually used in trans-identified children and adolescents, and (2) consequently, it **evades the full truth** about the actual impacts of these off-label drugs. In regard to (1), your assertion is premised on cases where puberty blockers are used for brief periods of time and then stopped so that natural puberty can progress. However, this is not how puberty blockers are actually being used in the majority of trans-identified children and adolescents. In reality, puberty blockers are most often followed by cross-sex hormone treatment ([up to 98% of the time](#)) and these minors **never** go through natural puberty. **Further, the long-term effects of puberty blockers when they are followed by cross-sex hormones are well-documented and dire, as even the [president of WPATH confirms](#)** in this linked video and with this statement, “**Every single child or adolescent**

who was truly blocked at Tanner Stage 2 has never experienced orgasm, I mean it's really about zero." The pituitary gland is actually rendered indefinitely dormant with GnRH Analogues (Puberty Blockers), which is why several countries, most recently [England](#), have corrected their course and banned their use for gender affirming healthcare. Medical associations owe it to the public to provide **COMPLETE and TRUTHFUL information**, which your statement does **NOT** do.

Your statement goes on to point out that "Bottom surgery in Canada is already limited to patients over 18 years." Once again, you assert a half-truth that is misleading to readers when you state that "bottom surgery" is limited, but you remain silent about bilateral mastectomies ("top surgery"). The fact is that [bilateral mastectomies ARE being performed on patients UNDER 18 YEARS old in Canada](#). We know this first-hand because it has happened to our own children, and we know that this procedure is **completely irreversible**. Asserting half-truths and omitting information is not conducive to maintaining the trust of the public.

In light of the recent release of the [WPATH Files](#), we find the following part of your statement to be an effort to escape the duty to be transparent that, as a regulatory body for the entire province of Alberta, is crucial to the AMA's role and responsibility: "Requiring a private registry of physicians to provide gender-affirming care has the feel of surveillance, to which we object. It is an unnecessary bureaucratic process given the current existence of effective referral processes and networks." First, what you refer to as "surveillance" is understood by the Albertans to whom you are accountable as the transparency you are charged to uphold. Second, you fail to explain that your referral process is based on the WPATH guidelines, which have been largely discredited. The fact is that these guidelines, for "gender-affirming healthcare," are **not evidence-based**, but **experimental**. A [2023 article](#) in the prestigious British Medical Journal confirms this. As parents, we are paying close attention to this, and we are asking that our medical professionals do the same. Statements like the one you have just

made show us that you are NOT paying attention and that you are NOT following the overwhelming and growing body of evidence.

When professional medical associations cease to be guided by evidence-based research and principles, and cease to be open and honest with the public, then the public– rightly and understandably– becomes alarmed and will, in turn, support the intervention of governments and ultimately the courts. While we do respect the doctor/patient relationship, your lack of adherence to the evidence is a symptom of a problem to which you, as a medical association, have contributed. Your statement is shining evidence of this.

There is, however, one part of your statement with which we could not agree more: “Children and youth have the right to the appropriate medical care.” Children and adolescents DO have the right to safe, evidence-based, non-experimental medical care that protects them from long-term harm such as loss of sexual function and infertility. This right is enshrined in the [United Nations Convention on the Rights of the Child](#). Moreover, children, adolescents and their families ALSO have the right to provide informed consent to drugs and surgical procedures that are recommended to them. This requires doctors and medical associations to be **informed and evidence-based, transparent and accountable**. Your statement shows a shocking disregard for these responsibilities, which the AMA **SHOULD** hold sacred. Full stop.

We strongly recommend that your organization cease to follow the guidelines put forth by the heavily discredited WPATH, stop promoting medical negligence and harm while operating from a non-evidence-based perspective, and change course now as progressive European countries including [Sweden](#), [Finland](#), [England](#), [Norway](#) and [France](#) have already done.

We ask that you explain your comments **from an evidence-based perspective**. If you cannot, we must assume that they, along with your

official position, are ideologically driven, in which case we call for complete retraction or substantial correction to the AMA's original statement. Should you fail to respond, we will understand that as further dismissal of the parents, children and adolescents, and citizens to whom you are responsible, and we will proceed accordingly.

In Support of Children and Families,

Our Duty Canada

