26/08/2025

To the Authors,

Society for Evidence-Based Gender Medicine (SEGM) and McMaster University – Health, Evidence & Impact (HEI)

Subject: Our Disappointment in Your Response to Criticism of Your Systematic Reviews

Dear Dr. Guyatt, Dr. Brignardello-Petersen, and the HEI Department,

We write as representatives of Our Duty Canada (ODC), a national parent/peer support network for parents of children of any age struggling with transgender ideation, to express our deep disappointment regarding your recent public statement in response to activist pressure and criticisms of your two systematic reviews published in *Archives of Disease in Childhood*, namely:

- "Puberty blockers for gender dysphoria in youth" (*ADC* 110(6):429)
- "Gender-affirming hormone therapy for individuals with gender dysphoria below 26 years of age" (*ADC* 110(6):437)

Your systematic reviews unmistakably concluded that the evidence for both GnRH analogues (puberty blockers) and synthetic sex hormones in youth is of **very low certainty**, especially concerning persistent outcomes like gender dysphoria, mental health, bone density, and long-term effects. These findings align with those of the Cass Review out of the UK, which similarly emphasized weak foundations and unknown long-term risks, urging more caution in practice. Our commentary, titled *"Two Canadian Reviews Echo the Cass Review—No Evidence for Pushing Puberty Blockers and Synthetic Sex Hormones"* (0210/2025), also underscored the urgent need for transparency and rigorous evidence-based care.

Despite this, your recent statement of response to trans-activist pressure appears to lack essential reaffirmation of your own conclusions. It reads as a retreat from the courage, integrity, and honesty that characterized your initial research.

First-hand Accounts and Canadian Evidence of Harm

While comprehensive public reports of Canadian youths harmed by gender-affirming care are limited, the available qualitative research underscores a spectrum of experiences, many of which raise serious concerns:

- ODC's members include parents of desisters and detransitioners who, as patients with trauma, comorbid mental health conditions, and the spontaneity of decision-making that comes with youth have suffered irreparable harm because they were immediately, and often vehemently, affirmed in their temporary "gender identities".

- A qualitative study examining the experiences of youth who experience transgender ideation receiving gender-affirming care at specialty clinics in Canada revealed a mix of positive and negative outcomes, including frustrations with treatment protocols, long wait lists, and concerns about the medical transition process itself. https://pmc.ncbi.nlm.nih.gov/articles/PMC6913674/

- Broader evidence, albeit not specific to Canada, highlights long-term risks or uncertainties associated with GnRH Analogues (puberty blockers), such as compromised bone health, potential impacts on cognitive development, fertility, and sexual function, all underscoring the lack of high-quality, long-term data. https://www.ncbi.nlm.nih.gov/books/NBK610242/

These testimonies and findings detail dramatic clinical harms and reflect tangible patient and family concerns, uncertainties that demand attentive scientific and ethical response akin to your initial findings.

The Debate Around the Gender Affirming Care Model Continues

Though a complete body of evidence has not yet evolved, as a great portion of the patient cohort is currently in the "treatment phase", an abundance of risk factors have been identified, and a significant number of patients have experienced extreme regret as a result of a rushed and uncertain protocol:

We understand that Dr. Gordon Guyatt states that any medical procedure comes with uncertainties. Something missing from this standpoint, however, is the high certainty evidence of harm. The statement, perhaps conveniently, omits this critical point. It is one thing to have low certainty evidence of benefits, but when that is coupled with high certainty evidence of harms, it is simply irresponsible for ANY medical professional, let alone a leading researcher, to dismiss the evidence of harm.

We ask you, how can an esteemed doctor, whose oath to ***first do no harm*** was surely taken, submit to promoting body autonomy over the low evidence of improved outcomes and high evidence of harm from these medical procedures, especially when performed on vulnerable children and adolescents, many with psychiatric comorbidities (eating disorders, OCD) and developmental delay (ADHD, autism), preceding gender ideation onset?!

And Dr. Guyatt, where is the “team of experts” you talk about in your yesterday reply post, that imaginary team of experts that you are handing your systematic review findings to? There is no team of experts. Our kids are affirmed, no questions asked, and us parents are kicked out of the consultation room, the moment we ask for time and exploration of the root cause of our kids discomfort. Cognitive and developmental psychologists are silenced by the Conversion therapy bill C4, parents are vilified, eating disorder specialists are happy to pass the charts on to the gender clinics, on the account of not knowing anything about gender medicine. A 14 years old actress pretended she was transgender and walked out with a testosterone prescription in 10 minutes, in Quebec.

When putting your thumbs on the scale of the ongoing and lively debate around the gender affirming care model, it could have disastrous effects on the parents, families, and primarily the children and adolescents who may listen to your advice, directly or indirectly, despite the impending consequences. As Canada’s largest outlet of support to parents of children struggling with transgender ideation, we urge you to consider the serious repercussions of your statement.

Dr. Guyatt, please note you are not the first to oppose the government banning medical procedures, saying the decision should be led by the medical teams. Although an entirely valid view, we would like to point out that the medical community **has already tried that.** For this issue, the medical industry entirely failed at its self-regulation and violated all their own policies on Evidence Based Medicine and conflict of interest. When a profession fails to self regulate, the government should intervene.

ODC’s Expectations of SEGM and McMaster HEI

Given these realities, ODC respectfully yet firmly calls upon you to:

1. **Reaffirm** your findings and conclusions in a clear, unequivocal public statement. Your systematic reviews revealed low-certainty evidence. Silence or equivocation compromises both patient trust and scientific integrity.

2. **Reject** activist or political pressure that might dilute the fidelity of empirical inquiry. Your responsibility is to evidence, not ideological convenience.

3. **Speak openly** about long-term uncertainties, emphasizing the current gaps in knowledge and the potential for irreversible outcomes—including those related to bone health, cognitive development, and fertility.

4. **Advocate** for well-designed, long-term clinical trials and follow-up studies that can clarify both efficacy and safety for youth under real-world conditions.

5. **Ensure balanced communication** with clinicians, families, and youth—clearly stating both the limitations of current evidence and the urgent need for caution, not just

affirmative care.

Barriers Against Informed Shared Decision Making: A Parent's Perspective

I am writing as both the parent of a vulnerable child and a professional with expertise in biomedical research, including an in-depth understanding of Systematic Review methodologies and their significance in evidence-based medicine. I am also mindful of the social justice dimensions of healthcare and the importance of compassionate, equitable treatment. This combination of perspectives places me in a unique position to support my teenage daughter as she navigates questions around gender identity. For our family, this has been a new and unexpected journey, and like many parents, I want to ensure that she receives thoughtful, balanced, and compassionate care.

When I first suggested speaking to a therapist to help explore what she was feeling, my daughter responded with strong emotion, asking, "Do you mean conversion therapy?" That was the first time I had heard the term in this context. I later learned more about Canada's 2022 legislation banning conversion therapy and understand that its intent is to protect individuals from harmful and coercive practices, something I fully support. At the same time, as I've sought out support, I've come to feel that the current clinical environment sometimes makes it difficult to find neutral, exploratory spaces where young people can openly discuss what they're experiencing without being guided too quickly toward a specific outcome. This has made me reflect on whether we've left enough room for careful, individualized assessment, particularly for teens who may be struggling with multiple mental health concerns or developmental conditions, such as anxiety, ADHD, autism, or depression.

Some research supports the idea that gender-related distress in youth can be complex and may overlap with other factors. For example, a 2018 article by Kaltiala-Heino and colleagues emphasized the importance of comprehensive evaluation when young people present with gender dysphoria, especially when other conditions are involved. Similarly, the Cass Review, commissioned by the UK's National Health Service, called for a more cautious and personalized approach, pointing to the need for more research and broader clinical dialogue.

I believe that affirmation can seem like an important and validating path for many young people, but I also believe that space should exist for young people to explore their feelings in an open-ended way, without pressure or assumptions. Parents and professionals alike benefit when there is clarity and reassurance that asking questions, and seeking to understand, does not conflict with the goal of supportive care.

The question in medical ethics requires comparing the alternatives. An intervention can be ethical when you have no choice, but unethical when you have an alternative with less risk of harm. In this case, the alternative is general psychotherapy for youth expressing gender

dysphoria. That is, the choice isn't transition vs. **nothing**, the choice is transition vs **psychotherapy**. Clinicians have a duty to consider the bioethical principles of Beneficence, non-maleficence and justice. It is unjust to offer gender affirming care to vulnerable young people with co-morbidities preceding gender dysphoria onset, that has not been shown to have a positive benefit/risk ratio. We urge Dr Guyatt to consider this important aspect when weighing into the discussion. Furthermore, we emphasize we are talking about general therapy to identify the root cause, and not affirmation or conversion therapy targeted at gender identity. We need therapy to bring to light the issues that youth are mistaking to be gender identity. Transition advocates have said so themselves when discussing detransitioners: they claim detransitioners were not actually transgender to start with, despite identifying themselves as such. Hence the failure of the gender affirmation treatment, when the assessment/ diagnosis is incorrect.

As a parent, I hope Canada continues to protect children from coercion while also allowing families to access thoughtful, balanced therapeutic support. These conversations are not easy, but they are incredibly important, and I appreciate your attention to the concerns of families navigating these sensitive issues.

References

1. Kaltiala-Heino, R., Bergman, H., Työläjärvi, M., & Frisén, L. (2018). *Gender dysphoria in adolescence: current perspectives*. Adolescent Health, Medicine and Therapeutics, 9, 31–41. https://doi.org/10.2147/AHMT.S135432

2. Cass, H. (2022). *Cass Review: Interim Report*. Independent Review of Gender Identity Services for Children and Young People. https://cass.independent-review.uk/publications/interim-report

3. Government of Canada. (2022). *Criminal Code Sections 320.101–320.104 (Ban on Conversion Therapy)*. https://laws-lois.justice.gc.ca/eng/annualstatutes/2021_24/page-1.html

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It is important to emphasize that the vast majority of the children of Our Duty parents, as well as countless others we have been made aware of, have experienced or are experiencing late and rapid onset transgender ideation. This is happening on a pandemic level, and a significant spike has been observed during the COVID lockdowns.

https://link.springer.com/content/pdf/10.1007/s10508-025-03139-w.pdf

The transgender ideation of hundreds of thousands of children and adolescents across the Western world should be treated with caution and attention to the great potential for harmful outcomes, NOT with affirmation and patient appeasement.

We are not alone in exercising great caution toward affirmation and medicalization. Several of the most progressive countries in the world, including Sweden, Finland, Norway, the UK, Denmark, France, the Netherlands, the United States, Russia, Italy, Peru, and Alberta, Canada are walking back from the gender affirming care model as the outcomes for children, adolescents, and vulnerable adults are proving to be poor, with the risks of harm proving to be far too high.

Our Duty Canada stands ready to support transparent, evidence-based dialogue and research. Please recognize that the courage you demonstrated in conducting these rigorous reviews must remain intact. We urge SEGM and McMaster HEI not to retreat—but instead to lead.

We would be happy to have a response from you, Dr. Guyatt, so we may discuss this critical issue further.

Sincerely,

Our Duty Canada

"I had to read that a few times before the meaning fully sank in. Dr. Guyatt is claiming that a patient's choice to pursue a medical intervention is most important precisely when there is no clear evidence that the intervention has a positive benefit/risk ratio. It is hard to believe these words came from a man, a colleague, who devoted his life to elevating the virtue of high-quality evidence, but there he did."

~ Disappointed ODC Member