Gender questioning children deserve better science

New Australian guidelines(1) and the Lancet’s editorial(2) address transgender children’s health using imprecise language and overplayed empirical evidence. Sex has a biological basis, whereas gender is fundamentally a social expression. Thus, sex is not “assigned”: chromosomal sex is determined at conception and immutable; a newborn’s phenotypic sex, established in utero, merely becomes apparent after birth, with intersex being a rare exception.

Later distress about gender identity must be taken seriously and support put in place; but the impacts of powerful, innovative interventions should be rigorously assessed. The evidence of medium term benefit from hormonal treatment and puberty blockers is based on weak follow up studies. The guideline does not consider longer term effects, including the difficult issue of detransition. Patients need high quality research into the benefits and harms of all psychological, medical and surgical treatments, as well as ‘wait and see’ strategies. This will provide reliable information for children, parents and clinicians, and inform societal debate. We need to understand: the rapid increase in referrals of girls and any relationship with gender identity legislation; the interplay between gender dysphoria, sexual orientation and unpalatable roles in our highly gendered society; and the twin potentials for under- and over-diagnosis and treatment.

Doctors must engage with gender dysphoria and legislation around self identification, in clinical and public settings. Given the lack of definitive evidence on natural course and treatment impacts, the programme of care envisioned by NHS England(3) presents an important opportunity to embed extensive, independent research.

References

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