



Statement on NHS Website Update, 5 June 2020

The NHS reviews its website pages every three years (the dates are shown at the bottom of each page), and the pages on gender dysphoria fell due for review in April 2019. The site's editorial principles require it to "be objective, impartial and even-handed. Where views differ and no scientific consensus can be found it will reflect all significant strands of opinion and state the uncertainty clearly." [1]

Mindful of this, last year we asked the NHS website, when reviewing the pages, to take into account the "significant gaps in evidence for nearly all aspects of clinical management of gender dysphoria in youth" [2] which mean that "treatments for under 18 gender dysphoric children and adolescents remain largely experimental. [...] The current evidence base does not support informed decision making and safe practice in children." [3] We mentioned that the WPATH guidelines "fell far below the benchmark for British healthcare guidelines used by NICE" [4]; that the site's suggestion of biological causes of gender dysphoria was misleading; and that early pubertal suppression was intended for patients with a history of extreme cross-gender identity throughout childhood, not adolescent-onset teens who had, in GIDS's words, "a gender uncontentious childhood" [5] who comprise most of the service's patients.

To the best of our knowledge, the timing of the recent update was unconnected to recent comments by Liz Truss. In March the NHS told us in that "many of your comments have been addressed" in the new pages, which had been approved by NHS gender clinicians. Covid and the involvement of NHS England's specialised commissioning team led to some further publication delays.

We know that gender identity healthcare for children has become an ideological battleground. As parents we just want access to sound information, and the new pages give families a more realistic idea of current scientific knowledge to help them consider their options. All families – whatever treatment decisions they make – just want the best for their children, and overclaiming benefits or underplaying risks serves nobody. Unfortunately the 'unknowns' are so great that campaigners fill the void with their own convictions. For now – for our families at least – caution seems the best way forward.

[1] <https://www.nhs.uk/our-policies/content-policy/>

[2] <https://www.rcgp.org.uk/policy/rcgp-policy-areas/transgender-care.aspx>

[3] <https://blogs.bmj.com/bmjebmspotlight/2019/02/25/gender-affirming-hormone-in-children-and-adolescents-evidence-review/>

[4] <https://www.thetimes.co.uk/article/review-ordered-into-rules-on-child-gender-transition-djl5l8lsz> ; <https://genderreport.ca/bias-not-evidence-dominate-transgender-standard-of-care/> ; <https://gcn.ie/trans-people-may-get-better-access-hormone-treatment/>

[5] Q51 at <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/women-and-equalities-committee/transgender-equality/oral/21638.html>