



Do No Harm

NOVEMBER 18, 2022

RE: RFI: “Gender-Affirming Care Scientific Workshop”

To the National Institutes of Health, Sexual & Gender Minority Research Office:

Your agency in its Request for Information poses questions of the utmost importance and relevance to one of the most controversial and uncharted areas of medicine today. We are an organization of medical professionals devoted to keeping divisive and un-scientific identity politics out of the practice of medicine. We believe that the topic of gender dysphoria in America’s youth is one of those areas of medicine that is most inappropriately embroiled in identity politics—and children are paying an often-irreversible price.

These children deserve to be treated as individuals, not enlistees in a cause. The life and future of just one child with gender dysphoria is more important than any political movement that has arisen around the subject. The medical community has increasingly normalized performing radical, life-changing, irreversible treatments on minors who are too young to form informed consent. This includes surgically removing children’s breasts and genitals, or administering puberty blockers and cross-sex hormones to children.

These changes are permanent and, despite only recently being accepted practices, we are already seeing deep regret among children who have undergone them, and feelings of profound betrayal by those in the medical community who facilitated these treatments. These de-transitioning children have a message that is every bit as important as that of children who are in the initial stages of gender dysphoria.

Sadly, most of the research and scholarship on so-called “gender-affirming care” for children has been activist-driven, politicized, and misleading. It is very difficult for a candid discussion about it to occur within the medical community because bullying and retaliation by political proponents of such care is crippling to free speech and potentially ruinous of careers.

Fortunately, in Europe, we are already seeing such honest debate begin to occur. In France, the National Academy of Medicine recently released guidance advising against puberty blockers,

hormones, and surgeries for minors.¹ Sweden’s National Board of Health and Welfare released new guidance this year severely restricting the use of these treatments for minors except in truly exceptional cases.² Last year, Australia and New Zealand also took significant steps away from gender-affirming care.³ In the United Kingdom, a government-commissioned independent review has led to the planned closure of the UK’s main clinic for gender affirming care in part because staff were “under pressure to adopt an unquestioning affirmative approach” that was “at odds with the standard process of clinical assessment and diagnosis.”⁴

It is America’s turn to back off from the precipice of disaster and return to the bedrock principles of medical practice: put science over ideology, assess information objectively, and most of all, *do no harm* to our youngest and most vulnerable patients.

Dr. Stanley Goldfarb
Chairman, Do No Harm

¹ Society for Evidence Based Gender Medicine. National Academy of Medicine in France advises caution in pediatric gender transition (March 3, 2022). <https://segm.org/France-cautions-regarding-puberty-blockers-and-cross-sex-hormones-for-youth>, accessed September 26, 2022.

² Tomlinson C. Swedish board of health u-turns on hormone blockers for trans kids (February 25, 2022). Breitbart News. <https://www.breitbart.com/europe/2022/02/25/swedish-board-of-health-u-turns-on-hormone-blockers-for-trans-kids/>, accessed September 26, 2022.

³ Showalter B. Top psychiatrists urge ‘caution’ before giving puberty blockers to kids with gender dysphoria (October 26, 2021). The Christian Post. New Zealand, Australian psychiatrists move away from transgender | World News (christianpost.com), accessed September 26, 2022.

⁴ The Cass Review. Independent review of gender identity services for young people: Interim report. <https://cass.independent-review.uk/publications/interim-report/>, accessed September 27, 2022.