

# YOUTH GENDER MEDICINE TODAY

A Newsletter  
from Do No Harm

SPRING 2025

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**Do No Harm**

Friend,

As I'm sure you'll agree, youth experiencing gender dysphoria deserve respect, empathy, and access to compassionate, evidence-based care of the highest quality.

That's why we're writing to make sure you're up to date on the sea change occurring in the field of pediatric gender medicine.

Mounting evidence calls into question the "gender-affirming care" approach, which includes psychiatric (e.g., social "gender transition"), endocrine (e.g., puberty blockers and cross-sex hormones), and surgical (e.g., masculinizing or feminizing procedures, elective mastectomy, genital "sex change") intervention pathways. Increasing skepticism in both medicine and the culture at large has led to a shift in support away from these child psychological, medical, and surgical interventions.

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In Europe, countries who had pioneered some of the experimental medical approaches that became the basis for the U.S. “gender-affirming care” approach, including the United Kingdom and Sweden, have upon review curtailed the use of puberty blockers and cross-sex hormones.

Here in the U.S., 26 states – so far – have created safeguards aimed at protecting gender-questioning youth from medical harm by restricting minors’ access to these invasive and irreversible procedures.

And as the research purporting to support the “gender-affirming” approach for minors undergoes a review of evidence, such as through the [United Kingdom’s 388-page Cass Report](#), gender medicine’s deep flaws are brought to light.



AP

Meet the influential new player on transgender health bills



NATIONAL NEWS DESK

Nearly \$120 million made from sex change treatments for minors since 2019, watchdog says



FOX NEWS

Supreme Court debates sex changes for kids

We'd like to share a few recent headlines in the field that highlight the reevaluation that is underway.

## LOOK TO SCIENCE, NOT LAW, FOR REAL ANSWERS ON YOUTH GENDER MEDICINE

The Washington Post's editorial board in December published an opinion piece highlighting the lack of adequate research supporting the "gender-affirming" approach for minors.

This particular section caught our eye:

**"The failure to adequately assess these treatments gives Tennessee reason to worry about them – and legal room to restrict them. We have serious reservations when states make decisions about minors' medical care, rather than leaving them to parents. But in the absence of clear data – and with the possibility of significant publication bias or researchers massaging their results – parents might not have adequate information."**

A prominent voice on the ideological left expressing skepticism regarding the efficacy of the "gender-affirming" approach for minors is certainly noteworthy and indicates a shift in the discourse.

## A CONSENSUS NO LONGER

There are also stirrings in the medical community.

In July 2024, the American Society of Plastic Surgeons told City Journal that it "has not endorsed any organization's practice recommendations for the treatment of adolescents with gender dysphoria."

The medical organization went on to note the "considerable uncertainty as to the long-term efficacy for the use of chest and genital surgical interventions" and that "the existing evidence base is viewed as low quality/low certainty."

As City Journal notes, this fractures a perceived consensus among American medical associations that gender medical interventions are effective for children with gender dysphoria.

The American public is increasingly skeptical of the merits of the "gender affirmation" approach, according to [new polling](#) from The New York Times.

When asked if they think doctors "should be able to prescribe puberty-blocking drugs or hormone therapy to minors between the ages of 10 and 18," 71% of Americans said "no."

### Thinking about medications used for transgender care, do you think doctors should be able to prescribe puberty-blocking drugs or hormone therapy to minors between the ages of 10 and 18?

	Total (N=2, 128)	Republican/ Lean Republican (N=1,022)	Democrat/Lean Democrat (N=1,025)	Independent/ Something Else (N=81)
Yes, minors ages 10 to 18 should have access	10%	2%	19%	2%
Yes, but only minors ages 15 to 18 should have access	16%	7%	24%	10%
<b>No one under age 18 should have access</b>	<b>71%</b>	<b>90%</b>	<b>54%</b>	<b>61%</b>
Refused	4%	1%	3%	27%

Source: New York Times <https://static01.nyt.com/newsgraphics/documenttools/f548560f100205ef/e656ddda-full.pdf>



**Meanwhile, on another front, heightened scrutiny of research behind child gender medical interventions has exposed major flaws in the studies often cited in pediatric gender medicine.**

## **MOST 'TRANSGENDER' KIDS TURN OUT TO BE GAY**

**"Research shows that some 80% of children with 'gender dysphoria' eventually come to terms with their sex without surgical or pharmaceutical intervention. Multiple studies have found that most kids who are confused or distressed about their sex end up realizing they're gay—nearly two-thirds in a 2021 study of boys. This makes sense: Gay kids often don't conform to traditional sex roles. But gender ideology holds that feminine boys and masculine girls may be 'born in the wrong body.'"**

**- Do No Harm Senior Fellow Roy Eappen, MD. The Wall Street Journal, 12/14/2023**

In April 2024, the Cass Report, the nearly 400-page review of "gender identity services for children and young people" commissioned by the National Health Service (NHS) of England, was finally published.

## **EVIDENCE AROUND YOUTH GENDER CARE 'REMARKABLY WEAK', SAYS MAJOR ENGLISH REVIEW**

The review, authored by Dr. Hilary Cass, found "remarkably weak evidence" to support the use of puberty blockers and hormone interventions for

gender-distressed children, and recommended "extreme caution" in treating these children.

This review affirms what we at Do No Harm have been demonstrating: evidence-based medicine and the "gender-affirming" approach for minors are not compatible.

## **U.K. INDEFINITELY BANS PUBERTY BLOCKERS FOR PEOPLE UNDER 18**

Predictably, in the wake of the Cass Report, the United Kingdom has cracked down on child gender medical interventions.

## **U.S. STUDY ON PUBERTY BLOCKERS GOES UNPUBLISHED BECAUSE OF POLITICS, DOCTOR SAYS**

In October 2024, The New York Times reported that Dr. Johanna Olson-Kennedy, head of the Center for Transyouth Health and Development at Children's Hospital Los Angeles, refused to publish the findings of a study on the benefits of child sex change interventions. The study had reportedly found that puberty blockers did not lead to mental health improvements.

Here's the key passage:

**"In the nine years since the study was funded by the National Institutes of Health, and as medical care for this small group of adolescents became a searing issue in American politics, Dr. Olson-Kennedy's team has not published the data. Asked why, she said the findings might fuel the kind of political attacks that have led to bans of the youth gender treatments in more than 20 states, one of which will soon be considered by the Supreme Court."**





## THE TRANS DOUBLE-MASTECTOMY LAWSUIT

And then in December, Dr. Olson-Kennedy was sued by Clementine Breen, a now 20-year-old college student who alleged Olson-Kennedy's clinic put her on puberty blockers when she was 12 and performed a double mastectomy on her at 14.

This is only the latest high-profile example of a minor suing their medical provider for administering "gender transition" treatments. Do No Harm's own Chloe Cole filed a lawsuit against Kaiser Permanente and individual physicians who performed gender medical interventions on her when she was a minor.

Unfortunately, as the harms of gender medical interventions for minors continue to emerge, these lawsuits will be all too common.

## TRUMP ADMINISTRATION TAKES ACTION TO RESTRICT HARMFUL CHILD SEX CHANGE PROCEDURES

Across the country, there is now widespread support for curbing minors' access to "gender-affirming" medical interventions.

On January 28, President Trump signed an executive order halting taxpayer funding of these practices and directing federal agencies to restrict minors' access to these interventions.

The order directs federal agencies to "immediately take appropriate steps" to prevent institutions receiving federal research or education grants from performing child sex change interventions, as well as end coverage of these procedures through federal health benefit programs. Agencies are further instructed to end reliance on standards of care drafted by the World Professional Association for Transgender Health.

Moreover, the executive order directs the Department of Justice to "prioritize investigations and take appropriate action to end deception of consumers" relating to the long-term effects of transition drugs and procedures.

## 26 STATES HAVE PASSED LAWS RESTRICTING CHILD SEX CHANGES

Twenty-six states have passed laws restricting these procedures, with lawmakers citing the paucity of evidence to support the treatments' efficacy.

## SUPREME COURT SKEPTICAL OF CHALLENGE TO TENNESSEE BAN ON TRANSGENDER YOUTH TREATMENTS

The Supreme Court is currently considering a challenge to Tennessee's law restricting child "sex-change" medical interventions. Its decision could reshape the legal landscape around this issue and potentially greenlight further state efforts to address these harms.







**"There is so much more progress that we have to make until we ensure that no child in the U.S. is ever going to go through this again. Because this fight only ends when children are no longer being abused on our soil. Ever."**

**-Chloe Cole**

DO NO HARM PATIENT ADVOCATE

In light of these recent developments, it's important to take stock.

We understand the incredible pain experienced by a child struggling with their sex, and the desire to make that pain go away. One of our fellows underwent that turmoil; another fellow is a mother of a young girl who was deeply distressed over her sex.

But as we learn more, it's becoming increasingly difficult to deny that the evidence is pointing toward one conclusion: the benefits of these interventions do not outweigh their risks and harms. And as the evidence of harms continues to grow – including [sexual dysfunction](#), life-long [infertility](#), and [painful regret](#) – they cannot be [ignored](#).

The evidence for these medical interventions has always been scarce and suspect. We analyzed several of the most often-cited studies used to support medical “sex-change” interventions and found them rife with methodological errors, while the Cass Report, commissioned by the NHS in England, provided a scathing assessment of the evidence for “gender-affirming” interventions. Dr. Cass told The New York Times that U.S. doctor groups are “out of date” in their approach.

The more light that is shed on the existing body of evidence for the “gender-affirming” approach, the more that evidence is called into question.

That is why we urge you to take a close look at recent developments urging extreme caution in the “gender-affirming” approach for these vulnerable patients. Doing so is imperative to ensuring fully informed consent for patients, and the fundamental ethical principle to “first, do no harm.”

Please reach back out to share your perspective. We welcome your thoughts and look forward to hearing from you.

A handwritten signature in black ink that reads "Stanley Goldfarb MD". The signature is fluid and cursive, with the "MD" written in a slightly larger, more distinct script at the end.

Stanley Goldfarb, MD  
CHAIRMAN, DO NO HARM



**Do No Harm**

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# HOSPITALS PAUSE CHILD SEX CHANGES

In response to Trump's executive order on gender ideology, hospitals across the country are **pumping the brakes on child sex changes.**

## THE TIDE IS TURNING