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RE: WHO - GUIDELINE ON THE HEALTH OF TRANS AND GENDER DIVERSE PEOPLE

January 7th, 2024

Dear WHO representatives,

We are an international alliance of parental organisations seeking to promote safe, compassionate, ethical, and evidence-based healthcare for children, adolescents and young adults with gender dysphoria. We represent thousands of families and individuals across the globe whose children or relatives have experienced gender distress and dysphoria. The majority suddenly declared themselves to be of the other sex or expressed a different gender identity in their teens, without any childhood history.

With the recent exponential increase in the number of children and young people declaring a transgender or gender diverse identity, who are now the main cohort consulting health professionals, we believe that evidence-based guidelines are needed to inform the conversation and practice. In this respect, we welcome WHO's intention.

As concerned parents and relatives, we have followed the rising international controversies and opposition surrounding issues of “sex and gender”, notably around what is known as “gender affirmative healthcare”, “gender identity conversion therapy bans” and “self-determined gender identity”. We have noted the abandonment of WPATH pediatric standards of care from pioneer progressive countries such as Finland, Sweden, the UK and Denmark, as well as some US States. We have heard from health professionals and scientists around the world (USA, France, Slovakia, Belgium, Italy, Australia and New Zealand) expressing concern over the rising trend of gender affirmation procedures which are not backed by evidence, and the attack on the reality of biological sex.

We've seen women's rights campaigners, parents, mental health professionals, athletes, lesbians, gays and bisexuals speak out against the dangers inherent in "self-identification of gender identity". Many critical voices are also denouncing the conflation of exploratory therapies for young people questioning their gender with “conversion therapies”. In reality, Trans-Affirmative treatments undermine the bodily integrity of young people who are often homosexual or gender non-conforming.

In this context, we believe it is essential for WHO to take account of these recent developments, controversies and opposing viewpoints in order to develop guidelines that are ethical and based on evidence, not ideology.

Having reviewed your announcement as well as the composition of the Guideline Development Group, we find that WHO’s actual proposal fails to provide the assurance of impartial, evidence-based engagement.

In particular, we find that the Guideline Development Group (GDG) is heavily biased towards the Trans-Affirmative Approach. WHO technical staff exclusively selected individuals who adopt the Affirmative Care Model viewpoint, which is contrary to WHO conflict of interest management policies. WHO should have selected experts with diverse views and experiences, including

opposing voices such as pediatric care pioneers who are now voicing their concerns, and health professionals and scientists. The Trans-Affirmative Approach is the only model of care which postulates that the doctor's role is to confirm the patient's self-diagnosis. It is on the contrary essential that Guidelines pertaining to medical treatments be drafted by medical experts and scientists, not activists. WHO may of course listen to interest groups and concerned individuals, but any consultation panel on the issue must include contrarian voices, such as detransitioners, parents of gender questioning children, LGB activists, and women's rights campaigners, etc.

We come from different countries across the world and have first-hand experiences of the consequences of the trans-affirmative approach defended by the trans community organisations and WPATH, which is defended by most of the GDG members. Although all unique, our children's situations and, above all, the way in which they have been guided by trans associations and trans-affirmative doctors, show a common pattern.

We can testify to the following experiences:

1) **Our child's diagnosis of gender dysphoria/incongruence was made hastily, without any holistic assessment of our child.**

- Our children often declared their new identity first to local trans organisations, with whom they came into contact through school activities, school referrals, peers or social media.

- Our children's social transition (change of first name and pronoun) was immediately confirmed and recommended by gender doctors, without any consultation with the parents and without any prior assessment of the young person, thus relegating a possible differential diagnosis to second place.

- The looming danger of suicide was systematically put forward from the very first interviews to recommend immediate action. For us parents, this threat - rarely substantiated - was an intolerable form of pressure.

- Neither the pediatricians nor the psychiatrists and psychologists who saw our child showed any interest in exploring the causes of their malaise or the other psycho-social problems associated with it. Everything was interpreted solely through the prism of gender dysphoria. Most of our children and teens suffer from pre-existing comorbidities (autism, PTSD, HP, anorexia, self-harm, depression, suicidal ideation) and/or previous trauma (divorce, death in the family, abuse, sexual abuse, bullying). Many are questioning or have questioned their sexuality and may struggle with internalized homophobia. This was systematically ignored.

- The information that we, the parents, provided (about our child's background, family situation, possible traumas and pre-existing situations, as well as their regular usage of pro trans social medias) was neglected or not taken seriously. Worse, our opposition or simple questioning resulted in health professionals, school employees or trans organization personnel trying to sever the trust and bond we form with our children, sometimes involving social service or tribunals.

- Independent of medical and psychological diagnosis, our children's school may decide to socially transition our children, without informing us. If we were made aware, yet questioned or objected to the social transition, the school usually carried on regardless.

2) **The information provided by the doctors who treated our children was incomplete.**

- We denounce a lack of transparency and clarity on the part of the doctors as to how the diagnosis was established.

- The diagnosis of gender dysphoria generally led to the recommendation of puberty blockers or hormone therapy and surgery. Our child was not invited to take the time to think things through and to explore options other than invasive treatments to alleviate

their discomfort.

- A possible spontaneous evolution of gender dysphoria or psychosocial measures such as exploratory psychotherapy were not mentioned or considered by the doctors, even though these possibilities correspond to the more cautious approach recommended today in countries such as Sweden, the UK, Finland or Denmark. If psychological follow-up was offered, it was more akin to an obligatory passage to obtain the certificate required for sexual reassignment treatment, rather than an exploratory therapy designed to help the adolescent understand themselves and develop better self-esteem and body image.

- The risks and implications of lifelong hormone therapy and possible surgery (on reproductive, sexual, psychological, and physical health) were downplayed. The outlook, if mentioned at all, ignored the disagreements and unknowns on the issue of support for young people questioning their gender. Systematic reviews carried out in the UK and Sweden have shown that there is little evidence of long-term benefit from treatment for a totally new population (adolescents and young adults, the vast majority of whom are girls).

- The issue of potential regret is always brushed aside as inexistant. Although more and more young people come forward announcing their “detransition” and deep regrets over the life-long harmful consequences of years on blockers, hormones and having irreversible surgeries, trans-affirmative doctors and trans organisations systematically downplay their existence as a transphobic myth.

- The controversies surrounding medical treatments for young people are never mentioned by trans-affirmative doctors. Nor are they mentioned by the advocates of this approach, either in public presentations or in the media, despite the fact that the debate surrounding medical support for young people who are questioning their gender is currently one of the most heated in the field of medicine.

- Our questions as parents have been met with unsatisfactory answers. Critical questions and well-founded doubts were brushed aside.

In view of the above, we question the validity of establishing our children's informed consent to invasive treatments such as antagonistic hormones and "gender affirmation" surgery.

3) We question the independence of trans-affirmative doctors and the scientific references they rely on.

- The "specialised" teams who treated our children like to emphasise their "interdisciplinary" nature. As for us, we have observed a univocal approach to care, leaving no room for criticism. We also note that very often the specialist doctors have close links with LGBTQI+ associations and activists.

- The doctors who have looked after our children refer to the WPATH recommendations, although these standards of care - wrongly presented to us as ‘medical guidelines' - have been judged to be of poor quality and are now increasingly contested[1].

[1] Catherine Meads & al., *International Clinical Practice Guidelines for Gender Minority/Trans People : Systematic Review & Quality Assessment. How Does the Endocrine Society Fare ?* *Journal of the Endocrine Society*, Volume 5, Issue Supplement_1, April-May 2021, Page A791, https://doi.org/10.1210/jendso/bvab048.1609

https://beyondwpath.org/

- The vocabulary, narratives and assumptions underpinning the trans-affirmative doctors' approach are akin to a political manifesto. We believe that the health of our children should not be politicised in any way, and that the care of young people who declare themselves to be of the opposite sex should be based on science.

On the basis of our experience, which demonstrates unique clinical practices in relation to children and young people, and in view of the conclusions recently reached in several countries (Sweden, Great Britain, Finland, Denmark, Norway as well as several other European countries), we urge the WHO to engage with the controversies surrounding the gender affirmation model of care.

We therefore ask that, when planned guidelines are drawn up, due consideration be given to whether trans-affirmative medical practice applied to children, adolescents and young adults is compatible with fundamental medical-ethical guidelines and with the protection due to this particularly vulnerable population.

We note in this respect that the first court decisions against doctors and clinics in various countries show that this is not the case.

You will find attached a series of testimonies from many countries demonstrating the systematic and unilateral nature of the trans-affirmative medical protocol, at the expense of personalised care, as would be expected in situations that are often complex.

We know that our testimonies are representative of thousands of similar situations around the world. Many parents remain silent for fear of breaking the bond with their child or being labelled transphobic. Still others are paralysed by the threat of suicide. Still others have given in, because for the proponents of the transaffirmative approach, the only conceivable parental support is immediate adherence to the child's feelings and desire to change their body.

We are confident that the WHO will agree with us that children, adolescents and young adults who express discomfort about their bodies and gender deserve to be treated with the same care and according to the same ethical rules as in any other area of medicine. And we, as parents, must be able to assume our responsibilities and fulfil the duty of care that is generally required of us.

We have witnessed thousands of children and youth being rushed through an affirmation only process; we have witnessed children and youth’s mental and physical health deteriorating following such a process; we have witnessed young people expressing deep regrets over irreversible changes which will adversely affect their life long mental, physical, sexual and reproductive health.

Some of us have experienced the deepest pain of seeing our children cutting ties with us, some have witnessed our children’s mental health deteriorate, and many of us have seen children and youth who had been diagnosed to be 100% transgender still desist, before or after having started medical procedures.

We consider the stakes to be extremely high for vulnerable children and youth across the world, as well as for their parents, their educators, their clinicians and their peers.

With that in mind, we urge the WHO to pause and rethink its current process which seems unnecessarily rushed, with an unacceptable short public consultation process, and open its GDG to include a diversity of voices and point of views to insure an unbiased, ethical and evidence-based process of guidelines development, especially given the complexity of the issue.

We thank you for taking up this issue and preventing further harm.

Appendices : Testimonials from signatories and various statistics

Signatories:

AMANDA Familias, **Spain**, www.amandafamilias.org
AMQG / AUFG, for a Measured Approach to Questions of Gender, **Switzerland** www.amqg.ch
Aotearoa, **New Zealand** aotearoasupport.nz
Bayswater Support Group, **United Kingdom** https://www.bayswatersupport.org.uk
Bescherm onze kinderen, **Flanders**, **Belgium** www.bescherm-onze-kinderen.be
Beyond Trans, https://beyondtrans.org
Cry for Recognition, **Belgium**, www.cryforrecognition.be info@cryforrecognition
Gender Dysphoria Support Network, https://genderdysphoriasupportnetwork.com
GenerAzioneD, **Italy** www.generazioned.org
Genid, Gender Identity Challenge, **Sweden** https://genid.se
Genspect, https://genspect.org
Genspect **Australia|New Zealand** ausnz@genspect.org
Matria, **Brasil** https://www.associacaomatria.com
No Corpo Certo, **Brasil** https://nocorpocerto.com
Our Duty, **Australia**, https://ourduty.group/australia/
Our Duty, **UK**, https://ourduty.group
Parents of ROGD Kids, **USA** www.parentsofrogdkids.com
PEC, Partners for Ethical Care, **USA** https://www.partnersforethicalcare.com/
PITT, Parents with Inconvenient Truth about Trans, **USA** https://www.pittparents.com
RESI, Réseau Education, Sexe et Identité, **Quebec** Reseau-ESI.com
The Florida Parent Group, Florida, **USA**
Trans Teens Sorge Berechtigt, **Germany** www.transteens-sorge-berechtigt.net
Ypomoni, for an ethical approach to gender questions, **France** www.ypomoni.org