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Response by LGB Alliance to WHO consultation on "a guideline on the health of trans and gender diverse people"

LGB Alliance is the UK's only registered charity that focuses exclusively on the rights and interests of lesbians, gays and bisexuals.[1] To be precise, we campaign for the rights and interests of people whose sexual orientation is towards people of the same sex, or – in the case of bisexuals – people of either sex.

We wish to highlight several problems with the above-mentioned consultation that – even at the announcement stage – pose a serious risk to the health of the groups we represent.

In our response **we focus on ways in which the announcement of this consultation breaches the rules in WHO's own Handbook for Guideline Development, chapter 6 on Declaration and Management of Interests.**

1. The proposed composition of the Guideline Development Group (GDG) reflects inbuilt bias that is **explicitly at odds with the rules laid out in WHO's own Handbook for Guideline Development**
2. The focus of the announcement contains inbuilt bias that is **explicitly at odds with the rules laid out in WHO's own Handbook for Guideline Development**

Composition of the Guideline Development Group (GDG)

Chapter 6 of WHO's Handbook for Guideline Development states: "In WHO guidelines, the primary interest is to serve WHO's Member States by producing recommendations that improve the health and well-being of populations, globally or in specific areas or countries."[2] It will be clear that any guideline that seeks to "improve the health and well-being of populations" will rely on an impartial assessment of evidence.

The Handbook identifies different types of conflicts of interests that may endanger this primary interest. In particular, it highlights "intellectual conflict of interest," defined as "academic activities that create the potential for an attachment to a specific point of view

that could unduly affect an individual's judgment about a specific recommendation."[3]

It would be hard to compose a GDG with more conspicuous intellectual conflicts of interest and bias than those proposed in this case.

The proposed GDG consists of 21 individuals, all but three of whom can justifiably be called transactivists who promote medical and surgical solutions to gender dysphoria/incongruence and are attached to groups that promote the following beliefs:

1. self-defined gender overrides sex, and laws should be changed to reflect this; gender self-ID should be regarded as a basic right
2. the prescription of GnRH agonists and cross-sex hormones to alleviate gender dysphoria in young people is in line with the Hippocratic oath: "first, do no harm"
3. the removal of healthy breasts and genitals as an intervention to alleviate gender dysphoria in young people is likewise in line with the Hippocratic oath.

Several of these individuals energetically promote these beliefs in trans organisations, many of which are funded by UN groups such as UNAID, UNHCR, and OHCHR. Others represent a range of trans-activist groups including GATE, ACON, IPPF. Some join women's groups and encourage them to adopt the view that the term "women" includes men who identify as women – groups such as Qorras in Lebanon and FRIDA in North Africa.

We are well aware that many of these views are commonly held by medical bodies and clinicians especially in the United States.[4] This, together with activists' campaigning in international organisations, may have created the impression at WHO that such views are universally accepted and not seriously challenged. Nothing could be further from the truth.[5] [6] [7] [8] [9] [10]

The proposed GDG membership exemplifies the current confusion in the field of gender identity issues between health and politics. The notion of "gender self-ID" as a civil rights issue has no place in the considerations of an organization dedicated to public health.

Dr Erica Anderson, a transgender clinical psychologist, has said that none of the 21 GDG members chosen by WHO to develop the new guideline seem qualified to address the issue of social influence as a factor in the explosion of trans and non-binary identities. Anderson explains: "Social media and peer influence have had a huge impact upon the rise in minority sexual and gender identities … Previous research done on prior cohorts of youth cannot account for the rise in such identities. We may need a new biopsychosocial epidemiology in this social media era."[11] Why has WHO chosen a GDG designed to promote medical reassignment and completely ignored experts who have studied these crucial social factors? It is noteworthy that Anderson resigned in 2021 from the US Professional Association for Transgender Health (USPATH), having previously served as its president, and is also a former board member of WPATH.

Other experts are even more concerned.[12] Around the world, a body of evidence has accumulated that shows that "gender-affirming care" and "self-ID" are harmful, especially to women and to LGB people, and especially to young lesbians.[13] [14] [15]

If WHO is to conduct a serious consultation on these issues, we believe there are only two options in its choice of GDG members:

a) the GDG members should be impartial regarding the possible benefits versus the possible harm of "gender-affirming care", the influence of social factors, and gender self-ID
b) if this is impossible, the GDG should consist of a range of members representing a clear diversity of views, so as to constitute a balanced GDG that is capable of arriving at an impartial assessment of the evidence.

As noted in Table 6.2 of the Handbook, "It may be necessary to balance strong opinions if it is not possible to eliminate conflicts of interests among GDG members. When GDG members with intellectual conflicts of interests are deemed essential, members with diverse perspectives and experiences should be included in the GDG."[16]

We call on WHO to discard the existing list of names and begin a new selection process in which suitability is assessed on the basis of **scientific knowledge, relevant peer-reviewed publications, a focus on systematic reviews, and a commitment to impartiality.**

In the Appendix we suggest a number of possible members of the GDG who could help correct the lack of balance in the GDG as currently proposed.

WPATH

We wish to add a special note of caution regarding the members of the proposed GDG who are associated with the World Professional Association for Transgender Health (WPATH) or its affiliate organizations. WPATH is widely believed to be an authoritative body of medical practitioners that promotes evidence-based care. It is not. It represents uncompromising support for "gender affirming care" and "gender self-ID."[17] It frequently issues fiery statements asserting these positions. Furthermore, in its most recent Standards of Care 8, it not only removed (just after publication) virtually all recommended minimum age limits for drugs and surgical interventions, but also included a chapter on "eunuchs"[18] as a legitimate gender identity that could benefit from surgical intervention. These extraordinary facts have gone unreported in the mainstream media. WPATH is quite simply an activist organization. We do not make this assertion lightly. The evidence of this bias and activism has been accumulating over a period of many years. It is important to bear this in mind in relation to those who cite their membership of, or association with, WPATH among their credentials.

The focus of the planned guideline

"The guideline will focus in 5 areas: provision of gender-affirming care, including hormones; health workers education and training for the provision of gender-inclusive care; provision of health care for trans and gender diverse people who suffered interpersonal violence based in their needs; health policies that support gender-inclusive care, and legal recognition of self-determined gender identity."

Objections

- The first area is "provision of gender-affirming care." This is a controversial area. Some clinicians maintain "gender-affirming care" is beneficial, while others maintain it is harmful. The phrasing adopted here appears to assume the first position while dismissing the latter. Furthermore, other approaches to gender incongruence are not mentioned. Thus the very opening phrase reflects bias.[19]

- Rather than addressing "gender dysphoria/incongruence," which may be present for diverse reasons, the focus is on "trans and gender diverse people." First, the phrase assumes this is an identifiable section of the population. Second, it apparently encompasses groups ranging from teenage girls to middle-aged men, who may well benefit from different approaches. There is no acknowledgment of such differences.

- For LGB Alliance it is particularly alarming that the use of the phrase "trans and gender diverse people" rules out the very large group of LGB people, especially lesbians, who initially mistake their sexual orientation for a gender identity issue. Again, the failure to acknowledge the existence of this group reflects inbuilt bias.

- The phrase "gender-inclusive care" appears to proceed on the assumption that subjective gender naturally overrides biological sex. This reflects bias against woman and against people with same-sex sexual orientation – whose sexual orientation is based on sex, not "gender."

- Finally, the promotion of "legal recognition of self-determined gender identity" is a highly controversial political position that has nothing to do with healthcare. In addition, of course, it epitomizes bias and is an embarrassment for an organization that is supposedly dedicated to promoting public health.

Two key issues in danger of being overlooked

Care of children and young people diagnosed with gender incongruence

In the London *Times* of Tuesday, January 2nd, WHO said "the new guidelines were focused on adults only." This is not specified in the announcement and is in any case of zero reassurance. The phrasing of WHO's announcement contains tacit assumptions that:

- it is possible to change sex and
- experimental off-label medical treatment and radical surgery – coyly described as "gender-affirming care" – are universally accepted approaches to gender incongruence.

These assumptions are false. We believe that in making such assumptions, WHO is promoting false and irresponsible messages to children and young people, and displaying a cavalier disregard for safeguarding.
https://www.thetimes.co.uk/article/who-trans-bias-self-id-gender-rights-jhn53vz57

Lack of concern for lesbians

The announcement of this consultation confirms our conclusion that lesbians are a matter of little concern for WHO. Using the search button on WHO's website we find five articles mentioning the word lesbian. Three are dated 2 June 2018 and cover "Violence against Children," "Maltreatment of Children" and "Suicide." The other two are from 2020 about "hepatitis outbreaks affecting men who have sex with men," and 2021 about ending violence and discrimination against LGBTI people.
https://www.who.int/home/search?indexCatalogue=genericsearchindex1&searchQuery=lesbian&wordsMode=AllWords

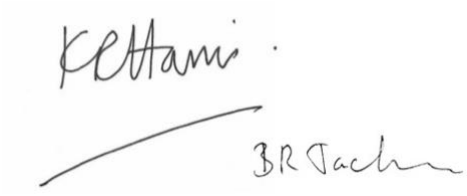
WHO displays a disturbing lack of awareness of the growing number of young lesbians who mistake their sexual orientation for a "gender identity" issue and undergo unnecessary and irreversible medical and surgical interventions. (See notes 11, 12 and 13). (In contrast, a search on "transgender" on the same website yields 65 articles in the period 2018-2023). The lived experience of lesbian detransitioners should constitute an important part of any consultation on these issues.[20]

Final remarks

Given the need to reconstitute the GDG to provide balance in line with the rules in WHO's Handbook, to reformulate the scope of the consultation to remove the current bias, and to consider a wide range of responses to the consultation, we would suggest you abandon the original timetable and plan a more realistic date for your meeting once the new GDG has been able to assess all the evidence.

Our specific concerns are for the health of lesbians, gays, and bisexuals. But we want to stress that it is no one's interests – not those of LGB people or women, nor of trans-identifying people – nor in the interests of WHO's reputation – to produce a guideline that will be exposed as deeply flawed and potentially dangerous to large numbers of vulnerable young people.

Kind regards,



Kate Harris and Bev Jackson, Founders
Kate Barker, CEO
LGB Alliance

Appendix: Suggestions for alternative GDG members*

We request that WHO discard the existing list of names and begin a new selection process, drawing on the diverse expertise of the following individuals. The aim must be to achieve a balanced GDG with a commitment to impartiality and scientific knowledge. An acknowledgment of the importance of published peer-reviewed systematic studies (rather than a confected clinical consensus) is crucial.

Ray Blanchard
Blanchard received his bachelor's degree in Psychology from the University of Pennsylvania in 1967 and his Ph.D. from the University of Illinois in 1973. He conducted postdoctoral research at Dalhousie University until 1976, when he accepted a position as a clinical psychologist at the Ontario Correctional Institute in Brampton, Ontario. In 1980, he joined the Clarke Institute of Psychiatry (now part of the Centre for Addiction and Mental Health). In 1995 Blanchard was named Head of Clinical Sexology Services in the Law and Mental Health Programme of the CAMH, where he served until 2010. He is an adjunct Professor of Psychiatry at the University of Toronto. He served on the American Psychiatric Association DSM-IV Subcommittee on Gender Identity Disorders and chaired the paraphilias working group on the DSM-5. Blanchard was for years a member of what was then the Harry Benjamin International Gender Dysphoria Association (today WPATH) which he left in 2003. He has an h-index of 65.

Dr Hilary Cass
Dr Hilary Cass OBE is a consultant paediatric disability consultant at St. Thomas' Hospital and was the President of the Royal College of Paediatrics and Child Health from 2012 to 2015. She chairs the independent review into gender identity services for children and young people (known as the Cass Review) which published its Interim Report in March 2022. The report notes the lack of consensus on the nature of gender dysphoria and discusses diverse possible treatment pathways. The report recommended the creation of a network of regional hubs to provide care and support to young people. It noted that the clinical approach used by the Gender Identity Development Service (GIDS) had "not been subjected to some of the usual control measures" typically applied with new treatments and raised concerns about GIDS's lack of data collection. This led to the decision to close GIDS.

Dr David Bell
Dr Bell has a background in psychology, psychiatry, and psychoanalysis. A practicing adult psychiatrist and psychoanalyst, and a Fellow of the Institute of Psychoanalysis, he is director of Fitzjohn's Unit a specialist unit for serious psychological disorders at the Tavistock Clinic. He lectures and writes extensively on a variety of subjects including psychosis, personality disorder, suicide, trauma and psychoanalytic perspectives on culture and politics. He is a training and supervising analyst, and Chair of the Scientific Committee of the British Psychoanalytical Society; he also chairs a study group on philosophy and psychoanalysis. He is also one of the UK's leading psychiatric experts in asylum and immigration. In 2012 he took up the position of Professorial Fellow at Birkbeck College. He is a former President of the British Psychoanalytical Society and served twice as Governor of the Tavistock and Portman NHS Trust. In "First do no harm" (Int.J.Psychoanal., (101)(5):1031-1038, he discusses the socio-cultural factors that may be relevant to understanding the sudden huge increase in children and adolescents being referred to specialist centres.

Dr Susan Bewley

Dr Bewley gained her bachelor's degree from the University of Oxford and qualified as a doctor at Middlesex Hospital in 1982. She is professor emeritus in obstetrics and women's health at King's College, London. She has played a key role in the National Institute of Clinical Excellence Fertility Guideline Development Group and the Intrapartum Guideline Development Group. Bewley also works and volunteers for various charities including HealthWatch (for treatments that work) and Sophia Forum (the UK branch of the Global Coalition on Women and AIDS). She has co-authored "Gender incongruence in children, adolescents, and adults" and "Sex, gender and gender identity: a re-evaluation of the evidence." The latter highlights the prevalence of lesbians among teenage girls referred to the Tavistock GIDS clinic. Bewley is herself a lesbian and has also written about her coming-out experiences.

Dr Stephen Levine

Levine earned his M.D. from Case Western Reserve University School of Medicine in 1967 and serves as a Clinical Professor of Psychiatry there. His clinical practice began in the mid-1970s as the University Hospitals of Cleveland Sexual Dysfunction Clinic (today the Center for Marital and Sexual Health) in Beachwood, Ohio. His early work focused on premature ejaculation and erectile dysfunction, with discussions of a number of treatment options. He has written on diverse other subjects, ranging from adultery and infidelity to sex offenders. He was section co-editor with R. Taylor Segraves for the section on sexual and gender identity disorders in Treatments of Psychiatric Disorders by Glen Gabbard. Levine is noted for his work in the clinical management of what was then called gender identity disorder. He chaired the fifth edition of the Harry Benjamin International Gender Dysphoria Association Standards of Care in 1998 and served on the American Psychiatric Association DSM-IV Subcommittee on Gender Identity Disorders.

Dr Riittakerttu Kaltiala

Dr Kaltiala obtained her medical degree from the University of Tampere in 1989 and a bachelor's degree in social sciences in 2000. She specialized in psychiatry in 1999 and in adolescent psychiatry in 2004. In 2016 she specialized in forensic psychiatry at the University of Turku. The Finnish Medical Association recognized her special expertise in adolescent medicine in 2014. She defended her academic dissertation on patients' experiences of involuntary treatment in 1995. Kaltiala was appointed adjunct professor in social psychiatry (University of Tampere) in 2000 and in adolescent psychiatry (University of Oulu) in 2008. She worked at Tampere School of Public Health as senior assistant professor and later professor of social psychiatry, and as senior consultant in Tampere University Hospital. In 2002 she was appointed as chief psychiatrist in the adolescent forensic unit of Tampere University Hospital. Since 2005 she has served as the director of the Department of Adolescent Psychiatry at Tampere University Hospital, which includes the gender identity service for minors. Since 2009 she has been professor of adolescent psychiatry at the University of Tampere. Her research interests range from health services research to sexual behaviour and gender identity in adolescence. She is a member of the board of the European association for Forensic Child and Adolescent Psychiatry and chairs EFCAP Finland.

Dr Mikael Landen

Dr Landen gained his medical degree in 1991, and was awarded a PhD in 1999, becoming a board specialist psychiatrist in the same year. He was appointed associate professor at the Department of Clinical Neuroscience at the University of Gothenburg, Sweden in 2004, and

professor in 2009. His ongoing projects include a genetic study of Anorexia nervosa and a study of genetic and environmental causes underlying bipolar syndrome. In his article [in Swedish] with the translated title "Dramatic increase in adolescent gender dysphoria requires careful consideration", Professor Landen notes a 20-fold increase in persons under 20 years of age with a gender dysphoria diagnosis in Sweden in a 10-year period. He advises that in order not to harm patients, irreversible medical procedures should be used with caution in this group in light of the limited evidence base for medical intervention.

Dr Erica Anderson

Dr Anderson is a clinical psychologist currently practicing in Berkeley, California. Anderson received a Ph.D. in clinical psychology from Fuller Theological Seminary in 1978 and has worked as a clinical psychologist for over 40 years, with extensive experience working with clients of all ages. For the past six years, Anderson has focused primarily on children and adolescents dealing with gender-identity related issues and served as a clinical psychologist and member of the medical staff with a behavioral pediatrics appointment at the Child and Adolescent Gender Clinic at Benioff Children's Hospital at the University of California, San Francisco between 2016 and 2021. Dr Anderson also has a private consulting and clinical psychology practice serving children and adolescents and their parents, as well as adults and couples, and has seen hundreds of children and adolescents for gender-identity-related issues. Dr Anderson is a life member of the American Psychological Association and a member of WPATH -- serving as the President of USPATH and a board member for WPATH between 2019 and 2021. Anderson's resignation from USPATH in 2021 was motivated by that organization's moratorium on speaking to the press. Dr Anderson could clearly play a valuable bridging role in guideline development, being not only transgender and a highly experienced practitioner but also someone who adopts a critical perspective, saying "I'm worried that gender minority identities have become a bit trendy" and in particular: "I'm worried there's a new group of adolescents who have pre-existing mental-health problems, and they're looking for solutions, and they're looking for an explanation for who they are … And there's a bit of, I would say, fantasy about seizing upon an identity that to them may explain their distress. They may believe and verbalize that: 'Okay, the solution to my problem is to transition. And then I won't have these other issues—eating disorders, depression, anxiety, social problems.' That is misguided." (see https://quillette.com/2022/01/06/a-transgender-pioneer-explains-why-she-stepped-down-from-uspath-and-wpath/)

Dr Az Hakeem

Dr Hakeem is a consultant psychiatrist and a visiting professor in Psychiatry and Applied Psychotherapy. He ran a specialist gender dysphoria service within the NHS for 12 years, to which patients were referred from all over the UK. He now practices in the private sector at The Priory Hospital, Roehampton, and at Harley Street and continues to work and research in the field of gender dysphoria. He is a senior clinical lecturer at the University of New South Wales, Australia. His first book, *TRANS: Exploring gender dysphoria and gender identity* (2017) included contributions from international experts, including Professor Kevan Wylie, a world leader in sexual and reproductive medicine, and Dr Fintan Harte, head of the gender identity service in Melbourne and head of the Australia and New Zealand Professional Association for Transgender Health (ANZPATH).

Dr Sallie Baxendale

Dr Baxendale is professor of clinical neuropsychology at the UCL, Queen Square, Institute of Neurology. She serves on the Board of Governors for the International Neuropsychological Society. She specialises in the neuropsychological assessment of cognitive and behavioural difficulties in epilepsy and non-pharmacological interventions for the condition. In her article "The Teenage Brain," she discusses the impact of context on decision making on teenagers and notes: "Many of the choices teenagers make carry consequences that unfold over the course of their adult lives. The ability to accurately 'value' an outcome in the future, attached to a decision taken today requires a complex network to develop within the brain (cortiostriatal connectivity), a process that isn't complete until adulthood. Whilst these connections are being established, teenagers are not good at judging the 'value' of likely outcomes in the future, particularly if they are far in the future and outside their experience to date."

Dr Michael Biggs

Dr Biggs is a sociologist. He gained his bachelor's degree from the University of Wellington, New Zealand in 1991 and his PhD from Harvard in 2000. He is Associate Professor (formerly Lecturer) in the Department of Sociology, University of Oxford, and a Fellow of St Cross College. Past academic posts include Queen's University, Belfast, Northern Ireland and the University of Illinois at Urbana-Champaign. Dr Biggs has published several articles on gender identity, including "The Dutch Protocol for Juvenile Transsexuals: Origins and Evidence" and co-authored "The U.S. Transgender Survey of 2015 Supports Rapid-Onset Gender Dysphoria: Revisiting the "Age of Realization and Disclosure of Gender Identity Among Transgender Adults". See https://www.tandfonline.com/doi/10.1080/0092623X.2022.2121238 and https://www.sociology.ox.ac.uk/people/michael-biggs#tab-2359876.

Dr Lisa Littman

Dr Littman is a physician and researcher of gender dysphoria. Dr Littman trained in Preventive Medicine and Public Health and in Obstetrics and Gynecology. Her experience providing reproductive health care to teens and women and her public health training informs her research about gender dysphoria, desistance, and detransition. The findings of her 2018 publication "Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria" generated hypotheses about the potential role of psychosocial factors in the development of gender dysphoria. Dr Littman is currently the President and Director of the Institute for Comprehensive Gender Dysphoria Research (ICGDR) and serves on the advisory boards of Gender Dysphoria Alliance (GDA) and Genspect. She has previously held academic positions at the Brown University School of Public Health and the Icahn School of Medicine at Mount Sinai.

Dr Christopher Gillberg

Professor Gillberg is a world-renowned child psychiatrist and professor of child and adolescent psychiatry at Gothenburg University in Gothenburg, Sweden. He has conducted extensive research on autism throughout his academic career. In 2003, a French and Swedish research team, led by Gillberg and colleagues, discovered the first precisely identified genetic mutations in two genes on the X chromosome which seem to be implicated in the formation of synapses (communication spaces between neurons), in two families where several members are affected. The breakthrough led to a large cross-disciplinary 2006 project titled "Autism spectrum conditions: the Gothenburg collaborative studies". Professor Gillberg Gillberg's neuro-psychiatry group at Sweden's Gothenburg

University — which has research hubs in Britain, France and Japan — has called for an immediate moratorium on the use of puberty blocker drugs because of their unknown long-term effects.

Dr Julia Mason
Dr Mason qualified as a physician in 1994 at the University of Illinois Urbana-Champaign, after which she trained to be a paediatrician at Children's Hospital Los Angeles. Dr Mason strongly believes in using scientific evidence to make medical decisions. She belongs to the Society for Evidence-Based Gender Medicine, the American Academy of Pediatrics, and the American Board of Pediatrics. Recent publications include a paper she co-authored entitled "The Myth of "Reliable Research" in Pediatric Gender Medicine: A critical evaluation of the Dutch Studies—and research that has followed."

Dr William Malone
Dr Malone earned a medical degree from NYU Grossman School of Medicine in 2003. After completing a residency in internal medicine at University of Southern California/LACUSC Medical Center in 2006, Malone completed a fellowship in endocrinology, diabetes, and metabolism in 2008. Dr Malone is a practicing community endocrinologist, providing specialty care for people with endocrine issues, such as diabetes, thyroid conditions, adrenal and pituitary disorders, osteoporosis, and obesity. Dr Malone has commented on gender identity and the medical pathway associated with gender medicine and surgery and co-authored "Puberty blockers for gender dysphoria: the science is far from settled." Dr Malone practices medicine in Idaho and is affiliated with St. Luke's Magic Valley Medical Center. Malone has been licensed in New York, California, and Idaho.

Sasha Ayad
Sasha Ayad is a Licensed Professional Counselor in private practice. Her work focuses on teens and young adults struggling with gender dysphoria and gender identity. Concerned about medical transition for gender-distressed children and teens, Sasha's approach is developmentally appropriate least-invasive-first talk therapy. Sasha cohosts "Gender: A Wider Lens" podcast and is a founding board member of several organisations including the Society for Evidence-based Gender Medicine, The Gender Exploratory Therapy Association and Genspect.

Marcus Evans
Marcus Evans is a psychoanalyst with the British Psychoanalytical Society. Evans worked in mental health services and as an adult psychotherapist in the NHS for forty years. For several years he was clinical lead of the Adult and Adolescent Departments at the Tavistock and Portman NHS Foundation Trust. He was also one of the founding members of the Fitzjohn's Service for the treatment of patients with severe and enduring mental health conditions and/or personality disorder. He is the author of *Making Room for Madness in Mental Health* and *Psychoanalytic Thinking in Mental Health Settings*.

Stella O'Malley
Stella O'Malley is an Irish psychotherapist and author, and is a regular contributor to Irish national newspapers, podcasts, and TV. She made a documentary about gender dysphoria in children for Channel 4, and is the founder of Genspect, a self-described gender critical organisation. O'Malley has published four books on parenting and mental health, all of which were on the Irish best sellers list: *Cotton Wool Kids (2015), Bully-Proof Kids* (2017),

Fragile (2019) and *What your teen is trying to tell you* (2023). O'Malley advocates for "exploratory therapy" as a way of supporting persons with gender dysphoria and has written and testified about how some conversion therapy bills also risk limiting access to exploratory therapy. On August 9, 2021, O'Malley co-authored an opinion letter entitled "Bill to ban conversion therapy poses problems for therapists" alongside psychologist Jacky Grainer and GP Madeleine Ní Dhailigh for the *Irish Times* in reference to the Prohibition of Conversion Therapies Bill 2018.

Peter Jenkins

Peter Jenkins is a counsellor, trainer, supervisor and researcher. He has worked as a student and staff counsellor in college and university settings for the past thirty years. He takes a particular interest in exploring ethical, professional and legal issues in counselling practice. He has run over two hundred workshops on these topics, aimed at addressing the current concerns of practitioners. He has been a member of both the BACP Professional Conduct Committee and the UKCP Ethics Committee and has published around one hundred articles on law and ethics in the professional counselling press. His publications include Therapy with Children, as co-author with Dr Debbie Daniels (Second edition, Sage, 2010), Counselling, Psychotherapy and the Law (Second edition, Sage 2007), online modules for Counselling Mind-Ed and other training material, such as Counselling Confidentiality and the Law (2013, Counselling DVDs).

Dr Louise Irvine

Dr Marie-Louise Irvine helped to set up the Scottish Medical Aid for Nicaragua in 1980 and worked as a volunteer primary care doctor in Nicaragua before completing her training as a general practitioner in Scotland. In 2002 she became a Programme Director for the GP training scheme in Lewisham. She also holds a Diploma from the Faculty of Family Planning and Reproductive Medicine, a Diploma from the Royal College of Obstetricians and Gynaecologists and is a Member of the Royal College of General Practitioners. She is co-chair of the Clinical Advisory Network on Sex and Gender (CAN SG). CAN SG calls for greater understanding and respectful discourse on sex and gender in healthcare. It states “We campaign for clearer dialogue, better data collection, rigorous science and improved treatment options for gender dysphoria. ‘First do no harm’ means we take seriously the responsibility of all clinicians to examine potential harms associated with gender medicine and healthcare interventions especially when treating vulnerable populations.”

Keira Bell

Keira Bell is a British woman who at the age of 16 began the process of a “sex change” with the help of the Tavistock’s Gender Identity Development Service (GIDS) and University College London Hospital (UCLH) via hormone blockers, cross-sex hormones and then surgery. At age 22 she decided to halt further hormone treatments upon realising that there was a deeper, psychological issue as well as realising the negative physical and mental effects of cross-sex hormones. She then joined a judicial review case against GIDS to challenge the idea that under-18s could give informed consent to this experimental and harmful treatment. She is a firm believer in appropriate mental health care and advocates for the elimination of the stigma of mental health, and therefore gender dysphoria.

* **Please note that this letter has not been discussed with any of our suggested GDG members. Nor have any been approached to ask whether they would be willing to be nominated**. We simply provide these names to demonstrate that there are plenty of experts in the field who are well placed to assist the WHO with evidence-based analysis.

Notes

[1] See lgballiance.org.uk

[2] WHO Handbook for Guideline Development (hereafter "Handbook"), p. 57.

[3] Handbook, p. 58.

[4] A 41-page ruling filed on September 28, 2023 by the United States Sixth Circuit Court of Appeals comprehensively rebutted all the arguments that had been presented by those who had issued an injunction against bans in Kentucky and Tennessee on "certain sex-transition treatments for minors experiencing gender dysphoria." This ruling discusses at length all the objections raised by those who wish such treatments to remain available and dismisses them.

[5] A letter signed by 21 clinicians and researchers from nine countries, including the US, was published in the *Wall Street Journal* on July 5, 2023. It is a response to a letter from Stephen Hammes, the president of the Endocrine Society, claiming that "Gender-affirming care improves the well-being of transgender and gender-diverse people and reduces the risk of suicide." The letter in the WSJ states that this claim is "not supported by the best available evidence." The letter states:

"**Dr Hammes's claim that gender transition reduces suicides is contradicted by every systematic review, including the review published by the Endocrine Society, which states, 'We could not draw any conclusions about death by suicide.' There is no reliable evidence to suggest that hormonal transition is an effective suicide-prevention measure."** … **"The politicization of transgender healthcare in the U.S. is unfortunate**. The way to combat it is for medical societies to align their recommendations with the best available evidence—rather than exaggerating the benefits and minimizing the risks." Source: https://www.wsj.com/articles/the-endocrine-societys-dangerous-politicization-endocrinologists-gender-affirming-care-arkansas-dac768bd?mod=article_inline

[6] Australia. On December 14, 2023, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) became "the first medical body in the country to acknowledge shifting international evidence on transgender healthcare and puberty blockers in a major position statement challenging the approach of children's hospitals." The RANZCP "declined to endorse gender-affirming care as the key intervention for children who believe they may be transgender, highlighting an increasingly cautious approach in some European countries amid a lack of evidence for the medical pathway. It acknowledged the plight of detransitioners, who it noted had reported being harmed by medical transition."
Source:
https://www.theaustralian.com.au/science/psychiatry-bodys-radical-challenge-to-transgender-care/news-story/53100819d0b26aef3ebb3d8a917f95fb
This followed a warning by two Australian psychiatrists in an article published on 24 November 2023, who "went as far as to remind doctors of their obligation to observe the Hippocratic oath in questioning the evidence base of affirmative medicine":
"*I think it's wise that any hospital that has been following what's happened to the Tavistock to start to distance itself as much as possible, as urgently as possible, lest they suffer the same fate," … "What I would ask is, where is the transparency? Where (are) the outcomes of the procedures, whether they are social transitioning procedures, or medical procedures of prescribing puberty blockers or cross-sex hormones?" … "And where is the data on the number of surgical interventions that follow after the Royal Children's Hospital care is finished and these patients transition over to adult services? Where is the data? Or the follow-up to document detransitioners? Where is the evidence?"* The two psychiatrists also expressed concern at the lobbying by activist groups which they describe as "aggressive and intimidatory," and which has led to a culture of intimidation and fear."

[7] Finland: Dr Riittakerttu Kaltiala is the leading expert on paediatric gender medicine in Finland and the chief psychiatrist at one of its two government-approved paediatric gender clinics, at Tampere University, where she has presided over youth gender transition treatments since 2011. In an interview given in February 2023, she refers to medical transition for minors as "an experimental practice":

"Asked by Helsingin Sanomat what she thought of gender self-identification for minors—a proposed element of the new Finnish law that did not ultimately pass—Kaltiala emphasized that it is 'important to accept [children] as they are', but this means neither pressuring a child to conform to behaviours traditionally associated with the child's sex nor 'negating the body' by confirming that the child's gender self-identification is real. 'In either case', said the psychiatrist, 'the child gets a message that there is something wrong with him or her.' Evidence from a combined 12 studies to date demonstrates that when children with cross-gender or gender variant behaviour are left to develop naturally, the vast majority—'four out of five', according to Kaltiala—come to terms with their bodies and learn to accept their sex. When they are socially transitioned, virtually none do." Source: https://www.tabletmag.com/sections/science/articles/finland-youth-gender-medicine

[8] Sweden: Sweden's National Board of Health and Welfare now likewise advocates caution and cites the lack of reliable evidence for the benefits of "gender affirming care."
See: https://www.france24.com/en/live-news/20230208-sweden-puts-brakes-on-treatments-for-trans-minors

[9] France: The Académie Nationale de Médecine issued a press release in February 2022 urging caution in the approach to minors presenting with gender incongruence: "Whatever the mechanisms involved in the adolescent – overuse of social networks, greater social acceptability, or example in the entourage – this epidemic-like phenomenon results in the appearance of cases or even clusters in the immediate surroundings (4). This primarily social problem is based, in part, on a questioning of an excessively dichotomous vision of gender identity by some young people." Source:
https://www.academie-medecine.fr/la-medecine-face-a-la-transidentite-de-genre-chez-les-enfants-et-les-adolescents/?lang=en

[10] https://www.bmj.com/company/newsroom/gender-dysphoria-in-young-people-is-rising-and-so-is-professional-disagreement/

[11] See https://www.genderclinicnews.com/p/the-why-of-the-who

[12] See this review of articles on puberty blockers and the alarming lack of research on their impact:
https://www.authorea.com/users/713322/articles/697715-the-impact-of-suppressing-puberty-on-neuropsychological-function

[13] The Tavistock GIDS Clinic experienced a 1607% increase in referrals from 2011 to 2022. (See https://gids.nhs.uk/about-us/number-of-referrals/). In recent years, natal girls account for approximately two-thirds of referrals – a reversal of the previous sex ratio. There has been a 5,337% increase in the number of girls within less than a decade. These girls are overwhelmingly lesbian or bisexual. One article researched the sexual orientation of those referred to the Tavistock GIDS Clinic in London, UK. It found that **approx. 70% of teenage girls referred to the Tavistock GIDS were only attracted to girls and a mere 8.5% were only attracted to boys.** Source: https://www.cambridge.org/core/journals/bjpsych-bulletin/article/sex-gender-and-gender-identity-a-reevaluation-of-the-evidence/76A3DC54F3BD91E8D631B93397698B1A . See esp. fig. 4.

[14] The gay endocrinologist Roy Eappen, who practices in Quebec, warned in the *Wall Street Journal* (Dec. 14, 2023): "Most 'Transgender' Kids Turn Out to Be Gay: Subjecting them to medical interventions is the modern-day version of 'conversion therapy.'" See https://www.wsj.com/articles/most-transgender-kids-turn-out-to-be-gay-gender-affirming-care-conversion-therapy-58111b2e

[15] Dr David Bell, a former President of the British Psychoanalytical Society who served twice as Governor of the Tavistock and Portman NHS Trust, likewise states: "It is not uncommon for a lesbian girl, for example, to think that because she is attracted to the same sex that she must 'really' be a boy. Some children who show characteristics of being gay/lesbian find that this is not tolerated by the family (often very overtly, but equally often in a more subtle even unconscious way); the children internalise this intolerance of their sexual orientation, which becomes manifest as hatred of their own sexual bodies."
See https://www.maudsleyphilosophygroup.org/wp-content/uploads/2022/11/First-do-no-harm-IJPA.pdf.

[16] Handbook, p. 65.

[17] On March 22, 2023, WPATH and USPATH issued a statement declaring "USPATH and WPATH Confirm Gender-Affirming Health Care is Not Experimental; Condemns Legislation Asserting Otherwise." See
https://www.wpath.org/media/cms/Documents/Public%20Policies/2023/USPATH_WPATH%20Response%20to

%20AG%20Bailey%20Emergency%20Regulation%2003.22.2023.pdf. This is an activist position that is disputed by multiple clinicians worldwide. Numerous other activist statements, which are based solely on firm opinions and not on systematic reviews, can be found at https://www.wpath.org/policies.

[18] See WPATH Standards of Care 8, Chapter 9, p. 588.

[19] WHO does not show any awareness of the Independent Review of Gender Identity Services for Children and Young People, a major review being conducted in the UK by a team led by the consultant Dr Hilary Cass OBE, who served as the President of the Royal College of Paediatrics and Child Health from 2012 to 2015. She notes diverse causes of gender dysphoria and diverse possible responses. WHO's consultation does not acknowledge this diversity. The interim report of the Cass Review appeared in 2022. The full report is expected early in 2024. See https://cass.independent-review.uk/publications/interim-report/.

[20] One study found that 23% of detransitioners said that homophobia or difficulty accepting themselves as lesbian, gay, or bisexual had been a reason for transition and subsequent detransition. This study also contains a warning about the inaccurate low figures that are often cited for detransition, since in this group, only 24.0% of respondents had informed their clinicians that they had detransitioned. See: https://pubmed.ncbi.nlm.nih.gov/34665380/