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Wes Streeting MP
Secretary of State for Health and Social Care
House of Commons
London
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3rd March 2025

Dear Secretary of State,

We understand that details of the proposed Puberty Blockers Trial, to be carried out by King's College London, will not be made public until the trial can be approved by an ethics committee.

We have a number of our own concerns around the ethics of a trial. Key amongst these is how it can be ethical to begin a trial of drugs, which we already know have adverse impacts on bone density and brain development, on a cohort of new children, before we have properly investigated the data already gathered.

The Cass Review noted that clinicians running adult gender services had refused to cooperate with the review of children's gender services. This meant that the outcomes for the c. 9,000 children, many of whom had passed into adult services, remained unknown.

It must be a consideration that a likely reason behind their refusal to cooperate is that the medical interventions for children have led to poor outcomes and that clinicians have ideological reasons for seeking to suppress the information.

We would ask:

- Have those clinicians who refused to cooperate been instructed by the Department of Health to share their data and if not, why not?

- Are those same clinicians operating in the new regional gender clinics?

- Have those working in and managing the new regional gender clinics given assurances that they will maintain good records and that they will share their data with the Department of Health?

- Given that almost all children who take puberty blockers progress to cross-sex hormones, do you accept that the children in this trial will follow the same medical trajectory and do you have plans to follow up on this outcome too?

You will know that around 80% of young people accessing gender services are same-sex attracted. LGB Alliance believe this trial would be an unconscionable experiment on LGB young people that would be entirely unnecessary if King's College London were given access to the records of the thousands of children who have been prescribed puberty blockers in recent years. Properly investigating the data already gathered would avoid unnecessary harm – harm about which the medical establishment is, very clearly, on notice. It would also provide a much longer-term understanding of outcomes than any new clinical trial can provide, even in the medium term.

I would be grateful if you could share with us the reasons for commencing a trial in these circumstances.

Yours sincerely,

Kate Barker
CEO, LGB Alliance