

# OPEN LETTER TO AUSTRALIAN HEALTH BODIES REGARDING GENDER- AFFIRMING INTERVENTIONS

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As clinicians, we call on our professional bodies and regulatory authorities to urgently acknowledge and respond to recent international and local developments in the field of youth gender medicine. These developments indicate that what is known as the “gender affirmative treatment” model (GAT), currently used in Australian public youth gender clinics, risks the health and well-being of vulnerable children and adolescents.

The UK *Cass Review*,<sup>1</sup> widely recognised as the most comprehensive review of paediatric GAT, and a growing number of systematic reviews<sup>2</sup> conclude the evidence for puberty blockers and cross-sex hormones for young people with gender dysphoria is weak and uncertain.

Invasive treatments such as puberty blockers, cross-sex hormones and surgery hold known and potential risks of harm. These include sterility, urogenital and sexual dysfunction, effects on bone, brain and cardiovascular health.

Due to the above, countries including Finland, Sweden, Norway, Denmark, Brazil and the UK have all recommended their use be restricted in minors.

Current Australian standards ignore evidence supporting a normally timed puberty leading to resolution of symptoms in approximately 85% of children with gender dysphoria.<sup>3</sup>

A guideline review undertaken as part of the Cass Review (2024)<sup>1</sup> rated the ‘Australian Standards’ 19/100 for rigour of development.

The Federal Circuit and Family Court of Australia recently relied on the findings of the *Cass Review*<sup>1</sup> and clinical expert evidence in *Re Devin*.<sup>4</sup>

In his judgment, Justice Strum:

- Endorsed the Cass review.
- Regarded the risk of harm from puberty blockers as “unacceptable”.
- Rejected the idea that gender identity is innate and immutable.
- Criticised the gender clinic’s policy of unreserved affirmation.
- Found that a senior gender-affirming clinician had failed in her duty of impartiality as an expert witness.
- Found the gender clinic lacking in its approach to assessment, diagnosis, and therapeutic options.

The judiciary has set an example of considered, evidence-based, developmentally appropriate analysis, which Australian health bodies have so far failed to adopt, leaving Australian clinicians in legal jeopardy.

A US Health and Human Services review of treatment for paediatric gender dysphoria,<sup>2</sup> released 1st May 2025, found that there has been a “rapid expansion and implementation of a protocol that lacked sufficient scientific and ethical justification” and “when confronted with compelling evidence that this protocol did not deliver the health benefits it promised, and that other countries were changing their policies appropriately, the US medical professionals and associations failed to reconsider the ‘gender-affirming’ approach”.

Australian health bodies need to respond to this compelling evidence to avoid the same error.

We call on Australia’s peak medical and professional bodies and institutions to cease the use of puberty blockers, cross-sex hormones, and surgery for children and adolescents due to the lack of evidence of benefit and known risks of serious harm. We request unambiguous advice to the profession that clinical practice should align with the *Cass Review*<sup>1</sup> and the National Association of Practising Psychiatrists (Australia),<sup>5</sup> which recommends psychosocial support as the first-line intervention for young people with gender-related distress.

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<sup>1</sup> Cass, H. (2024). *Independent review of gender identity services for children and young people*. NHS England.

[https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143633/https://cass.independent-review.uk/wp-content/uploads/2024/04/CassReview\\_Final.pdf](https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143633/https://cass.independent-review.uk/wp-content/uploads/2024/04/CassReview_Final.pdf)

<sup>2</sup> Treatment for Paediatric Gender Dysphoria: review of evidence and best practices. Department of Health and Human Services 1 May 2025. <https://opa.hhs.gov/sites/default/files/2025-05/gender-dysphoria-report.pdf>

<sup>3</sup> Singh, D., & Zucker, K. J. (2021). A follow-up study of boys with gender identity disorder. *Frontiers in Psychiatry*, 12, Article 632784. <https://doi.org/10.3389/fpsyt.2021.632784>

<sup>4</sup> Federal Circuit and Family Court of Australia. (2025). *Re Devin* (FedCFamC1F 211). [https://www.fcfcfa.gov.au/judgment?field\\_judgment\\_type\\_target\\_id=187&page=0](https://www.fcfcfa.gov.au/judgment?field_judgment_type_target_id=187&page=0)

<sup>5</sup> Morris, P. Managing gender dysphoria/ incongruence in young people: a guide for health practitioners. National Association of Practicing Psychiatrists 8<sup>th</sup> June 2025. <https://napp.org.au/napp-statement-on-gender-dysphoria-in-young-people/>

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