



International trans health bodies express “deep concern” for NHS ban on HRT for under-18s

Description

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NHS

The World Professional Association for Transgender Health (WPATH) and its European counterpart (EPATH) have [issued a joint statement](#) expressing their “deep concern” regarding NHS plans to suspend hormone prescriptions for trans under-18s in England.

On 9 March, NHS England [published a draft clinical policy](#) outlining its plan for public consultation. In essence, it proposed that:

MAF (masculinising and feminising) Hormones are not recommended to be available as a routine commissioning option through the NHS Children and Young People’s Gender Service.

This represents a sharp break from the current clinical policy, which was itself updated in 2024 in a knee-jerk response to the [Cass Review](#). It [permits the restricted use](#) of MAF hormones for individuals aged 16 or 17 years old.

That consultation ended on 7 June. In response, WPATH-EPATH [joint statement](#) made clear the expert bodies’ assessment that:

prohibiting hormones is not an ethically neutral position and may have harmful effects in those transgender adolescents for whom it would be indicated.

NHS “Disregard for evidence

The statement went on to highlight that the [current evidence base](#)

while still developing, includes a growing body of observational and longitudinal studies, alongside extensive clinical experience across specialized services. Limitations in the evidence are acknowledged; however, EPATH and WPATH are not aware of new evidence that would support a universal prohibition of these interventions.

Of course, the NHS has already shown its utter disregard for evidence supporting the efficacy of MAF hormones for trans youth. The Cass Review [accepted just two studies](#) on puberty blockers and hormones as “high-quality” evidence.

For most of the 101 remaining studies that Cass discarded, she cited a lack of “blinding” or a control group in her reasoning. This would involve not telling the participants what medication they were taking, and withholding medication from some.

Not only would this be hugely unethical, the visible effects of MAF hormones would render it impossible. Unsurprisingly, Cass lacks experience working with trans youth whatsoever.

“Robust and transparent methodologies”

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Given that clear disregard for the scientific method, the joint statement understandably [saw the need to:](#)

underscore the importance of ensuring that evidence reviews informing policy are appraised using robust and transparent methodologies, and that their interpretation reflects the totality and context of available data.

In order to [conclude that there was](#) “no evidence” or “weak evidence” for the use of MAF hormones in under-18s, NHS England used a methodology that was anything but robust. Following Cass’s playbook, the NHS review used [extraordinarily strict exclusion criteria](#) to toss out 97% of all evidential studies.

Rather, the NHS chose to fragment its study into ten separate reviews. It searched only for reports focusing on estrogen monotherapy, testosterone monotherapy, GnRH analogues and estrogen, GnRH analogues and testosterone, GnRH analogue monotherapy.

It then divided each of these five criteria according to their focus on binary and non-binary participants. This is a level of specificity which very few existing studies are designed to accommodate.

This insistence on hyper-specificity is a data-fudging technique known as “salami slicing”. It’s known to encourage malpractice and is warned against specifically in the Cochrane Handbook “the gold standard” guide for systematic reviews.

Do No Harm

The joint statement [added that:](#)

Engagement from clinicians, researchers, methodological experts and including the values and preferences of the transgender population is essential in this process. Meanwhile, not providing hormones may also be harmful for those transgender youth who need it.

That harm is not a hypothetical. Back in February, the Good Law Project (GLP) [published a freedom-of-information study](#) which showed that suicides among trans youth spiked massively in 2021. [That was](#) immediately after the government issued a near-total ban on hormones and puberty blockers for young trans people.

This was particularly shocking given that, in 2024, the government put out an "independent" review acknowledging just five suicides. As such, it callously dismissed the deaths as "statistically insignificant".

However, thanks to the GLP, we now know of at least 22 deaths. At the time, the *Canary* wrote that:

22 young people took their own lives because their healthcare was suddenly ripped away by a bigoted, ideologically driven government.

NHS "Politics and ideology"

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In spite of those tragic deaths, the NHS is apparently hellbent on expanding its threat. And, as the WPATH joint [statement concluded](#)

At a time of evolving evidence and clinical practice, EPATH and WPATH emphasize that policy decisions should be guided by scientific evaluation, clinical expertise, and a commitment to equitable access to appropriate care for trans and gender-diverse young people. Masculinizing and feminizing hormones have been part of the international transgender care treatment guidelines. They have been scientifically evaluated in transgender adults for over 5 decades, and in adolescents for over 3 decades.

Our national healthcare provider is flying directly in the face of decades of established international practice. It is no longer guided by reason or best-practice, but politics and transphobic ideology.

The NHS has chosen to centre a clear and overwhelming belief that a child growing into a trans adult is an unsatisfactory outcome "even at the cost of that child's wellbeing; even at the cost of their life."

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By [Alex/Rose Cocker](#)

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1. News

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1. ban
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3. concern
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5. express
6. for
7. health
8. hrt
9. international
10. news
11. nhs
12. trans
13. under18s

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1. News

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