The New York Times https://www.nytimes.com/2023/06/09/health/puberty-blockers-transgender-children-britain-nhs.html

Britain Limits Use of Puberty-Blocking Drugs to Research Only

By Azeen Ghorayshi

June 9, 2023

The News

Britain's National Health Service announced on Friday that it would limit the use of puberty-suppressing drugs to children enrolled in clinical trials. The change comes as the agency's pediatric gender services have struggled to keep up with soaring demand.

A document explaining the N.H.S.'s reasoning stated that "there is not enough evidence to support their safety or clinical effectiveness as a routinely available treatment."

The N.H.S. had released a draft of this policy change in October, but Friday's announcement formally instituted the new approach after months of public comment. The policy will go into effect later this year.

The N.H.S. announced last year it would shut down the Tavistock Gender Identity Development Service in London after the clinic saw a sharp rise of referrals. Peter Nicholls/Reuters

Why It Matters: Other countries have limited the drugs, too

The change is part of a broader push in several countries to limit gender-related medical treatments for young people.

After conducting evidence reviews, Finland has begun limiting who can access gender-related treatments and Sweden has restricted the use of puberty blockers and hormones to clinical trials. A Norwegian health body and the French National Academy of Medicine have also urged caution.

In the United States, more than 20 Republican-led states have passed laws banning the use of puberty-blocking drugs and hormones, with some making it a felony for doctors to prescribe them. Hundreds of clinicians across the country — including some who have raised concerns about which adolescents should receive gender-related treatments — have denounced the bans, saying such decisions should be made by patients, their families and their doctors.

Background: Data on the effect of blockers is sparse

Last year, the N.H.S. announced that it would be shutting down the country's only youth gender clinic after an external review showed that the Tavistock Gender Identity Development Service had been unable to provide appropriate care for the rapidly increasing number of adolescents seeking gender treatments. The clinic had seen a sharp rise in referrals, from 250 young people in 2011 to 5,000 in 2021.

Puberty blockers, which work by suppressing estrogen and testosterone, were first tested on children with gender dysphoria in the Netherlands in the 1990s. The Dutch researchers published their first study on 70 children in 2011, finding that the adolescents reported a decrease in depression and anxiety after taking the drugs.

But a British study of Tavistock patients published in 2021 showed that blockers had no effect on children's scores on psychological tests. The study found that 43 out of the 44 participants later chose to start testosterone or estrogen treatments. One interpretation of the data is that all were good candidates for hormone therapy. But the numbers raised concerns at the N.H.S. about whether the drugs served their intended purpose of giving adolescents time to think.

“The most difficult question is whether puberty blockers do indeed provide valuable time for children and young people to consider their options, or whether they effectively ‘lock in’ children and young people to a treatment pathway,” Dr. Hilary Cass, the pediatrician overseeing the independent review of the N.H.S. gender service, wrote last year.

What’s Next: Britain will start a trial of children taking blockers

The N.H.S. is organizing a clinical trial for all children receiving puberty blockers from the health service, which it expects will begin enrollment in 2024.

Although the Tavistock clinic has been closed, regional centers are opening across Britain to expand gender-related services for young people. The N.H.S. said that the new system for treating minors with gender-related issues will establish standardized assessments and incorporate much more mental health support.

“The main objective is to alleviate distress associated with gender incongruence and promote the individual’s global functioning and well-being,” the N.H.S. guidance said.

Azeen Ghorayshi covers the intersection of sex, gender and science for The Times.

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