

Opinion: Washington Post Editorial Board Misleadingly Attacks Care Of Trans Youth

The article is filled with double standards and inaccuracies on transgender care, and is latest hint that the paper's coverage is shifting right when it comes to transgender people



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Yesterday, the Washington Post Editorial Board yesterday published a piece attacking gender-affirming care for minors, presenting itself as a balanced examination of the science in the context of the Supreme Court case *US v. Skrmetti*. However, the article falls short of its intended goal. It selectively cites three European reviews critical of gender-affirming care, while ignoring the consensus of leading medical organizations—including the American Academy of Pediatrics, the American Psychological Association, the American Medical Association, the Endocrine Society, and the World Professional Association for Transgender Health—all of which support such care. Notably absent from the editorial’s analysis is any mention of the newly released guidelines from the first consensus French endocrinology guidelines on transgender care, which unequivocally endorse gender-affirming care for minors and reject the approach required by the Tennessee law.

Among the reviews cited is the Cass Review, an evaluation of evidence on puberty blockers commissioned by the United Kingdom government and led by Dr. Hilary Cass. The editorial highlights this review in an implicitly favorable light, noting it was used to justify the UK’s ban on puberty blockers. However, Dr. Cass has no professional experience working with transgender individuals and consulted with Florida Governor Ron DeSantis-backed healthcare providers in Florida while drafting the review. The Cass Review has been publicly condemned as methodologically flawed by hundreds of researchers, including experts at Yale and the British Medical Association, both of which endorse gender-affirming care for minors.

One of the reviews cited by the Washington Post, from the Norwegian Healthcare Investigation Board, is not a scientific evaluation of evidence but a recommendation.

from a non-government agency based on a limited survey of patients and providers. Notably, it does not call for banning gender-affirming care for minors, as implied by the editorial, but instead advocates for clearer guidelines and further research.

The final review cited, from researchers in Sweden, uses the GRADE (Grading of Recommendations Assessment, Development, and Evaluation) metric to evaluate studies. This metric heavily favors randomized control trials, which are methodologically unfeasible for most aspects of gender-affirming care. Notably, treatments like radiation therapy, gallbladder surgery, and antidepressants also receive similar low ratings on the GRADE scale, yet no one is calling for their prohibition. Even so, the Swedish review does not recommend banning or restricting care for minors.

The editors of the *Washington Post* appear to hold randomized control trials (RCTs) as the gold standard that transgender people must meet to justify their care. However, Dr. David Gorski of *Science-Based Medicine* has pointed out, this approach represents “methodolatry”—the worship of RCTs above all other forms of evidence, often with regard to feasibility or practicality. He notes, “When you see someone invoking RCTs regarding updated vaccines to target variants, you are very likely looking at methodolatry that weaponizes evidence-based medicine (EBM) against public health and vaccines to sow doubt and mistrust.” Gorski has applied this critique to debates about transgender care as well, calling RCTs “an impossible burden of proof.”

Despite this, an RCT has indeed been conducted for trans adults using testosterone due to a quirk of the Australian medical system’s access protocol to care that made such a study possible, and it demonstrated significant positive effects on participants’ mental health—further underscoring that even by this usually unattainable standard, gender-affirming care holds up.

The editors are unlikely to be swayed by this RCT. Their main grievance with existing research is that many studies are small and may not replicate on a larger scale. Yet, ironically, they cite a tiny, underpowered study suggesting that puberty blockers ha

no effect on mental health—a problematic claim, given that most advocates for gender-affirming care don't expect puberty blockers alone to substantially improve mental health. Instead, puberty blockers are understood as a critical pause in development, allowing trans youth to explore their identities without the irreversible changes of puberty. The editors, however, seem intent on legitimizing gender-affirming care bans, conveniently ignoring the [largest study on transgender youth to date](#), which found that anti-trans state laws increase suicidal ideation by as much as 72%.

The editors also cite the WPATH Files—a set of documents riddled with [over 200 inaccuracies](#) and false claims—alongside the New York Times' coverage of Dr. Johanna Olson-Kennedy, medical director of the Center for Transyouth Health and Development at Children's Hospital of Los Angeles. The Times alleges that Olson-Kennedy covered up contradictory results on gender-affirming care, a claim that is demonstrably false. The study in question has already yielded [multiple published papers](#) affirming that gender-affirming care for minors is both safe and highly effective. Olson-Kennedy chose not to publish one paper out of concern that its limitations would be misused by anti-trans activists—a fear validated by the very existence of this editorial.

This article reveals that the Washington Post's editors are less interested in fair, accurate journalism on gender-affirming care and more intent on promoting an ideological agenda designed to harm and disenfranchise an already marginalized community. By following in the footsteps of the New York Times and British media they risk cementing their place in history as a once-esteemed newspaper that chose bias over integrity.

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A guest post by

Mira Lazine

Mira Lazine is a freelance journalist covering LGBTQ+ issues, politics, and science. She can be found at miralazine.com or on BlueSky, @miralazine

Discussion about this post





Madison N 5h

I don't read as much mainstream media as I used to, so maybe I've missed this if it's happened. I would really love to see the American Academy of Pediatrics, the American Psychological Association, the American Medical Association, the Endocrine Society, or the World Professional Association for Transgender Health publish full page ads in the New York Times, the Washington Post, the LA Times, and every other newspaper of note and express their full-throated support for trans care for minors as well as adults.

2 replies by Erin Reed and others



Geoffrey Deweese 5h

Thank you for this detailed analysis. Articles like this are not unbiased to begin with - they have an opinion and look for evidence in support of that opinion. They don't address the primary issue: how can someone, including a child, be transgender? In other words, are they willing to believe that a child/teen is in fact transgender? The need to be honest about this is upfront.

If they don't believe (or "aren't sure") that a child can be transgender, then their answer will not be how to prevent parents and doctors from damaging children who are not transgender, but "confused," and they look for evidence to support this conclusion.

They should state upfront that they don't believe doctors, parents, and transgender children.

If you start with the reality that a child can be, and in fact is, transgender, then the answer is to support that child and their parents with the best care possible. And as a parent I know what the best decision is for my child because I listened to him, and I worked with the medical profession to ensure we (he, my wife, and I) were making informed decisions and following accepted protocols. This is the same as any parent making medical decisions for a child.

The difference is that when a parent seeks care for their child with cancer and has to make decisions about the risks of certain treatments, no one disputes that a child can have cancer. They don't believe my son is transgender. Their bias is clear.

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