MANATŪ HAUORA
MINISTRY OF HEALTH

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

30 October 2023

s 9(2)(a)

By email: s 9(2)(a)
Ref: H2023031263

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 29 August 2023 for information regarding the evidence brief on puberty blockers. Each part of your request is responded to below:

> *What was the original scope of the evidence brief on puberty blockers and how does it read now?*

The original scope was to examine scientific evidence regarding the safety, reversibility and long-term clinical outcomes of puberty blockers (Gonadotrophin analogues) in adolescents with gender dysphoria. In August 2023, the evidence brief scope was extended to include mental health and wellbeing outcomes for gender-dysphoric adolescents prescribed puberty blockers or other interventions specifically targeting mental health and/or wellbeing.

> *How will it assess mental health and wellbeing outcomes?*

The evidence brief will systematically review the available peer-reviewed scientific literature. Quantitative and qualitative studies that meet the criteria detailed below will be included in the evidence brief.

Some of the measures that will be used to assess mental health and wellbeing outcomes include risk of suicide, rates of self-harm, levels of anxiety and depression, as well as quality of life.

> *What other evidence is it considering?*

Studies deemed eligible for inclusion will need to meet the following criteria:

- Full-text articles published/available in English and
- Clinical outcomes in gender-dysphoric adolescents (clinically diagnosed or self-reported) prescribed puberty blockers and/or
- Mental health and wellbeing outcomes in gender-dysphoric adolescents prescribed puberty blockers or other intervention(s) specifically targeting mental health and wellbeing and
- Study cohort of adolescents (12-18 years) and

- Mental health and wellbeing outcomes in gender-dysphoric adolescents prescribed puberty blockers or other intervention(s) specifically targeting mental health and wellbeing and
- Study cohort of adolescents (12-18 years) and
- Studies with pre- and post-intervention data available.

Guidelines, grey literature, viewpoint articles, conference proceedings, abstracts only, single case studies, studies investigating the impact of cross-sex hormones or gender-affirming surgery/therapy, studies involving adults or children as the study cohort (12-18 years), and studies investigating impact of puberty blockers for other indications (eg, precocious puberty, endometriosis) will be excluded from the evidence brief.

A 'quality of evidence' assessment will be undertaken for all studies included in the evidence brief.

> *Who is carrying out the review? Is it ministry staff or have they been contracted externally? What organisations are involved?*

The evidence brief is being carried out by the Manatū Hauora Evidence, Research, and Innovation directorate.

> *Also, I am requesting:*
> *Copies of correspondence (including emails, memos, feedback from the patients, families, the public and clinicians) to and from the Ministry, Te Whatu Ora and ministerial offices regarding the evidence brief.*
>
> *Copies of other information held by Manatū Hauora, including internal correspondence, advice, memos, meeting agenda, minutes, briefing papers and any other documents to do with puberty blockers and/ or the evidence brief.*

Please note, Manatū Hauora has interpreted your request as requesting documents and email correspondence containing substantive information about puberty blockers and/ or the evidence brief. Therefore, documents and emails that are administrative or general in nature have been excluded.

Manatū Hauora has published several OIA responses relating to puberty blockers and/or the evidence brief. Please refer to the information publicly available here:

- www.health.govt.nz/system/files/documents/information-release/h2023024782_response_-_proactive_release.pdf
- www.health.govt.nz/system/files/documents/information-release/h2023022566_response_letter.pdf
- www.health.govt.nz/system/files/documents/information-release/h2022014878_response.pdf
- www.health.govt.nz/system/files/documents/information-release/h2022013005_response.pdf
- www.health.govt.nz/system/files/documents/information-release/h202117825_response.pdf
- www.health.govt.nz/system/files/documents/information-release/h202103211_23_march_2021_use_of_puberty_blockers.pdf

50 additional documents have been identified within scope of your request. This includes correspondence between members of the public or media and Manatū Hauora or the office of the Minister of Health. All documents are itemised in Appendix 1 and copies of the

documents are enclosed. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in releasing information and consider that it does not outweigh the need to withhold at this time.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

Dr Tim Jelleyman
Clinical Chief Advisor, Child and Youth Health
Ngā Āpiha Hauora | Office of Chief Clinical Officers

Dr Sayali Pendharkar, PhD
Acting Chief Science Advisor
Te Pou Whakamarama | Evidence, Research and Innovation

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	9 September 2023	Commissioning Brief	Released in full.
2	23 March 2021	OIA H202103211	Refused under section 18(d) of the Act, as the information is publicly available here: www.health.govt.nz/system/files/documents/information-release/h202103211_23_march_2021_use_of_puberty_blockers.pdf
3	22 December 2021	OIA H202117825	Refused under section 18(d) of the Act, as the information is publicly available here: www.health.govt.nz/system/files/documents/information-release/h202117825_response.pdf
4	29 August 2022	DREP 13092002 – Original Correspondence	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons.
5	13 September 2022	DREP 13092002	
6	13 September 2022	Email Correspondence - H2022012674	
7	12 August 2022	DREP H2022010137 - Original Correspondence	
8	7 September 2022	DREP H2022010137	
9	22 September 2022	DREP H202201322 – Original Correspondence	
10	6 October 2022	DREP H202201322	
11	13 October 2022	OIA H2022013005	Refused under section 18(d) of the Act, as the information is publicly available here: www.health.govt.nz/system/files/documents/information-release/h2022013005_response.pdf
12	29 October 2022	H2022015837 – Original Correspondence	Some information withheld under section 9(2)(a) of the Act.
13	10 November 2022	DREP H2022015837	
14	1 November 2022	H2022016029 - Original Correspondence	
15	15 November 2022	DREP H2022016029	
16	10 November 2022	H2022017550 Original Correspondence	

#	Date	Document details	Decision on release
17	14 December 2022	DREP H2022017550	
18	16 November 2022	H2022017117 – Original Correspondence	
19	21 November 2022	DREP H2022017117	
20	19 December 2022	OIA H2022014878	Refused under section 18(d) of the Act, as the information is publicly available here: www.health.govt.nz/system/files/documents/information-release/h2022014878_response.pdf
21	8 February 2023	H2023020401 Original Correspondence	Some information withheld under section 9(2)(a) of the Act.
22	27 March 2023	DREP H2023020401	
23	27 April 2023	OIA H2023031263	Refused under section 18(d) of the Act, as the information is publicly available here: www.health.govt.nz/system/files/documents/information-release/h202117825_response.pdf
24	1 June 2023	OIA H2023024782	Refused under section 18(d) of the Act, as the information is publicly available here: www.health.govt.nz/system/files/documents/information-release/h2023024782_response_-_proactive_release.pdf
25	12 June 2023	OIA H2023025372	Refused under section 18(d) of the Act, as the information is publicly available here: https://fyi.org.nz/request/22818-has-the-ministry-of-health-sought-legal-opinion-in-regard-to-publishing-information-on-the-use-endocrine-disrupting-chemicals-for-children-seeking-to-prevent-purbertal-development#incoming-85150
26	11 May 2023	H2023025684 Original Correspondence	Some information withheld under section 9(2)(a) of the Act.
27	2 June 2023	DREP H2023025684	
28	30 June 2023	H2023028296 – Original Correspondence	
29	26 July 2023	DREP H2023028296	
30	5 July 2023	H2023030062 Original Correspondence	
31	4 September 2023	DREP H2023030062	
32	30 June 2023	H2023028304 Original Correspondence	
33	28 July 2023	DREP H2023028304	
34	30 June 2023	H2023028305 Original Correspondence	

#	Date	Document details	Decision on release
36	23 August 2023	Email Correspondence	Some information withheld under section 9(2)(a) of the Act.
37	24 August 2023	H2023031290 Original Correspondence	
38	27 March 2023	Media queries and responses Not included in proactive release	
39	27 March 2023		
40	30 March 2023		
41	31 March 2023		
42	31 March 2023		
43	22 April 2023		
44	27 April 2023		
45	28 April 2023		
46	18 May 2023		
47	25 May 2023		
48	1 June 2023		
49	7 June 2023		
50	14 June 2023	Commissioning Brief	Released in full.

From: s 9(2)(a)
Sent: Monday, 29 August 2022 1:03 pm
To: Info MOH <info@health.govt.nz>
Subject: Questions about puberty blockers for transgender children

Dear Ministry of Health –

More and more we are becoming aware of the rapidly accumulating evidence from studies conducted overseas that the drugs we call 'puberty blockers' (gonadotropin-releasing hormone agonists, GnRHas) often cause serious and life-lasting damage to children. However, New Zealand's Ministry of Health continues to state on its website that these drugs are safe and fully reversible.

We have three questions here about this assertion on your website -

1) Can you tell us where the Ministry is getting this advice from?

2) Are we able to speak to someone about why the Ministry chooses to ignore the accumulation of medical evidence on this issue?

3) What would it take for the Ministry to revise the information on its website to reflect less certainty on this issue?

We believe that a revision of your statement to state less certainty about puberty blockers being safe and fully reversible, as the National health Service in the UK has done, would be more helpful to the parents of gender-confused children and their children who seek guidance from the Ministry.

Thank you and regards,
s 9(2)(a)

MANATŪ HAUORA
MINISTRY OF HEALTH

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13 September 2022

s 9(2)(a) [redacted]

Tēnā koe

Thank you for your email of 29 August 2022, about guidance on puberty blockers. I appreciate you taking the time to write.

I note your comments on information provided by Manatū Hauora (the Ministry of Health) and that this doesn't accurately represent current evidence for use of puberty blockers. I can confirm that Manatū Hauora is in the process of revising its webpage in a way that acknowledges the current limits of available evidence. Additionally, work on an evidence brief is planned to support this area over the next few months. Updated information will be found on the Manatū Hauora website in the future at: www.health.govt.nz/your-health/healthyliving/transgender-new-zealanders/transgender-new-zealanders-children-and-young-people.

It is important to note that Manatū Hauora intends to provide general health advice on its website. Treating clinicians are responsible for considering the appropriateness of a particular treatment for an individual patient. The use of any medicine or treatment is a matter for discussion between a treating clinician and their patient.

It is important that health services meet the needs of all New Zealanders, with inclusiveness and dignity for all. We are committed to providing better access, support and safe treatment for rainbow communities through our health system and ensuring the system is responsive to the needs of transgender, intersex, and gender-diverse people.

Nāku noa, nā

Dr Timothy Jelleyman
Chief Clinical Advisor, Child and Youth Health Office of Chief Clinical Officers

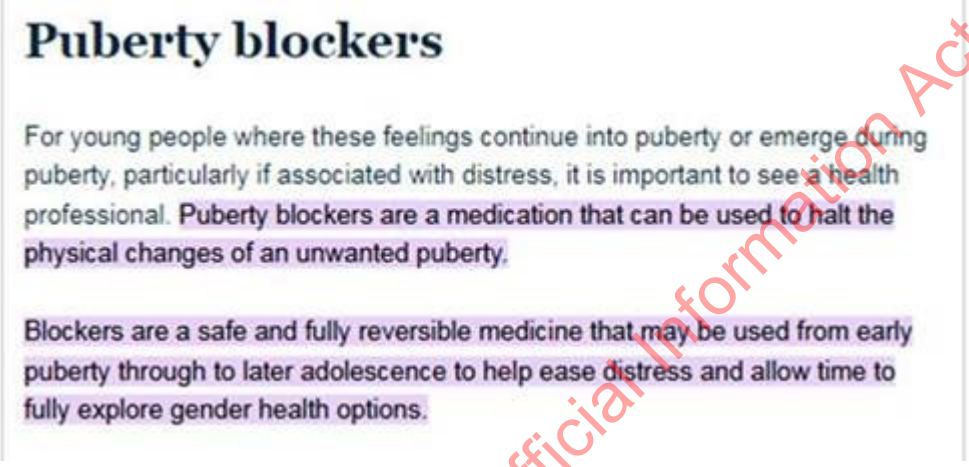
cc Dr Robyn Carey
Chief Medical Officer

H2022012674

From: s 9(2)(a)
Sent: Tuesday, 13 September 2022 8:58 PM
To: A Verrall (MIN) <a.verrall@ministers.govt.nz>
Subject: (2612-2022)Puberty blockers

Tēnā koe Dr Verrall,

I am writing to express my concerns about information provided on a public Ministry of Health webpage that appears to be misleading and out of date. The webpage with information about puberty blockers states that they are safe and reversible, but there is now an accumulation of robust evidence that suggests this is not the case.



Puberty blockers

For young people where these feelings continue into puberty or emerge during puberty, particularly if associated with distress, it is important to see a health professional. Puberty blockers are a medication that can be used to halt the physical changes of an unwanted puberty.

Blockers are a safe and fully reversible medicine that may be used from early puberty through to later adolescence to help ease distress and allow time to fully explore gender health options.

There are many examples from outside Aotearoa that you may already be aware of including the UK High Court, in the well-publicised and sad case of Keira Bell, where the Court concluded that puberty blockers were not safe, or fully reversible.

Dr Hilary Cass compiled a review for the NHS in the UK, and expressed concerns, as have the countries Sweden, France and Finland. The recent Cass Report, which recommended closure of the Gender Identity Development Service in the UK (Tavistock) identified serious concerns about this service. (1) A recent report from the Lesbians United organisation asks the questions:

1. What are the effects of puberty-blocking drugs on the developing body?

2. What are the effects of puberty-blocking drugs on mental health?

3. To what degree, if any, are these effects reversible?

The Lesbians United report is extensive and evidence-based and considers over 300 relevant resources. The conclusion is that evidence suggests many health effects of puberty blockers are wholly or partially irreversible. (2)

Sweden's National Board of Health and Welfare have also undertaken a review and concluded that hormone treatment should be avoided except for in exceptional cases. Finland and France are also advising caution.

The New Zealand data related to numbers of children who have been prescribed puberty blockers does not seem to be available, and I would be interested to see this data, if you are able to provide a link to this information. I noted that a recent article in the NZ Listener by Charlotte Paul suggested that 506 children received medication in 2019. Given the evidence from other countries the numbers may have increased significantly over the last three years.

There are many side effects to puberty blockers including infertility, and significantly low levels of bone density and as a health professional myself I do wonder whether children are really able to provide fully informed consent for this treatment.

Given the risks involved, which include the potential serious damage to the health of young people, and the need for the Ministry of Health to provide the most reliable and robust health information to retain trust and credibility, the precautionary principle, enacted alongside an urgent review would seem to be the most prudent approach at this time.

I look forward to your response.

Thank you

Ngā mihi

s 9(2)(a)

1. https://cass.independent-review.uk/
2. Lesbians United Organisation. (2022). *Puberty Suppression: Medicine or Malpractice?* https://lesbians-united.org/organizationMaterials/Puberty%20Suppression%20Medicine%20or%20Malpractice.pdf

H2022010137

From: s 9(2)(a)
Sent: Friday, 12 August 2022 8:49 AM
To: A Verrall (MIN) <a.verrall@ministers.govt.nz>
Subject: (2130-2022)Fwd: Enquiry regarding MOH guidance on puberty blockers

Kia ora.

I hope you are well.

The only response I've received to my query to date, regarding Ministry of Health information on puberty blockers, has been an apology for the lack of response.

So now I forward it to you as the Minister for rainbow health.

I initially emailed in October 2021.

My concern grows when I read the recent report from Dr Hilary Cass in which she discusses the paucity of evidence on the effect of puberty blockers on children.

The outcome of the report led to the decision to close the Tavistock Gender Clinic in the UK due to their inability to provide comprehensive treatment to children (including the claim that there was not enough exploration done to exclude differential diagnosis for children presenting with gender dysphoria).

A report in a UK paper 'the Times' today has comments from a law firm, Pogust Goodhead, which expects to file a group action on behalf of 1000 families who felt their child was fast tracked on puberty blockers in pursuit of 'gender affirmation'. (As a doctor, you will know that a treatment should never be on the basis on bias. Starting with the intent of 'affirmation' may be nice to hear for trans people but I don't think it's fair for clinicians due diligence. Gender explorative care or care for gender dysphoria would be better terms).

To reiterate the point in my attached letter. I am not against hormone therapy if it is indicated. I am aware that this email may be perceived negatively but I just don't have confidence in the Ministry's due diligence on this matter- and the persistence of the 'safe and reversible' statement on its website and the silence to my emails, are factors in that. (Ie. I don't want to be a nag, but I'm just worried).

Ngā mihi
s 9(2)(a)

---------- Forwarded message ----------
From: s 9(2)(a)
Date: Saturday, 23 April 2022
Subject: Re: Enquiry regarding MOH guidance on puberty blockers
To: robyn.carey@health.govt.nz, Jarrod.Williams@health.govt.nz, Anne.Stewart@health.govt.nz

Kia ora koutou.

I was given your contacts from the previous CMO after I followed up an email I originally sent in October 2021, for which I received no response.

I appreciate you are very busy but would be incredibly grateful if someone could respond to the queries in the attached document.

It would give me great peace of mind to know that this issue was getting attention and your expert consideration.

Ngā mihi,
s 9(2)(a)

---------- Forwarded message ---------
From: **Andrew Connolly** <Andrew.Connolly@health.govt.nz>
Date: Wed, 19 Jan 2022 at 08:13
Subject: Re: Enquiry regarding MOH guidance on puberty blockers
To: s 9(2)(a) , Office.davis@parliament.govt.nz <Office.davis@parliament.govt.nz>, andrew.little@parliament.govt.nz <andrew.little@parliament.govt.nz>, Medsafe <askmedsafe@health.govt.nz>

Dear s 9(2)(a)

I apologise for the delay in response. I had I believed passed this to experts in the area but clearly not successfully. I have asked my colleagues at the Ministry to respond as I have now returned to my DHB.

Kind regards

Andrew Connolly

From: s 9(2)(a)
Sent: Wednesday, January 19, 2022 8:09:07 AM
To: Office.davis@parliament.govt.nz <Office.davis@parliament.govt.nz>; andrew.little@parliament.govt.nz <andrew.little@parliament.govt.nz>; Andrew Connolly <Andrew.Connolly@health.govt.nz>; Medsafe <askmedsafe@health.govt.nz>
Subject: Fwd: Enquiry regarding MOH guidance on puberty blockers

Tēnā koutou.

As it has now been three months since I emailed MOH with the attached query, I now forward it to the Minister of Children, Hon Kelvin Davis and Minister of Health, Hon Andrew Little.

Ngā mihi nui,
s 9(2)(a)

---------- Forwarded message ----------
From: s 9(2)(a)
Date: Wednesday, 20 October 2021

Subject: Enquiry regarding MOH guidance on puberty blockers
To: Andrew.connolly@health.govt.nz, askmedsafe@health.govt.nz

Kia ora.

Please find attached my query relating to MOH website information regarding puberty blockers.

I'm unsure if medsafe or chief medical officer is most appropriate position to consult, but I think the topic is of significance to both.

Ngā mihi

s 9(2)(a)

Tēnā koe.

I write in relation to the Ministry of Healths advice that 'puberty blockers are considered to be safe and fully reversible' for use in adolescents. https://www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders/transgender-new-zealanders-children-and-young-people

Questionable Guidance Document

I see that a previous OIA enquired about the clinical evidence on which the Ministry of Health bases this statement. The OIA response from the Ministry (at bottom of this letter) referenced a document authored by PATHA. A peer review of their guidance document reveals bias towards gender affirmation/medicalisation approach of gender dysphoric children. I write now because of the pending conversion therapy ban and its ambiguities, which might criminalise a parent for declining their child from access to puberty blockers.

The guidelines include the following uncited, and emotive statement, that '*withholding or delaying gender affirming treatment is not considered a neutral option, as this may cause harm by exacerbating any gender dysphoria or mental health problems. This is no different from harm that can be caused by withholding or delaying other medically necessary care.*'This is an alarmist and hyperolic *opinion*. The guideline offers no reference of statistic in support of this statement.

The guideline then states '*gender affirming healthcare may include provision of puberty blockers in children and adolescents, and hormone therapy in older adolescents and adults*' and cites a single study in support of this claim. And yet, any peer review of the guidelines, in comparison to other systematic reviews such as those published by NICE in March 2021, demonstrate that it's not clear what (if any) benefit is offered by puberty blockers, and that the Ministry needs to conduct due diligence and review the evidence and the statement on the Ministrys website.

The NICE review I mention outlines a classic systematic approach and notes the paucity and low quality evidence available regarding the efficacy of puberty blockers for childen and adolescents who exhibit symptoms of gender dysphoria. A summary report is available here:
https://segm.org/NICE_gender_medicine_systematic_review_finds_poor_quality_evidence

Meanwhile, the PATHA guideline states it *'was produced in collaboration with trans community members and after consultation with many services and health professionals throughout Aotearoa, New Zealand, who work professionally to advance healthcare for trans people'.* This doesn't hold up to methodological scrutiny as expected for a Ministry endorsed guideline/evidence base.

There is acknowledgement here in New Zealand that little is known about the efficacy or long term effects of puberty blockers for treating gender dysphoria in children. Otago University are calling for urgent funding for research to find the most effective interventions for children with gender dysphoria.
https://www.otago.ac.nz/news/news/otago824539.html

International Guidance

The Ministry OIA response also referenced page 18 of WPATH guidelines, which have a more balanced approach and stress that '*Before any physical interventions are considered for adolescents, extensive exploration of psychological, family, and social issues should be undertaken, as outlined above. The duration of this exploration may vary considerably depending on the complexity of the situation.'*

A recent interview with Dr. Marci Bowers, president elect of WPATH and Dr Erica Anderson, also on the WPATH board, highlighted they both had concerns with any urgency to medicalise adolscents with gender dysphoria. https://bariweiss.substack.com/p/top-trans-doctors-blow-the-whistle and Sweden's Karolinska

Hispital has moved away from the use of puberty blockers over 'concerns over medial harm and uncertain benefits' https://segm.org/Sweden_ends_use_of_Dutch_protocol.

Clarity of information on drugs used

The MOH website does not specify which drugs are used. I suggest you specifiy the range of drugs currently used for the purpose of puberty blocking of transgender youth in New Zealand. I also suggest, to avoid false reassurance, that you note that these drugs have not been approved for this purpose, but instead are being used off label. To do otherwise is deceptive by omission.

I have reviewed the medsafe guidelines for the various GnRH agonists drugs. Ie. Zoladex[1], Goserelin-Teva[2] and Lucrin.

According to medsafe, Zoladex/Goserelin should not be used in children. Yet, is it referenced by this guidance document which is also co-authored by one of the authors of your cited guidelines, Rachel Johnson and was peer reviewed by PATHA. https://www.nzdoctor.co.nz/sites/default/files/2021-06/HTT_Gender-affirming%20healthcare.pdf

Therefore, is the Ministry taking its guidance from those who are giving guidance that contradicts medsafe?

Medsafe states that Lucrin (aka leuprorelin acetate) is indicated for used in children with precocious puberty: https://medsafe.govt.nz/consumers/cmi/l/lucrin-pds.pdf. Lucrin is described by MIMs as Cancer Hormone Therapy / Trophic Hormones & Related Synthetic Drugs. There is no discussion of the treatment of adolescent gender dysphoria in the medsafe guidelines.

According to medsafe, bone mineral density changes can occur during any hypo-oestrogenic state. Bone mineral density loss **may** be reversible after withdrawal of leuprorelin acetate.

Pseudotumor cerebri (PTC) / idiopathic intracranial hypertension has been reported in paediatric patients receiving leuprorelin acetate but this is also not stated alongside the claim of 'safe and fully reversible' .

Furthermore, medsafe note '*psychiatric events have been reported in paediatric patients taking GnRH agonists. Post-marketing reports with this class of medicines include symptoms of emotional lability, such as crying, irritability, impatience, anger and aggression. A definitive cause and effect relationship between the treatment with GnRH agonists and the occurrence of these events has not been established. Monitor for development or worsening of psychiatric symptoms during treatment with leuprorelin acetate'*. While MIMs note the drug is associated with increased 'risk of diabetes and certain CV diseases' in adult males (granted, a different population group but not a disproven risk in children/adoloscents).

None of this is mentioned on the Ministrys website, despite it being a medsafe caution, despite the growing international scrutiny including the UK's Cass report, and despite the recognition that this population group characteristically has higher prevalance of mental health distress than their peers.

In summary, I ask that the Ministry of Health:

- conduct it's own independent review into the safety of puberty blockers without the conflict of interest of a quasi medical/lobby group
- review the content of your webpage, in particular- please list the range of GnRH agonists drugs currently being used off label in New Zealand for the purpose of puberty blocking for children with gender dysphoria (and note that it is off label use that is occuring)

[1] Medsafe guidance for Zoladex which notes it is not for use in children https://medsafe.govt.nz/consumers/cmi/z/zoladex3.pdf

[2] Medsafe guidance for Goserelin-Teva which notes iti s not for use in children https://www.medsafe.govt.nz/Profs/Datasheet/G/Goserelin108implant.pdf

- remove the conclusive statement that they are ‘safe and fully reversible’
- seek alternative viewpoints to ensure robust policies for transgender healthcare, particulary if you wish to expand the scope of practice from specialist services to primary care.

I am not opposed to transgender healthcare, I fully support appropriate **healthcare** for the appropriate people**.** For some this may include puberty blockers, cross sex hormones and surgery. But the Ministry must do its due diligence or risk impacting right 7 of the HDC Code; the right to an informed choice and give informed consent. Ie. If the Ministry endorses puberty blockers as safe and fully reversible[3], and they are not, then this is a conflict to informed consent.

Can you please advise me of your response to my suggestions and concerns?

Ngā mihi

s 9(2)(a)

Previous OIA

H202007421

Dear s 9(2)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 26 September 2020 for:

“On what clinical and evidential basis do you state (in reference to puberty blockers) that they are a "safe and fully reversible medicine" when the NHS guidance in the UK states that "Little is known about the long-term side effects of hormone or puberty blockers in children with gender dysphoria"

The Ministry refers to the *Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand* available on the University of Waikato’s Research Commons’ website: https://researchcommons.waikato.ac.nz/handle/10289/12160. This guide for gender-affirming health care was developed by an independent group of health professionals and community stakeholders and states on page 29 that ‘puberty blockers are considered to be fully reversible’.

The Ministry also notes that Standards of Care developed by the World Professional Association for Transgender Health (WPATH) lists the use of GnRH analogues to suppress estrogen or testosterone production and consequently delay the physical changes of puberty as ‘fully reversible intervention’. Please refer to page 18 at the following link: https://www.wpath.org/publications/soc.

It is important to note that the Ministry’s website is intended to provide general health advice. For the treatment of young transgender New Zealanders, it is the responsibility of the treating clinician to consider the appropriateness of a particular treatment for a particular patient, and to ensure that the patient is informed of the risks and benefits associated with that treatment. Informed consent should be obtained by the clinician from the patient before the choice is made

[3] Noting: time is not reversible. Therefore time spent on blockers is time that disrupts the normal development of a child, and the sociological and psychological development that occurs with it.

to prescribe the medicine.

I trust this information fulfils your request. Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request.

Please note that this response, with your personal details removed, may be published on the Ministry website.

Yours sincerely

Dr Andrew Simpson

Chief Medical Officer

MANATŪ HAUORA
MINISTRY OF HEALTH

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

s 9(2)(a) [redacted]

Ref. H2022010137

Tēnā koe s [redacted]

Thank you for your email of 12 August 2022 to the Associate Minister of Health, Hon Dr Ayesha Verrall, about guidance on puberty blockers. The Minister has asked that I respond to you directly. I appreciate you taking the time to write.

I acknowledge your interest in gender affirming healthcare for children and young people and your concern that information provided by Manatū Hauora (the Ministry of Health) doesn't accurately represent current evidence. I can see this is an issue you feel strongly about, and I would like to thank you for your advocacy.

I can advise you that Manatū Hauora is in the process of revising its webpage in a way that acknowledges the current limits of available evidence. Additionally, work on an evidence brief is planned to support this over the next few months. Updated information will be found on the Manatū Hauora website in the future at: www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders/transgender-new-zealanders-children-and-young-people.

It is important to note that Manatū Hauora intends to provide general health advice on its website. Treating clinicians are responsible for considering the appropriateness of a particular treatment for an individual patient. The use of any medicine or treatment is a matter for discussion between a treating clinician and their patient. When an approved medicine is prescribed for a different use or condition, patient age, dose or route, it is considered to be an off-label use. I note that Section 25 of the Medicines Act 1981 allows for such off-label prescribing.

As you may be aware, Section 36 of the Care of Children Act 2004 outlines requirements for a child's consent to medical treatment or procedure. It is important to ensure that patients are fully informed of their options (including any benefits, risks and alternatives) to enable them to make an informed choice and give informed consent. The Code of Health and Disability Services Consumers' Rights establishes the rights of all patients to be fully informed, to make an informed choice, and to give informed consent. The Code notes that every consumer must be presumed competent to make an informed choice and give informed consent, unless there are reasonable grounds for believing that the consumer is not competent.

It is important that health services meet the needs of all New Zealanders, with inclusiveness and dignity for all. We are committed to providing better access, support and treatment for rainbow communities through our health system and ensuring the system is responsive to the needs of transgender, intersex, and gender-diverse people.

Thank you again for taking the time to write. I hope this information is useful, and I wish you well.

Nāku noa, nā

Dr Timothy Jelleyman
Chief Clinical Advisor, Child and Youth Health
Office of Chief Clinical Officers

cc Dr Robyn Carey
Chief Medical Officer

H2022013322

From: s 9(2)(a)
Sent: Thursday, 22 September 2022 4:04 pm
To: Diana Sarfati <Diana.Sarfati@Teaho.govt.nz>
Subject: Letter to Acting Director General of Health

Dear Di

Please find a letter attached.

And congratulations on your new role which I am sure you will undertake with distinction.

With kind regards

s 9(2)(a)

22 September 2022

Dr Diana Sarfati

Acting Director General of Health

Ministry of Health

Dear Dr Sarfati

Review of prescribing of puberty blocking hormones (GnRH analogues) for gender dysphoria

I am writing to ask you to commission an independent review of the prescription of puberty blocking hormones for gender dysphoria in New Zealand. I previously made this case in my letter to the Minister of Health (Hon Andrew Little) in April 2021. In December 2021 I was informed that no review was planned.

Since that time, I have made the case again for a review – in an article published in the *Listener* and republished in the *NZ Herald* (12 September https://www.nzherald.co.nz/lifestyle/identity-crisis-have-we-gone-too-far-in-letting-kids-change-their-gender/TT4LEA5FS7JYWFYWWCCBAEB6JM/).

This article explains my reasoning and includes a little more pertinent information than was available last year. Since it was published, I have received emails from clinicians and families who share my concerns. They have also given me new information and strengthened my understanding of what would be required in a review.

I would like to offer a couple of suggestions to inform the commissioning of an independent review.

First, I suggest an evaluation of the current situation in New Zealand. This should include ascertaining the numbers and demographic characteristics of children being treated with puberty blocking hormones (GnRH analogues) for gender dysphoria and trends over the last 10-15 years. The main source of information is probably Pharmac payment data: the pharmaceutical collection. These data can be linked to NHIs and hence linked to records of sex recorded at birth and at first treatment. Age at first prescription can be ascertained (there is some evidence that children as young as aged 9 are being treated in New Zealand).

The one limitation is that indication for treatment is not recorded in the pharmaceutical collection, but I imagine that information on the small number of children prescribed puberty blockers for central precocious puberty or short stature could be obtained from paediatric endocrinologists.

It should also be possible to examine the length of time these hormones have been prescribed to individuals and the proportions going on to take cross-sex hormones. This could form the basis of an ongoing monitoring programme.

Second, I suggest that the review's terms of reference include reconsideration of the benefits and harms, alternatives, consent and age and competence, and criteria for eligibility to puberty blocking hormones. If the review concludes that limited use is still warranted, options for continued use in a research context should be explored.

Issues related to prescribing of cross-sex hormones

In addition, I have been informed of a draft plan to widen prescribing by general practitioners of cross-sex hormones to gender dysphoric people aged 18 or older. Already in some areas of the country I am informed that general practitioners are prescribing cross-sex hormones to young people with serious mental disorders. Moreover, current practice is for clinicians to prescribe cross-sex hormones to young people from age 16 without the knowledge or consent of their parents. My understanding is that this occurs even when the young person has been diagnosed with autism. These issues raise troubling concerns about the capacity of people to consent to what are clearly irreversible treatments.

Thank you for considering commissioning a review and for considering the issues I have raised about the capacity to consent to administration of cross-sex hormones.

With kind regards

s 9(2)(a)

[redacted]

[redacted]

[redacted]

MANATŪ HAUORA
MINISTRY OF HEALTH

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

6 October 2022

s 9(2)(a) [redacted]

Ref. H202201332

Tēnā koe s 9(2)(a) [redacted]

Thank you for your letter of 22 September 2022 regarding a review of prescribing of puberty blocking hormones (GnRH analogues) for gender dysphoria. I appreciate you taking the time to write and acknowledge your concerns.

I can confirm that work on an evidence brief on the use of puberty blockers is planned. I have passed your comments on to the Evidence, Research and Insights directorate who will be undertaking this work in the next few months. Once the evidence has been reviewed this will be provided to Te Whatu Ora to inform clinical guidance.

Should you have further questions or suggestions on this topic please contact Manatū Hauora Chief Medical Officer Dr Joe Bourne via email at occo@health.govt.nz.

Thank you again for writing and I wish you well.

Nāku noa, nā

Dr Diana Sarfati
Director-General of Health

H2022015837

From: s 9(2)(a)
Sent: Saturday, 29 October 2022 6:08 am
To: andrew.little@parliament.govt.nz; Di Sarfati <Di.Sarfati@health.govt.nz>
Subject: Inaccurate information on MOH website

Kia Ora Minister Little and Dr Sarfati,

I write to draw your attention to a significant recent change in the UK to the NHS recommended treatment for children with gender dysphoria.

The new NHS guidelines have replaced the "affirmation" model, that Aotearoa's MOH still clings to, with a holistic, measured, and evidenced model that recognises that gender incongruence is often a phase that youth will grow out of.

A summary of the new guidelines and a link to the full NHS recommendations are here:
https://segm.org/England-ends-gender-affirming-care#:~:text=The%20NHS%20has%20eliminated%20the,care%20in%20children's%20hospital%20settings.

Another significant development this month has been the exposure of two paid employees of Mermaids, a transgender lobby group, as having links to paedophilia. As well, Mermaids has been supplying damaging breast binders to minors without their parents' consent. I note that NZ's MOH website still recommends Mermaids as a suitable site for young people to source information about being transgender.
https://www.telegraph.co.uk/news/2022/10/09/scandal-trans-charity-mermaids-warning-us/

https://www.bbc.co.uk/news/uk-63081644.amp

It is clear that the MOH website urgently needs to be updated so that the information it provides reflects the most recent and evidenced best practice. In addition, any recommended websites on MOH pages need to be safe for children and the reference to Mermaids should be withdrawn forthwith while an investigation into its practices is carried out.

Sincerely,
s 9(2)(a)

MANATŪ HAUORA
MINISTRY OF HEALTH

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

10 November 2022

s 9(2)(a)
[redacted]

Ref. H2022015837

Tēnā koe s 9(2)(a) [redacted]

Thank you for your email of 29 October 2022 to the Minister of Health, Hon Andrew Little, about children with gender dysphoria and Manatū Hauora (Ministry of Health) listing Mermaids UK as an international resource for transgender New Zealanders. The Minister has asked that I respond to you directly. I appreciate you taking the time to write.

Gender affirming healthcare is a rapidly evolving interdisciplinary field. Manatū Hauora has recently adjusted the lines on our webpage to reflect the latest international evidence. It is important to note that Manatū Hauora provides general health advice on our website. Treating clinicians are responsible for considering the appropriateness of a particular treatment for an individual patient. The use of any medicine or treatment is a matter for discussion between them and their patient.

I acknowledge and note your concerns about Mermaids UK and will consider this information in future reviews of the webpage.

We are committed to providing better access, support and safe treatment for rainbow communities through our health system and ensuring the system is responsive to the needs of transgender, intersex, and gender-diverse people. It is important that health services meet the needs of all New Zealanders, with inclusiveness and dignity for all.

Thank you again for taking the time to write.

Nāku noa, nā

Dr Diana Sarfati
Director-General of Health
Manatū Hauora

H2022016029

From: s 9(2)(a)
Sent: Tuesday, 1 November 2022 8:57 AM
To: Deirdre Shaw <Deirdre.Shaw@parliament.govt.nz>; Hon Chris Hipkins <Chris.Hipkins@parliament.govt.nz>; Hon Andrew Little <Andrew.Little@parliament.govt.nz>; Rt Hon Jacinda Ardern <Jacinda.Ardern@parliament.govt.nz>
Subject: Re: FW: The spread of gender ideology into the classroom is not a conservative issue, a Christian issue, or even primarily a feminist issue. This is a matter of children's health and well being. JT1919

Dear Minister Tinetti

Thank you for your reply to my concerns.

It concerns me that, **according to RNZ**,' Pharmac data showed **the total number of nine to 17 year olds on puberty blockers had increased from 137 in 2010 to 703 in 2020**.

The number of children prescribed puberty blockers because they do not identify with their assigned gender has increased exponentially in the last decade, according to Pharmac data.

The Ministry of Health (MOH) has recently updated its information on puberty blockers on its website to remove the words "safe and reversible" - but still endorses the Professional Association for Transgender Health Aotearoa (PATHA) guidelines, which states they are "considered to be fully reversible".'

My concerns are not really addressed by your reply. These are not solely my concerns, but also those of Charlotte Paul, a medical epidemiologist, her relevant background is in research on sexual and reproductive health, the safety of medicines, and the ethics of research. These concerns are shared by herself and her younger colleagues in their field of medicine; they have witnessed the outcomes of the gender identity ideology that the MoE & MoH is promoting in our schools & in Health.

What you don't address is two matters:

1. The question that Charlotte Paul raises & other health professionals: Why is this gender dysphoria on the rise among our vulnerable youth, increasingly affecting young girls?

NZH Lifestyle
OPINION:
'Other countries have reviewed their use of puberty blockers for children and young people. New Zealand should too, argues Charlotte Paul.
I am writing this article because my colleagues pleaded with me to do so. My younger colleagues, in particular, know they can't speak out because it could potentially damage their reputations.
I'm a medical epidemiologist and my relevant background is in research on sexual and reproductive health, the safety of medicines, and the ethics of research. My colleagues approached me because they're concerned about the rapid increase in the use of hormones to suppress normal puberty in children and young people who express discomfort with their biological sex. They're especially

concerned that the grounds for accessing these hormones have widened greatly. How do we know this is doing more good than harm?'Complex moral questions
In New Zealand, in the face of this real uncertainty about both benefits and harms - and the lack of safeguards and monitoring - **why has the Ministry of Health not commissioned a review?** Was the ministry reassured by people working in the field who presented a different view of what constitutes harm?
The specialists who wrote the New Zealand gender-affirming guidelines are associated with the World Professional Association for Transgender Health (WPATH). In 2020, WPATH rejected the UK High Court judgment and expressed grave concerns about withholding puberty blockers until age 16. Children and their parents have bravely gone on TV to talk about the child's positive experience with puberty blockers. Is it too tender for clinicians to acknowledge **uncertainties** around children they have affirmed and encouraged?
All this has led me to realise that **there is more than one moral consideration here: we should respect people who identify as trans and protect the best interests of children.** How do we do this? So far, there has been a conflict. The current idea, that gender identity must be affirmed as well as respected, has given no room for the possibility that adopting a trans identity - encouraged by social media - may be a passing phase or a temporary answer to a complex identity issue. Hence, I want to stress the separate moral consideration: **the protection of the best interests of children.** Health authorities around the world are formally reviewing guidance in this sensitive area. **It is time for New Zealand to get up to speed**.'
On 'cancellation' of a health professional in America:
'Zucker told her that he wasn't sure Rory's issues were actually attributable, at root, to a gender-identity issue, but that he was pretty sure Rory had autism spectrum disorder. To that point, Rory had received various other diagnoses, but this was the first time a clinician had diagnosed him with ASD, and "it was very helpful to have that information," Amanda said. After years of therapy with Hayley Wood — "it turned his life around," according to Amanda — Rory is an artsy boy with a YouTube channel who no longer has gender dysphoria.'
'It seems as though many parents, clinicians, and others face significant pressure to embrace the gender-affirmative approach these days.
According to an influential strain of trans politics, Zucker's more nuanced, "Why?"-focused method is offensive.
This sounds like a caricature, but right there in the External Review that helped get him fired and his clinic shuttered, **two professional psychiatrists state that asking "why" is improper.** What needs to be done is to **accept the child for who they are, and anything less than that is ignorant, if not bigoted.**
This places a heavy burden on parents who aren't sure who their children are, or who don't accept the notion that a 5-year-old, even an insistent and strong-willed one, has a set identity in the same way adults do. The current politics leave them behind, because their stories don't fit neatly into the binary in which trans identities are either accepted or rejected, full stop.'

2. The matter of De-transitioners and the effects on their bodies from medical interventions and their mental health resulting from all that they have gone through. Does the Minister of Education or the Minister of Health have accurate figures on the number of detransitioners in NZ & the world? One such person has described the fact that she regrets never being asked the question why she felt uncomfortable in her female body?

' I tried to dress hyper-feminine but that wasn't me, and in the back of my mind I was always thinking about how I wanted to look like the anime boys. Soon enough, I found out I could.

My YouTube recommended section became flooded with transition-related content, and I readily took it all in, imagining how my life could be different if I could be a boy. It offered a solution to the problems I had faced as a girl, and I could finally look boyish without shame, or so I thought. Happy, comfortable transgender men spoke about their transition journeys online.

Obviously, the idea that I could be a boy was incredibly enticing to me. It felt like the solution to everything I was going through. **The only thing I didn't know was that the trans life is nothing like the sugar-coated, happily-ever-after fairy tales that trans influencers sold to me; I couldn't just magically become a boy. But as a 13-year-old who hated herself, I believed what I wanted to hear.'**

My questions are:

How is it that the MoE shows more concern that a successful Christian school in Tauranga declares its belief that marriage is between a male and a female, but on the other hand, seems to turn a blind eye to parents' concerns of serious issues around sexualisation of five and six year old's together with poor school management in dealing with this issue and allows children at school to choose their gender identity behind parents' backs?

Is the Labour Government going to address the fall-out regarding Tavistock in the UK, and its implications for New Zealand? Or push this issue under the rug and ignore Tavistock's closure & investigation of the treatment of children with hormones and surgery, as is increasingly happening here in NZ as we speak ?

'In June 2020, Finland's public sector Council for Choices in Health Care was quite blunt: "gender reassignment of minors is an experimental practice."
It's not that gender-affirming activists cite no research at all for their medical interventions. Their go-to studies typically generate breathless headlines in the media proclaiming "life-saving" interventions but cannot survive the objective method of systematic review controlling for bias and discarding flawed research with shortcomings in design. **So, the gender-affirming tactic has been to ignore this trial by scientific ordeal, especially when it's carried out in progressive societies such as Sweden and Finland. Elsewhere, any scepticism about youth gender medicine is characterised as a transphobic attack on "trans kids" by the right-wing.'**
'The preferred strategy of affirmative advocates has been to invoke a "clinical consensus" in their favour, based on upbeat treatment guidelines and the "eminence-based medicine" of endorsements from small, activist-captured committees of august medical societies. This formula has been quite effective in countries—as various as the US, Spain, and New Zealand—where the identity politics of trans rights usually trumps inquisitive media coverage. But, thanks to bolshie British activism,

investigative reporting, and enough politicians willing to listen, the Tavistock has not escaped scrutiny, and now the NHS is having to face up to the reality that its flagship gender clinic has been allowing minors to take part in an undeclared medical experiment.'

'**One worrisome view, suggested by the limited data available, is that puberty blockers set off a cascade of increasing medicalisation whereby young people become permanent patients, with no long-term data on the outcomes they might expect. The competing view, retailed to many eager children and their anxious parents, is that hormone suppression is a no-regrets pause in the distressful development of sex characteristics, allowing the child time to explore their gender identity and decide whether or not to graduate to a life on hormones.**'

'**Exploration seems vital if it's possible that, when a child presents with gender distress and seeks transition, the true cause and the right treatment lie elsewhere.** The Tavistock is not the only clinic with an over-representation of patients with autism, inchoate same-sex attraction, psychiatric disorders, and family-related trauma. Exploratory clinicians would argue that wide-ranging and open-minded talk therapy might alleviate the distress of young people and lead them to freely accept their one and only body. A resolution like this, and avoidance of lifelong medicalisation, are outcomes that most people would regard as successful.

But the militantly affirmative would attribute this result to an unethical intention to "convert" the child so that its gender identity conforms to birth sex. In many jurisdictions across the woke world, clinicians and parents deemed to practise "conversion therapy" risk prosecution under legislation that conflates the fixed sexual orientation of adults with a young person's identity formation open to the influence of a spectrum of sex roles, social media, and peer group example.'

So, the result, here in NZ, of Labour's MoE and MoH approach?

'The Southern DHB HealthPathways material on "Transgender Health in Adolescence" reveals **a lowering of safety standards for "genital reconstruction surgery"** — the removal of reproductive organs, known in the trans community as "bottom surgery". These procedures can involve significant medical complications.

"For genital reconstruction surgery, national and international guidelines state that two psychological assessments are required for genital reassignment surgery," the webpage says.

"However, currently, as the waiting list [for mental health assessments] is long, only one assessment is required.

"If a patient has already had a psychological assessment before starting hormone treatment or other gender-affirming surgeries, this assessment is sufficient for them to be added to the gender reconstruction waiting list."

In the same context of trans health for adolescents, the webpage says the opposition of parents may not be an obstacle to medical treatment.

"Some transgender young people may not have the support of their parents or guardians, but this should not preclude them from receiving support and care," the webpage says.

"The legal age of consent is 16 years old. The law assumes that those aged 16 years or older are competent to make their own decisions about their medical treatment.

"Patients aged younger than 16 years old can consent to their own medical treatment in the context of sexual health and contraceptive advice, and abortion.

"A minor may be legally competent to consent if he or she has sufficient understanding and intelligence to understand fully what is proposed."'

I am asking again, how is the MoE & the Health Ministry addressing these issues raised here?

Yours sincerely

s 9(2)(a)

On 31/10/2022 12:37 pm, Deirdre Shaw wrote:

Kia ora s 9(2)

Please find attached a letter from Minister Tinetti.

Ngā mihi

Deirdre

Dr Deirdre Shaw (she/her/Dr)| Private Secretary (Education)
Office of Hon Jan Tinetti MP, Minister of Internal Affairs, Minister for Women, Associate Minister of Education
4.1L Beehive, Parliament Buildings, Private Bag 18041, Wellington 6160, New Zealand
T:04 817 8892 | M: 0272612611 | E: deirdre.shaw@parliament.govt.nz
W: http://www.beehive.govt.nz and http://www.parliament.nz

From: s 9(2)(a)
Sent: Wednesday, 21 September 2022 11:48 AM
To: Rt Hon Jacinda Ardern <Jacinda.Ardern@parliament.govt.nz>; A Verrall (MIN) <a.verrall@ministers.govt.nz>; Hon Andrew Little <Andrew.Little@parliament.govt.nz>; Hon Chris Hipkins <Chris.Hipkins@parliament.govt.nz>
Subject: The spread of gender ideology into the classroom is not a conservative issue, a Christian issue, or even primarily a feminist issue. This is a matter of children's health and well being.

Dear Rt Hon Jacinda Ardern, Health Ministers, Minister of Education
What is Labour doing about **the Ministry of Education pushing of trans identity dogma** on our susceptible young children & youth?
'The recent, dramatic, and tragic rise in rates of medical transition seems an inevitable result. The consequences of surgical gender reassignment can be severe, with research suggesting that surgical-site infections occur in over 50 percent of cases. A gender surgeon recently admitted to the New York Times that **"we wouldn't accept this rate of complication necessarily in other procedures."**
... there are reasons to worry that destabilizing children's identities could worsen their mental health. Many people will be aware that youth mental health has sharply deteriorated in recent years, in countries **including New Zealand** and the United States. Between 2012 and 2018, as **gender ideology spread** through US schools, surveys detected **a significant rise in levels of anxiety**. This rise was especially pronounced among LGBT students, despite improved social acceptance of same-sex attraction. CDC data for 2015 to 2021 show that youth mental health has continued to decline, and that over 75 percent of LGBT students now feel "persistently sad or hopeless." No doubt many factors have played a role in the rise of youth anxiety and depression, including among LGBT individuals. Nonetheless, **while advocates of gender identity instruction claim that it improves children's mental health, so far its real-world results appear to be exactly the opposite of what was promised. This is unsurprising, given the dubious contents of gender identity instruction materials like the ones we've just reviewed.**
The New Zealand government's current media regulation review acknowledges that "content can cause harm to individuals'… physical, social, emotional, and/or mental wellbeing." **It's a terrible irony that our own Ministry of Education is feverishly promoting this exact type of damaging content.**
The spread of gender ideology into the classroom is not a conservative issue, a Christian issue, or even primarily a feminist issue. This is **a matter of children's health and wellbeing.** Most people know in their gut that what's being done to our children is wrong—they just need the confidence and courage to act. Every parent who loves their children needs to protect them against this anti-scientific, regressive, and harmful belief system.

Reality's Last Stand is a reader-supported publication.'
'While I've based these examples on material I've encountered here in New Zealand, this type of material is being **promoted across the Western world**. **1. Example One: The League of Super Feminists**

Who's recommending it?

I've seen this comic book on prominent display in the children's section of **Wellington's Te Awe library** on several occasions, suggesting an **implicit endorsement by the library**. The School Library Journal described it as "the sort of book one wishes could be put in every reader's hands."

2. Example Two: Trans 101: This video is recommended to schools by the New Zealand Ministry of Education, for inclusion in relationships and sexuality education programmes.
3. Example Three: Who Are You? The Kid's Guide to Gender Identity Who's recommending it?
This picture book, targeted at children aged 3 to 8, is **recommended by Family Planning as part of its popular sexuality education programme for New Zealand schools. The School Library Journal described it as "an ideal title for caregivers and educators to share with children."**
4. Example Four: I Am Jazz Who's recommending it? **This picture book, targeted at very young children, is again recommended by Family Planning as part of its popular sexuality education programme for New Zealand schools. The School Library Journal describes *I Am Jazz* as "a unique and much-needed addition to literature on the subject of transgender children." Despite this effusive praise, schools and libraries have received numerous complaints about the potential impact of making this book available to young children.'**

5. Example 5: 8 signs and symptoms of indirect gender dysphoria

Who's recommending it?

This blog post is recommended by the ***Am I Transgender?*** **website**. Zinnia openly admits that the intent of her writing is to **"spawn more trans," and her personal blog includes an article advertising "low cost alternatives to puberty blockers" that "circumvent the 'my parents won't let me go on puberty blockers' problem."**

Am I Transgender? recommends a series of **highly misleading articles** for its readers to use to decide whether they are trans. The

first of these articles is "***8 signs and symptoms of indirect gender dysphoria***" by Jones herself.

I am extremely concerned about this issue. Please let me know what the Government & Minister of Education's stance on this issue is.

Yours sincerely s 9(2)(a)

---

s 9(2)(a)

Hon Jan Tinetti

Minister of Internal Affairs
Minister for Women
Associate Minister of Education

31 OCT 2022

s 9(2)(a) [redacted]

Ref: JT1919

Tēnā koe s 9(2)(a) [redacted]

Thank you for your email of 21 September 2022 to the Prime Minister, Rt Hon Jacinda Ardern, sharing your concerns about gender diversity topics and the school curriculum. I am responding as the matter you raise falls within my portfolio responsibilities.

Both the Government and Ministry of Education believe all children and young people deserve an education that enables them to feel positive in their own identities. We accept the cultures, languages and identities, including gender, sex and sexuality identities, of all learners and are committed to supporting ākonga to ensure our education system delivers equitable and excellent outcomes.

The Ministry of Education's relationships and sexuality education (RSE) curriculum guidelines align with the Ministry's and the Human Rights Commission's position on gender diversity. You can read more at hrc.co.nz/our-work/sogiesc. All state and state-integrated schools and kura have legal obligations, set out in the Education and Training Act (2020), which include providing a safe, inclusive environment for all students and staff, including those who identify as trans or non-binary. A number of resources and supports, from a range of organisations, are available to help schools and kura develop a culture in which ākonga are included, visible and valued, and to support teaching and learning about sexuality, Rainbow and LGBTQIA+ issues. Schools and kura are able to decide which resources they use.

The RSE guidelines are designed to teach ākonga about freedom of expression in relation to their gender identities and sexual orientation, including the right to determine their own identity and name. You may be interested to know, the guidelines respond to a 2018 Education Review Office report noting that our health curriculum guidance would benefit from more information around issues such as consent, the use of digital technologies, healthy relationships and more guidance and resources for supporting Rainbow young people. The research behind the updated guidance can be found at journals.sagepub.com/doi/full/10.1177/ 00178969211053749.

Thank you for writing, and I hope this information is useful.

Nāku noa, nā

Hon Jan Tinetti
Associate Minister of Education (School Operations)

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s 9(2)(a) [redacted]

Ref: H2022016029

Tēnā kōrua

Thank you for your emails of 21 September and 1 November 2022 to the Prime Minister, Rt Hon Jacinda Ardern; Minister of Health, Hon Andrew Little; Associate Minister of Health, Hon Dr Ayesha Verrall; Minister for Women, Hon Jan Tinetti; and Minister of Education, Hon Chris Hipkins, about transgender youth health. Your email was referred to Associate Minister of Health, Hon Dr Ayesha Verrall, as the matters you raise fall within her portfolio responsibilities. The Minister has asked that I respond to you directly. I appreciate you taking the time to write.

I note your view that children and young people experiencing gender incongruence are undergoing medical interventions, including the use of puberty blockers and the Gender Affirming (genital) Surgery Service. It is important to note that genital surgery is limited to those 18 years or older. You can find healthcare advice for transgender children and young people on the Manatū Hauora (Ministry of Health) website at: health.govt.nz/your-health/healthy-living/transgender-new-zealanders/transgender-new-zealanders-children-and-young-people.

Manatū Hauora has recently adjusted the lines on our webpage to reflect the latest international evidence. You have raised a number of other important questions including why the rates of gender dysphoria and use of puberty blockers may be increasing. Further work on the evidence base is being planned in the next few months to further improve our understanding. It is important to note that Manatū Hauora provides general health advice on our website. Treating clinicians are responsible for considering the appropriateness of a particular treatment for an individual patient. The use of any medicine or treatment is a matter for discussion between them and their patient.

As you may be aware, Section 36 of the Care of Children Act 2004 outlines requirements for a child's consent to medical treatment or procedure. It is important to ensure that patients are fully informed of their options (including any benefits, risks and alternatives) to enable them to make an informed choice and give informed consent. The Code of Health and Disability Services Consumers' Rights establishes the rights of all patients to be fully informed, to make an informed choice, and to give informed consent. The Code notes that every consumer must be presumed competent to make an informed choice and give informed consent, unless there are reasonable grounds for believing that the consumer is not competent.

It is important that health services meet the needs of all New Zealanders, with inclusiveness and dignity for all. We are committed to providing better access, support, and safe treatment for rainbow communities through our health system and ensuring the system is responsive to the needs of transgender, intersex, and gender-diverse people.

Thank you again for taking the time to write. I hope you find this information helpful, and I wish you both well.

Nāku noa, nā

Dr Timothy Jelleyman
Chief Clinical Advisor
Child and Youth Health
Office of Chief Clinical Officers

H2022017550

From [redacted]
Sent: Thursday, 10 November 2022 10:40 pm
To: Diana Sarfati <Diana.Sarfati@Teaho.govt.nz>
Subject: Fwd: Public good in public health

---------- Forwarded message ---------
From: s 9(2)(a) [redacted]
Date: Thu, 10 Nov 2022, 10:31 pm
Subject: Public good in public health
To: <diana.sarfati@otago.ac.nz>

Po Marie

As an educator, of some decades, s 9(2)(a) [redacted] I am all too aware of the vulnerability of youth.

My appeal is for the Ministry of Health to prioritize responsible psychological pathways of support for such vulnerable youth.

Please work to halt the completely venal and unnecessary medical prescriptions of puberty blockers to those children in the 9-17 cohort. We know that all processes of maturation comes with chemical changes, fluctuations of feelings.

Interventions by the ideological group Mermaids and WPATH in the health system, have been found to be detrimental (by professional reviews of practice in the United Kingdom).

In the extremely vulnerable teen years exploring ideas of personhood, should be guided by responsible, mature, professional individuals nurturing maturation, not those with their own destructive agenda.

I will be heartened to be advised that our Ministry will be stepping away from ideology and back towards a 'duty of care' and a practice of 'first doing no harm.'

Kia kaha

s 9(2)(a) [redacted]

MANATŪ HAUORA
MINISTRY OF HEALTH

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

14 December 2022

s 9(2)(a) [redacted]

Ref. H2022017550

Tēnā koe s 9(2)(a) [redacted]

Thank you for your email of 10 November 2022 about the availability of puberty blockers to those under 18 years of age.

I note that you are concerned about people under 18 accessing puberty blockers, and I also note your comments about Mermaids UK and the World Professional Association of Transgender Health (WPATH). I assure you that Manatū Hauora (Ministry of Health) is committed to ensuring that young people can access appropriate and accurate information about transgender health and that the advice provided meets our duty of care.

Treating clinicians are responsible for considering the appropriateness of a particular treatment for an individual patient. The use of any medicine or treatment is a matter for discussion between a treating clinician and their patient.

It is important that health services meet the needs of all New Zealanders, with inclusiveness and dignity for all. We are committed to ensuring better access, support, and safe treatment for rainbow communities through our health system, as well as ensuring that the system is responsive to the needs of transgender, intersex, and gender-diverse people.

Thank you again for taking the time to write. I hope this information is useful, and I wish you well.

Nāku noa, nā

Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora

H2022017117

From: s 9(2)(a)
Sent: Wednesday, 16 November 2022 12:40 PM
To: A Little Office (MIN) <a.little@ministers.govt.nz>
Subject: Gender identity services

Kia ora Minister Little,

I am writing to follow up my email to you of October 6th, when I requested that you commission a review into s 9(2)(a)

s 9(2)(a)

Minister Little, I ask you please to commission an independent review into gender identity services for children and young people in New Zealand, along the same lines as the Cass Review in the United Kingdom, or request the Director General of Health to do so if that is the correct mechanism. Even though the Cass Review has not submitted its final report, its interim report has already resulted in the closure of England's Gender Identity Service because of serious safety concerns. These concerns absolutely mirror the issues occurring here. Consultation for a new service is underway and the proposed new service is *much* safer - multi-disciplinary, therapy-led, and driven by health not ideology. The proposed new service does not follow WPATH guidelines because the NHS has identified them as inadequate and ideologically driven. New Zealand's PATHA guidelines defer to the WPATH

guidelines and the same applies. They are not a safe framework for guiding such serious medical interventions.

s 9(2)(a) [redacted] But that is a long way away - even the PATHA guidelines define an adult as over 24 - and empowering this is a serious failure of safeguarding. An exponentially growing number of young people and families are being impacted - please intervene.

Nga mihi,
s 9(2)(a) [redacted]

Te Whatu Ora
Health New Zealand

Thursday 10th November 2022 Our Ref: 142992

s 9(2)(a) [redacted]

Dear s 9(2)(a) [redacted]

I am writing in regards to your email of complaint received on Thursday 6 h October 2022 by Capital and Coast s 9(2)(a) [redacted]

s 9(2)(a) [redacted]

s 9(2)(a) [redacted]

I wish to offer insight on the services we provide in the Endocrine Service for transgender people for reassurance and augmentation of the model of care and processes we employ.

Essentially in the Endocrine, Diabetes and Research Department, the health care professionals providing care for transgender patients collaborate closely and work in a multi-disciplinary team (MDT) approach informed by best practice standards and guidelines. The MDT consists of an endocrinologist and clinical psychologist who are both specialist health care professionals in their specialised field. While they work closely together, they each perform very different expert roles within their respective specialties and provide key clinical input and expert health care and support the *informed consent* process.

- The role of the psychologist in the team focuses primarily on documenting the patient's goals and expectations for gender affirming hormone therapy, to explore psychosocial factors, to discuss risks and benefits from a psychosocial perspective, to minimise any negative impact on the outcome of hormone therapy, and to ensure the patient understands the irreversible and reversible effects, and to explore reproductive options. The psychologist does not assess gender, this is self-determined by the patient.

- The primary role of the endocrinologist focuses on the medical assessment, to ensure the patient understands the irreversible and reversible effects from a medical perspective, to further explore reproductive options and prescription of gender affirming hormone therapy.

Informed consent is an integral element to our MDT approach for transgender patients in that they are experts of their own needs and experiences. Our MDT team supports the patient's decision-making process. Our role is to ensure the patient understands and can consent to the potential impacts that hormone therapy may have on their body and life.

In view of all this, I am confident that the model of care we utilise to serve transgender patients is well supported and aligns closely to international and national guidelines.

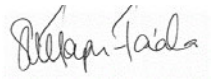
s 9(2)(a)

Thank you for taking the time to convey your concerns. Understanding your experience helps us to identify opportunities to improve the services we provide.

If you have any further questions, please contact me on 0274793025 or you can contact the Consumer Experience Facilitator on (04) 806 0724. If you are unhappy with this response you can contact either the Nationwide Advocacy Services on 0800 555 050 or approach the Health and Disability Commissioner on 0800 11 22 33.

Yours sincerely,

Te Whatu Ora
Health New Zealand



Sera Tapu-Ta'ala

Charge Nurse Manager,
Endocrine, Diabetes and Research Department,
Wellington Regional Hospital,
Capital and Coast.
Mobile: 0274793025

CC: Copy of Letter of Response to Chief Medical Officer, Capital Coast and Hutt Valley,

CC: Copy of Letter of Response to General Manager, Sub-specialty Medicine, Capital Coast and Hutt Valley,

MANATŪ HAUORA
MINISTRY OF HEALTH

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

21 November 2022

s 9(2)(a)

Ref. H2022017117

Tēnā koe s 9(2)(a)

Thank you for your email of 16 November 2022 to the Minister of Health, Hon Andrew Little, about gender identity services in Aotearoa New Zealand. The Minister has asked that I respond to you directly.

I appreciate you taking the time to s 9(2)(a) and note your concerns about children and young people receiving gender affirming healthcare. As on the Manatū Hauora (Ministry of Health) website, puberty blockers are used under the guidance of a specialised clinician, from early puberty through to later adolescence to allow help ease distress and allow time to explore gender health options fully. It is important to note that the Gender Affirming (genital) Surgery Service is limited to those 18 years or older. You can find more information for transgender children and young people living in Aotearoa here: https://www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders/transgender-new-zealanders-children-and-young-people

I acknowledge your concerns about the Professional Association for Transgender Health Aotearoa (PATHA) Guidelines for Gender Affirming Healthcare (2018) and understand you are advocating to commission an independent review into gender identity services for children and young people in New Zealand. I note Manatū Hauora is in the process of planning an evidence brief to review this area over the next few months. The evidence brief will be provided to Te Whatu Ora Health New Zealand (the operational component of the health system) to inform clinical guidance and consumer information.

It is important to note that treating clinicians are responsible for considering the appropriateness of a particular treatment for an individual patient including appropriate consent processes. The use of any medicine or treatment is a matter for discussion between a treating clinician and their patient. For any concerns you have regarding a particular practitioner or clinical decision-making, I would encourage you to raise these through the appropriate channels so they can be investigated and dealt with appropriately. In the case of medical practitioners, processes for making notifications can be found on the Medical Council website.

If you're unhappy about a health or disability service you or someone else has received, you also have the right to complain to the Health and Disability Commissioner. Before making a complaint, you may wish to talk to the person or organisation you're unhappy with. This is often the quickest and easiest way to address your concerns. More information is available at: https://www.hdc.org.nz/

The Nationwide Health and Disability Advocacy Service also can help you with your concerns about a provider or service. It is a free service, and advocates are independent of all health and disability service providers and agencies. More information is available on their website at: https://advocacy.org.nz/

It is important that health services meet the needs of all New Zealanders, with inclusiveness and dignity for all. We are committed to providing better access, support and treatment for rainbow communities through our health system and ensuring the system is responsive to the needs of transgender, intersex, and gender-diverse people.

Thank you again for taking the time to write. I hope this information is useful, and I wish you well.

Nāku noa, nā

Dr Timothy Jelleyman
Chief Clinical Advisor, Child and Youth Health
Ngā Āpiha Hauora, Office of Chief Clinical Officers
Manatū Hauora

H2023020401

From: s 9(2)(a)
Sent: Wednesday, 8 February 2023 9:06 PM
To: A Verrall (MIN) <a.verrall@ministers.govt.nz>
Subject: (AVC2023-466)please respond to my request to the previous minister

Tena koe Minister Verrall,

I am writing to ask for a response from you to my email to Minister Little below. I also include for your background information my original email to Minister Little from October last year, my letter to Dr Jelleyman, and my rejections from Welllington Regional Hospital and the Health and Disability Commission.

Nga mihi,
s 9(2)(a)

---------- Forwarded message ---------
From: s 9(2)(a)
Date: Wed, 18 Jan 2023, 7:58 am
Subject: Fwd: attn Tim Jelleyman private and confidential
To: <a.little@ministers.govt.nz>

Tena Koe Minister Little,

Please see below my letter to Dr Tim Jelleyman, outlining the rejection of my complaint to the Health and Disability Commission and my request for further action. I ask that you either support the expansion of the evidence brief, or commission an independent review into gender services in New Zealand using whatever mechanism is at your disposal.

Nga mihi,
s 9(2)(a)

---------- Forwarded message ---------
From: s 9(2)(a)
Date: Wed, 18 Jan 2023 at 07:53
Subject: attn Tim Jelleyman private and confidential
To: <occo@health.govt.nz>

Kia ora Dr Jelleyman,

s 9(2)(a)

Given that their letter refers to s 9(2)(a) it is clear that the HDC subscribes to the fundamental premises of gender identity ideology, and will not test, investigate or challenge the medical procedures that stem from it. The Health and Disability Commission's job is not to subscribe to any ideology, but to be "an independent watchdog ... holding providers to account for improving their practices at an individual and system-wide level" (per their website). They appear to have relinquished their impartiality and critical thinking - in other words their core function - in favour of thoughtless tribalism. This represents a breakdown of checks and balances in the system. It is Wrong that I cannot find any public agency willing to genuinely and sensibly investigate this matter.

There is no evidence that the medical transition of children and young people resolves gender dysphoria, and the idea that they should be enabled to do this in order to express themselves is exactly that - an idea, an ideology.

I ask that the Ministry please widen its evidence brief of puberty blockers to include the provision of cross sex hormones to adolescents - the efficacy and ethics of giving these to adolescents - and the monopoly accorded to the gender affirming care model.

I ask for an impartial, science-led examination of the actual evidence in favour of this narrow, one-size-fits-all approach to a complex mental health issue, a robust ethical assessment of the provision of medical treatment to realise an "identity", and of the current age of informed consent as it is applied to gender affirming treatments.

When the tranquilising euphemisms are stripped away, the gender affirming care model amounts to unquestioningly giving adolescents synthetic cross-sex hormones, and cutting off healthy breasts, penises and testicles, in order to realise an inner conception of the self. You don't have to be a doctor to recognise that this is extreme and that the bar should be extremely high, and the evidence base absolutely robust, for such an approach.

It has taken hold at a complex and highly-charged moment in our culture, and in particular the reasons for the rapidly growing number of young people identifying as trans are poorly understood and highly contested.

Please Dr Jelleyman, this is a medical scandal unfolding on your watch. Neither the science nor the debate are settled and should not be suppressed. Please agree to my request.

I look forward to hearing from you soon.

Nga mihi,

s 9(2)(a)

cc: Minister of Health, Andrew Little

[I sent this email below to Minister Little on 10 October last year, he declined to become involved in an individual case.]

Dear Minister Little,

s 9(2)(a)

s 9(2)(a)

Te Whatu Ora
Health New Zealand

Thursday 10th November 2022 Our Ref: 142992

s 9(2)(a)

Dear s 9(2)(a)

I am writing in regards to your email of complaint received on Thursday 6 h October 2022 by Capital and Coast regarding the decision made by s 9(2)(a)

s 9(2)(a)

s 9(2)(a)

s 9(2)(a)

I wish to offer insight on the services we provide in the Endocrine Service for transgender people for reassurance and augmentation of the model of care and processes we employ.

Essentially in the Endocrine, Diabetes and Research Department, the health care professionals providing care for transgender patients collaborate closely and work in a multi-disciplinary team (MDT) approach informed by best practice standards and guidelines. The MDT consists of an endocrinologist and clinical psychologist who are both specialist health care professionals in their specialised field. While they work closely together, they each perform very different expert roles within their respective specialties and provide key clinical input and expert health care and support the *informed consent* process.

- The role of the psychologist in the team focuses primarily on documenting the patient's goals and expectations for gender affirming hormone therapy, to explore psychosocial factors, to discuss risks and benefits from a psychosocial perspective, to minimise any negative impact on the outcome of hormone therapy, and to ensure the patient understands the irreversible and reversible effects, and to explore reproductive options. The psychologist does not assess gender, this is self-determined by the patient.

- The primary role of the endocrinologist focuses on the medical assessment, to ensure the patient understands the irreversible and reversible effects from a medical perspective, to further explore reproductive options and prescription of gender affirming hormone therapy.

Informed consent is an integral element to our MDT approach for transgender patients in that they are experts of their own needs and experiences. Our MDT team supports the patient's decision-making process. Our role is to ensure the patient understands and can consent to the potential impacts that hormone therapy may have on their body and life.

In view of all this, I am confident that the model of care we utilise to serve transgender patients is well supported and aligns closely to international and national guidelines.

As a consequence of this investigation, it is recommended practice to seek the patient's consent for a further opinion and perspective from the Capital and Coast's Clinical Ethics Advisory Group (CEAG). Duly note I have sent a copy of our response to the Chief Medical Officer (CMO) and General Manager (GM) as you requested.

Thank you for taking the time to convey your concerns. Understanding your experience helps us to identify opportunities to improve the services we provide.

If you have any further questions, please contact me on s 9(2)(a) or you can contact the Consumer Experience Facilitator on (04) 806 0724. If you are unhappy with this response you can contact either the Nationwide Advocacy Services on 0800 555 050 or approach the Health and Disability Commissioner on 0800 11 22 33.

Yours sincerely,

Te Whatu Ora
Health New Zealand

Sera Tapu-Ta'ala

Charge Nurse Manager,
Endocrine, Diabetes and Research Department,
Wellington Regional Hospital,
Capital and Coast.
Mobile: s 9(2)(a)

CC: Copy of Letter of Response to Chief Medical Officer, Capital Coast and Hutt Valley,

CC: Copy of Letter of Response to General Manager, Sub-specialty Medicine, Capital Coast and Hutt Valley,

20 December 2022

Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

s 9(2)(a)

[redacted]

Tēnā koe s 9(2)(a)

Complaint: **Te Whatu Ora – Capital, Coast & Hutt Valley**
Our ref: **C22HDC03141**

I write further to Gosia Puchalska's email correspondence of 19 December 2022.

s 9(2)(a) [redacted]

I have assessed your complaint and made a decision, in accordance with section 38(1) of the Health and Disability Commissioner Act 1994, to take no action on it for the following reasons.

I note that section 36 of the Care of Children Act 2004 outlines that a child may consent to any medical or surgical treatment or procedure once they attain the age of 16. Te Whatu Ora – Capital, Coast & Hutt Valley provided you with a detailed explanation of the informed consent and multidisciplinary team approach undertaken in relation to transgender care in the District. I consider this response was appropriate.

Furthermore, the role of this Office is to resolve complaints about the quality of health and disability services provided to consumers. We are unable to compel a provider to suspend or provide a medical treatment to a consumer.

Thank you for bringing your concerns to my attention.

Nāku iti noa, nā

Hayley Robinson
Team Leader Complaints Assessment

Cc Te Whatu Ora – Capital, Coast & Hutt Valley

Hon Dr Ayesha Verrall
Minister of Health
Minister of Research, Science and Innovation

s 9(2)(a)

Ref. 2023-466

Concerns for gender affirming treatment

Thank you for your emails of 8 and 16 February 2023 requesting a review into gender services offered in New Zealand's public health system. I appreciate you taking the time to write, and I understand that you have also been in correspondence with Manatū Hauora (Ministry of Health), Te Whatu Ora – Health New Zealand and the Health and Disability Commissioner (HDC) over the last 6 months.

s 9(2)(a)

Te Whatu Ora is responsible for assessing the health needs of its populations, making decisions about the services provided, and the clinical management of individuals. Both Te Whatu Ora and the HDC have considered and responded to your complaints. I understand that the HDC has assessed your complaint and decided, in accordance with section 38(1) of the Health and Disability Commissioner Act 1994, to take no action. This decision took into account that section 36 of the Care of Children Act 2004 outlines that a child may consent to any medical or surgical treatment or procedure once they attain the age of 16. I understand that Te Whatu Ora – Capital, Coast & Hutt Valley provided you with a detailed explanation of the informed consent and multidisciplinary team approach undertaken in relation to gender affirming care at Wellington Regional Hospital. I consider this response was appropriate.

It is not appropriate for me as Minister of Health to intervene in the management and treatment of individual patients by Te Whatu Ora. Therefore, I cannot comment on s 9(2)(a) s 9(2)(a) Any concerns you have regarding a particular practitioner, their actions or decisions can be addressed by raising the issue with the Medical Council of New Zealand at: www.mcnz.org.nz/about-us/contact-us/.

I will not be commissioning a review into gender health services at this time.

Thank you again for writing.

Nāku noa, nā

Hon Dr Ayesha Verrall
Minister of Health

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand
+64 4 817 8733 | a.verrall@ministers.govt.nz | beehive.govt.nz

H2023025684

From: s 9(2)(a) [redacted]
Sent: Thursday, 11 May 2023 10:18 am
To: Diana Sarfati_ <Diana.Sarfati_@health.govt.nz>
Cc: Ron Paterson <r.paterson@auckland.ac.nz>
Subject: Statement of concern about health care for gender dysphoria

Dr Diana Sarfati
Director General of Health

Dear Di

I **attach** a Statement of concern about health care for gender dysphoria, in which I outline serious and important questions about the safety of children, and the ethics and legality of emerging medical practice. s 9(2)(a) [redacted] has reviewed the Statement and advised on the legal issues.

I am also sending the Statement to Dr Curtis Walker, Chair of the Medical Council and to Morag McDowell, the Health and Disability Commissioner.

Because the issues are highly sensitive, we would value an opportunity to discuss our concerns in person. I would be grateful if you would consider convening a meeting and invite the Chair and the Commissioner to attend, so that together we can work out possible ways forward.

I look forward to hearing from you.

With kind regards

s 9(2)(a) [redacted]

s 9(2)(a) [redacted]

cc Ron Paterson, Emeritus Professor of Law, University of Auckland

Statement of concern about health care for children and young people with gender dysphoria in New Zealand

11 May 2023

s 9(2)(a) [redacted]

Outline of issues

Over the past five years, a "gender affirming" approach to health care has been adopted in New Zealand. At the same time, gender identity theory has been introduced into schools and these ideas are widely available on the internet. The proportion of young girls who say they have a non-binary or transgender identity has soared. Among the *Growing Up in New Zealand* cohort aged 12 in 2021/22, 8.2% of natal girls reported seeing themselves as "a boy, mostly a boy, or somewhere in the middle", and 1.5% of natal boys reported the converse. [1] Many children and young people are being prescribed puberty blockers and cross-sex hormones.

The surge in medical interventions to assist trans people to realise their identity reflects a contemporary emphasis on human rights, including the rights of minority groups. There is an understandable reluctance to question the normalisation of medical interventions intended to support children and young people to transition, lest a cautious approach be seen as paternalistic and discriminatory. But best interests as well as rights matter for patients. Moreover, medical interventions bring harms, as well as benefits. The right to give (or withhold) informed consent is at the heart of New Zealand's legislated Code of Patients' Rights.

Other countries are troubled by the surge in young people transitioning and alarms are being sounded in the medical and mainstream media. "Transgender medicine for young people: too far too fast?" is on the cover of the BMJ for 11 March 2023. Yet, in New Zealand, where medical interventions in this area have gone farther and faster than Britain, there is a pervasive silence.

What started as a sympathetic stance towards a tiny number of children with life-long gender dysphoria (distress resulting from incongruence between one's natal sex and experienced gender) treated with puberty blocking hormones according to the so-called "Dutch Model", has grown beyond recognition. Now there is a real question whether our services are helping children become their true selves, as the defenders contend, or causing irreversible harm through hormone treatment (and subsequent body modifying surgery) for young people in a misguided response to distress.

s [redacted]

There are polarised positions among medical professionals across the world about the wisdom of current prescribing practices. Cautious clinicians advocate a careful, psychologically informed, approach (e.g. the College of Psychiatrists, RANZCP) while new transgender health guidelines (New Zealand Primary Care GAHT Guidelines; World Professional Association of Transgender Health (WPATH 8)) advocate an increasingly radical approach – with no mandatory diagnosis or psychological exploration of gender identity. Similarly, cautious clinicians recognise the limited evidence base for prescribing hormones; those who favour a radical approach dismiss these concerns out of hand.

All clinicians are overstretched. One anonymous psychiatrist described to me the current prescribing of hormones in this situation: "I think the gender dysphoria care in New Zealand has entered a perfect storm of international precedents, global contagion by internet, and a system that is so overburdened, that it is pleased to make the decision so simple – 'can they consent?' – which is relatively inexpensive right now, rather than providing a sensible amount of support and assessment and time."

Current practice also appears to be in breach of the Medical Council's standards. First, these hormones are not licensed for use for gender dysphoria, reflecting a lack of evidence about benefits and harms. The Medical Council standards stipulate special responsibilities for such 'off label' prescribing, which appear to be neglected. As innovative treatments, they should also be carefully monitored but this is not happening. Second, the Medical Council standards stipulate that a diagnosis should be made before prescribing treatment; however current practice, at least in some parts of the country, and 2023 guidance endorsed by the College of General Practitioners for prescription of cross-sex hormones to those aged 16 and older, is to treat on the basis of self-determined gender, with no diagnosis of gender dysphoria and no psychological exploration. Third, there are serious legal questions about the capacity of children and young people to consent to these treatments, and whether clinicians are providing accurate and balanced information – that is, sufficient information for patients to give *informed* consent.

Last year, I raised concerns in the *Listener* about the use of puberty blocking hormones for gender dysphoria in children.[2] Since then the Ministry of Health has removed the description of blockers as "a safe and fully reversible medicine" from its website. In March this year the Ministry explained: "The September 2022 update to the website recognised that overseas jurisdictions, including UK and Sweden, were reviewing the use of puberty blockers in their health systems particularly in younger people," and "In light of the relatively limited and thin evidence available in this area, the Ministry's advice was changed to align better with that."[3] . The Ministry is undertaking an "evidence brief" (personal communication from Director General of Health). These are encouraging first steps but not enough.

The 2023 Swedish systematic review of evidence for use of puberty blocking hormones concluded: "the long-term effects of hormone therapy on psychosocial health are unknown", and such therapy "delays bone maturation and gain in bone mineral density". The review concluded that such treatment in children with gender dysphoria should be considered experimental.[4]

As I wrote in the *Listener* article, all trans people command our respect and deserve legal protection. Nevertheless, the idea of "gender identity", where gender (an inner sense of being male or female or non-binary) overrides biological sex, is both revolutionary and open to debate. Yet this notion of gender identity is the unquestioned context in which children are growing up and the environment in which doctors now practise. It has become taboo to question anything because of the fear of being labelled transphobic. But it is not phobic to engage in frank and fair discussion to protect the best interests of children and young people.

There is more than one moral consideration here: we should respect people who identify as trans *and* protect the best interests of children and young people.

Explosion of numbers treated for gender dysphoria/transgender identity

Over the last 20-30 years, the whole way of talking about sex and gender has changed. Before then, the few individuals, mainly men, who wanted to live as the opposite sex were termed trans-sexual, and the proportion that sought treatment ranged from around 1:10,000 men to 1:200,000 women. [5] Compared to this, the proportion of young people now reporting a transgender identity is at least 1:100 in New Zealand.[6] Though the proportion seeking treatment will be lower, this is an extraordinary increase, in the order of 100 to 1000-fold.

The reasons for the enormous rise in gender dysphoria, especially among natal girls, children with autism and those with associated mental disorders are not understood.[7] This in itself should make us cautious about a medicalised approach.

But, since 2018, the medical approach promoted to young people with gender dysphoria is to affirm their trans identity and to offer hormone treatments and surgeries (called "gender affirming healthcare"). [8]

Medical treatment has also increased markedly around the world, but the highest use of puberty blocking hormones may be in New Zealand. Puberty blocking hormones (Gonadotrophin Releasing Hormone agonists (GnRHa)) for gender dysphoria started to be prescribed in New Zealand (based on the Dutch model) [9] around 2011 and increased slowly to 2014 and then much more steeply from 2015 to 2020. The increase has been most marked for females and males aged

12 to 17, but there has been an appreciable increase in use under age 12. The estimated cumulative incidence of use is twice as high as in the Netherlands and in the order of 10 times as high as in England and Wales. [10]

No national data have been published on prescribing of cross-sex hormones for gender dysphoria, but in the Wellington region, the number of adolescents and adults referred for treatment increased from three per year from 1990-94 to 48 per year from 2012 to 2016. [11]

International concerns about the medicalisation of gender dysphoria/transgender identity in young people

In the UK, at the time of a 2020 judicial review of consent to prescribing puberty blocking hormones and cross-sex hormones before age 18,[12] the Cass Review was established to investigate gender identity services for children and young people. In Dr Hilary Cass's interim report she noted that the most significant knowledge gaps are in relation to treatment with puberty blockers and that these medicines should be used in a research setting only.[13]

The issue of consent is particularly problematic because in places where the information has been collected, almost all children prescribed puberty blockers have continued on to cross-sex hormones.[12] Hence children from aged 12 (and younger in New Zealand) are effectively being asked to make a decision that will eventually lead to irreversible changes to fertility and sexual function.

In Sweden, the National Board of Health has undertaken a similar review and gone further, concluding that puberty blocking hormones should be avoided except in exceptional cases. [14] Finland has issued strict new guidelines.[15] In France, the National Academy of Medicine advises "great medical caution" in paediatric gender transition.[16]

Closer to home, the Royal Australia and New Zealand College of Psychiatrists 2021 statement recommends comprehensive assessment for young people with gender dysphoria, including to "fully explore the patient's gender identity, the context in which this has arisen, other features of mental illness and a thorough assessment of personal and family history".[17] Nevertheless, in New Zealand clinicians report being wary of doing such assessments for fear of falling foul of the new Conversion Practices Prohibition Legislation Act.

In the US, the whole issue has taken on a politically partisan aspect. Some Republican-dominated states such as Florida have moved to ban all use of puberty blockers, cross-sex hormones and surgery for trans youth under age 18;[18] in other states, more than 60 transgender clinics have opened treating children and adolescents with hormones and surgery.[19]

Meanwhile, within the ranks of those treating trans identifying children and young people, there is increasing disagreement about how to proceed. In Australia, the Gender Service in New South Wales reports challenges faced by "the effects of increasingly dominant, polarized discourses on daily clinical practice." [20] The WPATH 8 draft guidelines initially said that children and adolescents "should provide evidence of 'several years' of persistently identifying as, or behaving typically like, another gender, to distinguish kids with a long history from those whose stated identification is recent. And second, they should undergo a comprehensive diagnostic assessment, for the purpose of understanding the psychological and social context of their gender identity and how it might intersect with other mental-health conditions." But this caused opposition. [19] For instance, in a public comment to WPATH, International Transgender Health criticised the adolescent chapter for "harmful assertion of psychogatekeeping" that "undermines patient autonomy." The final version of the WPATH 8 guidelines has removed 'several years' and the requirement for 'comprehensive diagnostic assessment'.[21]

Non-partisan organisations and support groups have sprung up in many countries as forums for physicians, therapists, families, and people who have come to regret transition, to question the gender affirming approach and offer alternatives.[22]

Background to concerns about gender affirming healthcare

Changing clinical management in New Zealand

Since the Listener article last year, I have been approached by many people sharing their disquiet about the prescription of both puberty blocking hormones and cross-sex hormones to children and young people, fearing it is doing more harm than good.

These concerns highlight a shift towards more radical practices. Parents, clinicians, and youth workers raised concerns with me about young people with serious mental health disorders, or with autism, being prescribed puberty blockers and cross-sex hormones, with no mental health assessment and with no exploration of reasons for their gender dysphoria.

In one case, parents told of a specialist clinic in New Zealand, where cross-sex hormones are being prescribed based not on a diagnosis of gender dysphoria, but on the patient's self-determined gender. Following a complaint about a patient aged 16 with a diagnosis of autism prescribed hormones without the knowledge or consent of their parents, the head of the clinic wrote: "The psychologist does not assess gender, this is self-determined by the patient." The clinic reported that the focus of psychological assessment was on capacity for informed consent for treatment.

The situation in this one clinic is now the one recommended across general practice in New Zealand.[23] There is to be no psychological assessment for a condition which is itself psychological (and known to change over time and to be influenced by other mental health and neurodiverse conditions). Clinicians following this approach are taking their patient's self-determined gender on faith and only attempting to check that the patient understands what the treatment entails.

In New Zealand, young people aged 16 and over have statutory capacity to consent (or refuse consent) to medical treatment "for [their] benefit",[24] and at common law a "mature minor" under the age of 16 may have the capacity to consent, depending on their level of understanding and the gravity of the procedure.[25] However, in law until age 18 (unless the child marries earlier) the parents are the legal guardians and are responsible for helping their child determine "important matters" including medical treatment that is not routine in nature.[26]

Moreover, *informed* consent entails providing balanced information not only about the option of medical treatment but about the alternative options. There must also be a question whether the best interests of a patient aged 16 with autism is served by prescribing hormones without consulting the parents – and even whether it is lawful to do so.

Behind this disquiet is a changing and contested characterization of the problem being treated: gender identity disorder, gender dysphoria or gender incongruence, its causes and its natural course. A lack of clarity – both conceptual and linguistic – hinders any attempt to address the issues. Below I outline what I understand to be the main issues.

Changing concepts of gender and of medical constructs

The concept of 'gender identity' was coined in the 1960s in the context of the treatment of intersex children. Since the 1990s gender identity theory (that trans people have gender identities that are misaligned with their sex at birth) has taken off in the popular imagination. Here, sex means biological sex and gender means an inner sense of being male or female or non-binary. Sex and gender are often, confusingly, used interchangeably.

From 1990, ICD-10 described childhood *gender identity disorder* as: "a disorder, usually first manifest during early childhood (and always well before puberty), characterized by a persistent and intense distress about assigned sex, together with a desire to be (or insistence that one is) of the other sex". In the UK, guidance published in 1998 described such gender identity disorders in young people as "rare and complex", more common in boys and often associated with other difficulties." [27]

Gender dysphoria as a diagnosis was introduced in 2013 in DSM-5, defined as "marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months duration… and that is associated with clinically significant distress…" The 2018, ICD-11 attempted to de-pathologise gender identity by making a new category of *gender incongruence*, not in the mental health section, defined as "a marked incongruence between an individual's expressed gender and assigned sex."

The medical construct of gender dysphoria has been based on the assumptions: (a) that incongruence causes distress, (b) that gender identity is a fixed inner state, and (c) that it can be known for sure.[5] This has been the rationale for sex-change treatments – to reduce distress and to align bodily appearance with the fixed inner state. Let's call this the *progressive* medical construct.

But we now know that gender identity is not fixed, especially not in childhood and adolescence, nor is it known for sure. That it is not fixed, is known from earlier studies of gender dysphoric children, most of whom desisted over the course of growing up. [5] It is also known from the first studies and case reports of the growing number of trans people who have regretted transition and de-transitioned back to their biological sex [e.g. 28-32].

Gender identity also cannot be known for sure. Recent studies show some children and young people presenting with gender dysphoria realise during therapy that there are other reasons for their embodied distress [33]. Some young people repeatedly change their minds about their gender identity and treatment, especially those who have underlying mental health disorders. [34] Reuters interviewed de-transitioners who had also reached different conclusions about the source of their embodied distress:

> "[M]any said they realized only after transitioning that they were homosexual, or they always knew they were lesbian or gay but felt, as adolescents, that it was safer or more desirable to transition to a gender that made them heterosexual. Others said sexual abuse or assault made them want to leave the gender associated with that trauma. Many also said they had autism or mental health issues such as bipolar disorder that complicated their search for identity as teenagers….Nearly all of these young people told Reuters that they wished their doctors or therapists had more fully discussed these complicating factors before allowing them to medically transition." [28]

These findings are beginning to lead many medical professionals to realise that pharmacological and surgical treatment of children and young people should be used with great caution.

In contrast, transgender health advocates in the US, and in New Zealand, have reframed a new *libertarian* medical construct of gender incongruence: gender distress is not a prerequisite for treatment, gender is fluid and changes over time, and decision-making about treatment should be in the hands of the patient – the so-called "Informed Consent" model.[34] According to this view, represented by the WPATH 8 2022 guidelines,[21] a diagnosis of gender dysphoria is not required for hormone treatment, and gender identity is not fixed.

The 2023 Primary Care Gender Affirming Hormone Therapy Initiation Guidelines, endorsed by the RNZCGP,[23] provide this justification:

> Affirming one's gender is not necessarily a linear process and may take place over a lifetime. Some people experience their gender more fluidly than others and it is common for someone's understanding of, and comfort with, their gender identity and gender expression to evolve throughout their lives. Someone's decision to start GAHT and a later decision to stop GAHT can both be the right decision for them at that stage of their lives. This is not – and should not – be viewed as a mistake or a failure. …Some providers may feel anxious about 'getting it wrong' or worry that their patient may later regret their decision. The informed consent process outlined in this document respects the autonomy of the patient as a competent adult who has the capacity to make their own decisions about their body and health once they have been given the necessary information.

Small comfort to those who regret transition: the young woman who has lost her breasts and her fertility, or the young man who has grown up to be anorgasmic, that it should not be regarded as a mistake or a failure on the doctor's part. All the responsibility is deemed to lie with the patient.

It is one thing for mature, informed patients to make autonomous choices about their health care; but how can uninformed, developing children and young people give "informed consent" to life-changing treatments without an appropriate diagnosis and balanced information?

Ethical and legal implications

The ethical implications of gender affirming health care are significant. First, if being transgender is not accompanied by distress, and is a self-description not a disorder, should pharmaceutical treatment be prescribed at all? Second, if gender is fluid and is likely to change in unknown ways, should pharmaceutical treatment with irreversible effects ever be prescribed to young people? Is there an age after which desistance is unlikely? Do we know? Cass refers to some young people remaining gender fluid up to their mid 20s, though there is very little research on this matter.[13] Third, as gender dysphoria might be an expression of another aspect of the psychic life of the young person, isn't it essential to explore the context in which gender dysphoria has arisen, as the RANZCP recommends? [17]

The legal implications are also profound. Important legal protections related to the standard of care and the adequacy of consent are being sidestepped. Children and young people are being prescribed puberty blockers and cross-sex hormones in non-compliance with Medical Council standards, on the basis of dubious consent and without the involvement of parents / guardians who are legally responsible for helping their child make decisions about treatment that is far from routine in nature. New Zealand has not yet seen a legal challenge to current practices, but overseas experience suggests that complaints and litigation are inevitable.

Recommendation for action

A public body charged with protecting the health and safety of patients must investigate these concerns. Individual complaints should be properly investigated by the Health and Disability Commissioner (HDC). (Some parents have tried complaining to the HDC, but their complaints have been rejected.) Should the HDC also initiate its own inquiry into the wider issues, or at least issue guidance about the responsibilities of providers offering these treatments to young people?

What are the alternatives? Te Whatu Ora is establishing a Gender-Affirming Primary Care Advisory Group, but the terms of reference, to provide "high-quality gender-affirming primary care", are within the context of widening access to such care, not critiquing it. The Ministry of Health has so far agreed to an evidence review into the use of puberty blocking hormones. But should it commission a wider investigation, including into the prescription of cross-sex hormones to young people? Finally, the Medical Council has an obligation to uphold its own standards. Should the Medical Council undertake an investigation?

It is time for these agencies to stand up and exercise their ethical and professional responsibilities to ensure appropriate health care for children and young people with gender dysphoria in New Zealand.

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2 June 2023

s 9(2)(a)

Ref. H2023025684

Tēnā koe s 9(2)(a)

Thank you for your email of 11 May 2023 with your Statement of Concern about health care for children and young people with gender dysphoria in Aotearoa New Zealand. I appreciate you taking the time to write.

I acknowledge the complexities and sensitivities of the issues you raise in your statement regarding gender and medical constructs, ethical and legal implications regarding children and young people's capacity to provide informed consent and your recommendations for action.

As you know, Te Whatu Ora – Health New Zealand has work underway to update guidelines for gender affirming health care, which will include the use of puberty blockers. Manatū Hauora – Ministry of Health is also developing an evidence brief on safety, reversibility and long-term impacts of puberty blockers on gender dysphoric adolescents.

This evidence brief will provide an overview of the current evidence base on the safety and reversibility of puberty blockers. It will be informed by relevant literature, including the international reviews mentioned in your statement. The brief is expected to be published on the Ministry website by July and used to inform clinical practice.

Manatū Hauora is committed to ensuring we create a health system that is equitable, accessible, and people-centred and will improve the health and wellbeing of all New Zealanders. This includes providing safe and appropriate high quality health services to meet the health and wellbeing needs of all children and young people.

Thank you for the invitation to meet to discuss your concerns in person. I look forward to meeting with you on 29 June. At this stage, I would like to wait till the evidence brief is complete before arranging a discussion with a wider group.

Thank you again for taking the time to write. I hope this information is useful, and I wish you well.

Nāku noa, nā

Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora

H2023028296

From: s 9(2)(a)
Sent: Friday, 30 June 2023 2:56 pm
To: a.verrall@ministers.govt.nz; Diana Sarfati <Diana.Sarfati@health.govt.nz>
Cc: Sophia Faure-Ext <Sophia.Faure@parliament.govt.nz>; tess.macintyre@parliament.govt.nz; Alexandra Mason-EXT <Alexandra.Mason@parliament.govt.nz>
Subject: Letter and request for meeting: the importance of puberty blockers to transgender children in Aotearoa

Dear Hon Dr Verrall and Dr Diana Sarfati

Please find attached a letter from our group, New Zealand Parents and Guardians of Transgender and Gender Diverse Children (NZPOTC), regarding the vital importance of access to puberty blockers for our transgender children and young people in Aotearoa.

We hope you will agree to our request for an urgent meeting with you to discuss our concerns.

Ngā mihi nui ki a kōrua
s 9(2)(a)

New Zealand Parents and Guardians of
Transgender and Gender Diverse Children
www.transgenderchildren.nz

Hon Dr Ayesha Verrall
Minister of Health
a.verrall@ministers.govt.nz

Dr Diana Sarfati
Director-General of Health
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30 June 2023

Tēnā kōrua

Re: The vital importance of access to puberty blockers for transgender children and young people in Aotearoa

We are writing to you as representatives of the support group New Zealand Parents and Guardians of Transgender and Gender Diverse Children, which supports over 1,200 parents and guardians in Aotearoa who are raising transgender children.

We write to express our grave concerns about the current politicisation of access to puberty blockers for transgender children, to tell you about the vital importance of access to puberty blockers for our children, and to ask you to meet with us to discuss these issues in more detail.

Much of the 'debate' about puberty blockers is imported from elsewhere and involves disinformation. With the current wave of anti-transgender hate globally, it has now come to Aotearoa, gaining currency both among the general public and now, as we understand it, within the Ministry of Health.

We are informed that the Ministry of Health is currently "examining whether or not puberty blockers can be considered safe and fully reversible" and plans to release an evidence brief on this topic in the coming months. The status given to this evidence brief and interest in its release has been amplified by this week's episode of *Paddy Gower Has Issues* on TV3. We are very concerned that the views being collated for discussion and presentation to decision-makers may lack consultation, peer review, and input by experts in this field.

Puberty blockers are prescribed by trained clinicians following clinical guidelines, after they have carefully considered and assessed the medical and psychological needs of each young person. The medical evidence shows that blockers are safe and reversible, giving children and young people time to decide, in consultation with their families and medical professionals, what is best for them before they make more consequential decisions about gender-affirming healthcare.

While puberty blockers are reversible, going through puberty is not. For many of our children, the outcomes of not having access to puberty blockers are extremely harmful and dangerous. You will be aware of the high levels of psychological distress and suicidality transgender young people experience in this country, due to having to constantly battle for the right to be themselves.

Our kids know what they need, and we know our kids. Our children deserve access to clinically and culturally safe gender-affirming care, including puberty blockers for those who need them. This involves respecting our children's autonomy over their bodies, with the support of their families and their clinicians. If our children decide to stop puberty blockers later, they can proceed with puberty, and they still benefit from having been supported in their journey.

Much of the current disinformation about puberty blockers is coming from the UK and the USA, where discussions about transgender children are tied up in much broader political debates that have nothing to do with our kids. We have our own histories in Aotearoa of inclusion, diversity and acceptance of gender fluidity, and we do not need to go down the routes being taken overseas. Furthermore, under our Te Tiriti obligations, we should not be continuing to use gender as a tool of colonisation. Transgender experiences in te ao Māori clearly predate the signing of Te Tiriti.

Most of all, we implore you to listen to the people directly affected, our kids and the families who know and love them. We support our children to affirm their gender, including supporting them to access gender-affirming care when they need it, and when it is appropriate for them. We understand from clinicians and researchers that this gender-affirming approach is the best to promote our children's development and wellbeing.

We have included some quotes below from parents within our group about what access to puberty blockers has meant for our children, and our fears for those who might not have access to blockers in the future, if their necessity keeps being put in question.

What puberty blockers have done for our children

s 9(2)(a)

s 9(2)(a)

What we fear if our children cannot access puberty blockers

s 9(2)(a)

s 9(2)(a) [redacted]

Please listen to us, and please listen to the experts who truly have our children's best interests at heart: The Professional Association for Transgender Health Aotearoa (PATHA), organisations working with and for rainbow young people in Aotearoa (InsideOUT Kōaro, RainbowYOUTH, Gender Minorities Aotearoa), and doctors with direct experience of working in gender-affirming healthcare with children and young people (such as Dr Rita Yang, Dr Rona Carroll, and Dr Rachel Johnson).

We have the expertise and evidence right here in Aotearoa to know what is best for our children. We must not let our kids be used as weapons in an election year that is seeing transgender rights up for debate to the point of risking our children's very existence. In seeking to retain access to gender-affirming care, including puberty blockers, we are fighting for our children's lives.

As a group, we are keen to help you better understand the impact of access to gender-affirming healthcare on our children, based on our lived experience.

We request an urgent meeting with you to discuss our concerns in more detail. You can contact us via s 9(2)(a) [redacted]

cc:
Sophia Faure, Private Secretary, Health (sophia.faure@parliament.govt.nz)
Tess Macintyre, Private Secretary, Health (tess.macintyre@parliament.govt.nz)
Alexandra Mason, Press Secretary (alexandra.mason@parliament.govt.nz)

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26 July 2023

s 9(2)(a) [redacted]

Ref. H2023028296

Tēnā koutou

Thank you for writing on 30 June 2023 regarding access to puberty blockers for transgender children and young people in Aotearoa New Zealand. I appreciate you taking the time to write.

I commend the advocacy of New Zealand Parents and Guardians of Transgender and Gender Diverse Children (NZPTOC) on access to gender affirming health care for transgender and gender diverse communities. I appreciate you sharing with me NZPOTC parent's experience with puberty blockers for their children. Their story is crucial and valuable, it is through hearing directly from people like you that we can better understand the challenges and work towards improving the system and providing better care for all.

I acknowledge your concern regarding the impact of the evidence review on access to puberty blockers in New Zealand. Manatū Hauora (the Ministry of Health) is undertaking an evidence brief to ensure that any information we do publish about the safety and reversibility of puberty blockers is supported by the latest clinical evidence. The evidence review is focused on scientific assessment of up-to-date research evidence in peer-reviewed medical literature to inform clinical discussion.

Decisions on the use of puberty blockers are best made by patients and their families in consultation with appropriate clinicians. Any medical treatment carries a balance of benefit and risk that needs to be considered in context by the person in partnership with their health professional.

I recognise that seeking gender affirming care can be challenging, however, providing support for transgender and non-binary communities is an important area of focus. Manatū Hauora is improving the health and wellbeing of Rainbow communities as well as providing targeted initiatives for transgender and non-binary communities. This includes the important work to improve access to gender-affirming care for transgender and gender diverse communities, as well as to increase the skills and capability of the health workforce more broadly. Budget 2022 allocated $2.182 million over four years to

a project aimed at improving access to primary care for transgender and non-binary people including:

- funding primary and community health providers to deliver gender-affirming services
- updating national guidelines for gender-affirming health care and lead referral pathways for gender-affirming health services and support
- training and workforce development resources and programmes to improve workforce responsiveness to transgender patients.

In addition, there are a number of other initiatives being supported by health agencies to improve the health and wellbeing of Rainbow communities including:

- gender affirming genital surgery: Budget 2019 provided an additional $2.992 million over the next four years for gender-affirming genital surgery. Additionally, the service is supported by new transgender peer roles
- Rainbow mental wellbeing initiatives for young people: In 2021, the Government announced $4 million of funding, with $3.2 million over four years split between InsideOUT Kōaro to expand its existing school-based services for rainbow young people and RainbowYOUTH to expand its peer-support services. As well as $800,000 to top-up the Rainbow Wellbeing Legacy Fund, administered by the Rule Foundation
- Rainbow competency workforce training: In 2021, $600,000 of funding over four years has been provided to support the mental health and addiction workforce to be responsive to the needs of Rainbow communities, particularly Rainbow young people
- taking a rights-based approach to health care for intersex children and young people: Budget 2022 provided $2.516m of funding over four years to develop a rights-based approach to the health care of intersex children and young people

I acknowledge your invitation for a meeting. Unfortunately, I am unable to meet at this time. Thank you again for taking the time to write. I hope this information is useful, and I wish you all well.

Nāku noa, nā

Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora

H2023030062

From: s 9(2)(a)
Sent: Wednesday, 5 July 2023 3:49 PM
To: C Hipkins (MIN) <c.hipkins@ministers.govt.nz>
Subject: Concerns regarding the future safety of trans youth in New Zealand

Good afternoon Mr. Prime minister.

I am writing to you because I am concerned with a recent development in the ministry of health. The ministry according to my sources is reviewing the "reversibility" of puberty blockers, in the UK this has resulted in trans children such as myself losing access to life saving medical care.
I am on puberty blockers and these have changed my life for the better, limiting access to this care could prove deadly to trans children.
As prime minister of our country it is your duty to protect us so I am calling on you to defend the rights of New Zealand citizens and end this unjust and unnecessary review based on fake science and lies.
for a long time our country has been a beacon of freedom and democracy in the pacific ocean I want to keep it this way and i'm sure you do too.

yours sincerely s 9(2)(a)

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04 September 2023

s 9(2)(a) [redacted]

Ref. H2023030062

Tēnā koe s 9(2)(a) [redacted]

Thank you for your email of 5 July 2023 to the Prime Minister, Rt Hon Chris Hipkins about your concerns for the safety of transgender youth in New Zealand. Your email was forwarded to the Minister of Health, Hon Dr Ayesha Verrall as the issues you raise relate to her portfolio responsibilities. The Minister has asked that I respond to you directly and I apologise for the time taken to respond.

We are delighted to hear of your positive experience using of puberty blockers. Manatū Hauora's (the Ministry of Health) responsibility as stewards of the health system is that we look at all available evidence. Our position remains that people are prescribed based on their individual needs which is considered in partnership with their prescribing health professional.

Manatū Hauora is currently developing an evidence brief with the aim of publishing on its website towards the end of 2023. Further information can also be found on the Te Whatu Ora – Health New Zealand website here: www.tewhatuora.govt.nz/keeping-well/transgender-new-zealanders/

It is important to note that Manatū Hauora intends to provide general health advice and also endeavours to ensure the best up-to-date evidence-based information is available on its website. Treating clinicians are responsible for considering the appropriateness of a particular treatment for an individual patient. The use of any medicine or treatment is a matter for discussion between a treating clinician and their patient.

It is a priority for Manatū Hauora (the Ministry of Health) to continue to address the health inequities experienced by LGBTQI+ communities. There will be strengthened direction and oversight of Rainbow health through the strategic mandate of the Interim Government Policy Statement on Health 2022-2024 which emphasises equity for Rainbow communities. Manatū Hauora has ensured that the voices and perspectives of Rainbow communities have been incorporated in the development of the new Pae Ora health strategies.

It is important that health services meet the needs of all New Zealanders, with inclusiveness and dignity for all. We are committed to providing better access, support, and safe treatment for rainbow communities through our health system and ensuring the system is responsive to the needs of transgender, intersex, and gender-diverse people.

Thank you again for taking the time to write. I hope this information is useful, and I wish you well.

Nāku noa, nā

Dr Joe Bourne
Chief Medical Officer
Office of the Chief Clinical Officer

H2023028304

Submitted on Friday, June 30, 2023 - 18:18
Submitted by anonymous user: [2401:7000:dac0:bc00:54ea:97d4:435c:7890]
Submitted values are:

Surname: s 9(2)(a)
First name: s 9(2)
How would you like us to respond to your request? Please provide your preferred method of contact and details below: Email
Email: s 9(2)(a)
Contact phone number: s 9(2)(a)
Return postal address:
s 9(2)(a)

Subject (not compulsory): Puberty Blocker Review
Information requested:
I am wanting to know why and who exactly has requested a review be done on puberty blocker medications used in treatment of transgender youth. See the below link for a news story about it:

https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.newshub.co.nz%2Fhome%2Fnew-zealand%2F2023%2F06%2Fpuberty-blocker-drugs-under-review-by-ministry-of-health.html&data=05%7C01%7Coiagr%40health.govt.nz%7C8476a0843e7e41bf7cfd08db7931cdeb%7C23cec7246d204bd19fe9dc4447edd1fa%7C0%7C0%7C638237027034061354%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=jgVoOdEQfdpZkVXo7ySsS7K%2F9AeRtylGvHlmXSE%2F%2FxM%3D&reserved=0

The MOH has apparently stated they are: "examining whether or not puberty blockers can be considered safe and fully reversible".

I would like to know what prompted this review, and who was involved in prompting it.

Regards
You can upload a file with your request:

The results of this submission may be viewed at:
https://www.health.govt.nz/node/9165/submission/49938

MANATŪ HAUORA
MINISTRY OF HEALTH

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

28 July 2023

s 9(2)(a)

By email: s 9(2)(a)
Ref: H2023028304

Tēnā koe Christie,

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 30 June 2023. You requested:

> *"I am wanting to know why and who exactly has requested a review be done on puberty blocker medications used in treatment of transgender youth. See the below link for a news story about it:*
>
> *https://www.newshub.co.nz/home/new-zealand/2023/06/puberty-blocker-drugs-under-review-by-ministry-of-health.html*
>
> *The MOH has apparently stated they are: "examining whether or not puberty blockers can be considered safe and fully reversible".*
>
> *I would like to know what prompted this review, and who was involved in prompting it."*

The review of puberty blockers was jointly recommended by the Chief Medical Officer's office and the Evidence, Research, and Innovation directorate within Manatū Hauora. The review was specifically in relation to an adjustment of the existing webpage line about the safety and reversibility of puberty blockers when used to treat gender dysphoria in young adolescents. It was recognised that the webpage line 'puberty blockers are safe and fully reversible' could not be substantiated on basis of an initial scan of the scientific literature, and therefore further review was required.

The webpage adjustment was made to provide general comments rather than specific clinical advice that is more appropriately set in the context of a clinical-patient partnership where all aspects of a proposed treatment are discussed. The purpose of the review is to provide evidence-based general information to support those clinical conversations.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

Sayali Pendharkar
Deputy Chief Science Advisor
Evidence Research and Innovation | Te Pou Whakamārama

H2023028305

Submitted on Friday, June 30, 2023 - 19:31
Submitted by anonymous user: [2404:440c:272f:3500:3860:1eb2:e11a:54ea]
Submitted values are:

Surname: s 9(2)(a)
First name: s 9(2)(a)
How would you like us to respond to your request? Please provide your preferred method of contact and details below: Email
Email: s 9(2)(a)
Contact phone number: s 9(2)(a)
Return postal address: s 9(2)(a)
Subject (not compulsory): Puberty Blocker review
Information requested: I'd like to request which minister or whoever requested the review of puberty blockers because there was no need for puberty blockers to be reviewed according to all of the certified overseas medical literature. It is quite suspect that they are even being reviewed when they work and save lives of those trans people who get easy access to take them.
You can upload a file with your request:

The results of this submission may be viewed at
https://www.health.govt.nz/node/9165/submission/49939

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

28 July 2023

s 9(2)(a)

By email: s 9(2)(a)
Ref: H2023028305

Tēnā koe s 9(2)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 30 June 2023 for:

> *"I'd like to request which minister or whoever requested the review of puberty blockers because there was no need for puberty blockers to be reviewed according to all of the certified overseas medical literature."*

The review of puberty blockers was jointly recommended by the Chief Medical Officer's office and the Evidence, Research, and Innovation directorate within Manatū Hauora. The review was specifically in relation to an adjustment of the existing webpage line about the safety and reversibility of puberty blockers when used to treat gender dysphoria in young adolescents.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

Sayali Pendharkar
Deputy Chief Science Advisor
Evidence Research and Innovation | Te Pou Whakamārama

From: Sayali Pendharkar
Sent: Wednesday, 23 August 2023 12:52 pm
To: Tim Jelleyman; Joe Bourne; Cedric Horner
Cc: Ian Town; Peter Abernethy
Subject: FW: Form submission from: Feedback

Follow Up Flag: Follow up
Flag Status: Completed

FYI....

-----Original Message-----
From: Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz> On Behalf Of Office of the Chief Science Advisor
Sent: Wednesday, 23 August 2023 12:51 pm
To: Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>
Subject: FW: Form submission from: Feedback

-----Original Message-----
From: Kirsten Mines <Kirsten.Mines@health.govt.nz> On Behalf Of Info MOH
Sent: Wednesday, 23 August 2023 12:47 pm
To: Office of the Chief Science Advisor <office.chiefscienceadvisor@health.govt.nz>
Subject: FW: Form submission from: Feedback

Kia ora team,

We've just received this feedback on the latest news release on the puberty blockers evidence brief, so I'm passing it along in case you're collecting it.

Ngā mihi,

Kirsten Mines (She/Her)
Reference Librarian
Te Pou Tiaki | Corporate Knowledge Services Manatū Haoura

-----Original Message-----
From: No_reply@health.govt.nz <No_reply@health.govt.nz> On Behalf Of s 9(2)(a)
Sent: Wednesday, 23 August 2023 12:29 pm
To: Info MOH <info@health.govt.nz>
Subject: Form submission from: Feedback

Submitted on Wednesday, August 23, 2023 - 12:29 Submitted by anonymous user: [47.72.253.148] Submitted values are:

Name: s 9(2)(a)
Email: s 9(2)(a)
Feedback:
Hi - I am absolutely gobsmacked at this media release about the extension of the review into the safety of hormone blockers. This feels 100% like a pre-election obfuscation and attempt to win back voters. And which long term studies on wellbeing will you rely on to guide you in this? Or will you just take representations from Trans activists? There are no long term studies which show that mental health and well-being improves, in fact most studies (that I have reviewed) show that Trans people still have the highest rates of suicide and other self harm, complex mental health issues etc. post hormonal and surgical interventions. Follow the science first - and other countries which have done full systemic reviews and assessed that these drugs should only be used in "experimental" settings. You are experimenting on kids.
Remember that whole "do no harm" thing? NZ is prescribing at ten times the rate the UK was before the Tavistock was shut down. No alarm bells ringing there? The Dutch Protocol was never meant to apply to tweenies/teenagers that had never had persistent childhood dysphoria from a very young age. I am so perplexed by this announcement. My views are highly personal and are my own s 9(2)(a) but are shared by many other concerned parents of
(mostly) teen girls who are flocking to doctors to have blockers and hormones prescribed. And if their parents don't agree that it's in their best interests - the kids are removed from them. s 9(2)(a) And often with bad outcomes for the kid when they get placed somewhere that's less than ideal. These drugs and social transitioning in schools etc (without parental consent) are a gateway drug to future double mastectomies and worse. The Tavistock /Cass review showed that 99% of kids were continuing with treatment - it was leading to one clinical pathway / outcome. This is dangerous / not ideal.
Especially when with watchful waiting it was up to 50% less. These cause irreversible damage and changes and you are allowing and approving a treatment pathway that was never intended to apply to this new teenage / late onset cohort. This is the new anorexia and the most egregious form of state sanctioned self harm ever permitted in NZ. Since labotomies that is. Please stop drug and surgical interventions for these kids (and no - at 18 they still don't actually "know who they are") and get them the mental health support they need. Nordic countries are raising the age to 25 fod these interventions. Are you looking at these countries data, reviews, evidence? Judges in NZ are letting young criminals (14 to 25) have reduced life sentences in this age group because their brains weren't fully formed and therefore they can't be held accountable for the crimes they perpetrated. But you're handing these same young people drugs and scalpels?
Do you not see the parallels? And some are being encouraged by their parents who have been advised it's the best route to prevent later suicide. However pre "gender affirming care" the studies showed that anywhere between 50-95% of these younger children (pre-pubertal) would settle into their natal sex post-puberty. And up to 80% would be same sex attracted. Are we Trans'ing the gay away? Isn't it better and safer to remain with a "do no harm" and "watchful waiting" approach/model - povided adequate mental health support is provided? Is this the real crux of the issue? We can't provide enough mental health support - and drugs are easier/cheaper to provide? Prescribe and walk away? There are many kids who are now 24 and
25 who are desisting - yes even in NZ - but also around the world s 9(2)(a) to name but a few well known young women in this awful position), but sadly they have irreversible damage and can never go back to the 'whole' bodies they had before. Your treatment pathways are turning these kids into medical patients for life. You can't put your breasts back and breast-feed - or your womb or testicles - once they're gone they're gone. Please stop this madness, consider the evidence and systemic reviews undertaken in other countries, and stop giving the Trans lobbyists such a big say. Consider theMermaid effect in the UK.
That didn't work out too well. Let the doctors and scientists do their work without political or ideological pressure.
Thank you for taking my views and feedback into account. As I mentioned my views are my own - as a concerned parent presently floundering my way through this extremely distressing new phenomenon of epidemic proportion increases in trans identification in our young people. Please consider these future pathways very carefully. There should be no one clinical pathway - we need a several pronged highly considered, and I would argue, conservative, approach. Please also consider that the people who have written your PATHA guidelines are activists who are very aligned with one side of the issue, and that many who were involved were not and are not appropriately qualified.
Thanks
Rachel
Referrer:
https://www.health.govt.nz/news-media/news-items/mental-health-and-wellbeing-inform-evidence-brief-puberty-blockers

The results of this submission may be viewed at:
https://www.health.govt.nz/node/2199/submission/50032

H2023031290

From: s 9(2)(a)
Sent: Thursday, 24 August 2023 2:07 PM
To: A Verrall (MIN) <a.verrall@ministers.govt.nz>; Diana Sarfati <diana.sarfati@health.govt.nz>
Cc: Sophia Faure <Sophia.Faure@parliament.govt.nz>; Tess Macintyre <Tess.Macintyre@parliament.govt.nz>; alexandra.mason@parliament.govt.nz
Subject: (AVC2023-4520)New resources on puberty blockers

Dear Hon Dr Ayesha Verrall and Dr Diana Sarfati

You may recall I wrote to you both in June regarding the Ministry of Health's evidence brief on puberty blockers, on behalf of the group New Zealand Parents and Guardians of Transgender and Gender-Diverse Children.

I was delighted to see this week that the Ministry of Health has now expanded its review to include evidence on the mental health effects of puberty blockers. Thank you so much.

I am now writing to advise you of some new resources that I have just launched in collaboration with a clinician working in gender-affirming care, on the current scientific evidence about puberty blockers, as well as clinician experiences of using them in Aotearoa:

https://www.projectvillageaotearoa.com/pubertyblockers

I include more information about the information sheets below.

I would be very grateful if you would take the time to communicate these new resources to the people working on the evidence brief, and to anyone else who might find them useful.

Best wishes
s 9(2)(a)

Are you looking for up-to-date and reliable information about puberty blockers?

There is a lot of public discussion about puberty blockers at the moment, and it can be hard for families and whānau to find the information they need in an accessible form.

To address this gap, Dr Rachel Johnson (an experienced clinician providing gender-affirming healthcare to transgender young people) and Dr Julia de Bres (a researcher in transgender health) have put together three information sheets to help families and whānau better understand how puberty blockers are used in the care of transgender young people in Aotearoa. These have been developed with input from community experts in transgender health and wellbeing.

The three information sheets can be downloaded at www.projectvillageaotearoa.com/pubertyblockers

They include the following:

CURRENT EVIDENCE ON PUBERTY BLOCKERS: This information sheet summarises current scientific knowledge on the effects of puberty blockers for transgender youth. It is based on a literature review by clinicians and researchers in transgender health in August 2023. Its purpose is to assist whānau, families and health professionals supporting transgender young people by providing up-to-date and reliable information about puberty blockers.

FAMILY EXPERIENCES WITH PUBERTY BLOCKERS IN AOTEAROA: In this information sheet, parents and caregivers of transgender young people in Aotearoa share what access to puberty blockers has meant for their children. This is intended to help family and whānau better understand the effects of puberty blockers for transgender youth, based on lived experiences. Parents and caregivers say puberty blockers have given their children time and space to make decisions, stopped unwanted physical changes, improved their wellbeing, reduced distress, and in some cases saved their lives.

CLINICAL EXPERIENCES WITH PUBERTY BLOCKERS IN AOTEAROA: This information sheet discusses how puberty blockers are used in caring for transgender young people in Aotearoa, based on an interview in 2023 with an clinician who is experienced in this area. The information sheet discusses how use of blockers varies according to a young person's age and gender embodiment goals and addresses common questions about their use. It is intended for family and whānau of transgender young people in New Zealand who are looking for extra detail on the use of puberty blockers. Some of the information may also be useful for clinicians working with transgender young people and their families and whānau.

s 9(2)(a) [redacted]

Commissioning brief

Background

In September 2022, the Ministry revised its page (since moved to Te Whatu Ora) on puberty blockers by removing the following line: 'Puberty blockers are safe and fully reversible'. This revision reflected the changes in the UK and other European jurisdictions, and the need to assess the evidence base on safety and long-term impact of puberty blockers on gender-dysphoric adolescents.

This led to the Chief Medical Officer commissioning Office of the Chief Science Advisor to develop an evidence brief. Initial scope of this brief focused on safety, reversibility, and long-term impact on clinical outcomes of puberty blockers in adolescents with gender dysphoria. However, these individuals may also experience considerable mental distress. The impact on mental health and wellbeing has also been raised by adolescents[1] experiencing gender dysphoria[2] and their whānau (via media enquiries and OIAs).

As such, the Chief Medical Officer has recommended that the scope of the brief be broadened to include clinical outcomes, and mental health and wellbeing outcomes in gender-dysphoric adolescents prescribed puberty blockers[3] or other interventions specifically targeting mental health and wellbeing.[4]

Purpose of the evidence brief

1. To assess the clinical outcomes, including safety and long-term impacts, of puberty blockers in gender-dysphoric adolescents.
2. To assess mental health and wellbeing outcomes in gender-dysphoric adolescents prescribed puberty blockers or an intervention specifically targeting mental health and wellbeing.
3. To do a stock-take of any changes in legislative and governance arrangements, internationally, relating to prescribing puberty blockers to gender-dysphoric adolescents.

To note: an evidence brief is a review and synthesis of the best-available, existing, national and international literature. It does not involve collecting new data and analysing it to answer the question of interest.

[1] Individuals aged 12 – 18 years
[2] Clinically diagnosed or self-reported gender dysphoria
[3] Specifically, gonadotropin-releasing hormone analogues (GnRHa)
[4] Mental health and wellbeing-specific interventions include measures such as promoting mindfulness and self-care, building resilience (for individuals and their whanau), to name a few.

How the evidence brief will be undertaken

Sources of information

The following sources of information will be screened and, where appropriate, included in the development of the evidence brief:

- Peer-reviewed, published, full-text articles in academic journals
- Government publications/media announcements indicating legislative/governance changes

Methodology applied

Following methodology will be applied when developing the evidence brief:

- A systematic literature review of quantitative and qualitative studies published between 1 January 1990 to 31 August 2023.
- Studies deemed eligible for inclusion will need to meet the following inclusion criteria:
    - Full-text articles published/available in English AND
    - Clinical outcomes[5] in gender-dysphoric adolescents (clinically diagnosed or self-reported) prescribed puberty blockers AND/OR
    - Mental health and wellbeing outcomes in gender-dysphoric adolescents prescribed puberty blockers or other intervention(s) specifically targeting mental health and wellbeing[6] AND
    - Study cohort of adolescents AND
    - Studies with pre- and post-intervention data available.
- Guidelines, grey literature, viewpoint articles, conference proceedings, abstracts only, single case studies, studies investigating the impact of cross-sex hormones or gender-affirming surgery/therapy, studies involving adults or children as the study cohort, and studies investigating impact of puberty blockers for other indications eg, precocious puberty, endometriosis will be excluded from the evidence brief.
- 'Quality of evidence' assessment[7] will be undertaken for all studies included in the evidence brief.

[5] Specifically, BMI, bone density, executive function, height, kidney and liver function, impact on sex hormones
[6] Pre-and post-intervention standardised psychosocial and/or mental health assessment conducted [five key outcomes across the studies focussed on Gender Dysphoria +/-Suicidality, Self-Harm, Anxiety, Depression, quality of life CHECK]
[7] Quality of evidence enables accurate reflection of the confidence level in the available data to support a particular recommendation.

- The evidence brief will be structured as follows: background and scope; purpose; methodology; overview of results[8]; quality assessment; limitations of the studies included in the evidence brief; conclusion; recommendations.

Timelines

The evidence brief is intended to be published by November 2023.

[8] This will be an overview only (i.e., reporting relevant findings from all included studies) and not a meta-analysis.