



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

19 December 2022

s 9(2)(a)

By email: **s 9(2)(a)**
Ref: H2022014878

Tēnā koe **s 9(2)(a)**

Response to your request for official information

Thank you for your follow up request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 16 October 2022 for information regarding puberty blockers. Please find a response to each part of your request below:

1. Additional documents not provided in H2022012382

I received a response to H2022012382 last week concerning the update to the MOH website on puberty blockers. In a chain of provided emails official refer to a) correspondence (presumably from a member of the public), and b) a "DREP".

1a) I request this original correspondence (which I believe should have fallen within the scope of my original request) and

1b) any other correspondence from members of the public (excluding myself and representatives of Fully Informed) on the topic of the safety and or reversibility of puberty blockers, within the last 6 months to MOH/Te Whatu Ora.

1c) responses from MOH/Te Whatu Ora officials to any of the above correspondence.

Manatū Hauora has identified six documents within scope of this part of your request. All documents are itemised in Appendix 1 and copies of the documents are enclosed. Where information is withheld, this is outlined in the Appendix and noted in the document itself. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

1d) I request clarification on what a "DREP" is.

"DREP" is an abbreviation of "direct reply". Direct replies are written responses to correspondence received by Manatū Hauora and Te Whatu Ora – Health New Zealand. This can also refer to written responses to correspondence received by the Ministers and delegated to the Ministry for a response.

*In an email dated Monday, 5 September 2022 10:46 pm with the subject line: DREP for puberty blocker meds and rapid evidence assessment Dr Pendarkhar writes:
"Please find attached my comments on the puberty blockers DREP"*

1e) I request these attached comments

Please refer to document 3 for a copy of Dr Pendharkar's comments. As a way of context, Dr Pendharkar's comments were provided as part of a peer-review process related to the drafting of a response to correspondence received by Manatū Hauora. Please refer to document 2 for a copy of the original correspondence, and document 4 for a copy of the finalised response from Manatū Hauora.

Officials refer to a systematic review on puberty blockers.

1f) I request all information on the status, timelines, procurement arrangements, parties involved, and scope of this systematic review.

The Ministry is currently developing an evidence brief with the aim of publishing on the Ministry website in the first half of 2023. As such please refer to this report once published at:

www.health.govt.nz/.

2. Correspondence regarding news articles on puberty blockers.

In the last 2 months there have been a number of reports that mention puberty blockers in the New Zealand media. These are:

1. Newsroom: Parents of gender-questioning children in NZ being let down - Dr Sarah Donovan - 18 August

2. The Listener / NZ Herald: Identity crisis: Have we gone too far in letting kids change their gender? - Prof Charlotte Paul - 12 September (Herald)

3. Stuff: Puberty blockers still considered safe and reversible, health ministry says - Rachel Thomas - 25 September

4. Radio NZ - Radio item - Number of children prescribed puberty blockers growing - Ruth Hill - 29 September

5. Radio NZ - Web - Puberty blocker use jumps as expert backs results - Ruth Hill - 29 September.

(Also syndicated to 1News web: NZ puberty blocker medication use rises, expert opinion mixed)

In addition, there was an in-depth report on MOH's position on puberty blockers:

6. Gender Clinic News: On the defensive - Bernard Lane - 23 September

2a) I request any MOH/Te Whatu Ora communications that reference or otherwise discuss these reports listed above (1-6) (excluding those provided in H2022012382) .

Manatū Hauora has identified five documents within scope of this part of your request. All documents are itemised in Appendix 1 and copies of the documents are enclosed. Where information is withheld, this is outlined in the Appendix and noted in the document itself. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

A relevant OIA response also in scope of your request is published on the Ministry website here: www.health.govt.nz/system/files/documents/information-release/h2022013005_response.pdf.

3. Contractual details for "updated national guidelines for gender-affirming health care"

In a previous OIA request (23 May) to Hon Dr Ayesha Verrall (AVOIA25) my request included details of the budgeted "updated national guidelines for gender-affirming health care".

This part of your request is refused under section 18(g)(i) of the Act as the information requested is not held by Manatū Hauora and there are no grounds for believing it is held by another agency subject to the Act.

3a) I request all information related to the procurement, contract, workplan,

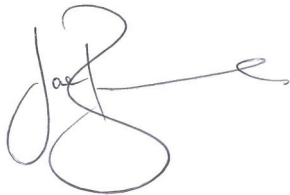
timeframes, terms of reference, current status, parties involved, and drafts of the guidelines update.

Information within scope of this part of your request is withheld in full under section 9(2)(f)(iv) of the Act to protect the constitutional conventions that protect the confidentiality of advice tendered by Ministers and officials.

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

A handwritten signature in black ink, appearing to be 'Joe Bourne', with a long horizontal stroke extending to the right.

Dr Joe Bourne
Chief Medical Officer

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	12 August 2022	Correspondence: Information on puberty blocker drugs and gender conversion practices being carried out in NZ.	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons.
2	12 August 2022	Correspondence: Puberty blockers for children.	
3	5 September 2022	Direct Reply: H2022010137 (DRAFT)	Some information withheld under section 9(2)(g)(i) of the Act to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of any public service agency. Some information deemed out of scope.
4	7 September 2022	Direct Reply: H2022010137	Some information withheld under section 9(2)(a) of the Act.
5	13 September 2022	Direct Reply: H2022010138	
6	19 September 2022	Correspondence: Information request regarding transgender healthcare information on website.	
7	19 September 2022	Correspondence: Re: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News – puberty blockers	
8	20 September 2022		
9	20 September 2022	Correspondence: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria.	
10	21 September 2022		
11	23 September 2022	Correspondence: MoH media response – Rachel Thomas, Stuff, Puberty blockers info on MOH site	

----- Original Message -----

From: Swasti Arya <swasti.arya@parliament.govt.nz>;
Received: Fri Aug 12 2022 16:50:33 GMT+1200 (New Zealand Standard Time)
To: Ministerials <ministerials@health.govt.nz>; Ministerials <ministerials@health.govt.nz>;
Subject: FW: (2138-2022)FW: INFORMATION ON PUBERTY BLOCKER DRUGS AND GENDER CONVERSION PRACTISES BEING CARRIED OUT IN NZ

Kia ora team,

Another one for you to progress as DREP please.

Ngā mihi,



Swasti Arya (she/her)
Private Secretary, Te Whatu Ora – Health New Zealand
Office of Hon Dr Ayesha Verrall | Associate Minister of Health
 M: S9(2)(a)
 Email: Swasti.Arya@parliament.govt.nz

From: S9(2)(a)
Sent: Thursday, 11 August 2022 10:11 PM
To: Hon Andrew Little <Andrew.Little@parliament.govt.nz>
Cc: Hon Dr Ayesha Verrall <Ayesha.Verrall@parliament.govt.nz>; Dr Shane Reti <Shane.Reti@parliament.govt.nz>; Dr Elizabeth Kerekere <Elizabeth.Kerekere@parliament.govt.nz>; David Seymour <David.Seymour@parliament.govt.nz>; Debbie.Ngarewa-Parker@parliament.govt.nz
Subject: INFORMATION ON PUBERTY BLOCKER DRUGS AND GENDER CONVERSION PRACTISES BEING CARRIED OUT IN NZ

To: Honourable Andrew Little, Minister of Health

On behalf of the LGB Alliance Aotearoa New Zealand, a group representing the Gay, Lesbian, and Bisexual community, I wish to express our concern over the use of puberty blockers being prescribed as a treatment for “gender” issues for children and youth under the age of 18.

Recently, the FDA has issued a label warning to be added regarding the risk of puberty blockers

“The Food and Drug Administration (FDA) has added a warning about the risk of pseudotumor cerebri (idiopathic intracranial hypertension) to the labeling for gonadotropin releasing hormone (GnRH) agonists that are approved for the treatment of central precocious puberty in pediatric patients. These products include Lupron Depot-Ped (leuprolide acetate), Fensolvi (leuprolide acetate), Synarel (nafarelin), Supprelin LA (histrelin) and Triptodur (triptorelin). The new warning includes recommendations to monitor patients taking GnRH agonists for signs and symptoms of pseudotumor cerebri, including headache, papilledema, blurred or loss of vision, diplopia, pain behind the eye or pain with eye movement, tinnitus, dizziness and nausea.”

[American Academy of Pediatrics July 1, 2022](#)

The world’s largest pediatric gender clinic, the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Trust in the UK, is being shut down due to fears over patient safety. This announcement follows serious concerns regarding patient safety in recent years with regards to the gender affirmation model of care, including concerns raised by whistleblowers, patients and their parents, clinicians, and the UK Health Secretary.

The closure of GIDS by NHS England followed recommendations issued by Dr Hillary Cass who is chair of an Independent Review of GIDS commissioned by the NHS. Dr Cass has deemed the gender

affirmation model at GIDS as “not a safe or viable long-term option”. Given the particular uncertainties regarding long-term outcomes of medical intervention, and the broader knowledge gaps in this area, there is an imperative to build research capacity into the national network. This research capacity is needed to provide ongoing appraisal of new literature and rapid translation into clinical practice, to continue to identify areas of practice where further research is needed, and to develop a research portfolio that will inform policy on assessment, support and clinical care of children with gender dysphoria, from presentation through to appropriate social, psychological and medical management..

“Given the particular uncertainties regarding long-term outcomes of medical intervention, and the broader knowledge gaps in this area, there is an imperative to build research capacity into the national network. This research capacity is needed to provide ongoing appraisal of new literature and rapid translation into clinical practice, to continue to identify areas of practice where further research is needed, and to develop a research portfolio that will inform policy on assessment, support and clinical care of children with gender dysphoria, from presentation through to appropriate social, psychological and medical management.”

“A further concern is that adolescent sex hormone surges may trigger the opening of a critical period for experience-dependent rewiring of neural circuits underlying executive function⁶ (i.e., maturation of the part of the brain concerned with planning, decision making and judgement). If this is the case, brain maturation may be temporarily or permanently disrupted by puberty blockers, which could have significant impact on the ability to make complex risk-laden decisions, as well as possible longer-term neuropsychological consequences. To date, there has been very limited research on the short-, medium- or longer-term impact of puberty blockers on neurocognitive development. In light of these critically important unanswered questions, I would suggest that consideration is given to the rapid establishment of the necessary research infrastructure to prospectively enrol young people being considered for hormone treatment into a formal research programme with adequate follow up into adulthood, with a more immediate focus on the questions regarding puberty blockers. The appropriate research questions and protocols will need to be developed with input from a panel of academics, clinicians, service users and ethicists. Without an established research strategy and infrastructure, the outstanding questions will remain unanswered and the evidence gap will continue to be filled with polarised opinion and conjecture, which does little to help the children and young people, and their families and carers, who need support and information on which to make decisions.”

Dr Hillary Cass – Independent Review of Gender Identity Services for Children and Young People

Dr Cass found that GIDS had been captured by Rainbow agenda-driven political lobby groups to the point where vulnerable children and youths were being forced into affirmation and medical treatment which included puberty blockers, cross sex-hormones and surgery, rather than an approach based on unbiased counselling.

A Dutch paper (1) notes that, for gender dysphoric children the more likely psychosexual outcome in adulthood is a homosexual orientation without gender dysphoria (i.e. transing the gay away). Evidence (2) suggests that many boys whose childhood gender dysphoria recedes with puberty will grow up to be bisexual or homosexual. Another study of males (3) indicates that bisexual/homosexual is far greater than base rates in the general male population, with 63.6% of boys with gender identity disorder being same-sex attracted. This suggests that a non-heterosexual orientation is particularly likely among gender dysphoric boys. One study (4) of detransitioners found that a large proportion of them believed, in hindsight, that they were suffering internalised homophobia. In a 20-year follow-up (5) of children, it was found that adult homosexuality was 8-15 times higher for participants with a gender variance.

1 Wallien, M.S. & Cohen-Kettenis P.T. (2008) Psychological Outcome of Gender Dysphoric Children. *J Am Acad Child Adolesc Psychiatry* 47 (12):1413-23

2 Kattiala-Heino, R., Bergman, H., Tyolajarvi, M., & Frisen, L., (2018) Gender Dysphoria in Adolescent: Current Perspectives. *Adolescent Health, Medicine & Therapeutics* 9, 31-41.

3 Singh, D. (2012). A follow-up study of boys with gender identity disorder. Doctoral thesis, University of Toronto.

4 Littman, L., (2021). Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners. *Arch Sex Behav*.

5 Steensma, T.D., van der Ende, J., Verhuist, F.C. & Cohen-Kettenis, P.T. (2013). Gender Variance in Childhood and Sexual Orientation in Adulthood: A Prospective Study. *J Sex Med* (11): 2723-2733.

Comments by clinicians at GIDS have been recorded saying “soon, there will be no gay children left” due to the excessive number of young people treated who would probably grow up to be LGB. We regard this as anti-homosexual conversion therapy by medical intervention. We are extremely concerned this has happened in the UK and would like confirmation that the same, or similar, is not happening here in New Zealand.

We request the following information for, and conformation of, that:

- the Ministry of Health guidelines in this respect be updated to warn of the risks of Lupron and other puberty blockers
- gender clinics in New Zealand be carefully investigated to ensure children are not being rushed into medicalisation prior to receiving in-depth, appropriate counselling
- records kept by New Zealand gender clinics are regularly audited

We look forward to hearing back from you and receiving the results of those investigations.

Kind regards,

S9(2)(a)

LGB Alliance Aotearoa New Zealand – Executive Committee Member

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Tēnā koe.

I write in relation to the Ministry of Health's 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 hyperbolic *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 Ministry's 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 children 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 adolescents with gender dysphoria. <https://bariweiss.substack.com/p/top-trans-doctors-blow-the-whistle> and Sweden's Karolinska

Hospital 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 specify 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. I.e. Zoladex¹, Goserelin-Teva² and Lucrin.

According to medsafe, Zoladex/Goserelin should not be used in children. Yet, it is 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 leuporelin 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 / Tropic 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 leuporelin acetate.

Pseudotumor cerebri (PTC) / idiopathic intracranial hypertension has been reported in paediatric patients receiving leuporelin 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 leuporelin 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/adolescents).

None of this is mentioned on the Ministry's 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 prevalence of mental health distress than their peers.

In summary, I ask that the Ministry of Health:

- conduct its 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 occurring)

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 it is 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, particularly 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. I.e. If the Ministry endorses puberty blockers as safe and fully reversible³, 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

S9(2)(a)

Previous OIA

H202007421

Dear S9(2)(a)

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

RELEASED UNDER THE OFFICIAL INFORMATION Act 1982

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand

T+64 4 496 2000

13 September 2022

S9(2)(a)

Ref. H2022010138

Tēnā koe S9(2)(a)

Thank you for your email of 11 August 2022 to the Minister of Health, Hon Andrew Little, about the availability of puberty blockers for those under 18 years old. Your correspondence was referred to the Associate Minister of Health, Hon Ayesha Verrall, as the matters you raise fall within her portfolio responsibilities. The Minister has asked that I respond to you directly.

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/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.

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.



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

cc Dr Robyn Carey
Chief Medical Officer

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

S9(2)(a)

Ref. H2022010137

Tēnā koe S9(2)(a)

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. I can see this is an issue you feel strongly about, and I would like to thank you for your advocacy.

As noted on Manatū Hauora's website and commented on by you, 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 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 the Ministry's healthcare advice for transgender children and young people in Aotearoa here: www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders/transgender-new-zealanders-children-and-young-people.

I am advised that this information remains appropriate and is further supported by the Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand, which is available here: researchcommons.waikato.ac.nz/handle/10289/13101. This is also supported by the Standards of Care developed by the World Professional Association for Transgender Health, which can be found here: www.wpath.org/publications/soc.

It is important to note that the Ministry 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.

I note that Te Whatu Ora is responsible for assessing the health needs of their populations and making decisions about the services they provide, including the clinical management of individual people. The Pharmaceutical Management Agency (Pharmac) is the New Zealand government agency that decides which medicines to publicly fund in New Zealand. Medsafe is the authority responsible for the regulation of medicines in New Zealand, this includes making sure medicines meet safety, quality and performance standards and monitoring reactions to medicines.

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

Commented [SP1]: Long-term effects are unknown particularly cardiovascular, bone density, etc.

Commented [SP2]: S9(2)(g)(i)

Commented [SP3]: In light of the NICE Review and independent Cass Report, Sweden, Finland, Canada have revised their guidelines/advice referring to puberty blockers as experimental drugs

Commented [SP4R3]: Sweden updated its policy in 2021 – hormonal therapy will not be initiated in gender dysphoric individuals aged under 16

Commented [SP5]: Might be good to list commonly prescribed off-label medicines for this

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. Distress that can be caused by gender incongruence can be effectively reduced when access to timely, gender-affirming health care is available. I note that each person's gender expression (how they present to the world) is unique, and individual transition goals may include different aspects of social, medical or surgical care. 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 Robyn Carey
Chief Medical Officer

Commented [SBC6]: From H2022003725, may need altering to this writers' concerns but covers most of their comments

Commented [SP7]: S9(2)(g)(i)

Commented [SP8R7]: More information needs to be made available on Ministry website – an evidence-brief/systematic review (and meta-analyses) would be useful.

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

S9(2)(a)

Ref. H2022010137

Tēnā koe S9(2)(a)

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 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 (the Ministry of Health) are in the process of making puberty blocker guidance on their website clearer. Updated guidance will be better aligned with 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

A handwritten signature in blue ink, appearing to read "T. Jelleyman".

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

cc Dr Robyn Carey
Chief Medical Officer

RELEASED UNDER THE OFFICIAL INFORMATION Act 1982

----- Original Message -----

From: S9(2)(a)

Received: Mon Sep 19 2022 20:02:50 GMT+1200 (New Zealand Standard Time)

To: OIA Requests <oiagr@health.govt.nz>; OIA <oiagr@health.govt.nz>;

Subject: Information request regarding transgender healthcare information on website

To the OIA team, Ministry of Health,

On 16 September 2022, a page on your website relating to information on transgender children and young people: <https://www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders/transgender-new-zealanders-children-and-young-people> .

The updated changed the following text from:

"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."

to the following:

"Blockers are sometimes used from early puberty through to later adolescence to allow time to fully explore gender health options. This is done under the guidance of a clinician who specialises in their use."

This is a significant change in the information that is presented, notably that the claim that blockers are a safe and fully reversible medicine has been removed.

As a result, I would like to request under the Official Information Act the following information:

- 1) Internal communications relating to this change in the information present on this page of the website.
- 2) Any external communications relating to this change, for example, any consultation made with other government organisations, political figures, medicine professional groups, medical industry associations, transgender community organisations or other relevant groups if there has been any discussion of this information change with people outside the Ministry of Health.

To clarify this request and keep it narrow to aid you in finding information, I am seeking only information relating to the decision to change the medical advice presented on the website. I am not seeking any e-mails relating to e.g. internal communications team or website team signoff to put it on the website if they aren't relevant to the medical/policy decision-making. Basically, I'm trying to find out the reasoning for this change, as it is not present on the website.

Thank you for your consideration of this request. Please feel free to contact me if you have any questions or clarifications or need further information.

Kind regards,

S9(2)(a)

From: Steve Barnes
Sent: Monday, 19 September 2022 7:11 pm
To: Edie Taylor; Timothy Jelleyman; Danya Levy; Sayali Pendharkar; Jo Elvidge; Jenna Osborne-Taylor
Subject: Re: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Kia ora tātou,

I can't speak to any of the clinical info but I can confirm that when my team was working on trans health issues last year PATHA advised us that they'd be updating their guidelines following SOC8. I haven't heard otherwise so it's most likely still the plan.

Steve

Steve Barnes
 Group Manager, Family and Community Health Policy
 System Strategy and Policy
 Ministry of Health
 Mobile: S9(2)(a)
<http://www.health.govt.nz>

From: Edie Taylor <Edie.Taylor@health.govt.nz>
Sent: Monday, September 19, 2022 6:20:10 PM
To: Timothy Jelleyman <Timothy.Jelleyman@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>; Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>; Jo Elvidge <Jo.Elvidge@health.govt.nz>; Jenna Osborne-Taylor <Jenna.Osborne-Taylor@health.govt.nz>; Steve Barnes <Steve.Barnes@health.govt.nz>
Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Kia ora koutou

Would it be possible to get a group review of these lines please? I am wanting to confirm that everything here is still in line with MOH positioning.

Please ensure that @Danya Levy is copied into any changes. Thanks all!

- *Transgender healthcare is a rapidly evolving interdisciplinary field. Manatū Hauora is in the process of adjusting lines in the webpage in a way that gives the opportunity to review and assess emerging information.
Work on an evidence brief is planned to support this area.*
- *Our approach to the provision of gender affirming health care will continue to be guided by health professionals and Rainbow communities, including the World Professional Association for Transgender Health (WPATH) Standards of Care Version 8 (SOC8). These updated guidelines provide updated assessment, support, and therapeutic approaches for transgender and non-binary people.*

From - https://www.health.govt.nz/system/files/documents/information-release/h202204014_response.pdf

- *In view of the increasing scientific evidence, WPATH commissioned a new version of the Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (SOC-8). The SOC-8 published on 6*

September 2022 is based on the best available scientific evidence and expert professional consensus in transgender health. SOC-8 is available at:

<https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

- *Guidelines for Gender Affirming Healthcare (2018 - New Zealand) have been developed by the Professional Association for Transgender Health Aotearoa (PATHA). These are available at: <https://patha.nz/Guidelines> PATHA is expected to update its guidelines for Gender Affirming Health Care following the WPATH release of SOC8.*

Is somebody able to confirm this second sentence re. the PATHA update following SOC8 please?

- *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 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.*

Ngā mihi

Edie Taylor (she/her)

Senior Advisor | Office of the Chief Clinical Officers
System Performance & Monitoring
Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011



From: Timothy Jelleyman <Timothy.Jelleyman@health.govt.nz>

Sent: Monday, 19 September 2022 5:20 pm

To: Danya Levy <Danya.Levy@health.govt.nz>; Edie Taylor <Edie.Taylor@health.govt.nz>

Cc: Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>

Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Kia ora Edie – I would not be comfortable with presenting for an interview, so will decline that for my part. There is significant risk going out talking about this without the right expertise in the room.

This is a work in progress, and we could say that the Ministry of Health has received indication that the statement 'safe and reversible' needs looking into. Other jurisdictions such as Sweden and UK have also been grappling with this question recently.

We have also discussed with Medsafe team who support the approach with the adjusted wording and further due diligence on the matter.

There is a specific plan to look at the evidence and produce an Evidence Brief. As this will take some time to complete, probably not until first part of 2023, then in the meantime the MoH has taken the precaution of adjusting the webpage information while the background for any position is formally updated.

Happy to discuss further.

Danya – thanks for your offer of support.

Sayali, I have also copied you in for any comment at this point.

Ngā mihi
Tim.

Dr Tim Jelleyman

Chief Clinical Advisor, Child and Youth Health
Office of Chief Clinical Officers

S9(2)(a)

timothy.jelleyman@health.govt.nz

Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011

Auckland based. Regular MoH days: Mon – Wed;

Clinical days at Waitemāta : Thurs, Fri.

Text me if your email needs priority attention.



From: Danya Levy <Danya.Levy@health.govt.nz>

Sent: Monday, 19 September 2022 4:53 pm

To: Edie Taylor <Edie.Taylor@health.govt.nz>; Timothy Jelleyman <Timothy.Jelleyman@health.govt.nz>

Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Thank you Edie and Tim. Please let me know if there's anything I can do to help.

From: Edie Taylor <Edie.Taylor@health.govt.nz>

Sent: Monday, 19 September 2022 4:49 pm

To: Timothy Jelleyman <Timothy.Jelleyman@health.govt.nz>

Cc: Danya Levy <Danya.Levy@health.govt.nz>

Subject: FW: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Kia ora Tim

Please see below from Danya – should we get together to put together some lines for these queries?

Ngā mihi

Edie Taylor (she/her)

Senior Advisor | Office of the Chief Clinical Officers

System Performance & Monitoring

Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011



From: Danya Levy <Danya.Levy@health.govt.nz>

Sent: Monday, 19 September 2022 4:44 pm

To: Edie Taylor <Edie.Taylor@health.govt.nz>

Subject: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Hi Edie,

The web team said you were the author of the change this media query is asking about. Please redirect me if you are not the right person. If no one is available for interview, I can provide the reporter with written comment instead. There is a second query below which I sent to Pharmac, Jarrod and Anne – but haven't heard back from Jarrod or Anne yet. Pharmac is answering the first and third questions, but I was wondering if you could please help with the highlighted question?

I have found these Waikato University guidelines which talk about the benefits etc of puberty blockers:

Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand: (<https://researchcommons.waikato.ac.nz/handle/10289/13101>)

However, I also notice they talk about them being reversible, so advice that we have now changed?

Many thanks for any help or redirections,

Danya

Media: Ruth Hill, RNZ

Query: I'm doing a story for RNZ on puberty blockers and the fact the Ministry has now removed the words "safe and reversible" from its advice.

<https://www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders/transgender-new-zealanders-children-and-young-people>

- Would anyone from the Ministry be available for interview tomorrow or on Wednesday? Any time between 9am and 2.50pm is easiest for me because there won't be any background screaming, but I can be flexible.

Media: Bernard Lane, Gender Clinic News

Query: I'm a journalist covering the international debate about youth gender clinics.

I'm writing about the situation with youth gender dysphoria in NZ, with a particular focus on puberty blockers.

- Does NZ Health Ministry fully fund the cost of puberty blockers? **Pharmac answering**
- **Can you please point me to any NZ Health Ministry advice for New Zealanders about the benefits, risks & nature of puberty blocking as a treatment for gender dysphoria?**
- Is there a minimum age below which puberty blockers cannot be given? **Pharmac answering**

Deadline: Midday Tuesday

Danya Levy (she/her)

Principal Media Advisor

S9(2)(a)

media@health.govt.nz

Info for media: www.health.govt.nz/news-media/media-centre

Manatū Hauora, 133 Molesworth Street Wellington 6011



RELEASED UNDER THE OFFICIAL INFORMATION Act 1982

From: Danya Levy
Sent: Tuesday, 20 September 2022 4:00 pm
To: Sayali Pendharkar
Cc: Edie Taylor
Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Got it. Thanks Sayali. I'll remove that part.

From: Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>
Sent: Tuesday, 20 September 2022 3:57 pm
To: Danya Levy <Danya.Levy@health.govt.nz>
Cc: Edie Taylor <Edie.Taylor@health.govt.nz>
Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Thanks, Danya. Agree – it shouldn't be part of the response. It's back end stuff for us to do 😊

Ngā mihi nui

Sayali

Dr Sayali Pendharkar, PhD (she/her)

Deputy Chief Science Advisor
Office of the Chief Science Advisor
Evidence, Research and Innovation
Phone: S9(2)(a) [REDACTED]

Email: sayali.pendharkar@health.govt.nz

Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011



From: Danya Levy <Danya.Levy@health.govt.nz>
Sent: Tuesday, 20 September 2022 2:43 pm
To: Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>
Cc: Edie Taylor <Edie.Taylor@health.govt.nz>
Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Hi Sayali,

Can you please check you're happy with this highlighted line? I didn't want to use the term "evidence brief" because although it sounds self-evident, I'm not sure the media/public know what it is. Happy to just remove the highlighted line if it wasn't intended for the response.

Many thanks,

Danya

Gender affirming healthcare is a rapidly evolving interdisciplinary field. Manatū Hauora is in the process of adjusting lines on our webpage in a way that gives the opportunity to review and assess emerging information. **For this reason, we will be adding information on the latest international evidence available to our webpage.**

From: Danya Levy

Sent: Tuesday, 20 September 2022 12:28 pm

To: Jenna Osborne-Taylor <Jenna.Osborne-Taylor@health.govt.nz>; Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>; Timothy Jelleyman <Timothy.Jelleyman@health.govt.nz>; Steve Barnes <Steve.Barnes@health.govt.nz>; Edie Taylor <Edie.Taylor@health.govt.nz>; Jo Elvidge <Jo.Elvidge@health.govt.nz>

Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Mōrena all,

Many thanks for all your help on this, especially Edie and Tim who worked on this late last night.

Please see latest version below. Sayali asked if it would be signed off by OCCO or Pharmac. We don't usually get sign off from Pharmac, but I could run this by Dr Joe Borne as chief medical officer if you thought that was appropriate? I have changed the order, and I have tweaked the sentence about planning an evidence brief as it was a bit bureaucratic. Can you please make sure you're happy with the highlighted replacement? And did you want me to include the link to the OIA?

When I send this back to RNZ, I will explain that unfortunately we don't have anyone available for interview on this, so we are providing written comment.

Many thanks,

Danya

Media: Ruth Hill, RNZ

Query: I'm doing a story for RNZ on puberty blockers and the fact the Ministry has now removed the words "safe and reversible" from its advice.

Suggested response:

Manatū Hauora – the Ministry of Health is 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.

Gender affirming healthcare is a rapidly evolving interdisciplinary field. Manatū Hauora is in the process of adjusting lines on our webpage in a way that gives the opportunity to review and assess emerging information. **For this reason, we will be adding information on the latest international evidence available to our webpage.**

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.

In view of the increasing scientific evidence, World Professional Association for Transgender Health (WPATH) commissioned a new version of the Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (SOC-8). The SOC-8 published on 6 September 2022 is based on the best available scientific evidence and expert professional consensus in transgender health. SOC-8 is available at:

<https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

Guidelines for Gender Affirming Healthcare (2018 - New Zealand) have been developed by the Professional Association for Transgender Health Aotearoa (PATHA). These are available at: <https://patha.nz/Guidelines>

PATHA is expected to update its guidelines for Gender Affirming Health Care following the WPATH release of SOC8.

Manatū Hauora's approach to the provision of gender affirming health care will continue to be guided by scientific evidence, health professionals and Rainbow communities and the WPATH Standards of Care Version 8 (SOC8). These guidelines provide updated assessment, support, and therapeutic approaches for transgender and non-binary people.

Further information on the work we are doing in gender-affirming care can be found here:

https://www.health.govt.nz/system/files/documents/information-release/h202204014_response.pdf

From: Jenna Osborne-Taylor <Jenna.Osborne-Taylor@health.govt.nz>

Sent: Tuesday, 20 September 2022 8:25 am

To: Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>; Timothy Jelleyman

<Timothy.Jelleyman@health.govt.nz>; Steve Barnes <Steve.Barnes@health.govt.nz>; Edie Taylor

<Edie.Taylor@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>; Jo Elvidge <Jo.Elvidge@health.govt.nz>

Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Mōrena all

I'm happy with the wording with Sayali's changes.

Ngā mihi nui

Jenna Osborne-Taylor (she/her/ia)

Senior Advisor | Kaitohutohu Matua

Primary Care

Primary Health Care System Improvement and Innovation / Commissioning

īmēra: jenna.osborne-taylor@health.govt.nz

133 Molesworth Street, Thorndon, Wellington | P O Box 5013, Wellington 6140



Te Whatu Ora – Health New Zealand

TeWhatuOra.govt.nz

I work remotely - please include virtual options for hui/meetings. My standard hours of work are 7.00am to 3.00pm.

From: Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>

Sent: Monday, 19 September 2022 9:55 pm

To: Timothy Jelleyman <Timothy.Jelleyman@health.govt.nz>; Steve Barnes <Steve.Barnes@health.govt.nz>; Edie

Taylor <Edie.Taylor@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>; Jo Elvidge

<Jo.Elvidge@health.govt.nz>; Jenna Osborne-Taylor <Jenna.Osborne-Taylor@health.govt.nz>

Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Thank you, all. Edie, this is reading well. Some very minor edits from me below in black. We may or may not want to refer to scientific evidence in the 2nd bullet point – I think it is appropriate given the planned evidence brief.

Will this be signed out by OCCO and PHARMAC?

Ngā mihi nui

Sayali

Dr Sayali Pendharkar, PhD (she/her)

Deputy Chief Science Advisor
Office of the Chief Science Advisor
Evidence, Research and Innovation

Phone: s 9(2)(a)

Email: sayali.pendharkar@health.govt.nz

Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011



From: Timothy Jelleyman <Timothy.Jelleyman@health.govt.nz>

Sent: Monday, 19 September 2022 9:37 pm

To: Steve Barnes <Steve.Barnes@health.govt.nz>; Edie Taylor <Edie.Taylor@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>; Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>; Jo Elvidge <Jo.Elvidge@health.govt.nz>; Jenna Osborne-Taylor <Jenna.Osborne-Taylor@health.govt.nz>

Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Thank you Edie,
I think you have set out well what has been discussed and planned.
No adjustments from me.
Ngā mihi
Tim.

Dr Tim Jelleyman

Chief Clinical Advisor, Child and Youth Health
Office of Chief Clinical Officers

s 9(2)(a)

timothy.jelleyman@health.govt.nz

Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011

Auckland based. Regular MoH days: Mon – Wed;
Clinical days at Waitemāta : Thurs, Fri.
Text me if your email needs priority attention.



From: Steve Barnes <Steve.Barnes@health.govt.nz>

Sent: Monday, 19 September 2022 7:11 pm

To: Edie Taylor <Edie.Taylor@health.govt.nz>; Timothy Jelleyman <Timothy.Jelleyman@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>; Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>; Jo Elvidge <Jo.Elvidge@health.govt.nz>; Jenna Osborne-Taylor <Jenna.Osborne-Taylor@health.govt.nz>

Subject: Re: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Kia ora tātou,

I can't speak to any of the clinical info but I can confirm that when my team was working on trans health issues last year PATHA advised us that they'd be updating their guidelines following SOC8. I haven't heard otherwise so it's most likely still the plan.

Steve

Steve Barnes

Group Manager, Family and Community Health Policy

System Strategy and Policy

Ministry of Health

Mobile: s 9(2)(a)

<http://www.health.govt.nz>

From: Edie Taylor <Edie.Taylor@health.govt.nz>

Sent: Monday, September 19, 2022 6:20:10 PM

To: Timothy Jelleyman <Timothy.Jelleyman@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>; Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>; Jo Elvidge <Jo.Elvidge@health.govt.nz>; Jenna Osborne-Taylor <Jenna.Osborne-Taylor@health.govt.nz>; Steve Barnes <Steve.Barnes@health.govt.nz>

Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Kia ora koutou

Would it be possible to get a group review of these lines please? I am wanting to confirm that everything here is still in line with MOH positioning.

Please ensure that @Danya Levy is copied into any changes. Thanks all!

- *Transgender Gender affirming healthcare is a rapidly evolving interdisciplinary field. Manatū Hauora is in the process of adjusting lines in on the webpage in a way that gives the opportunity to review and assess emerging information. Work on an evidence brief is planned to support this area.*
- *Our approach to the provision of gender affirming health care will continue to be guided by scientific evidence, health professionals and Rainbow communities, including the World Professional Association for Transgender Health (WPATH) Standards of Care Version 8 (SOC8). These updated guidelines provide updated assessment, support, and therapeutic approaches for transgender and non-binary people.*

From - https://www.health.govt.nz/system/files/documents/information-release/h202204014_response.pdf

- *In view of the increasing scientific evidence, WPATH commissioned a new version of the Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (SOC-8). The SOC-8 published on 6 September 2022 is based on the best available scientific evidence and expert professional consensus in*

transgender health. SOC-8 is available at:

<https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

- *Guidelines for Gender Affirming Healthcare (2018 - New Zealand) have been developed by the Professional Association for Transgender Health Aotearoa (PATHA). These are available at: <https://patha.nz/Guidelines> PATHA is expected to update its guidelines for Gender Affirming Health Care following the WPATH release of SOC8.*

Is somebody able to confirm this second sentence re. the PATHA update following SOC8 please?

- *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 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 the treating clinician and their patient.*

Ngā mihi

Edie Taylor (she/her)

Senior Advisor | Office of the Chief Clinical Officers

System Performance & Monitoring

Manatū Hauora, 133 Molesworth Street

Thorndon, Wellington 6011



From: Timothy Jelleyman <Timothy.Jelleyman@health.govt.nz>

Sent: Monday, 19 September 2022 5:20 pm

To: Danya Levy <Danya.Levy@health.govt.nz>; Edie Taylor <Edie.Taylor@health.govt.nz>

Cc: Sayali Pendharkar <Sayali.Pendharkar@health.govt.nz>

Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Kia ora Edie – I would not be comfortable with presenting for an interview, so will decline that for my part. There is significant risk going out talking about this without the right expertise in the room.

This is a work in progress, and we could say that the Ministry of Health has received indication that the statement 'safe and reversible' needs looking into. Other jurisdictions such as Sweden and UK have also been grappling with this question recently.

We have also discussed with Medsafe team who support the approach with the adjusted wording and further due diligence on the matter.

There is a specific plan to look at the evidence and produce an Evidence Brief. As this will take some time to complete, probably not until first part of 2023, then in the meantime the MoH has taken the precaution of adjusting the webpage information while the background for any position is formally updated.

Happy to discuss further.

Danya – thanks for your offer of support.

Sayali, I have also copied you in for any comment at this point.

Ngā mihi
Tim.

Dr Tim Jelleyman

Chief Clinical Advisor, Child and Youth Health
Office of Chief Clinical Officers

s 9(2)(a)

timothy.jelleyman@health.govt.nz

Manatū Hauora, 133 Molesworth Street

Thorndon, Wellington 6011

Auckland based. Regular MoH days: Mon – Wed;

Clinical days at Waitemāta : Thurs, Fri.

Text me if your email needs priority attention.



From: Danya Levy <Danya.Levy@health.govt.nz>

Sent: Monday, 19 September 2022 4:53 pm

To: Edie Taylor <Edie.Taylor@health.govt.nz>; Timothy Jelleyman <Timothy.Jelleyman@health.govt.nz>

Subject: RE: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Thank you Edie and Tim. Please let me know if there's anything I can do to help.

From: Edie Taylor <Edie.Taylor@health.govt.nz>

Sent: Monday, 19 September 2022 4:49 pm

To: Timothy Jelleyman <Timothy.Jelleyman@health.govt.nz>

Cc: Danya Levy <Danya.Levy@health.govt.nz>

Subject: FW: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Kia ora Tim

Please see below from Danya – should we get together to put together some lines for these queries?

Ngā mihi

Edie Taylor (she/her)

Senior Advisor | Office of the Chief Clinical Officers

System Performance & Monitoring

Manatū Hauora, 133 Molesworth Street

Thorndon, Wellington 6011



From: Danya Levy <Danya.Levy@health.govt.nz>

Sent: Monday, 19 September 2022 4:44 pm

To: Edie Taylor <Edie.Taylor@health.govt.nz>

Subject: Advice for puberty blockers media query please: Ruth Hill, RNZ and Gender Clinic News - puberty blockers

Hi Edie,

The web team said you were the author of the change this media query is asking about. Please redirect me if you are not the right person. If no one is available for interview, I can provide the reporter with written comment instead. There is a second query below which I sent to Pharmac, Jarrod and Anne – but haven't heard back from Jarrod or Anne yet. Pharmac is answering the first and third questions, but I was wondering if you could please help with the highlighted question?

I have found these Waikato University guidelines which talk about the benefits etc of puberty blockers:

Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand: (<https://researchcommons.waikato.ac.nz/handle/10289/13101>)

However, I also notice they talk about them being reversible, so advice that we have now changed?

Many thanks for any help or redirections,

Danya

Media: Ruth Hill, RNZ

Query: I'm doing a story for RNZ on puberty blockers and the fact the Ministry has now removed the words "safe and reversible" from its advice.

<https://www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders/transgender-new-zealanders-children-and-young-people>

- Would anyone from the Ministry be available for interview tomorrow or on Wednesday? Any time between 9am and 2.50pm is easiest for me because there won't be any background screaming, but I can be flexible.

Media: Bernard Lane, Gender Clinic News

Query: I'm a journalist covering the international debate about youth gender clinics.

I'm writing about the situation with youth gender dysphoria in NZ, with a particular focus on puberty blockers.

- Does NZ Health Ministry fully fund the cost of puberty blockers? **Pharmac answering**
- **Can you please point me to any NZ Health Ministry advice for New Zealanders about the benefits, risks & nature of puberty blocking as a treatment for gender dysphoria?**
- Is there a minimum age below which puberty blockers cannot be given? **Pharmac answering**

Deadline: Midday Tuesday

Danya Levy (she/her)

Principal Media Advisor

s 9(2)(a)

media@health.govt.nz

Info for media: www.health.govt.nz/news-media/media-centre

Manatū Hauora, 133 Molesworth Street Wellington 6011



RELEASED UNDER THE OFFICIAL INFORMATION Act 1982

From: Danya Levy
Sent: Tuesday, 20 September 2022 10:38 am
To: Jarrod Williams
Cc: Edie Taylor
Subject: RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Thanks Jarrod. S9(2)(a)

From: Jarrod Williams <Jarrod.Williams@health.govt.nz>
Sent: Tuesday, 20 September 2022 7:55 am
To: Danya Levy <Danya.Levy@health.govt.nz>
Cc: Edie Taylor <Edie.Taylor@health.govt.nz>
Subject: RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Kia ora Danya,

S9(2)(a) we've got some lines on our website about puberty blockers that are our standard lines. <https://www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders/transgender-new-zealanders-children-and-young-people>

Beyond that, like with any medication, the Ministry advice is that people should discuss the benefits, risks & nature of puberty blocking as a treatment with their doctor or other trusted clinician.

We don't really have any more to say sorry.

Ngā mihi,

Jarrod Williams (he / him)

Manager

Office of the Chief Clinical Officers

S9(2)(a)

jarrod.williams@health.govt.nz

Manatū Hauora, 133 Molesworth Street

Thorndon, Wellington 6011



If this email reaches you out of hours, I don't expect a response outside of your office hours, it's just a convenient time for me to send an email

From: Danya Levy <Danya.Levy@health.govt.nz>
Sent: Monday, 19 September 2022 3:32 pm
To: Media Pharmac-EXT <Media@Pharmac.govt.nz>; Jarrod Williams <Jarrod.Williams@health.govt.nz>; Anne

Stewart <Anne.Stewart@health.govt.nz>

Subject: RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Thank you Jane. That would be wonderful, thank you. The only other part of the query is about advice on the benefits/risks of puberty blockers. I can keep trying to chase that here, if Pharmac doesn't have anything on that.

From: Media <media@pharmac.govt.nz>

Sent: Monday, 19 September 2022 3:29 pm

To: Danya Levy <Danya.Levy@health.govt.nz>; Jarrod Williams <Jarrod.Williams@health.govt.nz>; Anne Stewart <Anne.Stewart@health.govt.nz>

Subject: RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Hi there,

We can answer around what is funded re puberty blockers, and talk about if age is an access criteria (not sure yet as haven't checked). Do you want us to provide you the information to add to your answer?

Ngā mihi

Jane Wright | Pharmac's Senior Communications Advisor, Media

Pharmac | Te Pātaka Whaioranga | PO Box 10 254 | Level 9, 40 Mercer Street, Wellington

M: S9(2)(a) www.pharmac.govt.nz

From: Danya Levy <Danya.Levy@health.govt.nz>

Sent: Monday, 19 September 2022 3:21 pm

To: Jarrod Williams <Jarrod.Williams@health.govt.nz>; Media <media@pharmac.govt.nz>; Anne Stewart <Anne.Stewart@health.govt.nz>

Subject: FW: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Hi Jarrod, Anne and the Pharmac team,
Please see media query below that I'm struggling to find a home for. Does this sit with either of your teams?
Many thanks,
Danya

From: Sarah Upston <Sarah.Upston@health.govt.nz>

Sent: Monday, 19 September 2022 3:14 pm

To: Danya Levy <Danya.Levy@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>; Jo Elvidge <Jo.Elvidge@health.govt.nz>

Subject: RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Hi Danya – I wonder if this sits best with PHARMAC and/or OCCO?

Ngā mihi nui,

Sarah Upston (she/her)

Acting Manager, Primary Care |

Primary Health Care System Improvement and Innovation/Commissioning

waea pūkoro: S9(2)(a) | Imēra: sarah.upston@health.govt.nz
133 Molesworth Street, Wellington | PO Box 5103, Wellington 6140



Te Whatu Ora – Health New Zealand
[TeWhatuOra.govt.nz](https://www.health.govt.nz)

I work remotely some days during the week – please include virtual options for hui.

From: Danya Levy <Danya.Levy@health.govt.nz>

Sent: Monday, 19 September 2022 2:53 pm

To: Sarah Upston <Sarah.Upston@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>; Jo Elvidge <Jo.Elvidge@health.govt.nz>

Subject: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Hello Sarah, Harsh and Jo,

Apologies for the scattergun email. I am trying to find out who looks after youth gender dysphoria/puberty blockers. Do any of you know who would be best placed to answer these questions please?

I have found an old response on this, and guidelines which seem to show that puberty blockers are subsidised and there is no age limit?

Many thanks,

Danya

Media: Bernard Lane, Gender Clinic News

Query: I'm a journalist covering the international debate about youth gender clinics.

I'm writing about the situation with youth gender dysphoria in NZ, with a particular focus on puberty blockers.

- Does NZ Health Ministry fully fund the cost of puberty blockers?
- Can you please point me to any NZ Health Ministry advice for New Zealanders about the benefits, risks & nature of puberty blocking as a treatment for gender dysphoria?
- Is there a minimum age below which puberty blockers cannot be given?

Deadline: Midday Tuesday

From the Waikato Uni guidelines:

Currently in New Zealand, goserelin (Zoladex®) SC implants have sole subsidy status, although leuporelin (Lucrin®) IM injections continue to be fully funded for children and adolescents, who are unable to tolerate administration of goserelin, where the prescription is endorsed accordingly.

June 2021 response:

It is important to note that the Ministry intends to provide general health advice on our website. The treating clinician is responsible for considering the appropriateness of a particular treatment for a particular patient. It is also their responsibility to ensure that the patient is informed of the risks and benefits associated with that treatment. Informed consent should be obtained from the patient before the choice is made to prescribe a treatment.

A young person aged 16 years and over can consent to their treatment as if they were an adult. For children and young people under the age of 16, consent may be given by a parent, guardian or other person acting in the place of a parent. Depending on the child's age, they will be involved as much as possible and information will be given to them in a way that they can understand.

The Ministry has consulted with local clinical experts, including Counties Manukau DHB paediatrician Rachel Johnson, who advised that despite the change in advice in the UK, the information on our website that puberty blockers are safe and reversible remains appropriate.

The information is supported by the *Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand*. This is available on the University of Waikato's Research Commons' website (<https://researchcommons.waikato.ac.nz/handle/10289/13101>) It is also supported by the *Standards of Care* developed by the World Professional Association for Transgender Health, which can be found on its website (www.wpath.org/publications/soc).

Please note: The UK has since reversed its decision around puberty blockers which are now available with parental consent following this statement on the Tavistock ruling from WPATH , PATHA , AUSPATH and other gender affirming care organisations:

https://www.wpath.org/media/cms/Documents/Public%20Policies/2020/FINAL%20Statement%20Regarding%20Informed%20Consent%20Court%20Case_Dec%2016%202020.docx.pdf

Danya Levy (she/her)

Principal Media Advisor

S9(2)(a)

media@health.govt.nz

Info for media: www.health.govt.nz/news-media/media-centre

Manatū Hauora, 133 Molesworth Street Wellington 6011



Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

This e-mail message and any accompanying attachments may contain confidential information. If you are not the intended recipient, please do not read, use, disseminate, distribute or copy this message or attachments. If you have received this message in error, please notify the sender immediately and delete this message.

From: Kieran Moorhead
Sent: Wednesday, 21 September 2022 10:06 am
To: Danya Levy; Jo Elvidge; Sarah Upston; Harsh Vardhan
Cc: Jenna Osborne-Taylor; Edie Taylor
Subject: RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Apologies for the delay – appreciate we may have missed deadline on this one! But we think including some key points below would strengthen the response. Thanks heaps 😊

- Some people experience psychological distress as a result of the discrepancy between their sense of gender identity and the sex that they were born with, often referred to as gender dysphoria.
- We know that transgender and non-binary people experience higher rates of psychological distress, including experiences of anxiety, depression, thoughts of suicide, and substance misuse. This is not always only related to gender dysphoria and there may be many factors that contribute to poor mental health outcomes for transgender and non-binary people, for example, lack of acceptance from family or peers, or bullying and discrimination when accessing education, housing, employment and health services.
- Not all people who experience feelings of gender dysphoria seek to access puberty blockers or hormones, although many do on their often long journey to 'come out' and undergo a transition to an identity that more truly matches their lived experience.
- Transitioning is not a linear or straight forward process, and can include a range of steps that someone wishes to take including, changing how they dress or present, changing their name, updating legal identification documentation, accessing counselling or peer support from community organisations, as well as accessing puberty blockers or hormones.
- Many areas of New Zealand require a diagnosis of gender dysphoria before someone is able to access puberty blockers or hormones which can sometimes mean accessing specialist mental health services or a private assessment from a psychologist. This creates additional barriers for accessing health care. Some people experience this as harmful as it pathologises what feels natural in relation to their gender identity.
- Gender affirming care includes a range of health supports to affirm people's own gender identity. This may include puberty blockers, hormone, as well as laser hair removal, voice therapy, counselling and social supports, and surgeries. Not all people will want these options, or may only want a few. Many people pay for some services or access them through community organisations.
- We recommend speaking to young people who have experienced gender affirming care, including puberty blockers and hormones, to understand the benefits that these have brought them.

Kieran Moorhead (he/him)

Senior Policy Analyst

Mental Health and Addiction Strategy and Policy | System Performance and Monitoring Directorate

+64 4 496 2000

kieran.moorhead@health.govt.nz

Manatū Hauora, 133 Molesworth Street Thorndon, Wellington 6011



From: Danya Levy <Danya.Levy@health.govt.nz>
Sent: Tuesday, 20 September 2022 10:01 am
To: Kieran Moorhead <Kieran.Moorhead@health.govt.nz>; Jo Elvidge <Jo.Elvidge@health.govt.nz>; Sarah Upston <Sarah.Upston@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Cc: Jenna Osborne-Taylor <Jenna.Osborne-Taylor@health.govt.nz>; Edie Taylor <Edie.Taylor@health.govt.nz>
Subject: RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Many thanks Kieran 😊

From: Kieran Moorhead <Kieran.Moorhead@health.govt.nz>
Sent: Tuesday, 20 September 2022 9:48 am
To: Jo Elvidge <Jo.Elvidge@health.govt.nz>; Danya Levy <Danya.Levy@health.govt.nz>; Sarah Upston <Sarah.Upston@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Cc: Jenna Osborne-Taylor <Jenna.Osborne-Taylor@health.govt.nz>; Edie Taylor <Edie.Taylor@health.govt.nz>
Subject: RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Kia ora koutou

I have written some lines for the second point regarding treatment of gender dysphoria – running them by our principal clinical advisor children and young people so will get them to you before midday for your consideration 😊

Kieran Moorhead (he/him)

Senior Policy Analyst

Mental Health and Addiction Strategy and Policy | System Performance and Monitoring Directorate

+64 4 496 2000

kieran.moorhead@health.govt.nz

Manatū Hauora, 133 Molesworth Street Thorndon, Wellington 6011



From: Jo Elvidge <Jo.Elvidge@health.govt.nz>
Sent: Monday, 19 September 2022 5:20 pm
To: Danya Levy <Danya.Levy@health.govt.nz>; Sarah Upston <Sarah.Upston@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Cc: Kieran Moorhead <Kieran.Moorhead@health.govt.nz>; Jenna Osborne-Taylor <Jenna.Osborne-Taylor@health.govt.nz>; Edie Taylor <Edie.Taylor@health.govt.nz>
Subject: RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Oh well done Danya!

Yes there has been some recent international debate going on about their safety—I am not fully up with that debate. From memory it came from doctor prescribing puberty blockers in the UK who thought we should be more informed about long term impacts, and has been taken up by conservatives in the US.

Kia pai tō rā

Jo Elvidge (she/her)

Principal Advisor | Kaitohutohu Mātāmua
Sexual and Reproductive Health

**Family and Community Health,
Population Health Commissioning**

waea pūkoro: S9(2)(a) | Īmēra: Jo.Elvidge@health.govt.nz
650 Great South Rd, Penrose, Auckland | Private Bag 92522, Auckland 1141



Te Whatu Ora – Health New Zealand
TeWhatuOra.govt.nz

From: Danya Levy <Danya.Levy@health.govt.nz>
Sent: Monday, 19 September 2022 5:07 pm
To: Jo Elvidge <Jo.Elvidge@health.govt.nz>; Sarah Upston <Sarah.Upston@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Cc: Kieran Moorhead <Kieran.Moorhead@health.govt.nz>; Jenna Osborne-Taylor <Jenna.Osborne-Taylor@health.govt.nz>; Edie Taylor <Edie.Taylor@health.govt.nz>
Subject: RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Many thanks Jo. Pharmac is answering the first and third questions. Edie is helping me with the middle question and a new query from RNZ on why the Ministry removed the words “safe” and “reversible”.
I did find those guidelines but have queried them with Edie as they talk about puberty blockers being reversible still, so wanted to make sure they were still relevant.

From: Jo Elvidge <Jo.Elvidge@health.govt.nz>
Sent: Monday, 19 September 2022 5:02 pm
To: Danya Levy <Danya.Levy@health.govt.nz>; Sarah Upston <Sarah.Upston@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>
Cc: Kieran Moorhead <Kieran.Moorhead@health.govt.nz>; Jenna Osborne-Taylor <Jenna.Osborne-Taylor@health.govt.nz>
Subject: RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Apologies I was on a deadline and ignoring my email. There are guidelines for this put out by the association for trans health care. <https://patha.nz/Guidelines>

There have been issues regarding the appropriately skilled leads for prescribing and management between primary care, mental health care and specialist care for prescribing.

Jenna (primary care) or Kieran (mental health) could tell you more.

Kia pai tō rā

Jo Elvidge (she/her)
Principal Advisor | Kaitohutohu Mātāmua
Sexual and Reproductive Health
Family and Community Health,
Population Health Commissioning

waea pūkoro: S9(2)(a) | Īmēra: Jo.Elvidge@health.govt.nz



Te Whatu Ora – Health New Zealand

TeWhatuOra.govt.nz

From: Danya Levy <Danya.Levy@health.govt.nz>
Sent: Monday, 19 September 2022 3:19 pm**To:** Sarah Upston <Sarah.Upston@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>; Jo Elvidge <Jo.Elvidge@health.govt.nz>**Subject:** RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Thanks Sarah. I'll try them.

From: Sarah Upston <Sarah.Upston@health.govt.nz>
Sent: Monday, 19 September 2022 3:14 pm**To:** Danya Levy <Danya.Levy@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>; Jo Elvidge <Jo.Elvidge@health.govt.nz>**Subject:** RE: Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Hi Danya – I wonder if this sits best with PHARMAC and/or OCCO?

Ngā mihi nui,

Sarah Upston (she/her)

Acting Manager, Primary Care |

Primary Health Care System Improvement and Innovation/Commissioning

waea pūkoro: S9(2)(a) | Īmēra: sarah.upston@health.govt.nz

133 Molesworth Street, Wellington | PO Box 5103, Wellington 6140

Follow us on [LinkedIn](#) | [Facebook](#) | [Instagram](#)



Te Whatu Ora – Health New Zealand

TeWhatuOra.govt.nz

I work remotely some days during the week – please include virtual options for hui.

From: Danya Levy <Danya.Levy@health.govt.nz>
Sent: Monday, 19 September 2022 2:53 pm**To:** Sarah Upston <Sarah.Upston@health.govt.nz>; Harsh Vardhan <Harsh.Vardhan@health.govt.nz>; Jo Elvidge <Jo.Elvidge@health.govt.nz>**Subject:** Advice for media query please: Bernard Lane, Gender Clinic News - youth gender dysphoria

Hello Sarah, Harsh and Jo,

Apologies for the scattergun email. I am trying to find out who looks after youth gender dysphoria/puberty blockers. Do any of you know who would be best placed to answer these questions please?

I have found an old response on this, and guidelines which seem to show that puberty blockers are subsidised and there is no age limit?

Many thanks,
Danya

Media: Bernard Lane, Gender Clinic News

Query: I'm a journalist covering the international debate about youth gender clinics.

I'm writing about the situation with youth gender dysphoria in NZ, with a particular focus on puberty blockers.

- Does NZ Health Ministry fully fund the cost of puberty blockers?
- Can you please point me to any NZ Health Ministry advice for New Zealanders about the benefits, risks & nature of puberty blocking as a treatment for gender dysphoria?
- Is there a minimum age below which puberty blockers cannot be given?

Deadline: Midday Tuesday

From the Waikato Uni guidelines:

Currently in New Zealand, goserelin (Zoladex®) SC implants have sole subsidy status, although leuprorelin (Lucrin®) IM injections continue to be fully funded for children and adolescents, who are unable to tolerate administration of goserelin, where the prescription is endorsed accordingly.

June 2021 response:

It is important to note that the Ministry intends to provide general health advice on our website. The treating clinician is responsible for considering the appropriateness of a particular treatment for a particular patient. It is also their responsibility to ensure that the patient is informed of the risks and benefits associated with that treatment. Informed consent should be obtained from the patient before the choice is made to prescribe a treatment.

A young person aged 16 years and over can consent to their treatment as if they were an adult. For children and young people under the age of 16, consent may be given by a parent, guardian or other person acting in the place of a parent. Depending on the child's age, they will be involved as much as possible and information will be given to them in a way that they can understand.

The Ministry has consulted with local clinical experts, including Counties Manukau DHB paediatrician Rachel Johnson, who advised that despite the change in advice in the UK, the information on our website that puberty blockers are safe and reversible remains appropriate.

The information is supported by the *Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand*. This is available on the University of Waikato's Research Commons' website (<https://researchcommons.waikato.ac.nz/handle/10289/13101>) It is also supported by the *Standards of Care* developed by the World Professional Association for Transgender Health, which can be found on its website (www.wpath.org/publications/soc).

Please note: The UK has since reversed its decision around puberty blockers which are now available with parental consent following this statement on the Tavistock ruling from WPATH, PATHA, AUSPATH and other gender affirming care organisations:

<https://www.wpath.org/media/cms/Documents/Public%20Policies/2020/FINAL%20Statement%20Regarding%20Informed%20Consent%20Court%20Case%20Dec%2016%202020.docx.pdf>

Danya Levy (she/her)

Principal Media Advisor

S9(2)(a)

media@health.govt.nz

Info for media: www.health.govt.nz/news-media/media-centre

Manatū Hauora, 133 Molesworth Street Wellington 6011



RELEASED UNDER THE OFFICIAL INFORMATION Act 1982

From: Blair Cunningham
Sent: Friday, 23 September 2022 7:34 am
To: Media MOH
Cc: Edie Taylor
Subject: FW: MoH media response - Rachel Thomas, Stuff, Puberty blockers info on MOH site

Categories: Tracked To Dynamics 365

Morning Emily and Ben....are you able to take on this follow up please...from Rachel Thomas, you'll see Edie in OCCO will be looking into this today

Edie are you able to reply to media team please Im off today and on call this weekend.

Cheers!

Blair Cunningham

Senior Media Advisor

S9(2)(a)

For media issues, please copy in media@health.govt.nz

Information for media:

<https://www.health.govt.nz/news-media/media-centre>

Manatū Hauora, 133 Molesworth Street Wellington 6011



From: Edie Taylor <Edie.Taylor@health.govt.nz>
Sent: Thursday, 22 September 2022 4:47 pm
To: Blair Cunningham <Blair.Cunningham@health.govt.nz>
Subject: RE: MoH media response - Rachel Thomas, Stuff, Puberty blockers info on MOH site

Hi Blair

We're getting one of our Dr's to take a look at this first thing tomorrow – imagine it'll be something along the lines of *...the use of any medicine or treatment is a matter for discussion between the clinician and their patient. The Ministry is unable to be involved in clinical decisions for individual patients. It is important to ensure that patients are fully informed of all aspects of any health intervention to enable them to make an informed choice and give informed consent.*

Possibly will also craft something around appropriate and effective use of medicines improving health outcomes and quality of life..

Will get back to you tomorrow!

Ngā mihi

Edie Taylor (she/her)

Senior Advisor | Office of the Chief Clinical Officers

System Performance & Monitoring

Manatū Hauora, 133 Molesworth Street

Thorndon, Wellington 6011



From: Blair Cunningham <Blair.Cunningham@health.govt.nz>

Sent: Thursday, 22 September 2022 4:16 pm

To: Edie Taylor <Edie.Taylor@health.govt.nz>

Subject: FW: MoH media response - Rachel Thomas, Stuff, Puberty blockers info on MOH site

Hey Edie...would you be keen to help with this one please?

Cheers!

Blair Cunningham

Senior Media Advisor

S9(2)(a)

For media issues, please copy in media@health.govt.nz

Information for media:

<https://www.health.govt.nz/news-media/media-centre>

Manatū Hauora, 133 Molesworth Street Wellington 6011



From: Rachel Thomas <rachel.thomas@stuff.co.nz>

Sent: Thursday, 22 September 2022 4:14 pm

To: Blair Cunningham <Blair.Cunningham@health.govt.nz>

Cc: Media MOH <media@health.govt.nz>; OIA Requests <oiagr@health.govt.nz>

Subject: Re: MoH media response - Rachel Thomas, Stuff, Puberty blockers info on MOH site

Kia ora Blair,

Thanks for this - can you clarify though whether MOH believes they are safe? I understand if you need to wait for emerging evidence, but some response would be useful given the misinformation and claims these right-leaning and anti-trans groups are spreading, so I'm just keen to be really clear.

I've had a look through that SOC-8 document and there is a line that says: (under 6.12.c): Gender-diverse youth should fully understand the reversible, partially reversible, and irreversible aspects of a treatment, as well as the limits of what is known about certain treatments (e.g., the impact of **pubertal suppression on brain development** (Chen and Loshak, 2020)).

Is it information like this that is behind the removal of the word 'safe'?

Happy to talk this out with someone if that's useful

Thanks
Rachel

On Thu, Sep 22, 2022 at 3:37 PM Blair Cunningham <Blair.Cunningham@health.govt.nz> wrote:

Hi Rachel,

I hope this helps

Cheers Blair

QUERY

I'm just checking whether there is some truth to claims being shared online by TERF and right-wing conservative groups like Family First regarding info about puberty blockers on the MOH website.

Attached is a screenshot alleging [the webpage here](#) used to reference blockers as "safe and fully reversible" and now this has been removed, which has [lead Family First to claim](#) this means the MOH does not believe they are safe or reversible. These groups are of course problematic sources, but it does appear something has changed on the MOH page, so I'm just looking to clarify:

- was [this page on the MOH site](#) edited to remove the reference to puberty blockers as "safe and fully reversible" and if so, why?
- does MOH maintain puberty blockers are safe and reversible?
- [Speak up for Women](#) is also claiming they had something to do with the change online - is this correct?

Response

Manatū Hauora – the Ministry of Health is 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.

Gender affirming healthcare is a rapidly evolving interdisciplinary field. Manatū Hauora is in the process of adjusting lines on our webpage in a way that gives the opportunity to review and assess emerging information.

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.

We endorse the PATHA guidelines, which do state:

“Puberty blockers are considered to be fully reversible and allow the adolescent time prior to making a decision on starting hormone therapy”

In view of the increasing scientific evidence, World Professional Association for Transgender Health (WPATH) commissioned a new version of the Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (SOC-8). The SOC-8 published on 6 September 2022 is based on the best available scientific evidence and expert professional consensus in transgender health. SOC-8 is available at: <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

Guidelines for Gender Affirming Healthcare (2018 - New Zealand) have been developed by the Professional Association for Transgender Health Aotearoa (PATHA). These are available at: <https://patha.nz/Guidelines>

PATHA is expected to update its guidelines for Gender Affirming Health Care following the WPATH release of SOC8.

Manatū Hauora’s approach to the provision of gender affirming health care will continue to be guided by scientific evidence, health professionals and Rainbow communities and the WPATH Standards of Care Version 8 (SOC8). These guidelines provide updated assessment, support, and therapeutic approaches for transgender and non-binary people.

Further information on the work we are doing in gender-affirming care can be found here: https://www.health.govt.nz/system/files/documents/information-release/h202204014_response.pdf

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

The information contained in this e-mail message and any accompanying files is or may be confidential. If you are not the intended recipient, any use, dissemination, reliance, forwarding, printing or copying of this e-mail or any attached files is unauthorised. This e-mail is subject to copyright. No part of it should be reproduced, adapted or communicated without the written consent of the copyright owner. If you have received this e-mail in error please advise the sender immediately by return e-mail or telephone and delete all copies. Stuff does not guarantee the accuracy or completeness of any information contained in this e-mail or attached files. Internet communications are not secure, therefore Stuff does not accept legal responsibility for the contents of this message or attached files.

RELEASED UNDER THE OFFICIAL INFORMATION ACT