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Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria

The Linacre Quarterly, official journal of The Catholic Medical Association, publishes article which finds ‘serious deficits’ in gender dysphoria and treatment

For Immediate Release

Philadelphia, PA—In an article published in the February 2020 issue of *The Linacre Quarterly*, Dr. Paul Hruz critically details “serious deficits” in scientific evidence regarding medical management of gender dysphoria.

Dr. Hruz’s article, *Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria*, provides an overview of what is currently known about people who experience a gender identity that differs from their biological sex and the associated desire to seek change through medical treatment.

“We really don’t know much about gender dysphoria—what causes it, how to treat it. We do know that in most cases it resolves by the end of puberty. That alone indicates that we should be cautious in our approach to irreversible medical and surgical interventions,” said Barbara Golder, M.D., J.D., Editor-in-Chief of *The Linacre Quarterly*.

“There is not a single long-term study to establish the safety of using puberty blockers or cross-sex hormones in physically normal youth. By definition, this is experimentation on our children. Our history in America is marked by periods of unethical treatment of children, minorities and the vulnerable. Multiple studies raise concerns about the long-term outcomes of gender reassignment. Under the Obama Administration, Medicare refused to pay for transition services, saying “there is not enough evidence to determine whether gender reassignment surgery improves outcomes for beneficiaries with gender dysphoria,” said Dr. Michael S. Parker, President of Catholic Medical Association.

Dr. Hruz, who is board certified in General Pediatrics, among other specialties, writes in his article:

In contrast to prior efforts to identify and primarily address underlying psychiatric contributors to gender dysphoria, interventions that include uncritical social affirmation, use of gonadotropin-releasing hormone agonists to suppress normally timed puberty, and administration of cross-sex steroid hormones to induce desired secondary sex characteristics are now advocated by an emerging cohort of transgender medicine specialists.

The article evaluates the scientific evidence used to support current recommendations for affirming one's preferred gender, halting normally timed puberty, administering cross-sex hormones, and surgically altering primary and secondary sexual traits.

"The care of people with gender dysphoria must be held to the same ethical and evidence-based standards demanded in other areas of medical practice. Despite claims to the contrary, there is so much that we do not yet know about sex-gender discordance. This makes it difficult if not impossible to adequately assess the long-term risks versus benefits of gender affirming medical interventions," said Dr. Hruz.

"Dr. Paul Hruz's thorough review of the alleged evidence base for the use of puberty blockers and other medical interventions in children claiming a non-traditional gender identity should serve as a clarion call to all of America's physicians. Many medical organizations around the world, including the Australian College of Physicians,^[i] the Royal College of General Practitioners in the United Kingdom,^[ii] and the Swedish National Council for Medical Ethics,^[iii] characterize prescribing puberty blockers and cross-sex hormones in youth as experimental and dangerous, said CMA's Dr. Michelle Cretella, who also serves as the Executive Director of the American College of Pediatricians.

In summary, the article suggests serious deficits in understanding the cause of this condition, the reasons for the marked increase in people presenting for medical care, together with immediate and long-term risks relative to benefit of medical intervention are exposed.

"As medical professionals, we should not be so quick to repeat past failings. Instead, we should provide dignified care which seeks to understand the underlying causes for gender dysphoria and support these youth and their families with counseling directed toward those underlying factors. Dr Hruz's objective, courageous and meticulous study of the current research supports this approach," added Dr. Parker.

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The longest continuously published journal of medical ethics, The Linacre Quarterly is official journal of the Catholic Medical Association. Continuously published since 1934, The Linacre Quarterly is the oldest journal in existence dedicated to medical ethics. The Linacre Quarterly provides a forum in which faith and reason can be brought to bear on analyzing and resolving ethical issues in health care, with a particular focus on issues in clinical practice and research.

^[i] Australia launches inquiry into safety and ethics of transgender medicine" BioEdge.org, 18 Aug 2019. <https://www.bioedge.org/bioethics/australia-launches-inquiry-into-safety-and-ethics-of-transgender-medicine/13182>

^[ii] <https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2019/RCGP-position-statement-providing-care-for-gender-transgender-patients-june-2019.ashx?la=en>

^[iii] <https://www.transgendertrend.com/wp-content/uploads/2019/04/SMER-National-Council-for-Medical-Ethics-directive-March-2019.pdf>

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