



WPATH President Dr. Marci Bowers said:

“The medical community is united in endorsing gender-affirming health care as safe, effective, and medically necessary care. Gender-affirming health care is individualized to a patient’s unique needs, including their age and their family’s circumstances. Blanket restrictions on certain forms of medical treatment—like the restrictions Genspect proposes—are not scientific and only make it harder for doctors to provide quality care, which puts young people and their families at risk.

“The most up-to-date guidelines for providers who offer gender-affirming care, WPATH’s Standards of Care 8 (SOC-8), were developed through a rigorous review of research literature and collection of diverse clinical perspectives. As outlined in the international Standards of Care, all care for young people starts with mental health care to support them psychologically and socially. There are no medical interventions for young people before they reach puberty. For some adolescents, care may include puberty delaying medications that give the young person more time to mature and appreciate important decisions that they need to make for their body when older. For some adolescents, gender-affirming hormone therapy can help safely bring their experience of puberty into alignment with their gender identity. These safe and effective medications are endorsed by the Endocrine Society.”

FAQ

- Why did you eliminate the age requirement for gender-affirming surgical treatments from the SOC-8? Doesn’t this mean you don’t support medical intervention for minors?
 - Throughout the process of developing and updating the Standards of Care 8, we made adjustments to ensure there was consensus among the scientific and medical community based on the latest research. Instead of specifying rigid age limits for certain forms of health care, the SOC-8 provides a detailed framework to help providers assess the needs of patients at different developmental stages of life. We do not want guidance around age-appropriate care to be

misinterpreted as being so rigid that patients aren't able to get care that meets their unique needs.

- How young is too young to get medical intervention?
 - Every transgender young person deserves access to quality health care that meets their needs. Our Standards of Care offer providers robust guidelines so that they can assess young people's needs and develop age-appropriate plans for care. With adolescents, it is important and developmentally appropriate to facilitate access to medical care along with an evaluation of how the adolescent approaches big and important healthcare decisions with caregiver and/or parental support.
- How common is "rapid onset gender dysphoria"? How young is too young to be transitioning?
 - WPATH condemns the use of this term, and no major medical association recognizes this term as valid. That term is a misconception based on a limited body of research that has been found to be deeply flawed by the medical community. A transgender person's process of exploring and understanding their gender is nuanced and individual for everyone, so no particular pace of transition and self-discovery should be used to legitimize or delegitimize a person's identity. When working with young people, providers consult closely with parents and mental health care professionals to develop plans for age-appropriate care.
- Why haven't there been any clinical trials for gender-affirming hormone treatments? Doesn't this mean they aren't safe to use?
 - Conducting a clinical trial for gender-affirming care is difficult because it raises ethical concerns about intentionally withholding effective care from people who need it, just as is the case for the use of antidepressants during pregnancy, for instance. There are many other ways to conduct medical studies that are completely valid and well-respected in academia and clinical practice. For example, studying a patient's experience before and after treatment. These kinds of methods allow us to closely evaluate the effectiveness of treatments without denying treatment to a group of patients.
 - Many essential medical advances are based on other forms of research. We wouldn't have common and essential treatments like aspirin if we only used evidence from randomized clinical control trials.
- What are the side effects of gender-affirming medical treatments?
 - Every person's experience with gender-affirming health care is unique because every person's health needs and circumstances are unique. Gender-affirming health care is individualized to meet patients' specific needs. As with any form of medical care, providers discuss the benefits and potential side effects of gender-affirming medicines or other treatments with patients and families, so that people can make informed decisions about what is best for them.
- How do you prove that the Standards of Care reflect international consensus? Does WPATH allow dissenting voices to weigh in when developing the Standards of Care?
 - The SOC-8 were developed through a rigorous review of research literature and collection of diverse clinical perspectives. Our process, which is a standard

process for many health associations, included a review period to incorporate appropriate, scientific-oriented feedback from many sources. As such, we made adjustments throughout the process to ensure there was consensus among the scientific and medical community based on the latest research.

- Genspect's guidelines are aligned with Western Europe, where gender-affirming care was first pioneered. These countries are restricting access to medical intervention for minors. Isn't that the gold standard?
 - That's a common misconception. It's impossible to make a generalization about the landscape for care across all of Europe, but the reality is that many countries are protecting and even expanding access to care. Some countries such as the U.K. and Sweden are calling for more research about gender-affirming care, which we expect to add to the existing evidence that gender-affirming care leads to positive outcomes for patients.

Resources on the safety and efficacy of gender-affirming care for youth

- A 2022 [review](#) of 16 studies on gender-affirming care for transgender youth found that gender-affirming medical care results in favorable mental health outcomes.
- A 2022 peer-reviewed [study](#) found that receipt of gender-affirming care among young people aged 13 to 20 was associated with 60% lower odds of depression and 73% lower odds of suicidality over a 12-month follow-up.
- A 2022 cohort [study](#) found that 98% of transgender youth who started gender-affirming medical care in adolescence continued this treatment into adulthood.
- A 2021 [review](#) of 11 recent studies demonstrated that hormone therapy to delay puberty was associated with a positive impact on youth mental health.
- A 2020 cross sectional [study](#) found positive psychological outcomes for transgender adolescents who received hormone therapy to temporarily delay puberty.