



Written by [Selwyn Duke](#) on February 24, 2024

New Study Debunks “Trans” Theory: “Transitioning” Kids Does NOT Save Lives

“Would you rather have a living son or dead daughter?” This question, often asked marketing-style of parents whose child desires so-called gender reassignment procedures, is not just unethical, says the leader of a groundbreaking new study on sexually confused youths.

It is also, says psychiatrist Dr. Riittakerttu Kaltiala, “not based on facts.”

For in reality, administering sexual-distortion treatments (SDTs, aka “gender-reassignment” treatments) *does not lower sexually confused youths’ suicide rate.*



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This is not just because you can’t actually changes sexes, but only become a simulacrum of the opposite one. It’s also because any tendency toward suicide — and sexually confused youths’ suicide rate is only *marginally* higher than that of average-age mates — is caused by their having psychiatric issues, and not necessarily their sexual confusion, per se.

Making these findings even more compelling is that Dr. Kaltiala actually helped pioneer Made-up Sexual Status (MUSS, aka “transgender”) “medicine” in Finland, but looked at its results and finally concluded that such treatments were not beneficial.

Website Gender Clinic News [reports](#) on new study:

The landmark research from Finland, an international leader in the shift away from medicalised gender change, found that suicide risk in a large group of adolescents was predicted by the psychiatric problems that often accompany gender distress, not by the gender distress itself.

Dramatic claims of the risk of attempted suicide among trans-identifying youth are typically based on low-quality anonymous online self-report surveys with no follow-up checks, potential exaggeration driven by a constant “transition or suicide” narrative, and “convenience samples” unlikely to be representative.

The new Finnish study vindicates that country’s 2020 adoption of a more cautious treatment policy which first targets psychiatric, social and educational problems among gender-distressed youth before any assumption of a stable trans identity justifying “experimental” affirmation with hormones or surgery.

“It is of utmost importance to identify and appropriately treat mental disorders in adolescents experiencing gender dysphoria to prevent suicide; in addition, health policies need to ensure that accurate information is provided to professionals along these lines,” the researchers say in their *BMJ Mental Health* [paper](#).



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As for the underlying “psychiatric problems” factor with MUSS youths, alarms about it have been sounded before. Consider ex-MUSS clinic [worker and whistleblower Jamie Reed](#), who describes herself as a “queer” woman married to a “transman” and “politically to the left of Bernie Sanders.”

“The girls who came to us [at the clinic] had many comorbidities: depression, anxiety, ADHD, eating disorders, obesity,” she [wrote](#) last year at The Free Press. “Many were diagnosed with autism, or had autism-like symptoms. A report last year on a British pediatric transgender center found that about one-third of the patients referred there were on the autism spectrum.”

Nonetheless, her clinic would reflexively facilitate SDTs for the kids, embracing practices Reed calls “morally and medically appalling.”

Returning to Dr. Kaltiala, she started having doubts about the MUSS agenda shortly after launching one of Finland’s first SDT clinics in 2011, the *New York Post* informs. Since then, however, numerous research teams have evaluated the available studies on youth SDTs. They’ve all concluded that the “science” was not scientific at all.

The *Post* provides more details on the latest research, [writing](#):

For her new study, Dr. Kaltiala’s team relied on Finland’s nationalized health records.

They examined records on all 2,083 people who had their first visit to either of the nation’s two gender clinics at age 22 or younger—at 18 on average and as young as eight—from 1996 to 2019.

These researchers put together a comparison group of nearly 17,000 Finns. This included eight people for each gender-distressed person, matched to their age and birthplace.

There was an average of nearly 7 years of health information on each person, through June 2022.

Thirty-eight percent of the gender-distressed youths went on cross-sex hormones or received gender-transition surgeries.

Many started this treatment before age 18, Dr. Kaltiala said.

There were 55 deaths.

Twenty were suicides, including 7, or 0.3 percent, of the gender-distressed youths and 0.1 percent of the comparison group.

The findings that neither going to a gender clinic nor undergoing gender-transition treatment was tied to an independent significant difference in the suicide rate built on a 2023 study by Dr. Kaltiala.

That paper showed that after people received gender-transition treatment, they didn’t then see psychiatric specialists any less often.

This suggested that the treatment didn’t improve their mental health.

Some may say, however, that Kaltiala’s new determinations still don’t go far enough. Just consider Dr. Paul McHugh, former chief of psychiatry at Johns Hopkins Hospital and distinguished service professor of psychiatry at Johns Hopkins University. As he [explained](#) in “Transgenderism: A Pathogenic Meme,” “When ‘the tumult and shouting dies [sic],’ it proves not easy nor wise to live in a counterfeit sexual



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garb. The most thorough follow-up of sex-reassigned people — extending over thirty years and conducted in Sweden, where the culture is strongly supportive of the transgendered — documents their lifelong mental unrest. Ten to fifteen years after surgical reassignment, the suicide rate of those who had undergone sex-reassignment surgery rose to twenty times that of comparable peers.”

Thus did Dr. McHugh experience Kaltiala’s “transition” 40 years before she did. As he also wrote, “At Johns Hopkins, after pioneering sex-change surgery, we demonstrated that the practice brought no important benefits. As a result, we stopped offering that form of treatment in the 1970s.”

I’ve long warned that there’s no good science behind the MUSS agenda. For example, I penned in 2009 a piece titled “[Death of the West: Our Sexual Identity Crisis](#),” which at the time was criticized even by *conservatives*. I also long ago pointed out that any higher degree of suicide among MUSS individuals is obviously due to their psychological problems, not societal stigmatization.

Of course, MUSS enablers have generally always known their “science” was shaky, which is why doctors at Reed’s clinic would tell her, “We are building the plane while we are flying it.” Unfortunately, they weren’t the ones hurt every time it crashed. Innocent kids were.



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