



Written by [Michael Tennant](#) on May 17, 2024

## U.S. Medical Groups “Misleading the Public” on Gender Treatments, Says U.K. Expert

The author of a blockbuster report on gender medicine that has caused a nearly complete reversal on the subject in the United Kingdom told the [New York Times](#) Monday that American medical groups are “misleading the public” by “holding on to a position that is now demonstrated to be out of date.”

Last month, the U.K.’s National Health Service (NHS) released an [official report](#) by Dr. Hilary Cass, a retired pediatrician and former president of the Royal College of Pediatrics and Child Health, on the treatment of minors with gender-identity issues.



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The *Times* accurately reported that Cass

concluded that the evidence supporting the use of puberty-blocking drugs and other hormonal medications in adolescents was “remarkably weak.” On her recommendation, the N.H.S. will no longer prescribe puberty blockers outside of clinical trials. Dr. Cass also recommended that testosterone and estrogen, which allow young people to develop the physical characteristics of the opposite sex, be prescribed with “extreme caution.”

Dr. Cass’s findings are in line with several European countries that have limited the treatments after scientific reviews. But in America, where nearly two dozen states have banned the care outright, medical groups have endorsed the treatments as evidence-based and necessary.

Those groups, such as the American Academy of Pediatrics (AAP), have been careful not to directly challenge Cass’ findings. The good doctor does, after all, have impeccable credentials, and she can hardly be accused of being “anti-trans.”

“This review was not about defining what trans means, negating anybody’s experiences or rolling back health care,” she told the *Times*.

“There are young people who absolutely benefit from a medical pathway, and we need to make sure that those young people have access — under a research protocol, because we need to improve the research — but not assume that that’s the right pathway for everyone.”

Indeed, she said one “big takeaway” she got from writing the report “is that we have to stop just seeing these young people through the lens of their gender and see them as whole people, and address the much broader range of challenges that they have, sometimes with their mental health, sometimes with undiagnosed neurodiversity. It’s really about helping them to thrive, not just saying ‘How do we address



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the gender?’ in isolation.”

That, of course, is the precise opposite of what the radical LGBT crowd, left-wing politicians, schools, media, and medical organizations have been doing the last decade or so. To them, when a child expresses the slightest bit of confusion about his gender, he should immediately be affirmed, given a new name and pronouns, and put on a path to hormones, puberty blockers, and genital mutilation — parental disagreement and long-term consequences be hanged.

“I can’t think of any other situation where we give life-altering treatments and don’t have enough understanding about what’s happening to those young people in adulthood,” said Cass.

“What really worries me is that people just think: This is somebody who is trans, and the medical pathway is the right thing for them. They get put on a medical pathway, and then the problems that they think were going to be solved just don’t go away,” she warned.

“So, yes, you can put someone on a medical pathway, but if at the end of it they can’t get out of their bedroom, they don’t have relationships, they’re not in school or ultimately in work, you haven’t done the right thing by them. So it really is about treating them as a whole person, taking a holistic approach, managing all of those things and not assuming they’ve all come about as a result of the gender distress.”

Asked the cause of “the rapid increase in numbers of teens who have sought out gender care over the last 10 years,” Cass said there was merit in both the “social acceptance” and “social contagion” theories but that there is probably more to the phenomenon.

“Young people growing up now have a much more flexible view about gender — they’re not locked into gender stereotypes in the way my generation was. And that flexibility and fluidity are potentially beneficial because they break down barriers, combat misogyny, and so on,” she explained. “It only becomes a challenge if we’re medicalizing it, giving an irreversible treatment, for what might be just a normal range of gender expression.”

As the *Times* observed, Cass’ report and Europe’s changing medical protocols have yet to cause a similar sea change in the United States. Cass said she has “enormous respect for” the AAP, “but I respectfully disagree with them on holding on to a position that is now demonstrated to be out of date by multiple systematic reviews.”

“It wouldn’t be too much of a problem if people were saying ‘This is clinical consensus and we’re not sure,’” she continued. “But what some organizations are doing is doubling down on saying the evidence is good. And I think that’s where you’re misleading the public. You need to be honest about the strength of the evidence and say what you’re going to do to improve it.”

Cass suggested that political conditions have played a role in U.S. medical organizations’ unwillingness to admit any uncertainty. For instance, the AAP, which she characterized as “a fairly left-leaning organization,” might be “fearful of making any moves that might jeopardize trans health care right now” when states are banning such procedures wholesale. It might also be the case that they don’t want to be perceived as allies of anyone to the right of Nancy Pelosi.

The *Times*, however, has now given them cover for coming clean. When America’s newspaper of record, heretofore a cheerleader for the trans movement, gives a respectful hearing to a critic of that movement, its leaders must know the jig is up.



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