



Written by [Dave Bohon](#) on April 22, 2011

UK Approves Clinic to Treat Children With Puberty-blocking Drug

As reported by [London's Telegraph](#) newspaper, the Tavistock and Portman NHS Trust has been approved to give kids the monthly injection of the drug, which "suspends the onset of adulthood so that young people confused about their gender can be sure of any decision before they take on too many masculine or feminine features."

Proponents of the early treatment insist that it gives children and adolescents diagnosed with GID, in which a person of one sex identifies more closely with the other, a crucial window to avoid the emotional anguish as they mature into a sexual identity they are supposedly not meant to embrace. Critics, however, point out that the treatment itself can prolong the emotional confusion a child is feeling, and may even limit the ability for them to outgrow those feelings and develop into a person with a normal sexual identity.



"One of the main effects of the drugs is to stunt the development of sexual organs so less surgery will be required if someone chooses to permanently change their gender at a later date," reported the *Telegraph*, which goes on to explain that "bodily and hormonal changes will continue as normal if the medication is stopped."

While the treatment has been available in Canada, Australia, Germany, and even in some U.S. clinics, the UK has yet to give widespread approval, and it will only be available to a limited number of children and adolescents as doctors test the drug. In order to take part in the study, the *Telegraph* reported, a child "will have to meet strict eligibility criteria including having full support from their parents, the existence of long-standing gender identity issues, an ability by the child to give formal consent, and an absence of other mental health problems."

Dr. Polly Carmichael, the director of the clinic, said that most young people who are referred for GID are over 15, and that while only 10 to 20 percent of pre-pubescent children with the psychiatric malady will opt for sex-change surgery, some 80 percent of young people in late puberty who are diagnosed with GID move on to the surgery.

In January 2009, [LifeSiteNews](#) reported that an international medical panel had recommended that doctors worldwide provide such puberty-blocking treatments to children as young as 12 who were supposedly confused about their gender identity.



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According to LifeSiteNews, the [New Scientist](#) had reported that the medical panels injunction came “as part of a set of guidelines, the first of its kind, published ... by the Endocrine Society. The ‘Guidelines for Health Organisations Commissioning Treatment Services For Trans People’ call for healthcare administrators around the globe to provide full coverage for hormonal and cosmetic procedures sought by individuals identified as ‘transsexual’” — which means both surgical and pharmacological “sex re-identification” procedures, starting with puberty-blocking chemical preparations in children as young as 12.

Saying that the treatment could “buy time” for teens confused about their sexuality, the panel recommended “that adolescents who fulfill eligibility and readiness criteria for gender reassignment initially undergo treatment to suppress pubertal development.” LifeSiteNews reported that medical experts went so far as to recommend that under some conditions “children under 16, who would normally need parental consent, ought to be allowed ‘treatment’ against their parents’ wishes.”

The UK’s approval to test out the puberty-blocking chemicals on a limited number of children appears to coincide with the international medical panel’s recommendation.

In response to the news, one British bio-ethics expert, Anthony Ozimic of the UK-based pro-life group the Society for the Protection of Unborn Children, told [LifeSiteNews](#) that the intentional blocking of puberty in children “would seem to be contrary to a basic principle of medical ethics, namely that the purpose of medicine is the treatment of illness.”

In 2008, news that a Boston pediatrician was offering similar treatments to children in the United States brought swift condemnation from experts. According to a [FOX News](#) report, Dr. Norman Spack had “launched a clinic for transgendered kids — boys who feel like girls, girls who want to be boys,” and he was offering his services to kids as young as seven.

“Spack offers his younger patients counseling and drugs that delay the onset of puberty,” reported FOX. The drugs stop the natural flood of hormones that would make it difficult to have a sex alteration later in life, allowing patients more time to decide whether they want to make the change.” In addition, the report noted that the doctor was offering some teens a special hormone therapy, “a drastic step that changes the way they grow and develop. While the effects of drug treatments can be stopped, long-term hormone therapy can be irreversible, causing permanent infertility in both sexes.”

Among those critical of Spack’s treatments was Dr. Paul McHugh, university distinguished service professor of Psychiatry at John Hopkins University, who told FOX that treating children with hormones “does considerable harm and it compounds their confusion. Trying to delay puberty or change someone’s gender is a rejection of the lawfulness of nature.” According to FOX, “McHugh said gender reassignment for children harkens back to the dark ages, when choir boys were castrated to retain their high-pitched voices. ‘It’s barbaric,’ he said.”

FOX also quoted Mat Staver of the conservative legal advocacy group Liberty Counsel, who argued that GID is an emotional disorder, not a medical one, and should be treated as such. “Just as you don’t give liposuction to an anorexic, you don’t do sexual reassignment surgery on men who think that they are women and vice versa,” Staver said.

McHugh agreed, noting, “At some point in childhood many children role play as the opposite sex, but it is a social, not a medical issue.”



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