Joint statement on the decision to ban puberty blockers for trans youth in the UK

News, Health, Access to Healthcare, Children, Trans, United Kingdom

> The recent decision to indefinitely ban the private prescription of puberty blockers for trans youth in the UK marks a profoundly troubling development in the ongoing struggle for the rights of trans people and access to necessary, life-saving and evidence-based healthcare.

In the UK, where no form of trans-specific healthcare is currently available for minors through the NHS and waiting lists have reached six years, the government's decision to ban the private prescription of puberty blockers for trans youth constitutes a de facto ban on puberty blockers. This decision, which overrides years of established medical guidance and expertise, is deeply political, rooted in a divisive public discourse and misinformation rather than the recommendations of leading medical authorities. It threatens the well-being of vulnerable trans youth, whose lives depend on timely, supportive, and individualised healthcare.

ILGA-Europe, IPPF European Network, TGEU, IGLYO, and The Kite Trust call on the UK government to reconsider this harmful decision and to engage meaningfully with both the medical and scientific community and civil society groups representing the interests of trans youth and trans adults.

The framing and justification for this ban have leaned heavily on a polarised and often misleading public narrative about trans identities and related trans healthcare and epistemologically, and methodologically questionable studies about trans identities and trans-specific healthcare. Despite claims of prioritising child safety, this decision disregards the consensus of medical professionals and organisations such as the World Professional Association for Transgender Health (WPATH) and the Endocrine Society's Clinical Practice Guideline, which have long endorsed puberty blockers as a safe and reversible option for managing gender dysphoria in minors. These treatments allow young people experiencing distress with their assigned gender to pause puberty, giving them time to better understand their needs and identity, without the added pressure of physical changes brought on by puberty.[1]

The political instrumentalisation of healthcare for trans minors has become a rallying point for anti-trans rhetoric, which often conflates all trans-specific healthcare with irreversible medical interventions. This characterisation is not only inaccurate but also deeply harmful. Puberty blockers do not lead to permanent medical transition[2] – they are a widely used and reversible treatment prescribed for various conditions, including precocious puberty.[3] By banning them for trans youth specifically, the UK government is singling out a vulnerable group for discriminatory and harmful treatment based on ideology rather than evidence.

Misinformation about the nature and effects of puberty blockers has played a significant role in shaping public opinion and policy. Opponents of trans-specific healthcare frequently cite exaggerated or unfounded claims about the risks of these treatments, ignoring the robust body of research demonstrating their safety and efficacy. Long-term studies show that puberty blockers and other trans-specific healthcare significantly reduce rates of depression and suicidality among trans youth[4] —outcomes that align with broader understandings of the critical importance of affirming care for marginalised populations.

Expert voices, including paediatric endocrinologists, psychologists, and trans health specialists, have been sidelined in favour of rhetoric that frames trans-specific healthcare as controversial. This erasure of medical expertise undermines the principles of patient-centred care and puts the health of trans youth at risk. The decision to ban puberty blockers ignores the individualised, case-by-case assessments that qualified professionals conduct before prescribing such treatments,[5] opting instead for an unyielding prohibition that strips both doctors and families of agency.

The consequences of this ban will be devastating. For many trans youth, the ability to access puberty blockers represents a lifeline. Denying them this care will force young people to undergo the changes of puberty associated with their assigned gender, exacerbating gender dysphoria and increasing risks of mental health struggles, including anxiety, depression, and suicidal tendencies. By removing a critical tool for early intervention, this decision condemns trans youth to unnecessary suffering and places an already marginalised group at greater risk of harm. Furthermore, this policy undermines the trust between trans individuals and the healthcare system. Families seeking support for their children will face increased barriers, uncertainty, and stigma, while healthcare providers may find themselves unable to offer the care they know to be best for their patients. These ripple effects extend beyond trans youth, chilling the broader provision of trans-specific healthcare and reinforcing a climate of fear and hostility.

Trans children and young people deserve safety, understanding, and access to the same standard of care afforded to their peers. Decisions about their healthcare should be guided by medical evidence and the expertise of trained professionals, not by political agendas. The indefinite ban on puberty blockers represents a failure to prioritise the rights and well-being of trans youth, and it sets a dangerous precedent for further erosion of the rights of LGBTI persons in the UK.

We urge policymakers to reconsider this harmful decision and to engage meaningfully with both the medical and scientific community and civil society groups representing the interests of trans youth and trans adults. Upholding the dignity and humanity of trans youth requires a commitment to evidence-based healthcare, free from the distortions of ideology and misinformation. Only by centering the voices and needs of trans youth can we hope to build a society that values and protects all its members.

Signatories

- ILGA-Europe
- IPPF European Network
- TGEU
- IGLYO
- The Kite Trust

[1] Cal Horton, Experiences of puberty and puberty blockers: Insights from trans children, trans adolescents, and their parents, Vol. 39(1), Journal of Adolescent Research, available at: https://journals.sagepub.com/doi/full/10.1177/07435584221100591v.

[2] Hannema et al, Endocrine management of transgender and gender diverse adolescents: expert opinion of the ESPE Working Group on Gender Incongruence and the Endo-ERN main thematic group on Sexual Development and Maturation, available at: https://pubmed.ncbi.nlm.nih.gov/39622214/.

[3] Giordano & Holm, Is puberty

delaying treatment ‘experimental treatment’?, Vol 21(2) International Journal of Transgender Health (2020).

[4] Van der Miesen et al, Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared with Cisgender General Population Peers, Vol 66(6) Journal of Adolescent Health

(2020); Olson et al, Mental Health of Transgender Children Who Are Supported in Their Identities, Vol 137(3) Pediatrics (2016); Nath, R., Matthews, D.D., DeChants, J.P., Hobaica, S., Clark, C.M., Taylor, A.B., Muñoz, G. (2024). 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People. West Hollywood, California: The Trevor Project. www.thetrevorproject.org/survey-2024.

[5] Cass, Hilary (2024), *Independent review of gender identity services for children and young people: Final report,* pp. 168-169, available at: https://cass.independent-review.uk/home/publications/final-report/