

Endocrinologists warn against hormone treatment for childhood gender dysphoria

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I have a

transgender friend. She is now in her 50s, so has been taking the relevant hormones for more than 30 years to maintain her female appearance. What I like about Monica (not her real name) is that she is as disapproving as I am of the bullish trans activism that makes light of lifetime hormone usage, and the risks posed by such long-term usage. Monica made her decision as an adult with open eyes. She felt she needed to live life as a woman, and was willing to take risks—known and unknown—in order to do so. She is now suffering from cancer of the prostate (the irony of this distinctly male affliction has not escaped her), the aggressive kind, and may not survive for very long. Her doctors do not rule out the possibility that the cancer's onset is linked to her decades of daily hormone usage. The trans

lobby would have us assent to the proposition that gender dysphoria is a perfectly natural phenomenon, only requiring belief in the theory of gender fluidity to make sense, and that transition's attendant need for a lifetime of daily hormone consumption and major surgery is an anodyne trivial sidebar to the commendable end of "becoming" the opposite sex. `googletag.cmd.push(function() { googletag.display('div-gpt-ad-1549657078866-0'); });` If you can

accept that one's biological sex is completely untethered from one's gender identity, you will have no difficulty with rapid and uncritical affirmation of a child's transitioning process getting underway at the first sign of cross-gender experimentation. You will buy into all the other trans activist mantras as well: that any therapist or medical professional who urges caution or a wait-and-see attitude, or who attempts to focus prudent attention to the endocrinological corollary to the transition process is transphobic. Up to now, trans activists have been extremely successful in intimidating endocrinologists who find the lack of concern about the effects of puberty blockers and crossover hormones disturbing. They are amazed at how quickly their freedom to speak up on this issue has been quelled. One of my endocrinologist friends has told me quite frankly that he would be in danger of losing his hospital appointment if he advised parents of a trans-presenting child to seek a period of therapeutic assessment before moving on to puberty blockers. The Journal of Clinical Endocrinology and Metabolism (JCEM) is an organ of the Endocrine Society. And it is the Endocrine Society which has published clinical practice guidelines on the treatment of gender dysphoria for both adults and children, first in 2009 and then in revised form in 2017. These guidelines—very trans affirmative—were written in conjunction with the World Professional Organization for Transgender Health (WPATH) which is regarded by objective endocrinologists as a radical political group at its core, but which has infiltrated an otherwise responsible, science-based medical organization. `googletag.cmd.push(function() { googletag.display('div-gpt-ad-1549651502858-0'); });` A group of

concerned endocrinologists, under the leadership of California-based Dr Michael Laidlaw, an endocrinologist trained in the study of hormones and glands, who treats diseases caused by hormone imbalances in patients, has written a letter of dissent to the editor of the JCEM, which has been accepted and will be published later this month. In a just-issued press release, Dr. Laidlaw's group warns of the serious dangers of puberty blocking medications and cross sex hormones in the treatment of child and adolescent gender dysphoria: "Children and adolescents with questions about their gender are increasingly being given life-altering, irreversible hormones and surgery which can lead to increased risk of death from cardiovascular disease, life threatening blood clots, permanent sterility, and sexual dysfunction, among other problems," they state. They also express concern about Rapid Onset Gender Dysphoria (ROGD), for which there is no reliable

testing method, a condition predominantly afflicting teenage girls, many of whom suffer from autism or other neurodevelopmental problems. The main thrust of the letter is that “physicians need to start examining [this therapy] through the objective eye of the scientist-clinician rather than the ideological lens of the social activist. Far more children with gender dysphoria will ultimately be helped by this approach.” There is nothing in the letter that has not been said many times in op-eds and blog posts, at private conferences mounted by concerned parents, and in videos posted by dissenting individuals. What makes this letter uniquely valuable is its appearance in a medical journal whose credibility cannot be denied or ignored.