



Attention: Children's gender clinics

Dear Manager,

The [world's largest pediatric gender clinic](#), the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Trust in the UK, is being [shut down due to patient safety fears](#). This announcement follows numerous serious concerns regarding patient safety in recent years with regards to the gender affirmative model of care, including concerns raised by [whistleblowers](#), [patients and their parents](#), [clinicians](#), and [the UK Health Secretary](#).

The closure of GIDS by NHS England followed recommendations issued by [Dr. Hilary Cass who is chair of an Independent Review of GIDS](#) commissioned by the NHS. Dr Cass has deemed the gender affirmative treatment model at GIDS as “not a safe or viable long-term option”. We note that [Sweden](#) and [Finland](#) have also recently retreated from the gender affirmative model of care for gender dysphoric children.

GIDS [was following](#) a [gender affirmative model of care](#) in accordance with the World Professional Association for Transgender Health ([WPATH Standards of Care version 7](#)). We fear that your clinic is following this unsafe and unviable treatment model for gender dysphoric children. In light of the forced closure due to safety concerns of a clinic that uses the same treatment model as your clinic, can you please answer the following questions?

- Are children with gender dysphoria under the care of your clinic being treated with the gender affirmative model of care?
- Are you aware of the problems that have come to light about the gender affirmative model of care?
- Would your clinic be open to following the [recommendations](#) on the key components of a gender service from Dr. Cass?
- What evidence or inputs are guiding the development of your children's gender service?
- Dr Cass has also pointed out that other mental health issues were [“overshadowed”](#) once the issue of gender was raised. How does your clinic handle this issue?

[Genspect](#) echoes the concerns raised by Dr Cass as we advocate for a better model of care than the current gender affirmative approach as laid out by [WPATH](#). We believe that this treatment model is causing harm to gender dysphoric children and young people. We agree with Dr Cass that centres with an “appropriate multi-professional workforce to enable them to provide an integrated model of care that manages the holistic needs of this population” would be more appropriate and we urge your clinic to adopt a similar approach



so that gender dysphoric children and young people receive the most appropriate treatment available.

We would appreciate if you could respond to our questions and concerns and would be delighted to have a meeting with you to discuss these issues further.

Sincerely,

*Stella O'Malley*

*Executive Director, Genspect*