Wesley Yang
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On net, the NYT Mag piece is pro-childhood transition. All it does is not suppress the fact that there are doctors airing their misgivings about reckless interventions being performed on children. Of course it's been smeared as transphobic
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On net, the NYT Mag piece is pro-childhood transition. All it does is not suppress the fact that there are doctors airing their misgivings about reckless interventions being performed on children. Of course it's been smeared as transphobic

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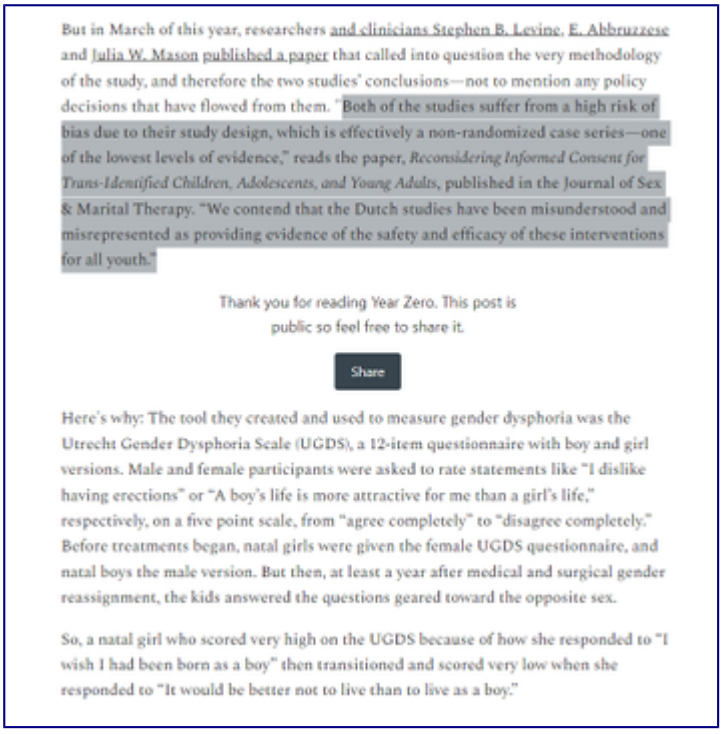
The piece presents the findings of two studies about medical interventions in adolescents that have served as the basis for affirmative care. It makes no reference to a published critique of the methodology summarized by
@LisaSelinDavis
at Year Zero: https://wesleyyang.substack.com/p/the-gender-affirming-house-of-cards?s=w

> In 2011, de Vries and her colleagues published the first of two landmark studies about medical interventions in adolescence. Among the first 70 patients who received puberty suppressants at the Amsterdam clinic after their initial assessment at the mean age of about 13½, the researchers found "a significant decrease in behavioral and emotional problems over time." A second study published in the journal Pediatrics in 2014, of about 55 of those who went from puberty suppressants to hormone treatments at the mean age of about 16½, showed that five years after starting hormone treatments and at least one year after surgery, they had the same or better levels of well-being as a control group of cisgender adults their age. None of the 55 regretted their treatment. (The 15 of the original 70 who were not included in the follow-up study did not take part mainly because of the timing of their surgery.)
>
> For the first time, a long-term, peer-reviewed study showed positive outcomes after medical treatment in adolescent patients who'd gone through Cohen-Kettenis and Delemarre-van de Waal's protocol. They had all been through a version of the type of assessment the December draft of the SOC8 adolescent chapter would recommend years later. They had experienced gender dysphoria since childhood (according to their families), lived in supportive environments and had no interfering mental-health conditions. As is often the case in medicine, the question for those drafting the SOC8 would be how to apply the findings of a particular cohort to the growing numbers of teenagers lining up at clinics in a host of countries.



But in March of this year, researchers and clinicians Stephen B. Levine, E. Abbruzzese and Julia W. Mason published a paper that called into question the very methodology of the study, and therefore the two studies' conclusions—not to mention any policy decisions that have flowed from them. "Both of the studies suffer from a high risk of bias due to their study design, which is effectively a non-randomized case series—one of the lowest levels of evidence," reads the paper, *Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults*, published in the Journal of Sex & Marital Therapy. "We contend that the Dutch studies have been misunderstood and misrepresented as providing evidence of the safety and efficacy of these interventions for all youth."

Here's why: The tool they created and used to measure gender dysphoria was the Utrecht Gender Dysphoria Scale (UGDS), a 12-item questionnaire with boy and girl versions. Male and female participants were asked to rate statements like "I dislike having erections" or "A boy's life is more attractive for me than a girl's life," respectively, on a five point scale, from "agree completely" to "disagree completely." Before treatments began, natal girls were given the female UGDS questionnaire, and natal boys the male version. But then, at least a year after medical and surgical gender reassignment, the kids answered the questions geared toward the opposite sex.

So, a natal girl who scored very high on the UGDS because of how she responded to "I wish I had been born as a boy" then transitioned and scored very low when she responded to "It would be better not to live than to live as a boy."

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Full paper here: https://tandfonline.com/doi/full/10.1080/0092623X.2022.2046221

Review

Reconsidering Informed Consent for Trans-Identified Children, Adolescents, and Young Adults

Stephen B. Levine, E. Abbruzzese & Julia W. Mason

Published online: 17 Mar 2022

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Abstract

In less than a decade, the western world has witnessed an unprecedented rise in the numbers of children and adolescents seeking gender transition. Despite the precedent of years of gender-affirmative care, the social, medical and surgical interventions are still based on very low-quality evidence. The many risks of these interventions, including medicalizing a temporary adolescent identity, have come into a clearer focus through an awareness of detransitioners. The risks of gender-affirmative care are ethically managed through a properly conducted informed consent process. Its elements—deliberate sharing of the hoped-for benefits, known risks and long-term outcomes, and alternative treatments—must be delivered in a manner that promotes comprehension. The process is limited by: erroneous professional assumptions; poor quality of the initial evaluations; and inaccurate and incomplete information shared with patients and their parents. We discuss data on suicide and present the limitations of the Dutch studies that have been the basis for interventions. Beliefs about gender-affirmative care need to be separated from the established facts. A proper informed consent process can both prepare parents and patients for the difficult choices that they must make and can ease professionals' ethical tensions. Even when properly accomplished, however, some clinical circumstances exist that remain quite uncertain.

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It notes the existence of people who are critical of affirmative care and some of the facts they cite that are grounds for skepticism. Do you think a 30 minute consultation is enough for an 18 year old to make an informed choice to start cross gender hormones?

> Some Genspect parents told me the rise in trans-identified teenagers was the result of a “gender cult” — a mass craze. (In February, an anonymous parent on a Substack newsletter affiliated with Genspect wrote a post called “It’s Strategy People!” about how the group gets its perspective into the media by making sure not to talk about their kids as “mentally ill” or “deluded.”) Other parents said they were not conservative and generally supported L.G.B.T. rights but not medical transition for their own children or usually for anyone under the age of 18. Several parents argued that though 18 is the legal age to vote, buy a gun and consent to medical treatment, in this single area of medicine — gender-related treatment — the age of consent should be 25, when brain development is largely complete. (At 18, these parents are aware, teenagers can go to Planned Parenthood, one of the largest providers of gender-affirming hormones in the country, and receive hormones after a roughly half-hour consultation and giving consent.)

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On the whole, though, it presents the case for childhood transition quite uncritically, Republican efforts to prohibit it as menacing, and the concerns of leading trans doctors who worry about the harms of puberty blockers and admit of the reality of social contagion as outlying.
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It's just good faith reporting that admits of the existence of a debate, not a piece of overt trans activist propaganda. So of course it's monstrous transphobia that will bring about suffering and death, etc...
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In practice, Red State bans on affirmative care for minors means that gender dysphoric youth will have to wait a few years before cutting off their breasts or going on hormones.
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But in the maximally extremist rhetoric of the Democratic party and its president, such bans on care that did not exist at all until recently -- and that Northern European states are pulling back on -- is a murderous assault on "trans kids"
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The party and its president is really saying unless we put children on a path to taking puberty blockers, hormones, and cutting off their sex organs, we are harming them grievously and the federal government will do its utmost to ensure that we don't refrain
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It has even threatened to pull funding for lunches for poor children for any school that doesn't pursue affirmative policies
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Despite the NYT Mag being on net pro childhood transition, it still yields a call to boycott the paper. Anything less than total propaganda is seen as a violation.

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Related thread on Biden Administration's recent executive order calling for ban on "conversion therapy"

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Today's guest post at Year Zero by @LisaSelinDavis considers the perils of the Biden Administration executive order banning "conversion therapy" https://wesleyyang.substack.com/p/ban-politics-from-gender-healthcare?r=cs0&s=w&utm_campaign=post&utm_medium=email

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Yet a conversion therapy ban may mean that therapists must affirm, rather than investigate with the child what might be causing distress. It essentially prevents therapists from doing therapy, and there are plenty of people who transitioned without it out there ringing alarm bells whilst Democrats plug their ears.

For instance, detransitioned woman Sinead Watson wrote a thread about her experience of gender affirmation without exploratory therapy. Her history of depression, self-harm and suicide attempts was ignored by her gender doctors. So were her four mental breakdowns, "including a psychiatric hospital stay due to dissociation." She had no gender dysphoria during childhood, she said, and no thought of transition until her 20s. All those things were ignored—but her identity and desire to medically transition were affirmed.

Many of the young people I've talked to really did believe that they could change sex. One woman I interviewed this week said that her son got hormones at Planned Parenthood just after turning 18, and told her he couldn't wait to get his period. He'd been in and out of psychiatric facilities for months, but Planned Parenthood didn't provide any mental health evaluation. That's not part of the informed consent model.

The affirmative model Biden promotes assumes that a child is trans if he, she or they say they are, rather than seeing a child as having a condition called gender dysphoria and asking how best to treat it. Should all kids be affirmed, offered a new identity and cross-sex hormones and genital and chest surgeries to go with it, based on their subjective reports, without comprehensive evaluation?

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