**Legal clarity allows the use of GnRH analogues in research** [314 words]  
  
Dear Editor  
  
The Cass Review of the care of children and adolescents with gender dysphoria was a wake-up call[1]. Having commissioned several peer-reviewed, systematic reviews of evidence, paediatrician Baroness Cass’s team drew on four years’ comprehensive engagement with service-users, parents, clinicians, researchers and advocacy groups, finding: most children’s gender dysphoria in historical cohorts resolves through puberty; suicidality is equivalent to children with diagnosed mental health problems and not helped by hormones; there are frequent concurrent neurodevelopmental and mental illnesses; and the evidence-base for medical interventions is weak.[2]

Recommendations largely related to improving NHS services to align with conventional paediatric clinical practice and raise standards. Without established benefit, and with concerns about brain development, GnRH analogues (‘puberty blockers’) should only be used in research settings. This was well-received by Royal Colleges of General Practice and Psychiatry, and British Psychological Society,[3,4,5] but hostile, undermining responses arose abroad, in advance of US court cases. Cass’s findings challenge key orthodoxies of gender-affirming care, especially where medical interventions are offered in isolation from other conditions, such as autism, which can go underexplored. Recently, BMA Council cast doubt with a belated call to halt implementation until their own evaluation. Some even argue against obtaining better information.

Such commentators do not share the ‘evidence-based’ approach to healthcare that underpins the NHS in the UK. The report was not a practice guideline but an overarching review of services. Appendix 12 described how most UK gender clinics refused to provide access to data, thus denying research intended to improve children’s healthcare. Cass recognised a ‘toxic’ environment preventing healthcare professionals from raising patient safety concerns, and stopping open discourse about uncertainties. Good intentions are insufficient to guide medical practice. Health professionals require clear, transparent guidance based on highest quality evidence to support children and families. Services should be organised to ensure this.  
  
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References  
(1) <https://cass.independent-review.uk/home/publications/final-report/>  
(2) <https://cass.independent-review.uk/home/publications/final-report/final-.>..  
(3) <https://www.rcgp.org.uk/representing-you/policy-areas/transgender-care>  
(4) Royal College of Psychiatrists. Detailed response to The Cass Review's Final Report. <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2024/04/22/detailed-response-to-the-cass-review's-final-report>

(5) <https://www.bps.org.uk/news/bps-responds-final-cass-review-report>

Competing interests: COI MM is a Director of Beira’s Place, Edinburgh. SB declares no COIs (full declarations at <https://www.whopaysthisdoctor.org/doctor/58/active>)