

February 9, 2024

Dear Members of the Division of Financial Regulation,

I am writing to you as an Oregon pediatrician and as a clinician with considerable expertise in the evidence base of gender medicine for children, adolescents, and young adults. I recently learned that HERC is considering whether to designate practice guidelines issued by the World Professional Association for Transgender Health (WPATH) as Oregon's standard of care.

While WPATH has been ambitiously naming its guidelines "Standards of Care" for years, their practice guidelines do not meet the basic methodological standard for an evidence-based practice guideline. A growing number of progressive European countries, whose views on rights to medical care, protections of LGBT communities, and civil rights more generally align with that of Oregon's, have recently made an explicit decision **not to follow WPATH**. The primary concern is that WPATH's guidelines are not evidence-based and as such, risk promoting non-beneficial or even harmful care, especially for youth. The second key concern is that WPATH itself is not a trustworthy medical organization, and may be operating more as a political entity rather than an organization committed to evidence-based medicine (EBM).

For these reasons, I am urging you not to adopt WPATH guidelines. Instead, Oregon should either follow guidelines from progressive European countries that recently conducted their own systematic reviews of evidence and updated their recommendations or Oregon should commission its own evidence-based guideline development process. I am happy to help with the latter option. My references are listed and linked at the end of this letter.

Below, I provide additional details about the significant issues with WPATH guideline trustworthiness. If I am invited, I would be happy to present these issues to HERC in more detail.

1. WPATH "Standards of Care" (SOC) do not meet the primary criterion for an evidence-based guideline. The current version of SOC8 has several instances where it violates the principles of EBM. Three quotes below illustrate significant problems in WPATH SOC8.
 - The first quote about the WPATH SOC8 is from the prestigious British Medical Journal Open (BMJ Open), which interviewed the father of EBM Dr. Guyatt, and an OHSU expert in EBM Dr. Helfand, both of whom concurred that SOC8 cannot be considered to be evidence-based [1]:

... WPATH's recommendations lack a grading system to indicate the quality of the evidence—one of several deficiencies. Both Guyatt and Helfand noted that a trustworthy guideline would be transparent about all commissioned systematic reviews: how many were done and what the results were.

But Helfand remarked that neither was made clear in the WPATH guidelines and also noted several instances in which the strength of evidence presented to justify a recommendation was “at odds with what their own systematic reviewers found.”

- The second quote is from a group of researchers who assessed the earlier version of WPATH SOC7 in a peer-reviewed journal and found SOC7 “incoherent” [2]. They also assessed the WPATH SOC8 [3] and found it seriously problematic from the standpoint of EBM. Specifically, they call out the strange decision by WPATH to assert that a systematic review of the evidence for adolescents “is not possible,” despite the fact that several such reviews exist and all found the evidence of benefits to be of “very low/low certainty”:

The statement “a systematic review regarding outcomes of treatment in adolescents is not possible” (pS46) seems strange, given well-known evidence reviews exist [14,15] but are omitted from SoCv8’s references. Statement 2.1 asserts “strong evidence demonstrating the benefits in quality of life and well-being of gender-affirming treatments” (pS18), yet is supported by 21 references without any explanations of the papers’ context or evidentiary validity. This is unconvincing to those external audiences used to judging clinical effectiveness by quality, not quantity...

It appears WPATH expects readers to faithfully accept potentially biased judgments of the literature rather than confidently submitting SoCv8 to open scientific scrutiny. SoCv8 could have been much better: its evidence base and recommendations cannot yet be relied upon.

- The third quote is from England’s National Health Service (NHS) review of the practice of youth gender transitions. Following systematic reviews of evidence, England followed Sweden and Finland in sharply restricting the broad availability for youth transitions to a few carefully selected cases and research-only settings. When challenged that such recommendations depart from WPATH’s endorsement of the wide availability of youth transitions, England’s NHS stated that WPATH standards of care do not determine clinical commissioning decisions for the NHS. In other words, NHS England has chosen to diverge from WPATH recommendations [4]:

On alignment to WPATH standards; NHS England commissions treatment based on evidence of clinical effectiveness, cost effectiveness and safety. WPATH standards of care do not determine clinical commissioning decision for the NHS.” (NHS England, 2023, p. 4)

2. Politicization and conflicts of interest in WPATH. Unfortunately, the topic of what constitutes the best care for young people with gender dysphoria has become highly politicized. WPATH has been playing a very active political role in the process, to the detriment of EBM. When the principles of EBM are not followed, patients' health can be harmed. Below are several examples of WPATH behaving as a political rather than a medical body:

- In 2022, WPATH sanctioned the former president of its US branch, Dr. Erica Anderson, who is a psychologist and a transwoman, for speaking out with concern about the rapidly growing numbers of gender dysphoric youths and the fast move to medicalize by some gender clinics [5]. Following Dr. Anderson's expression of concern, the organization issued a public letter forbidding its members from talking to the press. [6]. Dr. Anderson resigned her position in WPATH in protest. The fact that WPATH suppresses debate internally is now actively recognized [7].
- Last month, it became known that WPATH has been subpoenaed and the discovery process is suggesting significant internal problems. The attorneys submitted an amicus brief suggesting significant problems in WPATH and alleging that it is not a trustworthy scientific organization [8].

In summary, my advice is to not adopt the WPATH guidelines as Oregon's standard of care in light of these significant issues. Specifically, two facts—that progressive European countries have chosen to diverge from WPATH since 2020-2022 (after following it for many years), and the fact that the organization itself is now being reviewed by the courts with allegations of improper actions (e.g., removing all age limits for hormones and surgery, denying the existence of systematic reviews, etc.)—send a strong signal that Oregon should pause on any plans to endorse these problematic guidelines, and instead should more thoughtfully engage with the recently-emerged but serious criticism of WPATH. This is far from settled science.

Sincerely,

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Board Member of the Society for Evidence-based Gender Medicine

References

¹ Block J. Gender dysphoria in young people is rising—and so is professional disagreement. *BMJ*. Published online February 23, 2023:p382. doi: [10.1136/bmj.p382](https://doi.org/10.1136/bmj.p382)

² Dahlen S, Connolly D, Arif I, Junejo MH, Bewley S, Meads C. International clinical practice guidelines for gender minority/trans people: systematic review and quality assessment. *BMJ Open*. 2021;11(4):e048943. doi: [10.1136/bmjopen-2021-048943](https://doi.org/10.1136/bmjopen-2021-048943)

³ <https://bmjopen.bmj.com/content/11/4/e048943.responses#wpath-standards-of-care-a-new-edition-using-outdated-methods-weakens-the-trustworthiness-of-content>

⁴ NHS England. *Interim Clinical Policy: Puberty Suppressing Hormones (PSH) for Children and Adolescents Who Have Gender Incongruence or Dysphoria. Public Consultation Guide.*; 2023. <https://www.engage.england.nhs.uk/consultation/puberty-suppressing-hormones/>

⁵ https://www.sfexaminer.com/archives/opinion-when-it-comes-to-trans-youth-we-re-in-danger-of-losing-our-way/article_833f674f-3d88-5edf-900c-7142ef691f1a.html

⁶ <https://www.wpath.org/media/cms/Documents/Public%20Policies/2021/Joint%20WPATH%20USPATH%20Letter%20Dated%20Oct%2012%202021.pdf>

⁷ <https://quillette.com/2022/01/06/a-transgender-pioneer-explains-why-she-stepped-down-from-uspath-and-wpath/>

⁸ https://www.supremecourt.gov/DocketPDF/23/23-466/299603/20240202131639709_2024.02.01-%20Ala.%20Amicus%20Br.%20iso%20TN-KY%20BIO%20FINAL.pdf