



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Ceannasaí Náisiúnta Oibríochtaí Meabhairshláinte  
Ospidéal Naomh Lómáin Baile Phámar Baile Átha Cliath 20.

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9<sup>th</sup> March 2021  
Deputy Carol Nolan  
Dail Eireann,  
Dublin 2.

PQ 9034/21

To ask the Minister for Health if the HSE considers the Dutch Protocol to be best practice internationally with respect to gender dysphoria; and if he will make a statement on the matter.

Dear Deputy Nolan,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

The Dutch Protocol pertains to the treatment of children and young people this PQ may be more appropriately answered by CHI. However the following is an extract from an article by Professor Peggy T Cohen- Kettenis who developed the protocol in the Netherlands ([https://www.researchgate.net/publication/223135170\\_Clinical\\_Management\\_of\\_Gender\\_Dysphoria\\_in\\_Children\\_and\\_Adolescents\\_The\\_Dutch\\_Approach](https://www.researchgate.net/publication/223135170_Clinical_Management_of_Gender_Dysphoria_in_Children_and_Adolescents_The_Dutch_Approach)). Please note that the article applies to the practice in the Netherlands.

The Dutch approach on clinical management of both pre-pubertal children under the age of 12 and adolescents starting at age 12 with gender dysphoria, starts with a thorough assessment of any vulnerable aspects of the youth's functioning or circumstances and, when necessary, appropriate intervention. In children with gender dysphoria only, the general recommendation is watchful waiting and carefully observing how gender dysphoria develops in the first stages of puberty. Gender dysphoric adolescents can be considered eligible for puberty suppression and subsequent cross-sex hormones when they reach the age of 16 years. Currently, withholding physical medical interventions in these cases seems more harmful to well-being in both adolescence and adulthood when compared to cases where physical medical interventions were provided.

I trust this information is of assistance to you but should you have any further queries please contact me

Yours sincerely,

Thomas O'Brien  
General Manager Mental Health Services