5<sup>th</sup> April 2023

To Whom It May Concern,

I was asked to comment on a Parliamentary Question directed to the Minister for Health on clinical practice at the National Gender Service with respect to advising GPs on hormone therapy.

Provision of any clinical intervention (including gender affirming hormone therapy and surgical intervention) is based on a fundamental clinical principle that to recommend any clinical intervention the apparent benefits should exceed any apparent risks.

The operational model of care at the National Gender Service is based on a comprehensive multidisciplinary assessment that takes into account all aspects of a person's health and wellbeing over their lifetime, rather than focusing only on gender and gender dysphoria. This assessment results in a formulation of risk and benefit that informs a recommendation on clinical interventions such as hormone therapy or surgery. An outline of the assessment process is available on our website <a href="https://www.nationalgenderserviceireland.com">www.nationalgenderserviceireland.com</a>

We do not recommend prescribing gender affirming hormone therapy in the absence of a comprehensive holistic multidisciplinary assessment, or if after such an assessment, the apparent risks exceed the apparent benefits.

Sometimes, people purchase hormones online purchase without prescription, or source hormones via online companies such as Gender GP. These online companies recommend hormone therapy in the absence of a comprehensive multidisciplinary assessment comparable to our own. When people source hormone via these online channels, they sometimes ask their GP to prescribe the hormones or to monitor blood tests.

In this scenario, GPs often ask me for my clinical opinion on the use of hormone therapy in this setting. My opinion is that hormone use in the absence of assessment may be dangerous, and that care recommendations made by online companies, including Gender GP, may be unsafe.

There are also compliance issues related to the use of online providers such as Gender GP. In my experience, these providers do not have any prescribers who are registered with the Irish Medical Council and only offer online consultations (i.e. they never meet the people they prescribe for in person). They are therefore unregulated in Ireland and are operating in contravention to current Medical Council guidelines (Section 43, Page 32 of the current Guide to Professional Conduct and Ethics).

Therefore, I do not recommend prescribing therapy on recommendations made by online companies such as Gender GP.









When people source hormones outside of GP services and ask the GP to monitor hormone concentrations, my advice is that blood work should be monitored. However, I do not recommend monitoring hormone concentrations, as hormone concentrations are not proven to risk stratify or risk manage care in this clinical scenario. Instead, I recommend monitoring of blood tests that may risk stratify or risk manage care, such as full blood counts and liver functions tests.

I hope the above has been clear and useful.

Yours Sincerely,

Dr Karl Neff MBBS PhD MRCPI Consultant Endocrinologist

Clinical Lead

**National Gender Service** 

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