



19<sup>th</sup> April, 2024

Deputy Paul Murphy, TD  
Dáil Éireann  
Leinster House  
Kildare Street  
Dublin 2

**RE PQ13907/24, PQ13908/24, PQ13909/24, PQ13910/24, PQ13911/24, PQ13912/24, PQ13913/24**

**Details:** <https://www.newstalk.com/podcasts/highlights-from-newstalk-breakfast/nhs-have-confirmed-that-children-will-no-longer-receive-puberty-blockers>

**PQ 13907/24 To ask the Minister for Health what exactly were the actions of hormones a decade later the National Gender Service staff were referring to in a recent radio interview**

**PQ 13908/24 To ask the Minister for Health the names of the clinics in the United States who continue to prescribe puberty blocker monotherapy up to age 28 or 29 which were mentioned by National Gender Service staff in a radio interview**

**PQ 13909/24 To ask the Minister for Health if the National Gender Service can confirm they believe that the Tavistock and Antwerp clinics radio had prescribed hormones on the basis of a single phone call as indicated in a recent radio interview**

**PQ 13910/24 To ask the Minister for Health to clarify if the National Gender Service staff believe that you need to fully know your sexual orientation in order to access transgender medical interventions as indicated in a recent radio interview**

**PQ 13911/24 To ask the Minister for Health if the National Gender Service can share the evidence base for sexual attraction being delayed in neurodiverse individuals and its relevance in trans medicine as indicated in a recent radio interview**

**PQ 13912/24 To ask the Minister for Health to clarify exactly what the "clear evidence of harm from current practice to significant numbers of vulnerable children" that was referenced by National Gender Service staff in a recent radio interview (details supplied) is.**

**PQ 13913/24 To ask the Minister for Health if the National Gender Service considers trans patient groups to be expressing an ideological position when advocating for informed consent healthcare in line with WPATH.**

Dear Deputy Murphy,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Advisor and Group Lead for Children and Young People (NCAGL C&YP) on your question and have been informed that the following outlines the position.

**PQ 13907/24**

Gender healthcare is a new, emerging area of care, supporting people who experience gender incongruence and/or gender dysphoria.

Evidence for the best and safest type of healthcare in this area is limited, in Ireland and internationally.

A new national clinical programme for gender healthcare is being initiated by the HSE. Over the next two years, the programme will develop an updated clinical model of care for gender healthcare services for the Irish population.



Emerging and evolving international evidence, including evidence on the use of puberty blockers and hormones, will be reviewed as part of this work.

**PQs 13908/24 and 13909/24.**

Gender healthcare is a new, emerging area of care and evidence for the best and safest type of healthcare in this area is limited, in Ireland and internationally. Gender healthcare services vary across services and geographical areas. It would not be fair for us to comment on services we are not familiar with, such as those referred to in the US.

In relation to prescribing, we cannot comment on other services but can describe the current pathway in Ireland where the prescribing of puberty blockers for a child or young person is a clinical decision made by the treating endocrinologist, informed by a multi-disciplinary team and including appropriate psychological/ psychiatric input. Healthcare specialist consultations with the patient and their family are part of the assessment and treatment plan development process. We acknowledge that there is a long waiting time for patients to access services and that all of our services are not yet in place.

The HSE is focused on the development of services to meet the gender healthcare needs of the population in Ireland.

As referenced in responses to PQ 13913/24 and PQ 13907/24 contained within, HSE is leading on the development of a new clinical model of care for gender healthcare. This model of care will consider emerging and evolving international evidence to inform this work.

**PQs 13910/24 and 13911/24.**

As referenced in responses to PQs 13913/24 and 13907/24 the HSE will lead on the development of an updated clinical model of care for gender healthcare services for the Irish population over the next two years.

**PQ 13912/24**

All people with gender dysphoria and/or who are gender-questioning should have access to healthcare support and services. Each person will be assessed on their individual needs and the model of care will be developed on that basis.

The query outlined in this PQ is an important question. The evidence for gender healthcare is emerging but it is not complete. There is no clear evidence on the long-term outcomes of treatment for young people and adults with gender related distress. As evidence and knowledge in this area grows, we can expect to see changes in clinical guidance over time, here and in other healthcare systems. These changes may happen at different times in different countries.

**PQ 13913/24**

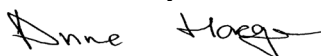
The HSE model of care will be informed by the evidence and will prepare a care pathway for our Irish patients and will support the doctors, nurses and health and social care professionals who work in gender healthcare.

The HSE aims to provide a wide range of services for all people with gender dysphoria, from care locally in the community to more specialised and complex care. We are committed to building this service based on clinical experience and evidence, respect, inclusiveness and compassion.

Over the next two years, a new clinical model of care will be developed in a consultative way, engaging with stakeholders including advocacy groups, healthcare professionals and patients, who will be involved in the design of services, and which will inform the delivery and evaluation of those services. There is no requirement for the outcome of this work to be aligned with the approach of any particular organisation and the outcome will be informed and guided by the needs of people living in Ireland.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely



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**Anne Horgan**  
General Manager



**Clinical Design  
& Innovation**  
*Person-centred, co-ordinated care*