

28<sup>th</sup> February 2024

To Whom It May Concern,

I was asked to comment on a Parliamentary Question directed to the Minister for Health on the data around the natural history gender dysphoria in children.

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 approved model of care in practice at the National Gender Service (NGS) is based on a 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 intervention. An outline of the assessment process is on our website [www.nationalgenderserviceireland.com](http://www.nationalgenderserviceireland.com) It should be noted that the National Gender Service does not see children.

As part of the Cass Review, a systematic review of evidence was completed. Information on outcomes of children can be found in the references of this report which is available online at <https://cass.independent-review.uk/publications/interim-report>

Steensma et al (2011) addresses the issue of desistence, which was specifically mentioned in this question. There are several similar papers on this topic that can be found by searching any of the online medical literature resources such as PubMed, or reviewing the references in the Steesma paper.

I trust the above is useful in answering this query.

Yours Sincerely,



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