



Paul Murphy  
Dail Eireann  
Leinster House  
Kildare Street  
Dublin 2

**7<sup>th</sup> April 2025**

**REF PQ: 15725/25**

Dear Mr Murphy,

We were 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 clinical care.

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 [www.nationalgenderserviceireland.com](http://www.nationalgenderserviceireland.com)

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. However, Gender GP is not the only company in this space. There are a large range of online companies that 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 and to monitor blood tests.



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

There are also compliance issues related to the use of online providers. These providers are not registered with the Irish Medical Council and are therefore unregulated in Ireland.

When people source hormones via these channels and ask their GP to monitor hormone concentrations, my advice is that blood work should be monitored. However, we do not recommend monitoring hormone concentrations, as hormone concentrations are not proven to risk stratify or risk manage care in this clinical scenario. The risk of harm exists simply by using hormones, irrespective of the hormone concentrations.

Instead, we recommend monitoring of blood tests that may risk stratify or risk manage care, such as full blood counts and liver functions tests. A full blood count can predict the risk of clots in people using testosterone. Liver damage can sometimes be detected by liver function tests.

When asked for advice by GPs, or any colleague, we will always give honest and accurate advice. This will sometimes relate to compliance issues that may exist in unregulated online services.

We hope the above has been clear and useful.

Yours Sincerely,

Dr Yagoub Gader,

*Consultant Endocrinologist, St Columcilles Hospital Loughlinstown*