

Paul Murphy

Dail Eireann

Leinster House

Kildare Street

Dublin 2

7th April 2025

REF PQ: 15723/25

Dear Mr Murphy,

We were asked to comment on a Parliamentary Question directed to the Minister for Health on recommendations on blood testing made by the National Gender Service.

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

The approved model of care in practice at the National Gender Service is based on a comprehensive multidisciplinary assessment that results in a formulation of risk and benefit that informs a recommendation on clinical intervention. This assessment takes into account all aspects of a person's health and wellbeing, rather than focusing only on gender and gender dysphoria. An outline of the assessment process is on our website www.nationalgenderserviceireland.com

When people are on hormones, hormone concentrations can be monitored but hormone measurements are not proven to risk stratify or risk manage care in this clinical scenario. Risk of harm exists simply be using hormones, and this risk exists regardless of blood concentrations.

There are blood tests that may help mitigate risk: full blood counts and liver functions tests. Elevated Haematocrit can predict clots (one complication of hormone therapy) in people using testosterone. Liver damage can sometimes be detected by liver function tests.







As in most aspects of gender healthcare, there is no good quality evidence to support using any specific any particular threshold for blood tests in terms of efficacy and safety. Therefore, blood tests need to be interpreted by clinicians in an individualised context, with a focus on safety and efficacy.

We hope the above has been clear and useful.

Yours Sincerely,

Dr Yagoub Gader,

Consultant Endocrinologist, St Columcilles Hospital Loughlinstown

