

Paul Murphy
Dáil Éireann Leinster
House Kildare Street
Dublin 2

3rd March 2025

REF PQ: 6643/25

Dear Deputy Murphy,

We were asked to comment on a Parliamentary Question directed to the Minister for Health on clinical outcomes at the National Gender Service.

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.

Unfortunately, in transgender healthcare, the evidence base is underdeveloped, and what does exist is of poor quality. Therefore, it is impossible to reliably quantify the potential for risk and benefit in transgender healthcare. This applies for all aspects of transgender healthcare, including hormone therapy, as outlined in a number of recent systematic reviews, such as Baker et al in the Journal of the Endocrine Society in 2021. Given the lack of evidence biochemical targets are usually arbitrary and extrapolated from local reference ranges for specific hormonal assays.

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.nationalgenderservice.com

While gender is one important aspect of the risk/benefit assessment, we also explore non-gender aspects like social health and occupational function. This is because the most common complications of medical transition are a decline in social function, a decline in general wellbeing, and a deterioration in mental health. To reduce the risk of these complications, we must understand a person as a whole person in a social context.

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. In the current context, clinical complexity is greater than it has ever been before, with people presenting for assessment with multiple unaddressed clinical needs. Therefore, the proportion of people who are found to have greater risk than benefit of the time of assessment is increasing.

We trust the above is useful in answering this query.

Yours sincerely,

Dr. Yagoub Gader

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