Gender Dysphoria Treatments are Not Based on Scientific Method, Says Pediatrician

With individuals such as <u>Caitlyn Jenner</u> and TLC's <u>Jazz Jennings</u> dominating headlines in recent years, the idea of transgenderism has launched to the forefront of public thought. This increased visibility has in turn spurred conversations about bathrooms, puberty-blocking drugs, and the idea of children transitioning into the opposite sex at a very young age.

Public opinion insists that everyone should accept these new trends, particularly for the sake of transgender children. But what happens when children transition, but then discover that they want to go back to the sex of their birth?

It sounds unthinkable, but that's what happened to Australian teen Patrick Mitchell. Mitchell's story, which was recently portrayed in a <u>60 Minutes segment</u>, starts out as a little boy who always wanted to dress like a girl. At the age of 12, he was diagnosed with gender dysphoria. His single mother supported his transition to a woman, even going so far as to share her own estrogen medication with him to slow down puberty and give him the shape and form of a female. By the time he was 14, however, Mitchell began to lose his inclination toward life as a female and is now working toward transitioning back into his biological sex.

Mitchell's mother continues to support him through the twists and turns of his gender struggles and insists she has no regrets, but when asked about how his case was treated by doctors, she seems to give a different story:

"They were wrong to pigeonhole him so quickly. I think they should have said, 'Here we have a child who does have gender

dysphoria and he's going through a period of transition where he needs to work out exactly how he feels.'"

Experienced pediatrician and professor John Whitehall seems to agree with her. He argues that it's a normal thing for children to express some confusion about their gender. This confusion, however, often dissipates by the time they reach maturity. Interfering with this natural progression does more to mess them up than it does to help:

"You think that their emotional problems are going to get better by giving them estrogen, fine. That's called optimism. It's not called scientific method. So I think the whole thing is experimental in that sense.

People are not interested in discussing the science. We all got to believe that there's no such thing as a boy or a girl, that we're all somewhere in between. Now I don't believe that.

The good news is that in all the major articles these children will revert to the natal sex through puberty. What we should do, then, is have confidence in the statistics and not mess the child up along the way. ... The good news is, statistically, this child is going to grow out of it."

Whitehall is not alone in his beliefs. In spring of 2017, several doctors joined together to write a paper on gender dysphoria for *The New Atlantis*. They agreed that suppressing puberty in gender dysphoric children is often the outgrowth of "subjective" opinions of doctors, and not based upon "rigorous empirical evidence." As a result, the doctors conclude that the "evidence for the safety and efficacy of puberty suppression is thin."

Neuroscientist Dr. Debra Soh recently underscored these statements by noting, "Across all 11 studies ever done on this

topic, they consistently found the majority of gender dysphoric children desist by puberty."

The exploding visibility, acceptance, and furtherance of gender dysphoria, transgenderism, and sex changes has been encouraged in recent years for the good of children. But given the real-life experience of Mitchell and the observations of trained professionals, does it seem like these moves may be more detrimental to children than we've been told? If we truly care about the health and development of children, do we need to reevaluate how we treat gender dysphoria?