

MEDICAL TRANSITIONING



The number of people identifying as transgender and seeking medical transition to support their perceived identity has increased dramatically in recent years in Western societies, Canada included. Consequently, we are starting to hear more stories and see more evidence that our society is far too quick to provide medical transitioning, particularly to minors with gender dysphoria.

Gender dysphoria is categorized by the DSM-V as a diagnosable mental health condition. In the last decade, cases of gender dysphoria in children and youth have risen exponentially, especially among teenage girls. This has led many researchers to conclude that gender dysphoria is, to some extent, a social contagion. Studies indicate that, without medical intervention, around 80% of cases of childhood gender dysphoria will resolve naturally as children physically mature through puberty.

As gender dysphoria is a diagnosable mental health condition, the first line of treatment should be mental health support and psychiatric treatment. But clinicians in Canada are quick to prescribe puberty blockers, cross-sex hormones, and even surgeries to alter the physical appearance of the body. These procedures often have irreversible consequences, including infertility and sterility. A growing number of clinicians around the world are raising serious ethical objections to these treatments.

These objections are serious enough to call into question whether medical transitioning is appropriate for adults, and it is especially doubtful that minors can give informed consent for such procedures. While various provincial regulations and statutes require people to reach the age of majority (18 or 19) to get purchase alcohol, vote, or adopt a pet, there are no age requirements for medical transitioning.

Jurisdictions that have investigated the academic literature behind medical transitioning have concluded that there is a dearth of evidence to support medical transitioning. Finland, Sweden, Norway, France, the United Kingdom, and various American states have either banned such treatments for minors or amended their policies to make medical transitioning a last resort, with priority placed on mental health supports.

We recommend that governments ban medical transitioning for minors and instead offer psychiatric treatment and psychotherapy. We also recommend that Parliament establish an independent commission to review the evidence on the benefits and harms of medical transition and repeal or amend Canada's conversion therapy law to ensure that psychiatric treatment and psychotherapy for gender dysphoria is available to all who need it.

For more information about this topic, please refer to our related policy report document. This report can be found on our website at [ARPACanada.ca/publication/medical-gender-transition/](https://arpacanada.ca/publication/medical-gender-transition/).