

Shared WPATH and EPATH statement of concern regarding NHS's proposed suspension of hormones prescribing for individuals under 18 years of age with gender incongruence in England

The European Professional Association for Transgender Health (EPATH) expresses deep concern regarding the proposed suspension of hormone prescribing for individuals under 18 years of age with gender incongruence in England. (<https://www.england.nhs.uk/long-read/clinical-policy-prescribing-of-masculinising-and-feminising-hormones-for-children-and-adolescents-who-have-gender-incongruence-or-dysphoria-public-consultation-guide/>)

NHS England has published a draft clinical policy for consultation that proposes the suspension of gender-affirming hormone interventions for this population, because of a series of commissioned evidence reviews. The suspension of providing hormones for 16 and 17 year olds represents a significant shift from the current clinical policy and warrants careful, transparent, and methodologically rigorous evaluation in which it is EPATH's and WPATH's view that prohibiting hormones is not an ethically neutral position and may have harmful effects in those transgender adolescents for whom it would be indicated.

EPATH and WPATH are multidisciplinary professional associations dedicated to promoting high-quality, evidence-based, and person-centered care for trans and gender-diverse people across Europe. In line with international standards of care, EPATH and WPATH recognize that gender-affirming hormone therapy may be clinically indicated for some adolescents following comprehensive assessment within a multidisciplinary framework, with appropriate consent processes and ongoing monitoring.

The current evidence base, while still developing, includes a growing body of observational and longitudinal studies, alongside extensive clinical experience across specialized services. Limitations in the evidence are acknowledged; however, EPATH and WPATH are not aware of new evidence that would support a universal prohibition of these interventions. Clinical decision-making in this area necessarily involves careful consideration of potential benefits and risks at the individual level.

EPATH and WPATH further note that the proposed policy appears to diverge from the clinical principles articulated in previous national reviews, including the Taylor Review and the Cass Review. These reviews emphasize the importance of individualized, developmentally appropriate care, delivered within a structured and multidisciplinary clinical pathway.

EPATH and WPATH underscore the importance of ensuring that evidence reviews informing policy are appraised using robust and transparent methodologies, and that their interpretation reflects the totality and context of available data. Engagement from clinicians, researchers, methodological experts and including the values and preferences of the transgender population is essential in this process. Meanwhile, not providing hormones may also be harmful for those transgender youth who need it.

At a time of evolving evidence and clinical practice, EPATH and WPATH emphasize that policy decisions should be guided by scientific evaluation, clinical expertise, and a commitment to equitable access to appropriate care for trans and gender-diverse young people. Masculinizing

and feminizing hormones have been part of the international transgender care treatment guidelines. They have been scientifically evaluated in transgender adults for over 5 decades, and in adolescents for over 3 decades.