

## The American Academy of Pediatrics & Gender Dysphoria: A Conflict of Interest?

“Gender dysphoria is the feeling of discomfort or distress that might occur in people whose gender identity differs from their sex assigned at birth or sex-related physical characteristics... The term focuses on discomfort as the problem, rather than identity.”<sup>1</sup>

In Sweden the diagnosis of gender dysphoria has increased 20-fold over the past 10 years in those younger than 20 years old. The long-term outcome in this group of patients is unknown, and the author suggests: “Irreversible medical procedures should be used with caution and in the context of clinical trials given the limited evidence base for medical interventions in this group.”<sup>2</sup> Similar increases have been seen in other western nations and is most likely a combination of greater public discussion of sexual behavior and increased physician likelihood to make the diagnosis.<sup>3</sup>

In the U.S., the American Academy of Pediatrics (AAP), published its policy on gender dysphoria in 2018—written by a single member—supporting social affirmation, puberty blockers, cross-sex hormone therapy, gender-affirming surgery and legal affirmation (Table 2). The policy paper also states: “In rare cases, a family may deny access to care that raises concerns about the youth’s welfare and safety; in those cases, additional legal or ethical support may be useful to consider. In such rare situations, pediatric providers may want to familiarize themselves with relevant local consent laws and maintain their primary responsibility for the welfare of the child”. There is no mention that this dysphoria may be a passing phenomenon.<sup>4</sup>

This aggressive affirmation and action policy is in contradistinction to many other western nations which use “watchful waiting” in response to the recent increase in prevalence. Shortly after the AAP policy publication, the journal of Sex & Marital Review published a scathing rejoinder: “Remarkably, not only did the AAP statement fail to include any of the actual outcomes literature on such cases, but it also misrepresented the contents of its citations which repeatedly said the very opposite of what AAP attributed to them.”<sup>5</sup>

In Great Britain the National Health Service has disavowed the gender-affirming approach in those younger than 18 years old, adopting a “developmentally- informed position that many need psychoeducation and psychotherapy”<sup>6</sup>

The increased incidence of suicide in the gender dysmorphic population has been used as a reason for gender affirmation treatments. But evidence is accumulating that suicide after gender-altering treatment is also far greater than the general population.<sup>7</sup> It appears that gender dysmorphia is a symptom, rather than the cause, in those who do not with “watchful waiting” resolve their gender issues. These individuals have underlying severe mental illness with gender dysmorphia being a resulting symptom.<sup>8</sup>

The question arises as to why the AAP is so different from other western nations in its hyper-aggressive approach to gender dysphoria. It appears that the AAP in 2016 formed a six-member committee, LGBT Health & Wellness, to support “children with variations in gender presentation.” Four of the six members are actively working in and

proponents of therapies offered by gender-affirming clinics, including the author of its policy paper, an obvious conflict of interest.<sup>9</sup>

So far in the 21st century there has been a great deal of attention to and acceptance of various sexual practices. It is reasonable for some children in increasing numbers to wonder where they fit on this spectrum. For most this is transient and thus the concept of “watchful waiting” is called for. But for those with deep psychological issues, gender dysmorphia remains a serious issue with the attendant risk of suicide associated with severe mental illness. There is yet insufficient data to suggest the best approach. Any therapeutic regime should be part of well-structured clinical research protocols. The present AAP aggressive approach, however, is NOT supported by the existing data.

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<sup>1</sup>Mayo Clinic Staff, *Gender Dysphoria*, Mayo Clinic, February 26, 2022, available at: <https://www.mayoclinic.org/diseases-conditions/gender-dysphoria/symptoms-causes/syc-20475255> (accessed December 11, 2022).

<sup>2</sup>Mikael Landen, *Dramatic increase in adolescent gender dysphoria requires careful consideration*, *Lakartidningen*, October 11, 2019, PMID 31613373, available at: <https://pubmed.ncbi.nlm.nih.gov/31613373/> (accessed December 13, 2022).

<sup>3</sup>Charlene Aaron, *4,000% Explosion in Kids Identifying as Transgender, Docs Perform Double Mastectomies on Healthy Teen Girls*, *CBN News*, September 19, 2018, available at: <https://www1.cbn.com/cbnnews/us/2018/september/4-000-explosion-in-kids-identifying-as-transgender-docs-perform-double-mastectomies-on-healthy-teen-girls> (Accessed December 16, 2022).

<sup>4</sup>Jason Rafferty, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, *Pediatrics* Volume 142, Issue 4, October 1, 2018, available at: <https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for?autologincheck=redirected> (accessed December 13, 2022).

<sup>5</sup>James M. Cantor, *Transgender and Gender Diverse Children and Adolescents: Fact-Checking of AAP Policy*, *Journal of Sex & Marital Therapy*, published on line December 14, 2019, then Volume 46, 2020, available at: <https://www.tandfonline.com/doi/full/10.1080/0092623X.2019.1698481> (accessed December 14, 2022).

<sup>6</sup>*The NHS Ends the “Gender-Affirmative Care Model for youth in England*, *Society for Evidence Based Gender Medicine*, October 24, 2022, available at: <https://segm.org/England-ends-gender-affirming-care> (accessed December 14, 2022).

<sup>7</sup>*Suicide Data Overview: How Effective is Medical Transition in Reducing Suicide Risk with Individuals With Gender Dysphoria?* *Gender Health Query*, available at: <https://www.genderhq.org/suicide-gender-dysphoria-transition-effectiveness> (accessed December 13, 2022).

<sup>8</sup>Jennifer Bouvers, *Suicide Risk and Gender Transition: The Facts*, *Family Research Council*, July 23, 2021, available at: <https://www.frc.org/blog/2021/07/suicide-risk-and-gender-transition-facts> (accessed December 13, 2022).

<sup>9</sup>Aaron Sibarium, *The Hijacking of Pediatric Medicine: The American Academy of Pediatrics claims to support the health of all children. Many doctors are appalled by its prescriptions*, *The Free Press: For Free People*, December 7, 2022, available at: [https://www.thefp.com/p/the-hijacking-of-pediatric-medicine?utm\\_source=substack&utm\\_medium=email](https://www.thefp.com/p/the-hijacking-of-pediatric-medicine?utm_source=substack&utm_medium=email) (accessed December 7, 2022).