



Tuesday, 07 January 2025

The Honourable Jacqueline (Jacquie) Petrusma, BCom RN

Minister for Health

Minister for Aboriginal Affairs

Minister for Veterans Affairs

House of Assembly, Parliament House, Hobart. 7000

Email: jacquie.petrusma@parliament.tas.gov.au

Dear Minister Jacquie Petrusma,

Re: Request for meeting to discuss the risks associated with the current gender-affirming care model for children in Tasmania.

I am writing to you in light of recent developments regarding the use of puberty blockers in children with gender dysphoria. As you may know, the UK government recently made its ban on puberty blockers permanent, joining other countries such as Sweden, Finland and France. These nations have raised serious concerns about the limitations in the quality of evidence supporting both the benefits and risks of puberty blockers for young people.

<https://www.theguardian.com/society/2024/dec/11/puberty-blockers-to-be-banned-indefinitely-for-under-18s-across-uk>

Since the release of the Dr. Hilary Cass Review earlier this year in England, many jurisdictions, including the UK, South Africa, New Zealand and Norway have begun re-evaluating treatments provided to children with gender dysphoria, with the majority implementing changes.

The Mayo Clinic itself has highlighted the potential risks of puberty blockers (gonadotropin-releasing hormone analogues, or GnRHa), including reduced bone density, fertility issues, mood swings, and significant impacts on normal physical and psychological development. For males, puberty blockers may limit facial hair growth,



voice deepening, and reduce the growth of the penis, scrotum, and testicles. In females, the blockers induce a menopause-like state, halting menstruation and limiting breast development.

Hence UK Labour MP and Secretary for Health Wes Streeting's statement, **"We do not yet know the risks of stopping pubertal hormones at this critical life stage. That is the basis upon which I am making decisions. I am treading cautiously in this area, because the safety of children must come first."**

More concerning is the emerging body of evidence suggesting that puberty blockers do not result in improved mental health outcomes. A long term study commissioned in 2015 in the United States to evaluate the effectiveness of these treatments was not published due to the findings, which revealed that the puberty blockers did not improve mental health and, in some cases, may even worsen suicidal ideation. A recent Finnish study published early this year, found that **suicidal risk is driven by the psychiatric co-morbidities of gender clinic patients, not by their gender distress, and there was no evidence that medical transition reduced suicidal risk.** These findings should be of particular concern to you as Health Minister in relation to the treatments being provided at the Tasmanian Gender Service.

<https://www.nytimes.com/2024/10/23/science/puberty-blockers-olson-kennedy.html>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11106199/#Sec8>

The integrity of medical research in this area has been compromised, with activist groups often prioritizing ideological agendas over the well-being of vulnerable children. It is crucial that children with gender dysphoria have access to evidence-based treatments that are in their best interests, rather than interventions that carry significant and, in some cases, irreversible risks.

Despite these growing concerns, the Tasmanian Gender Clinic continues to prescribe off-label drug leuprorelin acetate (a drug primarily used to treat cancer) as a first-line treatment for gender dysphoria in children. As I have outlined above, this treatment has been called into question by the Cass Review and numerous other studies.

In light of these concerns, I urge you to take immediate action by banning the prescription of puberty blockers for the treatment of gender dysphoria in children. I also strongly recommend that an independent review of the treatment methodologies and data collection currently in use at the Tasmanian Gender Clinic be conducted as a matter of urgency.



For expert guidance, I encourage you to consult with Dr. Philip Morris, President of the National Association of Practising Psychiatrists (NAPP), who has written extensively on the management of gender dysphoria in young people and can assist in the development of Terms of Reference for the review with view to applying NAPP's gold standard of care.

<https://napp.org.au/2022/03/managing-gender-dysphoria-incongruence-in-young-people-a-guide-for-health-practitioners-2/>

I would also appreciate the opportunity to meet with you to further discuss the risks associated with the current gender-affirming care model for children in Tasmania.

Thank you for your time and consideration. I look forward to your response.

Kind Regards,

A handwritten signature in black ink, appearing to read 'Elizabeth Caballero Pastor', written in a cursive style.

Dr. Elizabeth Caballero Pastor (retired GP)
Women Speak Tasmania