



22 January 2025

Ministry of Health
133 Molesworth Street
Thorndon
WELLINGTON 6011

By email: pbconsultation@health.govt.nz

Tēnā koe,

Thank you for the opportunity to provide a submission on safety measures for the use of puberty blockers in young people with gender-related health needs.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand. Our membership of 6,439 specialist General Practitioners (GPs) and rural hospital doctors comprises 40 percent of the specialist medical workforce. The Medical Council of New Zealand accredits the College to deliver vocational training to the specialist General Practitioner and Rural Hospital Doctor workforce. The College is committed to prioritising the reduction of health inequities experienced by Māori and honouring Te Tiriti o Waitangi and the Māori rights enshrined within. To do this we prioritise initiatives that support our members to develop cultural safety capabilities through our Training, Continuing Professional Development and Quality programmes.¹

Our members provide medical care in the community with 23 million¹ patient contacts recorded in 2023 showing the combined efforts of 1,077 general practice clinical teams providing first point of contact care to effectively manage 90 percent of health concerns for whānau in Aotearoa New Zealand.

Our submission

The College notes that specialist GPs are often the first point of contact for people accessing healthcare in Aotearoa. We consider the proposed regulations for puberty blockers should not disadvantage adolescents experiencing gender-related distress.

Puberty blocker treatment is intended to delay puberty temporarily, giving an adolescent time to reach a decision on how they wish to identify. It is possible for puberty blockers to be initiated from around the age of 9 years old to delay puberty, but the age can vary. A decision to prescribe puberty blockers is made in consultation with family, and specialist support, and ongoing care involving relevant or available community services. With the increasing numbers of adolescents being prescribed puberty blockers, it is more common for specialist GPs to be responsible for initiating or referring care for these young people.

Our membership has a diverse range of opinions on the efficacy and benefit for the use of puberty blockers in young people for the purpose of addressing gender-related health concerns for them and their families. Ministry of Health data shows a recent growth in numbers of young people accessing treatment for puberty blockers.ⁱ Due to this increase, specialist GPs need greater clarity on prescribing of puberty blockers, and guidelines to inform treatment of gender-related health concerns in young people.

Despite the growth in numbers seeking help for gender-related health, puberty blocker treatment is still only considered for a small minority of young people. Additionally, it is an area which has been heavily politicised in many economically developed countries worldwide.ⁱⁱ

While puberty blockers are used for young people for other conditions, such as precocious puberty, the use of puberty blockers for treatment of young people experiencing gender dysphoria is relatively new.ⁱⁱⁱ Puberty blockers are an approved medication for precocious puberty, however the effects of long-term use during adolescence are not well-evidenced. This was highlighted in the Cass review, a report released March 2024 examining the current evidence-base and environment for administering puberty blockers in the U.K..^{iv v}

The College maintains, despite the outcome of this consultation, specialist GPs and multi-disciplinary teams will continue to care for young people seeking puberty blockers for gender-related health needs. People seeking treatment are reviewed by a specialist GP, psychiatrist, endocrinologist, and a paediatrician if they are under 15 years. It is essential to ensure a holistic view is taken to meet the complex needs of adolescents seeking treatment for gender-related health concerns as this impacts on their social, psychological and physiological wellbeing.

There is a correlation between gender-dysphoria with autism spectrum disorders and other neuro-divergent disorders which increases the need for access to multidisciplinary team care.^{vi} Collectively they advise appropriate best practice treatment is the current best practice for young people with gender-related concerns. Currently, decisions to prescribe puberty blockers are made following advice sought from the team with informed consent gained from both the adolescent as well as their parents or guardians.

Current concerns

There is a limited evidence base for the efficacy or harm puberty blockers may have for long term use by adolescents for treating gender distress. This use of puberty blockers is relatively new, politicised and hard to control for in a test environment.^{vii} It has led to concern and confusion from some members of the public and health professionals. Concerns include puberty blockers negatively affecting bone density, delaying puberty may have psychological and/or social harm, or that long-term treatment may disrupt cognitive development.

These concerns alone are not sufficient to deny individuals' right and access to care.^{viii}

It should be noted that there is also a lack of any strong evidence that suggests harm exists, and that the regulation is being proposed despite any publicly available recorded complaint of harm or mistreatment from a patient who has undergone this treatment.

Our recommendations

- **More research needed**
 - Support efforts to increase the evidence base for the efficacy of prescribing puberty blockers for adolescents with gender-related health concerns to reduce the risk of harm.^{ix}
 - The need for evidence should not negatively affect access, as has occurred in the U.K.^x Despite the need for evidence, there are still adolescents in distress who require access to a Multi-Disciplinary Team for care.^{xi}
 - Ongoing monitoring and evaluation of outcomes should be sufficient to understand the impact and identify risks or harm.
 - The evidence quality for the use of puberty blockers to treat gender-related distress should match the quality of evidence for other paediatric treatments.
- **Accessibility**
 - Introduced regulations should not reduce access to gender-related healthcare. Access to care is currently varied between regions which means many young people are disadvantaged due to their location. Current inequities already exist in areas such as Southland which has limited access when compared with regions such as Christchurch, Auckland and Hawkes Bay.
 - Access to care for young people with gender-related health concerns should be equitable and not restricted to private care. The College supports ring-fenced funding for multidisciplinary team care to increase access to a range of locally based services.

Conclusion

The College recommends that any changes made to the prescribing of puberty blockers for adolescents with gender-related health concerns also improves clarity for specialist GPs. Continued referral and access to psychiatric, paediatric and familial support, especially if puberty blockers are restricted, is needed.

People currently receiving puberty blockers must be able to continue their treatment and equity of access to holistic support services must be prioritised. These services are important to people needing gender-related care and families also benefit from increased understanding for how support their needs.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights –
Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā



Dr Luke Bradford
BM(Hons), BSc(Hons), FRNZCGP
Medical Director | Mātanga Hauora

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- ⁱ Ministry of Health | Manatū Hauora, 2024, *Impact of Puberty Blockers in Gender-Dysphoric Adolescents: An evidence brief*, Accessible <https://www.health.govt.nz/publications/impact-of-puberty-blockers-in-gender-dysphoric-adolescents-an-evidence-brief>, [Accessed 17.12.24]
- ⁱⁱ BMJ, *Gender dysphoria is rising—and so is professional disagreement*, Feb 2023, doi: 10.1136/bmj.p382
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- ^{iv} Dr Cass. Hillary et.al, 2024, *The Cass Review: independent review of gender identity services for children and young people*
- ^v Anne Alstott et.al., 2024, *An Evidence-Based Critique of “The Cass Review” on Gender-affirming Care for Adolescent Gender Dysphoria*, Available: https://law.yale.edu/sites/default/files/documents/integrity-project_cass-response.pdf, [Accessed[07.01.24]
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- ^{vii} Polly Carmichael, Gary Butler, Una Masic, Tim J Cole, Bianca L De Stavola, Sarah Davidson, Elin M. Skageberg, Sophie Khadr, View ORCID Profile, Russell Viner. *Short-term outcomes of pubertal suppression in a selected cohort of 12- to 15-year-old young people with persistent gender dysphoria in the UK*
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- ^{viii} Health and Disability Commissioner, *Health and Disability Service’s Code of Consumer Rights*, <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights>, Accessed [16.01.25]
- ^{ix} Dr Berwick. Don, *Letter to Senior Government Officials and Senior Executives in the Health Service*, (2013)
- ^x Dyer C. Puberty blockers: *UK bans drugs indefinitely after safety advice BMJ* 2024; 387 :q2814 doi:10.1136/bmj.q2814
- ^{xi} RACGP, 2024, Denying trans teens treatment ‘cruel and unethical’: GP, Accessible: <https://www1.racgp.org.au/newsgp/clinical/denying-trans-teens-treatment-cruel-and-unethical>, [Accessed 14.12.24]