

The final report of the Cass Review

Summary of the positives and negatives

After four years of gathering and analysing data, the publication of the final report of the Cass Review marks the most comprehensive study ever done on the subject of gender identity, as related to children and young people. The official remit of the Cass report is solely for England, yet its impact has already been felt throughout the UK and Ireland. The Review was led by Dr Hillary Cass OBE, a consultant paediatrician.

Some of the Review's recommendations are a positive step forward to be welcomed, while others are of concern. VfJUK's primary yardstick when measuring what is good or bad for children is always safeguarding, as opposed to ideology.

Some recommendations include:

- That routine prescription of puberty blockers be ended, at least for the foreseeable future, while the use of sex change hormones should not be administered to under-16s. While 'routine' prescriptions are ended, there remains 'permission' for using puberty blockers in cases that form part of a research protocol. This means that in limited and rare cases, and within a stringent research framework, puberty blockers may still be used. The new cautionary approach was driven partly by the recognition of the potential risks to neurocognitive development, psychosexual development and longer-term bone health, that is, impaired bone density.
- The Review recommends an "extremely cautious clinical approach" when providing sex change hormones before the age of 18. This cautionary advice is welcome but does not go far enough. Practitioners who are ideologically persuaded to use sex-change hormones for under 18s would only need to show they exercised 'caution'. This is sufficient to not fall foul of this recommendation.
- Dr Cass notes that research into the use of these drugs found "no changes in gender dysphoria or body satisfaction". This is a bombshell statement because it demonstrates that this key medical intervention failed to resolve mental health issues, thus suggesting there are other factors at play, and that throwing drugs at the problem is not the solution.
- The Review states there's insufficient evidence about the effects of puberty blockers on psychological wellbeing, cognitive development, fertility and cardio-metabolic risk (heart, blood and blood vessel problems). This confirms the well-founded medical fears already expressed.
- Children and young people must be screened for conditions like autism and receive a proper mental health assessment to ensure that other factors are not the cause of the presenting gender problems. This welcome advice shows that an apparent symptom suggesting that there is gender dysphoria may in fact be due to other psychological factors.
- The Review stresses the lack of scientific evidence in support of the safety of administering hormones at an early age, and a lack of high-quality evidence behind treatments used for children and young people who experience gender dysphoria. Previously, the professional standards applied to trans patients enabling them to transition were lowered, due to poor standards. Dr Cass explains that treatments must be based on evidence rather than on social justice.
- This Review marks an historic juncture for children and young people who experience gender problems. Its strengths include: a ban on routine use of puberty blockers and sex-change hormones; its cautionary advice to clinics not to propel their patients down the transition pathway but to exercise restraint, and to consider broader mental health issues. Its weakness is that there is still openness to the prospect of children and young people being medicalised. At the same time, the Review recognises that some people regret their decision to transition but provides little comfort to those already scarred and harmed, and who are now unlikely to trust the system that harmed them to provide further adequate support.