Model letter to MPs re Puberty Blockers

Dear (your MP)

I'm writing to ask you to raise my concerns about the proposed puberty blockers trial, which in its current form does not meet the standards of careful, ethical research recommended by the Cass Review.

The landmark Cass Report highlighted the need for some kind of properly researched trial into the effects of puberty blockers. However, the trial that has now been approved falls short of that. It does not ask the right questions, and its design cannot generate the long-term evidence that clinicians and families urgently need.

Why the proposed study is flawed

Too soon

The original Tavistock GIDS puberty blocker study was never properly followed up, and the long term outcome data appears not to have been made available to the Cass Review. Former Tavistock whistleblowers Susan and Marcus Evans say: "Despite having the authority to do so, the Cass Review was actively prevented from longer term follow-up on the now mostly adult participants of the GIDS study. This could give us so much important information but it has been wilfully obstructed and then left untouched."

Restarting this delayed follow-up work would be a far more responsible first step. It would allow us to understand how the original cohort has fared into adulthood without exposing a new group of vulnerable young people to medical risk.

Too short

The proposed trial intends to follow participants for only two years. This is not long enough to assess the effects of puberty suppression. The key physical and psychological consequences - such as impaired sexual function, sterility, lifelong dependency on medical interventions, and the impact of irreversible physical changes - only become clear in adulthood.

Short term improvements may simply reflect delayed adolescence rather than genuine clinical benefit. Without long-term outcome data, a study of this design risks producing incomplete or misleading results. Poorly designed research can offer false reassurance and may be used to justify harmful practices..

Predominantly LGB Young People

Labour LGB has raised concerns that the trial cohort is likely to be disproportionately comprised of lesbian, gay and bisexual young people. Given the established links between same-sex attraction and later gender distress in some young people, this raises safeguarding questions that require full consideration before enrolling a new cohort.

Informed consent

The issue of informed consent is most serious. Evidence shows that around 90% of children who begin puberty blockers progress to lifelong cross-sex hormone treatment. Children experiencing acute psychological distress cannot meaningfully understand the implications of permanent medicalisation or the loss of natural puberty.

A study cannot claim valid informed consent if participants and/or their parents on their behalf are unaware of the irreversible nature of the intervention. Approving a trial on this basis raises serious ethical concerns.

For these reasons, I would be grateful if you could raise this matter directly with the Secretary of State for Health and Social Care, Wes Streeting, asking him to ask the NHS to re-examine the trial in its current form and to support the immediate restart of long-delayed follow-up work on the original GIDS cohort before experimenting on new children. This approach would
provide the meaningful evidence that clinicians and families urgently need.

Regards,
Name
Address and postcode