

20 February 2024

Hello,

We are writing from Australian Doctor magazine.

We've recently covered the controversies about the use of "desistence" as an outcome measure to be applied to gender affirming care.

The approach is clearly flawed. You can read our article [here](#).

But in response, some doctors asked whether a more robust approach to outcomes was being taken, specifically by gender clinics in Australia.

It seems a good question.

But we have struggled to identify research/work being done to track outcomes.

This includes outcomes for young people assessed for gender dysphoria, outcomes for those diagnosed and then at the subsequent stages of possible care – puberty blockers, cross sex hormones and surgery.

Obviously, the information would help reassure both doctors and the wider public that the various treatments offered are supporting a vulnerable cohort and help remove a small part of the toxicity in the current debate.

It could also give some insight into the regret rates of those who don't proceed with treatment.

So wanted to ask if you could provide the information collected by your clinic to track outcomes and tell us whether this information is made public and in what form. And if not, the reasons why.

And we hoped you could explain the complexities involved and maybe some of the reasons why there is not more research on the topic in the context of Australian gender care.

We are writing to all the public hospital gender clinics with the same query.

The specific questions we wanted to raise are outlined below.

Thank you. Happy to call you to answer any questions you may have.

We can be contacted on 0459 515 281 or rachel.carter@adg.com.au.

Our deadline is Tuesday 5 March.

Rachel Carter
Chief of Staff

Paul Smith
Editor

Questions

What information is collected on regret rates for the following interventions:

- Puberty blockers
- Cross-sex hormone therapy
- Surgery

Does the clinic ask the reasons why for any regret in terms of treatment, for instance that it did not alleviate gender dysphoria; or physical or mental health concerns; surgical complications; discrimination or societal stigma; pressure from family; the belief that they were wrongly diagnosed?

What happens to the information collected – will it be published?

Is the research more difficult than people imagine and can you explain why?

Do you believe the research could help silence some of the scepticism, even if it doesn't silence more toxic elements of the debate?