

April 19, 2024

Gender Transitioning

Democracy guards against bad outcomes, but it in no way guarantees good outcomes.
- Jonah Goldberg

Highlighting Text

I have been asked to quit highlighting paragraphs because highlighting makes them more difficult to read.

Makes sense.

I want to differentiate serious from just interesting or humorous, particularly given my bent for sarcasm with some whimsy. Bold doesn't work because everything is bold. For me, italics are irritating (I guess I am like a Gen Z encountering a period). I tried colors, but nothing seems to work well since red is taken. Underline means url here (as does the color red).

The web editor I use does not make the insertion of shapes easy.

Since I don't want to stop, I'm going to mark "important" or "consistent with my main themes" items with >.

Feedback appreciated.

Markets

[Updated Charts](#)

> I still think we have made some kind of top in the stock markets. We are t h i s close to what could be a major top in the dollar, and t h i s close to some kind of top in bitcoin and crude oil. Gold seems to be decoupling from previous correlations and going its own way. It looks like we are on the verge of the beginning of some kind of transition.

> I think this is correct - from Patrick Watson:

But in the big picture, an economy with...

- Structurally stable, labor-intensive aggregate demand and
- Structurally shrinking labor supply

...is kind of bulletproof. Or at least recession-proof.

My concern is that kind of economy can actually collapse under its own weight of accumulated debt.

Flooding the economy with money has and will continue to create the perception of prosperity.

The relief valve through which reality re-asserts itself, will most likely be the value of the dollar.

> Interesting discussion on The Market Huddle Podcast -

Everyone is looking for higher inflation.

What if AI provides significant productivity gains such that not only is inflation mitigated, but earnings can go up while unemployment goes up?

Short Takes

> See the bottom of this post for interesting articles on gender transitioning from the very liberal *Guardian* and the conservative *Morning Dispatch*. I have conveyed my thoughts in previous posts and believe that the US is in a fever-pitched, believe-all-women, defund-the-police type of mania on the subject from which we will recover over time as the fever subsides. In the meantime, what is now unavoidable, permanent damage will be done.

No editorial here, just an appreciation of the wit



I wonder how all the Kit Websters are doing in all of the parallel universes.

- > People are endlessly fascinating - They don't mention whether furies have gender. Furies are people who are interested in anthropomorphic animals, or animals with human characteristics, such as speaking, walking on two legs, or wearing clothes. Furies often identify strongly with these animals and create identities of themselves as those animals, known as "fursonas". Fursonas are often humanoid, like cats, wolves, or foxes, and may have human characteristics like eyelashes and outfits. Furies may embody their fursonas through art, role playing, and wearing furry costumes called fursuits.
WebMD— Furies are people who identify with animals who have human characteristics, like cartoon characters. Over the past several decades, they've formed a growing and inclusive community that offers acceptance, friendship, and the opportunity to express oneself.

Students at a Utah school staged a walkout in protest against the school's allowance of students identifying as "furies," citing incidents of biting, scratching, and other disruptive behaviors. The protest was sparked by the presence of a student using a litter box in the bathroom, with many expressing outrage and concern over the school's handling of the issue. School officials have yet to respond to the situation.



> IMO, Bill Maher just said the quiet part out loud (see below). To me (Kit), many pro abortionists put abortion into the category of condoned murder because of the unwanted effects on the mother's and the child's lives - world population probably fits in there somewhere. Then come the rationalizations - it's my body. Since I don't have a daughter and my wife is past child-bearing age, I will thankfully not have to be a part of any real decision - philosophizing is so much easier. Add in complications like genetic defects, rape and health of the mother, and the problem becomes even more agonizing. For me, abortion has always been murder, but I wrestle with the conditions under which it is justifiable homicide. I have found some, but there is real agony involved.

Maher - "I scold the left on when they say: 'oh, you know what, they just hate women. People who aren't pro-life, they are pro-choice.'" "They don't hate women. They just made that up. They think it's murder and it kind of is." "I'm just okay with that. I am, I mean there's 8 billion people in the world. I'm sorry. We won't miss you. That's my position on that."

> In separate news - Pew: Over 60% of Catholics now believe abortion should be legal in all or most cases

> My man! (Echoing my rants from several weeks back.)



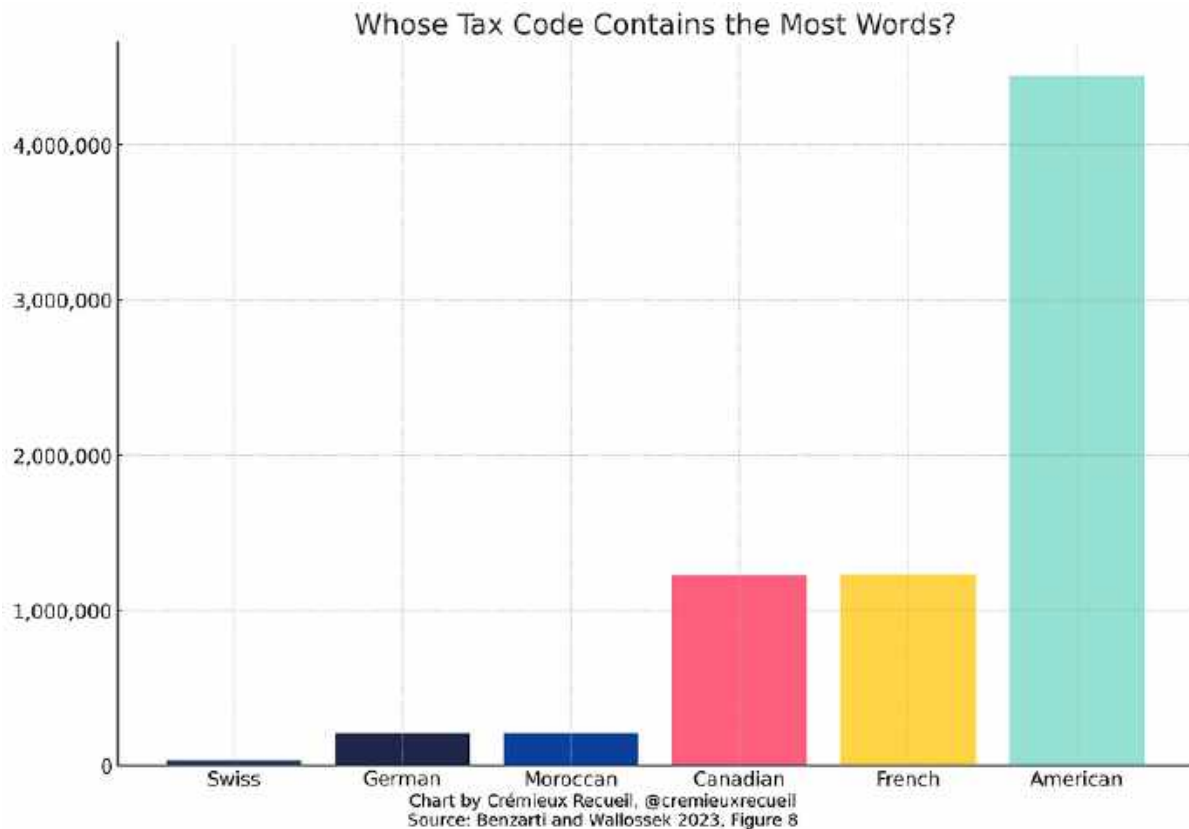
Charles Murray @charlesmurray · 1h

One of the most important sources of enjoyment of a film or series set in the past is a production that lets the viewer time travel. IMO, imposing a contemporary political agenda onto it is equivalent to slashing a painting.

> Now that the first (!) Trump trial is under way, it is important to hold two, conflicting thoughts in your head at the same time, with a reminder that I am not a Trump fan:

1. Trump has done illegal things.
2. Many, but not all, of the charges against him are trumped up. Parts of the system really are out to get him.

We're number one! (As a CPA, I unreservedly state that this is obscene.)



> From *Nature*

Artificial intelligence (AI) systems can now nearly match — and sometimes exceed — human performance in tasks such as reading comprehension, image classification and mathematics. “The pace of gain has been startlingly rapid,” says social scientist Nestor Maslej, editor-in-chief of the annual AI Index. The report calls for new benchmarks to assess algorithms’ capabilities and highlights the need for a consensus on what ethical AI models would look like.

The most famous songwriting credit in history, Lennon-McCartney, has been resurrected – though for a song written by the Beatles’ sons. Primrose Hill, a single by Paul McCartney’s son James, has been co-written with Sean Ono Lennon: an acoustic ballad with a shuffling backbeat and ruminative guitar soloing.

Tell me the definition of chutzpah without using the word.

African migrants are swarming New York City Hall to protest the lack of work visas and "being moved to shelters instead of the luxury hotels"

Absolutely fascinating - the Land Transportation Office in San Ysidro, CA –



While we are on the transgender thing - a scientific [paper](#) on transgenders in sports

ABSTRACT

There has been limited empirical study allowing athletes to voice their opinions on transgender participation in elite sport. This study surveyed 175 national, elite and world class athletes eligible to compete in the female category regarding transgender inclusion and eligibility. The study compared current Olympic versus current Olympic Recognised sports, elite versus world class, and current versus retired Olympic sport athletes. Most athletes favoured biological sex categorisation (58%) and considered it unfair for trans women to compete in the female category, except for precision sports. This view was held most strongly by world class athletes regarding their own sport (77% unfair, 15% fair). For trans men inclusion in the male category, most athletes considered it fair, except for Olympic sport athletes regarding contact sports (49% unfair, 27% fair) and sports heavily reliant on physical capacity (53% unfair, 29% fair). Notwithstanding those views, athletes (81%) believed sporting bodies should improve inclusivity for transgender athletes. Opinion varied somewhat according to career stage, competitive level and sport type. Nevertheless, athletes in the present study favoured categorisation by biological sex and did not support trans women eligibility for the female category in sports reliant on performance-related biological factors that differ between sexes.

Nostalgia - bringing back the 90s -

John Cougar Meloncamp stormed off stage when his fans pushed back against his Biden propaganda

Beth and I were in New York for Barbra's farewell tour - well, what turned out to be her first farewell tour. Anyway, it was wonderful. But, maybe two-thirds of the way in, she went on a, maybe 5-minute, Clinton-supporting detour, complete with video. Of course in New York, she was preaching to the choir. Even the 90s were a simpler time.

Public service announcement -

As of Monday, Alberta (Canada) Health Services (AHS) has updated its guidance on mRNA COVID-19 booster shots to every three months, beginning with six-month-old babies.

> El Nino is fading - La Nina this summer. It's still probably going to be near or at records for heat.

Who knew?

Whistle blower claims in an essay that NPR had "lost America's trust" by pushing progressive views in its coverage while suppressing dissenting opinions. In a very-2024 speech, the CEO of NPR said, "Our reverence for the truth might be a distraction that's getting in the way of finding common ground and getting things done."

Katherine Maher says that she abandoned a "free and open" internet as the mission of Wikipedia, when she was there, because those principles recapitulated a "white male Westernized construct" and "did not end up living into the intentionality of what openness can be."

Ok, fearless readers. Somebody tell me how one lives into the intentionality of what openness can be. Not whether it is good or bad or right or wrong, but what does it even mean?

> From *Nature*

Nearly half of China's major cities are sinking, with one-quarter of China's coastal land expected to slip below sea level in coming decades. The land subsidence could affect hundreds of millions of people. Researchers say a range of natural and human factors are to blame, including the depth of a city's bedrock, groundwater depletion, the weight of buildings, the use of transport systems and underground mining. When combined with rising sea-levels owing to climate change, the potential impact is "terrifying", says geophysicist Wei Meng.

It Ain't Easy Being Green



> Germany's transport minister has warned that driving will have to be banned on weekends unless the country's net zero laws are changed. Very few of us are focused on how radically our lives must change to achieve net zero. Not driving on weekends is not even the down payment on the down payment.

Ecuador has ordered public and private sector workers to take Thursday and Friday off to save energy in response to unprecedented power outages.

> Xiaomi's factory produces 40 electric cars every hour — or, one car in 76 seconds — without a single human worker.

>> AI requires so much electricity that already-strained generation will face increasing, significant stress.

> The Biden administration blocked plans in Alaska to build an industrial road through a national park to reach a large copper deposit.

War, Energy and Food

> Peter Zeihan -

It looks like the Europeans may have figured out that Russia's war plans don't end in Ukraine, so more and more countries are beginning to send aid to the Ukrainians. The Americans, however, are still working through flawed economics and political considerations.

The Norwegian government has decided to send some F-16s to Ukraine, joining Denmark, the Netherlands, and others in providing military support. The most important shift we're seeing in aid sent to Ukraine is that it is intended to be used on Russian infrastructure and military units...within the Russian border.

The Biden administration's caution regarding Ukrainian targeting is based on flawed economic analysis and pointless political considerations. This has led us to a strange intersection of this war, where Europe is done limiting Ukraine's actions in fighting, but the more commonly aggressive American stance is still lagging behind.

> Damn, this is exhausting - you'd almost think there was an election coming up
**SENIOR WHITE HOUSE ADVISOR: US COULD RELEASE MORE SPR
OIL TO KEEP GAS PRICES LOW**

> Pippa Malmgren

When Was Ukraine's 'War' Downgraded to 'Conflict?' Answer: when the possibility of a deal became a probability. Watch for it to end in an armistice. That means nobody wins. Nobody loses. It's a stalemate, probably w a demilitarized zone. It produces a cessation of hostilities

Miscellany

It does get complicated



I'm in –



The Babylon Bee ✓ @TheBabylonBee · Apr 15 ...
Men Demand Reparations From Women Due To Eve Eating The Apple buff.ly/3Ufwh8H



Why I'm a dog person



> **Thoughtful Article on Gender Treatment from the Conservative *Morning Dispatch***

A Reckoning Over Gender Treatment

Perceptive Morning Dispatch readers have probably noticed at some point in the last four-and-a-half years that this newsletter is not interested in fanning the flames of the culture wars and getting readers riled up as they start their days. We made a promise at the outset that we'd do our best to separate the signal from the noise and distill the goings-on in the world into something worth your time every morning. There have been a handful of exceptions—times where we thought we could add clarity—but for many years, the battle over the appropriate treatment of minors seeking to change their gender has been filled with more heat than light. It's possible that may be beginning to change.

More than three-and-a-half years ago, the United Kingdom's National Health Service (NHS) commissioned the "Independent Review of Gender Identity Services for Children and Young People." That study—which has come to be known as the Cass Review, named Dr. Hilary Cass, the chair of the project and the former president of the Royal College of Paediatrics and Child Health—was published last week, and the review provided a welcome and evidence-based respite from an otherwise toxic

conversation with its wide-ranging examination of studies and research undergirding gender-transition treatment and the clinical practices for delivering that treatment. The nearly [400-page U.K. report](#) could signal a sea change for Europe in the debate over the future of gender-transition treatment for children and young people, providing a case study in the dangers of letting cultural pressures influence medical treatment. But it's unclear if the takeaways will translate across the pond, where many of those cultural pressures have led to the public conversation being dominated by the most extreme voices on either side of the debate.

The conclusions of Cass' report were striking. "The rationale for early puberty suppression remains unclear, with weak evidence regarding the impact on gender dysphoria, mental or psychosocial health," [the review found](#). It confirmed what some medical professionals and researchers had been [arguing for years](#): There isn't high-quality research showing that treatment delaying the onset of puberty is actually helping young people seeking a gender transition. "This is an area of remarkably weak evidence, and yet results of studies are exaggerated or misrepresented by people on all sides of the debate to support their viewpoint," Cass wrote in the report. "The reality is that we have no good evidence on the long-term outcomes of interventions to manage gender related distress."

The report included a variety of recommendations to improve care but concluded that "for most young people, a medical pathway will not be the best way to manage their gender-related distress." Consequently, the NHS reversed its decade-long practice of prescribing puberty-suppressing hormones (PSH) to children with gender dysphoria—"a marked incongruence between one's experienced/expressed gender and assigned gender of at least six months duration, as manifested" in delineated criteria, according to the Diagnostic and Statistical Manual of Mental Disorders. "We have concluded that there is not enough evidence to support the safety or clinical effectiveness of PSH to make the treatment routinely available at this time," the [NHS said](#) last month. PSH treatment will still be available for participants in clinical trials and at private clinics, although [some British lawmakers](#) are now pushing for a ban across the board.

To understand the significance of these shifts, it's important to appreciate how gender-transition treatment has evolved in Europe. In the late 1990s, researchers in the Netherlands helped pioneer such treatment for young people experiencing gender dysphoria in what became known as the "Dutch Protocol." Treatment involved puberty-blocking drugs for children and teenagers with gender dysphoria, followed by cross-sex hormone treatment—providing biological males with estrogen and biological females with testosterone—and then, for some, transition surgery. A key 2011 Dutch study found positive results among 70 young people who received PSH treatment and a follow-up study in 2014 that tracked 55 of those people who subsequently underwent transition surgery and demonstrated that gender dysphoria "was alleviated and psychological functioning had steadily improved."

But the Cass Review highlighted some significant issues with the 2011 study. For example, some of the study participants didn't complete questionnaires after their treatments designed to assess their improvement, potentially biasing the results towards individuals who decided to come forward with positive outcomes. Plus, all the patients saw psychiatrists or psychologists during the PSH treatment, making it difficult to isolate the positive outcomes to the effects of the drugs.

What's more, subsequent research found that young people who experienced gender dysphoria as well as separate psychiatric issues reported no improvement in their well-being after taking PSH. Cass argued in *The British Medical Journal* that the early research showed success in a "small number of birth-registered males" but that the current population of people seeking gender treatment in the U.K. are largely "birth-registered"—or biological—females, and there is not sufficient evidence showing that that cohort benefits from PSH treatment. "It is unusual for us to give a potentially life-changing treatment to young people and not know what happens to them in adulthood," Cass told BBC last week.

The review led to the closure of the NHS' Gender Identity Development Service (GIDS)—the largest children's gender treatment clinic in the world—last month. In the early 2010s, GIDS became ground zero for the shift in the population of young people seeking gender treatment away from largely biological males who experienced gender dysphoria before puberty toward biological females experiencing gender distress. Most of those patients were seeking treatment after puberty had begun, and many had a host of separate diagnoses, often depression and anxiety. That change also coincided with the rollout of PSH treatment for young people.

In 2011, the NHS conducted a trial of puberty blockers in young people with gender dysphoria—an "early intervention"—but the preliminary results of the study showed no benefits. "The results of the study were not formally published until 2020, at which time it showed there was a lack of any positive measurable outcomes," the Cass Review noted. "Despite this, from 2014 puberty blockers moved from a research-only protocol to being available in routine clinical practice and were given to a broader group of patients who would not have met the inclusion criteria of the original protocol." Some former GIDS staff had previously criticized the service for making assessments and recommending PSH treatment before psychological treatment or support had been offered. The Cass Review [interviewed](#) GIDS staff and found that some felt "under pressure to adopt an unquestioning affirmative approach and that this is at odds with the standard process of clinical assessment and diagnosis that they have been trained to undertake in all other clinical encounters."

Still, the Cass Review and the closing of GIDS are not without their critics among [transgender advocates](#) and some medical professionals. Mermaids, a British transgender charity, worried that the changes could heighten wait times for young people seeking care. GenderGP, an online gender clinic, criticized the report for an

“inadequate” literature review that did not take into account evidence from non-randomized control studies.

But the review’s findings are consistent with growing efforts by European medical experts and policymakers to roll back hormonal and transition treatment for young people. Last year, an independent Norwegian health board [recommended](#) that gender-transition treatment for minors be designated as “experimental.” In 2022, France’s National Academy of Medicine recommended practitioners delay using puberty blockers and cross-sex hormones, concluding it was “appropriate to extend the psychological treatment phase as much as possible.” Sweden issued guidance in 2022 to restrict treatment for minors to the rarest cases, and in 2020, the Finnish Health Authority issued new guidelines prioritizing psychotherapy as the first-line treatment. As a result of the Cass Review, some doctors in Belgium and the Netherlands are now calling for restrictions on the use of puberty blockers.

Europe’s moves stand in contrast to the U.S., where leading medical bodies recommend an affirmative model of treatment that holds “a child of any age may be cognizant of their authentic identity and will benefit from a social transition at any stage of development.” Last summer, the American Academy of Pediatrics [reaffirmed](#) its commitment to this model of treatment, which is also supported by the World Professional Association of Transgender Healthcare (WPATH). U.S. Assistant Secretary for Health Rachel Levine—the first openly transgender person to hold a position requiring Senate confirmation—reflected the position of many gender-affirming care advocates in April 2022: “There is no argument among medical professionals—pediatricians, pediatric endocrinologists, adolescent medicine physicians, adolescent psychiatrists, psychologists, etc.—about the value and the importance of gender-affirming care.”

While “gender-affirming care” can include social and therapeutic support, Levine’s framing belied the genuine disagreements among doctors and practitioners about medical interventions. “Clinicians who have spent many years working in gender clinics have drawn very different conclusions from their clinical experience about the best way to support young people with gender-related distress,” Cass wrote. The report also said that WPATH’s guidelines for care “lack developmental rigor.” Like the U.K., the U.S. is also seeing a growing number of young biological females who don’t have a long history of gender dysphoria seeking gender treatment. Yet they’re being treated through a model based on research that’s applicable to a different cohort. “The population has changed drastically,” Laura Edwards-Leeper, the former head of the Child and Adolescent Committee for WPATH, told the New York Times earlier this year. Edwards-Leeper founded the first pediatric gender clinic in the U.S. in 2007. “You have to take time to really assess what’s going on and hear the timeline and get the parents’ perspective in order to create an individualized treatment plan,” she said. “Many providers are completely missing that step.”

In 2022, Reuters surveyed 18 gender treatment clinics in the U.S. and found that none of them employed the month-long psychological screenings conducted by the researchers in the Dutch studies that provided the foundation for the affirmative care model. Seven of the clinics said they can prescribe based on a single visit “if they don’t see any red flags and the child and parents are in agreement.” The clinics said waiting months to treat children puts them at unnecessary risk of harm.

While in the U.K. lawmakers from both the Labour and Conservative parties seem ready to support reforms to gender care, U.S. efforts to place additional restrictions on gender-transition treatment are largely led by Republican lawmakers at the state level. A number of red-leaning states have restricted—or outright banned—certain gender-transition treatments for minors, and GOP lawmakers in additional states are pointing to the Cass Review as justification for doing the same. The battle over such state laws is currently playing out in the courts to varying effect. The Supreme Court ruled this week that Idaho could enforce its ban on treatment for minors with a handful of exceptions, but on Tuesday, a state court in Ohio temporarily blocked the state’s ban from going into effect.

The debate will no doubt continue apace in the near future, but likely not without continued risk to the debaters. “There are few other areas of healthcare where professionals are so afraid to openly discuss their views, where people are vilified on social media, and where name-calling echoes the worst bullying behavior,” Cass wrote.

“This must stop,” she added. “Polarization and stifling of debate do nothing to help the young people caught in the middle of a stormy social discourse, and in the long run will also hamper the research that is essential to finding the best way of supporting them to thrive.”

> Interesting Transition Article from the Very *Liberal Guardian*

‘This isn’t how good scientific debate happens’: academics on culture of fear in gender medicine research

Cass review found professionals in the field are scared to discuss views amid risk of reputational damage and online abuse

[Hannah Devlin](#) and [Ian Sample](#)

Fri 12 Apr 2024 08.10 EDT

Critical thinking and open debate are pillars of scientific and medical research. Yet experienced professionals are increasingly scared to openly discuss their views on the treatment of children questioning their gender identity.

This was the conclusion drawn by Hilary Cass in her review of gender identity services for children this week, which warned that a toxic debate had resulted in a culture of fear.

Her conclusion was echoed by doctors, academic researchers and scientists, who have said this climate has had a chilling effect on research in an area that is in desperate need of better evidence.

Some said they had been deterred from pursuing what they believed to be crucial studies, saying that merely entering the arena would put their reputation at risk. Others spoke of abuse on social media, academic conferences being shut down, biases in publishing and the personal cost of speaking out.

“In most areas of health, medical researchers have freedom to answer questions to problems without fear of judgment,” said Dr Channa Jayasena, a consultant in reproductive endocrinology at Imperial College London. “I’ve never quite known a field where the risks are also in how you’re seen and your beliefs. You have to be careful about what you say both in and out of the workplace.”

Sallie Baxendale, a professor of clinical neuropsychology at UCL’s Institute of Neurology, received abuse after publishing a systematic review of studies that investigated the impact of puberty blockers on brain development. Her review found that “critical questions” remained around the nature, extent and permanence of any arrested development of cognitive function linked to the treatment.

The paper, which summarised the state of relevant research, was met with an immediate backlash. “I’ve been accused of being an anti-trans activist, and that now comes up on Google and is never going to go away,” Baxendale said. “Imagine what it’s like if that is the first thing that comes up when people Google you? Anyone who publishes in this field has got to be prepared for that.”

The lack of high-quality research, highlighted by Cass, has been a subject of growing unease among doctors, according to Dr Juliet Singer, a consultant child and adolescent psychiatrist and former governor of the Tavistock and Portman [NHS](#) foundation trust. In 2020, Singer conducted a survey of specialist child psychiatry trainees, which highlighted concerns about the lack of explanation for the exponential growth in referrals to adolescent gender services, the lack of long-term outcome studies on treatments, and insufficient evidence on the long-term effects of hormone blockers. She said raising questions such as what was driving the unprecedented rise in birth-registered girls presenting with gender-related distress in puberty appeared to be deemed “unacceptable” by some senior leaders at Tavistock.

“There’s been a shutting down of anybody who has suggested we need to think about a deeper understanding of why these young people are in such distress,” she said. “It’s been remarkable the difference from other ordinary clinical practice.”

Others have found that commenting publicly on the scientific merits of work by other academics – normally a routine part of media coverage of science and health – has put scientists in the firing line when it comes to trans-related issues.

Jayasena described receiving hate mail after welcoming a US study in which a trans woman was given hormones to be able to have the experience of breastfeeding and, separately, being accused of transphobia after commenting on research about athletic performance in trans women.

“I felt concerns for my safety,” he said. “I find my quotes are weaponised. That is very worrying and most colleagues would never go near this type of topic for that reason.”

Another senior researcher in endocrinology, who wished to remain anonymous, said medical professionals had resorted to sharing concerns and views on anonymous WhatsApp groups.

“The bad-mouthing and the social media destruction of people’s reputation and careers is so damning,” the academic said. “Professional people are worried about how they will be characterised on social media and cannot express dissent without it resulting in very aggressive, inappropriate behaviours. It’s causing people to stop talking and just move away from it and not get involved.”

She added: “This isn’t how good scientific debate happens – it happens when people can talk honestly and without fear.”

The risk of being attacked is enough to deter younger researchers from entering the field, Baxendale believes. “It’s tough, I think most people would just walk away. Why risk your reputation? There are many people early in their careers, and I do not blame them one bit, who would not be prepared to accept that,” she said.

The situation hampers efforts to establish a firm medical basis for treatments, Baxendale believes. If the best researchers avoid the field, there is a danger it will become dominated by less rigorous scientists and those who have an interest in their results supporting particular beliefs.

After publishing her review, Baxendale was contacted by a senior expert outside the UK who said they had walked away from a study after being told the team would only publish “positive” findings.

Jayasena says there has been a perception of research being dominated by “a self-selected cohort of people who will be on either side of the fence and perhaps not so interested in advancing the field”. And in the absence of a robust evidence base, there has been greater scope for ideology to fill the knowledge gap.

“Ultimately, I’ve seen completely unhelpful views on both sides,” Jayasena said.

“There’s an overly affirming view of let’s just do everything. This results in what I’d call bro-science. We’re getting that disconnect between evidence and assumed knowledge because the internet is an echo chamber. Then there’s the other side of things – a more rightwing, moralistic view. Unfortunately, some members of the medical community are immersed in these views.”

This can act as a disincentive for learned societies, NHS bodies and scientific journals to become involved at any level.

In an effort to find common ground among academics, doctors, patient groups and campaigners that might serve as a springboard for objective research, Singer attempted to organise a conference at Great Ormond Street hospital in 2022.

The meeting was an invite-only academic conference for specialist child psychiatry trainees and consultant child psychiatrists in London, and Cass was due to present her interim findings, alongside speakers with a diverse range of perspectives, including former gender identity development services clinicians.

“What I wanted to do with the conference was just bring together people with different perspectives,” she said. “So clinicians working with children and adolescents can hear different perspectives and, with an open mind, come to appropriate clinical and research questions to ask.”

However, after fielding significant numbers of complaints and making concessions aimed at achieving a balanced programme, the conference was cancelled by Health Education England the day before it was due to take place after a “protected whistleblower’s report” was sent in from someone describing themselves as a researcher on anti-trans conspiracy theories. Despite reassurances that the conference would be reorganised by HEE and the Royal College of Psychiatrists, it is yet to happen.

Others spoke of the challenge of getting studies published in high-profile journals, raising concerns that some journal editors may prefer to reject studies rather than face potential criticism. As a consequence, papers that flag knowledge gaps in gender medicine can become ghettoised in particular journals, making those publications appear overly critical.

Fuelled by concerns about the poor quality of research, the Cass report has set the stage for a major NHS trial that should start this year. It will look at the safety and efficacy of puberty blockers, but also cross-sex hormones that are used to masculinise or feminise people, and psychosocial interventions, with the aim of establishing a robust evidence base.

Many are hopeful that the Cass report, and the NHS trial it recommends, are an opportunity to draw a line under the infighting and abuse and establish a more constructive field of gender medicine.

“It will take time, but it’s allowed people to breathe and feel confident in questioning treatments,” said Singer. “People work in this field because they want to help young people and that drive will still be there. It’s important and valuable work. Cass has now given us permission to do it.”

Baxendale is acutely aware that many patients and their families, reading coverage of the Cass report this week, will be left wondering whether help will be available, whether treatments work and whether they can trust their doctors.

“It must be so distressing for them,” she said. “But I think there is hope. The NHS research will be rigorous, it’s balanced to look at benefits and harms, and I think once we’ve got the results we will have a proper service for these kids.”