



Section of Pediatrics

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Statement from the AMA Section of Pediatrics on gender-affirming treatments

Medical practices are a safe place for children, youth and families to explore options around gender-affirming treatments. This is a medical decision and no one should be involved except the child, their parents if the child is not a mature minor, the physician (pediatrician or family/rural physician) and other health care team members. The doctor-patient relationship is inviolable and sacrosanct. Full stop.

We know that transgender youth have higher rates of mental health issues and suicidality because of the stigma attached to their status. The mental health of these children and youth will be markedly worse when denied care. These new medical restrictions single them out and reinforce stigma. This will add to the current and future burden of mental health issues on a system that is already inadequate to meet the needs of the population.

As for treatments, the effects of puberty-blocking agents are not irreversible; and once treatment stops, puberty goes forward. Treatment allows the patient time to determine their options without permanent effects. Puberty blocking actually has benefits for gender-divergent patients by preventing development of mature secondary sex characteristics so that, later in life, the most invasive gender-affirming surgery may not be necessary if the patient moves forward with gender-affirming care. Bottom surgery in Canada is already limited to patients over 18 years.

Requiring a private registry of physicians to provide gender-affirming care has the feel of surveillance, to which we object. It is an unnecessary bureaucratic process given the current existence of effective referral processes and networks.

Children and youth have the right to the appropriate medical care, at the appropriate time, and this should not be denied to them. We urge the Premier, in the strongest terms, to reconsider these proposed changes for care of transgender youth.