

Debunking common myths about gender-affirming care for youth

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The number of youth who openly identify as transgender has nearly doubled since 2017, according to a study from UCLA's Williams Institute. In 2022, 16 states have proposed legislation that would restrict access to gender-affirming care for patients under the age of 18. Dr. Meredith McNamara, an assistant professor of pediatrics at Yale School of Medicine, joins Geoff Bennett to discuss.

John Yang:

Last weekend's shooting at a Colorado Springs bar has, again, highlighted the danger and discrimination faced by many in the LGBTQ community, including transgender people. In 2022 alone 16 states have proposed legislation that would restrict access to healthcare for transgender patients under the age of 18. That's as a study from UCLA's Williams Institute says that since 2017 the number of youth who identify as transgender has nearly doubled.

Geoff Bennett spoke with Dr. Meredith McNamara from the Yale School of Medicine. She's an assistant professor of pediatrics and specializes in adolescent medicine.

Geoff Bennett:

So help us understand first, what accounts for the sharp increase in youth identifying as transgender. Is this, the matter of greater societal acceptance or is a function of more researchers conducting more transgender-specific surveys?

Dr. Meredith McNamara:

Well, I would say it's probably a mixture of both. The number of transgender people probably hasn't changed, but young people are finding that it safer to be who they are. So they are expressing their identities more openly now, sharing them with loved ones and presenting for medical care.

We may be using better survey instruments to inquire about this as well, but I don't think that the narrative that the number is sharply increasing is an accurate representation. And it has been used to actually harm transgender people.

Geoff Bennett:

In what ways? Tell me more about that.

Dr. Meredith McNamara:

Well, if you suppose that the number of people is exponentially increasing, then that carves out the idea that there's some sort of explosion or some sort of fearful social change. And that's given cover to certain misinformation techniques that have allowed these legislative bans that you mentioned to thrive.

Geoff Bennett:

So, let's talk more about gender-affirming care, which is an umbrella term for many different services. What is the real spectrum of this type of care? And how is it determined for each patient?

Dr. Meredith McNamara:

For transgender and gender-expansive people that it can include a wide range of things and it depends on the individual and that can change over time. So, for youth, that may involve some elements of

social affirmation and transition, using their appropriate pronouns or a name that they have chosen for themselves, dressing a certain way, certain hairstyles that affirm their gender. And there are medical aspects of gender affirmation too, which can include and may include puberty blockers or exogenous sex hormones such as estrogen and testosterone.

Geoff Bennett:

The National Institutes of Health has been doing research on the long-term effects of hormone blockers, which you mentioned, on young transgender people. They've been doing this research since 2015 as I understand it. But they haven't released the findings yet. What is – what is really known about the safety of that kind of treatment?

Dr. Meredith McNamara:

We know a lot about the safety of puberty blockers. We derived that evidence base initially back in 2011 or so from studies done in the treatment of precocious puberty. Precocious puberty is when a young child develops into more of an adolescent body at a rapid rate and we don't know why it happens. Puberty blockers have been used successfully and safely in those children to allow them to develop socially in tandem with their peers. And we've studied bone mineral density, psychosocial outcomes among other things and it's been shown that that treatment is safe.

Now, there is data on the safety of puberty blockers in transgender and gender-expansive youth. And while it would be great to see larger studies, the evidence base is strong. And the NIH is funding and producing those at this very moment. But we have to trust that clinical investigators will release their results when they're ready.

Geoff Bennett:

What about gender reassignment surgery, which is another form of gender-affirming care / that's not recommended for people under the age of 18. Why not?

Dr. Meredith McNamara:

Well, that's actually something that's a little bit of a mischaracterization. Gender-affirming surgeries are very, very rare. The number of mastectomies or top surgeries that have been done with within the past five years, the most recent data I saw, averages about to 200 a year. Everybody is different and everybody has different desires for their gender affirmation.

But, in the vast majority of times any form of gender-affirming surgery does not happen before the legal age of majority (ph). And I do want to point out, that in these politicized and misinformed debates on gender-affirming care, surgery is being overly represented to stoke fear in the public and to convince people that politicians should be intervening in healthcare decisions between parents and physicians and patients themselves.

Geoff Bennett:

What are the leading misconceptions about transgender youth? What do people fail to understand?

Dr. Meredith McNamara:

Well, first of all, for my transgender and gender-expansive patients, their gender identity is the least interesting thing about them. They are vibrant, young people who have so much to offer. They're our greatest assets in society. And they deserve to feel safe and loved.

I think what people don't understand is that these bans have harms, real harms, not just within the jurisdiction where they're active, but elsewhere.

When the state of Florida released their first practice bulletin denouncing gender-affirming care, we got

a surge in crisis calls at our clinical centers in Connecticut. That is unconscionable. What I also believe that politicians fail to understand or at least that they don't care to understand is that there are real processes that are scientifically informed that have developed the guidelines that physicians use every day to provide gender-affirming care to young people. And that those processes are trustworthy and sound.

Geoff Bennett:

Dr. Meredith McNamara is an assistant professor of pediatrics who specializes in adolescent medicine at Yale School of Medicine. Thank you so much for your insights and for your time.

Dr. Meredith McNamara:

Thank you so much for having me.