The Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street
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Cc: Baroness Merron

24th November 2025

Dear Wes

Puberty-blockers trial for gender-questioning children

I am writing to express my concern that the planned puberty-blockers trial is being pushed ahead despite methodological, legal and ethical concerns. The care of children continues to be led by ideology rather than by an approach focused on children's best interests.

I understand that the trial has been commissioned by NHS England, working in collaboration with the National Institute for Health and Care Research, and the panel considering ethical approval is independent of the Department of Health. However, the trial depends on an exception to the ban you imposed on the prescription of puberty blockers last year, specifically in order that a robust evidence base could be created to guide future practice.

I am writing to ask you to reconsider that exception. Since the trial will necessarily involve giving powerful drugs known to cause significant disruption to healthy physical and mental maturation, it can be justified only if there is no less harmful way to gather information on outcomes, and if that information can realistically be used to inform future prescribing decisions. In light of the Supreme Court judgment in *For Women Scotland v Scottish Ministers*, neither of these is the case.

1. Data-linkage study first

It is a fundamental principle of medical research that, all else being equal, researchers should seek to maximise the information gathered from a trial and minimise the harm done. Since puberty blockers disrupt normal, healthy maturation in adolescence, a new trial that necessarily involves prescribing these powerful drugs off-label to healthy children should not be considered when there is another way to gain the same or better information.

For puberty blockers, there is an alternative that is superior in every respect. The fifth recommendation of the Cass Review was to carry out a data-linkage study (tracking the outcomes of the 9,000 patients GIDS treated between 2011 and its closure in adulthood). Baroness Cass had intended the data-linkage study to form part of her review, and had attempted to commission it. If the adult gender clinics had co-operated, that study would have been done already.

There can be no possible rationale for carrying out a trial involving new prescriptions of puberty blockers until data on previous prescriptions has been fully analysed. The data-linkage study:

- does not require any more children to be exposed to the risks of taking puberty blockers.
- will yield results from a much larger dataset, and for much longer follow-up than the two years envisaged for the puberty-blockers trial.
- will provide results much more quickly, since the data already exists.

The puberty blockers trial protocol document claims that a retrospective study of this cohort is inferior to a new trial because no baseline measures, such as for IQ and bone density, were taken. However, with a sample as large as this, c. 2000 young people, such baseline measures are unlikely to have deviated from the national average. If it is found that they now do, that would be a significant finding worthy of investigation, since this population is not well understood.

Retrospective review of patient records is a standard research method in healthcare. Many areas of public health have been reviewed and improved on this basis, without randomised controlled trials. RCTs are appropriate where the efficacy of a new treatment is being compared against an established one, and both are expected to be safe. That does not apply in this case.

Proceeding with the puberty-blockers trial when there is a better, cheaper, less risky alternative that will provide more reliable information is unethical.

2. The implications of *For Women Scotland*

The Supreme Court judgment in *For Women Scotland v Scottish Ministers*, which was handed down in April, undercuts the rationale for prescribing puberty blockers at all, thus making a trial that involves new prescriptions unnecessary and therefore unethical. (The data-linkages study may still provide useful information for the treatment of adverse impacts on young people already affected.)

For Women Scotland clarified the limited scope of legal "sex change" under the Gender Recognition Act. Following the judgment, along with other campaigners for human rights and ethical medicine, I wrote to Sir James Macke (on April 28th), copying you:

> "Now that the Supreme Court has ruled out the use of opposite-sex spaces, no promise can be made that medical treatment will enable a person to fit in or go unnoticed while using opposite-sex facilities. The use of these drugs on children too young to understand this is ethically untenable."

The history of gender medicine has long involved an interplay of over-assumed legal rights and under-evidenced medical interventions. A key case was that of *AB v Secretary of State for Justice [2009] EWHC* where a male prisoner won a claim to be transferred into the female estate on the basis that clinical protocols required this in order to assess suitability for surgery. The case also

relied on the argument that Section 9(1) of the Gender Recognition Act granted a person the right to be recognised as the opposite sex “for all purposes”.

However, the Supreme Court has now found that section 9(1) has a much more limited effect than many previously assumed. It concluded that separate-sex services are provided on the basis of biological sex, and that protection against sex-based harassment and discrimination relate to biological sex, meaning that people cannot switch categories in the way they had hoped, whatever medical interventions they have.

Following *For Women Scotland*, it is no longer tenable for a clinician to offer a treatment pathway intended to enable a child to grow up to live as a member of the opposite sex “for all purposes”.

The Medicines (Gonadotrophin-Releasing Hormone Analogues) (Restrictions on Private Sales and Supplies) Order 2024 which you signed in December last year included provision for a clinical trial as defined in regulation 2(1) of the Medicines for Human Use (Clinical Trials) Regulations 2004 It defines a “clinical trial” as an investigation in human subjects, intended to “discover or verify the clinical, pharmacological or other pharmacodynamic effects of medicinal products”, “ identify any adverse reactions” or “study absorption, distribution, metabolism and excretion” with the object of ascertaining the safety or efficacy of those products.

The current trial does none of these three things. We know what puberty blockers do; they block the natural puberty of children. The question is whether there is any ethical or legal justification for doing this.

I urge you stop this trial by raising concern with the licensing authority concerning its safety and scientific validity and whether it meets good clinical practice.

Please close the loophole in your ban on the prescription of puberty blockers now that it is clear the trial will:

- cause foreseeable harm to a new cohort of vulnerable children
- provide less information about the long-term impacts of puberty blockers on previous patients, at greater cost and with more delay, when compared with the data-linkages study
- be directed at a goal that is incompatible with the law as clarified by the Supreme Court.

Yours sincerely

Maya Forstater
CEO