



Office of Assistant Secretary for Health  
Washington, D.C. 20201

**FROM:** Admiral Brian Christine, Assistant Secretary for Health  
U.S. Department of Health and Human Services  
**RE:** Evidence-Based Care for Children and Adolescents with Gender Dysphoria  
**DATE:** December 18, 2025  
**AUTHORITY:** 42 U.S.C. § 300u et seq. (Health Information and Health Promotion)

## PURPOSE

Pursuant to my statutory authority to coordinate disease prevention activities, disseminate health information, and promote preventive health services within the Department of Health and Human Services, I issue this public health message to inform healthcare providers, families, and policymakers about evidence-based approaches to caring for children and adolescents experiencing gender dysphoria.

## BACKGROUND

Gender dysphoria diagnoses among youth have increased substantially in recent years across the United States and Europe. In response, medical interventions including puberty-suppressing hormones, cross-sex hormones, and surgical procedures have been increasingly provided to children and adolescents. These treatments—sometimes referred to as "gender-affirming care"—have been endorsed by several U.S. medical associations as safe and effective.

However, recent comprehensive evidence reviews reveal serious concerns about the safety and effectiveness of these medical interventions for minors.

## HHS EVIDENCE REVIEW FINDINGS

On November 19, 2025, the Department of Health and Human Services released a comprehensive, peer-reviewed evidence review titled *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices*. This review employed rigorous evidence-based medicine methodology and reached the following conclusions:

**Evidence Quality:** The overall quality of evidence concerning the effects of puberty blockers, cross-sex hormones, and surgeries on psychological outcomes, quality of life, or long-term health in minors is very low.

**Therapeutic Benefits:** Available evidence cannot support determinations regarding the effectiveness of these medical interventions for improving mental health or alleviating gender dysphoria symptoms in children and adolescents.

**Treatment Harms:** Known and plausible harm risks include:

- Infertility and sterility
- Sexual dysfunction
- Impaired bone density development
- Adverse cognitive effects
- Cardiovascular and metabolic disease
- Psychiatric conditions
- Surgical complications
- Treatment regret

**Risk-Benefit Analysis:** The evidence demonstrates an unfavorable risk-benefit profile for chemical and surgical interventions in children and adolescents with gender dysphoria.

## INTERNATIONAL CONSENSUS

As discussed in the HHS Review, multiple countries that have conducted independent, systematic evidence reviews have reached similar conclusions and substantially restricted these interventions for minors:

**United Kingdom:** The 2024 Cass Review led to prohibiting puberty blockers outside clinical trials and substantially restricting cross-sex hormone access. No minor has satisfied eligibility criteria for cross-sex hormones under its updated National Health Service policies since the review's publication.

**Sweden:** The National Board of Health and Welfare determined in 2022 that risks from puberty-suppressing and hormonal interventions likely exceed potential benefits. Sweden now restricts these procedures to research settings and recommends psychosocial support as first-line treatment.

**Finland:** Guidelines issued in 2020 call for psychosocial support as the primary treatment, state that medical transition is an “experimental practice,” and restrict hormonal interventions to select cases.

**Denmark, Norway, and other nations** have adopted similar evidence-based restrictions emphasizing assessment and psychosocial support while limiting chemical and surgical interventions.

## CLINICAL GUIDELINE CONCERNS

The HHS Review identified serious methodological deficiencies in guidelines from the World Professional Association for Transgender Health (WPATH) and the Endocrine Society, including:

- Suppression of systematic evidence reviews
- Inadequate management of conflicts of interest

- Prioritization of non-clinical considerations over evidence
- Failure to meet accepted standards for guideline trustworthiness and quality

## RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

Based on the HHS review, healthcare providers caring for children and adolescents with gender dysphoria should:

1. **Refuse to provide puberty blockers, cross-sex hormones, or surgical interventions** to children and adolescents, as these treatments pose unnecessary and disproportionate risks of harm with insufficient evidence of benefit.
2. **Prioritize comprehensive psychosocial assessment and support** as the foundation of care, consistent with evidence-based medicine.
3. **Address co-occurring mental health conditions** that commonly present alongside gender dysphoria through appropriate therapeutic interventions.
4. **Provide compassionate, developmentally appropriate counseling** to help young people and their families navigate gender-related concerns without resorting to harmful medical interventions.
5. **Educate families** about the weak evidence for medical interventions, the substantial documented harms, and the growing international consensus against medicalizing pediatric gender dysphoria.

## CONCLUSION

The health and well-being of children and adolescents must remain our paramount concern. Current evidence does not support claims that puberty blockers, cross-sex hormones, and surgeries are safe and effective treatments for pediatric gender dysphoria. Healthcare providers have an ethical obligation to provide excellent care to their patients, informed by the best evidence. As such, they should refuse interventions that pose unnecessary and disproportionate risks of harm, even when requested by patients or families.

Psychosocial support, comprehensive mental health care, and developmentally appropriate counseling represent evidence-based approaches that can help young people navigate gender-related distress without exposing them to the substantial risks associated with irreversible medical interventions.

This message serves the public health mission of promoting disease prevention, health information, and the appropriate use of healthcare for one of our most vulnerable populations—America's children and adolescents.

**FOR MORE INFORMATION:**

The complete HHS evidence review is available at: <https://opa.hhs.gov/gender-dysphoria-report>

**REFERENCES:**

U.S. Department of Health and Human Services (HHS), *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices*. Washington, DC: HHS, November 2025.

**ISSUED** this 18th day of December, 2025.

/s/ Brian Christine

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