



16 April 2025

Professor Steve Wesselingh  
CEO, National Health and Medical Research Council

Dear Professor Wesselingh,

We are writing to seek your authoritative clinical advice on global best evidence-based clinical guidance for the assessment and treatment of children and young people presenting with all forms of confusion and discomfort with their biological gender/sex.

We are an advocacy group concerned to prevent harm, including iatrogenic medical harm, to girls and women.

We have noted Minister Butler's announcement that the *Australian Standards of Care and Treatment Guidelines for trans and gender Diverse children and adolescents* (ASCTG) were never endorsed as clinical best practice by the NHMRC and that you have been tasked with developing the first ever Australian guidelines.

However, in the meantime vulnerable girls and young women are still being channelled into the ASCTG's gender affirmation practices without evidence-based differential diagnosis necessary for informed consent. We understand that this situation is set to continue until you develop the new guidelines over the next three years.

The problem as we see it is that, as there is still no reliable evidentiary basis to the ASCTG, it is impossible for patients, or their parents, to give informed consent to ASCTG practices.

### **Informed consent**

As you know, to enable informed consent, AHPRA (Australian Health Practitioner Regulation Agency) and ACSQHC (Australian Commission on Safety and Quality in Health Care) are legislatively tasked with ensuring that individual health professionals and health organisations respectively follow best evidence-based clinical guidance.

For example, one of ACSQHC's core responsibilities in national clinical governance is to ensure health services have access to best practice clinically indicated treatment alternatives so that *informed* consent can be obtained by their employed health professionals. Action 1.27 of the NSQHS Clinical Governance Standard requires all health services to have processes that provide clinicians with ready access to best practice guidelines and supports clinicians to use the best available evidence. Health services can only demonstrate implementation of this Action by making the best practice guidelines available to clinicians and supporting them to use them.

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### **Our proposed solution**

We have noted that in 2023 the NHMRC advised that Australia is bound by the UK clinical guidance for treatment of borderline personality disorder because there were no current applicable Australian guidelines.

Accordingly, we ask: would the same policy principle apply in this instance where we have no current applicable Australian guidelines? Are we already by default under the UK's new authoritative advice for children and young people presenting with confusion and discomfort with their biological gender/sex?

We look forward to receiving your advice at your earliest convenience. Should you need to clarify anything about this request, please call me on [REDACTED].

Yours sincerely



Emeritus Professor Bronwyn Winter  
Co-Convenor, Australian Feminists for Women's Rights

Cc:

Justin Untersteiner, CEO, Australian Health Professionals Regulatory Agency

Conjoint Professor Anne Duggan, CEO, Australian Commission on Safety and Quality in Health Care

The Hon Mark Butler, MP, Minister for Health and Aged Care