Open letter regarding the NHMRC guidelines for minors with gender dysphoria

21 November 2025

The Hon. Mark Butler MP
Minister for Health and Ageing

Dear Minister Butler,

Re: Open letter regarding the NHMRC guidelines for minors with gender dysphoria

As clinicians, we urgently call on you to discontinue the development of NHMRC guidelines for the treatment of gender dysphoria in minors.

Instead, we request a full inquiry or Royal Commission into the current practices being referred to as "gender care" in Australia.

Why and enquiry is needed

Current practices lack scientific and medical credibility and do not meet accepted standards of evidence-based medicine. They amount to systemic malpractice, enabled by flawed governance structures.

Australia has frequently followed developments in the UK. However, with vulnerable children at risk, we must not delay action until harm is entrenched. Young people deserve evidence-based, family-centred care, with psychotherapy and psychosocial support as the first-line approach to gender-related distress.

Given the serious failings in the NHMRC process, we believe you must act decisively and place Australia under the guidance of the UK Cass Review recommendations for clinical care.

Evidence from Comparable Countries
High-quality systematic evidence reviews, the highest standard in medicine, carried out in the UK[1], Sweden[2], Finland[3], and the United States[4] have led to the rejection of the "gender-affirming care" (GAC) model. New Zealand has also now banned the initiation of puberty blockers in youth with gender dysphoria[5].

Key Concerns

1. Conflation of Sex and Gender
Sex is biological and immutable.
The WHO[6] defines gender as socially constructed and fluid over time, therefore not clinically diagnosable and not a biological pathology.

The biological reality is that it is not possible to change sex.

2. DSM-5 Limitations
The DSM-5 is consensus-based, not evidence-based. The renaming of "Gender Identity Disorder" to "Gender Dysphoria" was led by figures who pioneered the Dutch Protocol, yet their own 2015 paper admitted no conclusions could be drawn.
The US HHS[4] has further noted that the diagnosis of gender dysphoria relies entirely on subjective self-report, with no objective markers. It centers on "attitudes, feelings and behaviours that are known to fluctuate during adolescents".

3. Failure of Medical Standards
What is termed GAC is not medical treatment. Clinicians are effectively providing whatever "products" are requested by the consumer rather than performing true assessment, diagnosis, and informed consent. The result is iatrogenic harm, including sterilisation of healthy young bodies and diminished sexual function.

4. Compromised Impartiality of the NHMRC
The **integrity of the NHMRC has been compromised** through conflicts of interest with researchers and organisations advocating GAC.
WPATH/AusPATH terminology has been embedded to pathologise young people as "trans and gender diverse", predisposing them to lifelong medicalisation.
The guideline committee includes members of AusPATH, one of the authors of the "Australian Standards of Care and treatment guidelines for trans and gender diverse children and adolescents"[7] and individuals who personally promote GAC or are associated with organisations that do. These are clear conflicts of interest that have been ignored in the appointment process.
The NHMRC has also funded the AusPATH aligned Kids Institute[8] to run a consultation to reduce the weight given to scientific research evidence and elevate the weight given to individual 'consumers' in all research and clinical guideline development under a timeline that will allow application of recommendations in their 'gender guidelines' review and development

5. Legal and Ethical Concerns
Former Chief Justice Bryant has now questioned her 2013 Family Court judgment[9] that allowed puberty blockers to be prescribed without court oversight. She relied on the belief that they were "fully reversible"—a claim now proven false.
Allowing parents to authorise the sterilisation of children with untreated mental health needs without Family Court authorisation contravenes the High Court ruling in re-Marion (1992)[10]. To qualify as "therapeutic", treatment needs to address a pathology. **Gender as a socially constructed self-declared fluid identity is not a pathology requiring medical and (irreversible and potentially mutilating) surgical interventions**.

<u>Our Request</u>
We again call on you to provide clear guidance that clinical practice should align with the Cass Review and the National Association of Practising Psychiatrists[11], which recommend psychosocial support as the first-line intervention for minors.

Yours sincerely,

Dr Louise Kirby MBBS (Hons1) FRACGP on behalf of the Australian Medical Professional Society.
With support from the Nurses Professional Association Australia.

The names of other signatories have been kept private for reasons of personal and professional safety.

References

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