



19 March 2026

Dr Michael Wright, President, RACGP
Ms Georgina van de Water, CEO, RACGP
Members of the Board, RACGP

Dear Dr Wright, Ms van de Water and Members of the Board

Re: Cancellation of webinar with Professor Riittakerttu Kaltiala

Australian Feminists for Women's Rights (AF4WR) urge you to reinstate Finnish Adolescent Psychiatrist Professor Riittakerttu Kaltiala to your educational program as soon as possible to inform Australian GPs about the increasingly cautious approach in Finland and a number of other countries in Europe to sex/gender stereotype identity medicine for young people.

Our interest is that the healthcare of significant numbers of vulnerable young Australian females, many of whom are now or may grow up to be lesbians, is at stake as they are being led to believe, by those they should be able to trust, that not fitting into traditional sex stereotypes is problematic. We have realised that many doctors do not understand how extremely retrogressive this is.

To assist the College in its decision-making, we highlight some key considerations.

1. Medicine's credibility remains its scientific basis

Finland's national health system is built on systematic and peer reviewed evidence, long-term outcome data, and rigorous clinical governance.

Without our own national health system capable of collecting system-wide health data, Australian GPs rely more on the RACGP to keep them updated on major developments in global best evidenced practices. Without this they will continue to be in the invidious position of flying blind.

Few know that in a 'call and response' move to get around the lack of medical evidence, in 2015 the Australian Human Rights Commissioner Tim Wilson responded to a [sole medical submission](#) from the Royal Australasian College of Physicians (RACP) to recommend that all evidence checks be removed as 'bureaucratic barriers' to trans health regardless of age. ([AHRC SOGII Consultation Report 2015](#), p. 2).

As a consequence, medical colleges such as yours have ended up facilitating State laws that outlaw evidence-based family therapy or psychotherapy for some of our most vulnerable young people.

2. Political proximity to the pharmaceutical industry erodes trust in GPs

Recently, the RACGP publicly criticised the Prime Minister's engagement with the Pharmacy Guild on its Facebook page. It is equally important to ensure that College GP educational decisions are not unduly influenced by pharma-related lobby groups such as AusPATH.

AusPATH is the Australian iteration of WPATH (World Professional Association for Transgender Health), founded in the US. WPATH guidelines been criticised as flawed and biased by, among others, US Dept of Health and Human Services. The 2025 US HHS [Review of Evidence and Best Practices for treatment of pediatric gender dysphoria](#) found that:

In the area of pediatric gender medicine, prominent MMHAs [Medical and Mental Health Associations] have aligned their clinical guidelines and policy statements with WPATH SOC-8. This reliance on WPATH guidelines effectively imported into MMHAs many of the methodological and ethical deficiencies documented in WPATH's guideline development process. Consequently, problems originating within WPATH have not remained isolated but have instead propagated through influential MMHAs, contributing to a broader erosion of clinical standards, scientific rigor, and open academic discourse. (p. 217)

It is likely little known that the '[Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents](#)' were drafted in 2014-17 by a then AusPATH board member (2014–2020) who was simultaneously an RACP Fellow and Director of the Melbourne Royal Children's Hospital gender clinic.

These guidelines should have been reviewed by the National Health and Medical Research Council against their [Standards for Guidelines](#) to ensure, among other things, the absence of conflicts of interest and the veracity of the evidence on which the recommendations were based. Instead, the author effectively endorsed her own document as she was on the AusPATH Committee while she wrote them and when AusPATH endorsed them. She was promoted to President of AusPATH soon after the guidelines were released.

Last year, Justice Strum of the Federal Circuit and Family Court exposed the complete lack of integrity of this process after the author of the Australian Standards of Care was interrogated as Witness Associate Professor L (Re: Devin [2025] FedCFamC1F 211 [3 April 2025]).

Yet seven years earlier, in 2018, the NHMRC had noticed these new AusPATH endorsed guidelines and found they did not meet their criteria for clinical guidelines:

At the screening stage it was determined that the guideline did not include a funding statement, an evidence base for the recommendations or information about conflict of interest, and that it would not meet the portal selection criteria, so a full assessment was not carried out (cited in [The Australian, 31 March 2021](#)).

3. Gender medicine is a manifestation of traditional institutional medical homophobia and misogyny

As outlined by Abigail Shrier in her 2021 book *Irreversible Damage* and then in the 2024 report of the Cass Review of gender medicine in the UK National Health Service, girls and young women are disproportionately impacted today in the target cohort of gender medicine.

Using medicine to position gender role non-conformity as problematic is itself problematic.

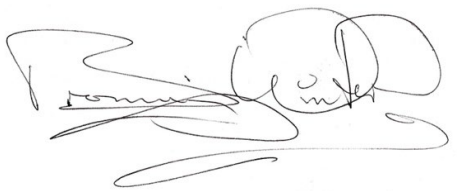
With the original strict eligibility criteria that ruled out any patients with mental health issues long discarded, today many girls with a range of comorbid conditions—including anxiety disorder, borderline personality disorder, post-traumatic stress syndrome or neurodiverse conditions such as autism and ADHD—are presenting with ‘gender dysphoria’. As soon as a young person presents as ‘trans’ any comorbid conditions are ignored and they are set on a path of lifelong medicalisation rather than evidence-based psychotherapy or other counselling interventions that would enable them to deal with the root cause(s) of their psychological distress. The presentation as ‘trans’ is a symptom, not a cause.

It is remarkably callous on the part of medical colleges responsible for doctor education that girls and young women who do not conform to social media-moderated ideals of femininity are being confused and ushered on to the ‘gender’ medicine pipeline which is more likely to exacerbate their distress than to cure it.

This matter is urgent and essential for community trust in our health system, in government and in democracy.

We thus urge the RACGP to take a leadership role among medical colleges by reversing your decision and allow Professor Kaltiala to present her evidence-based work to your membership as soon as possible.

Yours sincerely



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