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OPINION

I helped write gender-affirming care standards. Texas is going the wrong way.

Restrictions on this care are harmful for transgender youth and their families.

Eli Coleman, lead author for the World Professional Association for Transgender Health Standards of Care for transgender people, says Texas' restrictions on gender-affirming care put patients at risk. (Michael Hogue)

By Eli Coleman

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As politicians in Texas have [rolled back](#) access to gender-affirming care for transgender youth, many people are wondering what exactly gender-affirming care looks like and what these new laws do. As a psychologist and one of the past presidents of the World Professional Association for Transgender Health, I can tell you that these political attacks go against science and put transgender and gender-diverse youth and their families at severe risk of not being able to access well-established, evidence-based treatments.

The politicians behind these bills are listening to [special-interest groups](#), when they should be paying attention to medical experts, who are unified in supporting gender-affirming care as safe and effective. Every leading medical association, including WPATH, the [American Medical Association](#), [American Academy of Pediatrics](#), [Federation of Pediatric Organizations](#) and [American Psychological Association](#), endorses access to care.

These experts understand that gender-affirming care helps people who are transgender live healthy lives. This can include different kinds of support and treatments for different people, and there's no one-size-fits-all approach. Just like with any other medical care, providers work closely with their patients and with families to assess their needs and develop plans for care that meet those needs.

To help providers develop the best possible care for each of their patients, WPATH researchers, experts and providers including myself develop and publish the international standards of care.

The latest version of the standards of care (SOC-8) was published in the fall and lays out comprehensive clinical guidance for gender-affirming care in a way that takes into account a patient's age as well as other factors such as physical development, emotional maturity, cognitive abilities and reasoning and ability to make informed decisions. For instance, we describe how providers should care for children before puberty with purely social support, like working with parents to help a child pick out new clothes or a new haircut. For adolescents, care can range from psychological and social support to the use of medicine that helps temporarily pause or regulate the process of puberty, depending on the adolescent's specific needs.

When developing the SOC-8, we followed the most rigorous protocol in the world to ensure these standards reflect scientific evidence and meet the needs of transgender patients. We assessed decades of research on the impacts of gender-affirming treatments and incorporated the expertise of clinicians around the world. Overall, the information showed us that transgender people who have access to the care they need see a positive effect on their mental health and overall well-being. Doing nothing or "watchful waiting" might be appropriate given a careful assessment, but

doing nothing is not a benign intervention. Research has clearly demonstrated that delaying treatment for carefully selected patients can be quite harmful.

Critics of gender-affirming care say that psychotherapy should be the primary treatment for all patients. Yet, there is no evidence to support this approach. The proper standard of care is careful evaluation that must include parents, and individualizing treatment that might include a variety of options including psychotherapy and medical interventions. One size does not fit all.

Developing the standards of care was a long and painstaking scientific review process. When I describe this process to folks who don't have a background in scientific literature, they're often confused about these guidelines at first. It can be easy to misunderstand different research papers or technical terms, especially when politicians are spreading so much misinformation, so let me clear up a few common misunderstandings.

Some voice concerns about how hormone medicines affect adolescents. I reassure them that, as with any form of medical care, providers discuss the risks and benefits of gender-affirming medicines or other treatments with patients and families, so that people can make informed decisions about what is best for them.

Some don't know what sources to believe. That's exactly why groups like WPATH exist. Our team of experts has the training needed to carefully analyze research to ensure that the medical studies we reference are valid and well-respected in academia. Of course, just like any field of medicine, the research is constantly advancing, so WPATH frequently updates our guidance to reflect the latest science.

The list goes on. At the end of the day, you don't need to have a medical degree or read all 200-plus pages of the SOC-8 to understand the basic fact that we all deserve access to quality health care that meets our needs, including transgender people.

What bothers me the most is that politicians and legislators believe that they can assess the scientific literature and make treatment recommendations. To me, that is practicing health care without a license. And to make broad-brush limitations to access to health care simply does not take into account individual health care needs. Health care is a fundamental right. Let the experts decide what is best for transgender youth and their families.

When it comes to gender-affirming care, it's time we trust the experts — those who are devoted to providing the best care possible to their patients. Only by rightfully returning privacy, freedom and respect providers and their patients can we move closer to a reality where everyone can get the quality healthcare they deserve.

Eli Coleman is professor emeritus in the Department of Family Medicine and Community Health at the University of Minnesota Medical School. He is past president of the World Professional Association for Transgender Health. He was the lead author of the WPATH Standards of Care, Version 8, which was published in September. He wrote this column for The Dallas Morning News.

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