

Misleading information in Dr de Bres' article on 19 April

A Spinoff article "[What access to puberty blockers means for trans young people and their whānau](#)" by Julia de Bres, published on 20 April contains errors of fact that should be corrected. The article is not described as an opinion piece. There is also a failure in the Spinoff to provide balance over time. Dr de Bres cited the Cass report recently released in the UK.

My complaint is made against the Spinoff in respect of the Media Council principles. These are

- 1 Accuracy, Fairness and Balance
- 4 Comment and Fact
- 10 Conflicts of interest

Principle 4 Comment and Fact

The problems I identify are as follows.

1. Dr de Bres wrote "Community concerns are based on the report's approach to evidence, **for example dismissing almost 100 studies because they were not randomised** controlled trials, even though such trials would be *unethical* in this field."

This assessment is not true. See The Times [I can't travel on public transport anymore](#) (archived here <https://archive.ph/m1mfc>) and the BBC's More or less Programme ([More or less](#)). 60 out of 103 studies were rated high or medium quality and included in the results synthesis. 43 studies were dismissed but not because they were not RCT, because they were unreliable and it would be unscientific to base an overall evidence assessment on studies that are likely to be biased. In the BBC interview Dr Cass states that "This particular body of evidence is uniquely poor compared to almost any other body of evidence that the University of York has looked at".

2. Dr de Bres starts her article quoting PATHA's [Briefing to the incoming minister](#) to say that "people's autonomy over their own bodies" is mandated by a Māori health framework [Te Pae Mahutonga](#) devised by Professor Sir Mason Durie.

This is false. Dr Durie describes autonomy in the context of health promotion initiatives directed at [Māori communities](#), not individual's rights to determine their own health pathways. This is a flagrant misuse of a Māori health framework to make the case for a low bar to informed consent for gender medicine.

3. Dr de Bres stated "another fundamental concern is the lack of inclusion of any trans people or clinicians with expertise in gender-affirming care in the final decision-making related to the review."

This is false. On page 75 of the Cass Report there is a description of the NHS England Policy Working group chaired by Dr Cass. The groups includes "2 senior members of the [Gender Identity Development Service] team" and "3 representatives with lived experience".

Also p. 62 states that "*A Clinical Expert Group was established to consider the strength of the evidence and findings from the Review's research programme, and assist the Review in achieving clinical consensus where evidence is not available or limited. Membership included*

clinical experts on children and adolescents in relation to gender, development, physical and mental health, safeguarding and endocrinology.

4. Dr de Bres states that when puberty blockers are stopped puberty starts again.

This is not true. Puberty is one of a number of critical windows in human development. If brain development is left without the correct input or stimulation during puberty, the functions served will be [permanently compromised](#). Recent evidence also shows that in males pubertal suppression causes an [inability to orgasm](#). PATHA's own information shows that there are negative effects on the pubertal increase in [bone density and penises remain small](#) if puberty is fully suppressed. A recent paper awaiting peer-review argues there are serious [effects on male sexual development](#),.

5. Dr de Bres wrote that puberty blockers provide 'Time to Reflect'

This is not true. The Cass report says *"these data suggest that puberty blockers are not buying time to think, given that the vast majority of those who start puberty suppression continue to masculinising/feminising hormones, particularly if they start earlier in puberty"*. More over the report said *"Prior to the introduction of puberty blockers, the clinical experience of [sex confused children] suggested that although in the vast majority the gender incongruence resolved by puberty"* See [Cass report page 176](#) and the recent paper on the impacts of suppressing puberty by [Baxendale](#).

Additionally the Cass report shows all kinds of claims are made for the reason puberty blockers are deployed. *"The synthesis of international guidelines by the University of York found that there is no clarity about the treatment aims of puberty suppression, with options including reducing gender dysphoria, improving quality of life, allowing time to make decisions, supporting gender exploration, extending the diagnostic phase and 'passing' better in adult life.* [Cass report page 174](#)

6. Dr de Bres writes that the Cass review finds that *"there is less evidence of harm from blockers than benefit"*.

This claim does not appear to have been made in these terms in either the Cass Report itself nor in the systematic review *"Interventions to suppress puberty"*. Even if some wording in the report has led Dr de Bres to report this as her assessment in the context of the whole report it is a highly misleading claim. In the BBC programme *More or Less* Dr Cass said *"this particular body of evidence is uniquely poor compared with any other body of evidence the University of York has looked at."* ([More or less at 5.30](#)) The report itself said

- in relation to medical treatment *"clinicians who the Review has spoken to nationally and internationally have stated that they are unable to reliably predict which children/young people will transition successfully and which might regret or detransition at a later date"*
- *There is insufficient and/or inconsistent evidence about the effects of puberty suppression on psychological or psychosocial health."*
- *"Only very modest and inconsistent results were seen in relation to improvements in mental health [and] there is a lack of long-term outcome data for children and young people in adult life."*
- *"Blocking the release of ... sex hormones could have a range of unintended and as yet unidentified consequences."*

- “Brain maturation may be temporarily or permanently disrupted by the use of puberty blockers, which could have a significant impact on the young person’s ability to make complex risk-laden decisions.”
 - “The University of York systematic review found no evidence that puberty blockers improve body image or dysphoria, and very limited evidence for positive mental health outcomes, which without a control group could be due to placebo effect or concomitant psychological support.” [Cass report page 172-180](#)
7. Dr de Bres says “parents, clinicians and researchers would all welcome more research into the effects of puberty blockers, to continue to identify and deliver best practice care.” This claim ignores facts which cast doubt on whether gender clinicians and researchers both in the UK and in New Zealand are really interested in understanding more about puberty blockers and their harms and benefits.

In England the opportunity to carry out research to understand that longer term trajectories of children at the GIDS clinic was not taken by clinicians. The CASS report says that “six of the seven adult clinics declined to support the study” [See Cass Report Appendix 4 page 6](#))

In New Zealand the very people (like Dr de Bres) who opine the lack of research are the very same people who have money for transgender research but do not carry out this research. Dr de Bres argues strongly for medicines that she argues are life-saving and entirely positive in use. She does not seek to assure they are safe.

- Dr Bres’ own research promotes the use of [puberty blockers](#) while not drawing attention to the older evidence based reviews, like the Cass report, that argue for caution. Dr de Bres’ current project [advocates the use of puberty blockers](#) based on low quality studies [many of which have strong rebuttals](#).
- In her research with a parents group she reports “no-one in the group reported a negative experience with blockers” but since the group champions transition this is not unexpected.
- The Transgender Health Lab, a long established specialist team at Waikato University — is focussed on [barriers to healthcare](#), not whether the healthcare is effective. It does not appear to have produced research about any aspect of puberty blocker medication in any of the more than 100 papers that have been published giving the impression that, as far as they are concerned, that the science is settled.
- Similarly at Otago University Medical School Dr Sue Bagshaw [suggests there is a lack of research](#) but her only contribution to this lack was to fund a [12 week summer scholar](#) who identified the very real ethical issues to providing puberty blockers.
- PATHA has, rather than examining the Cass Report to identify whether there are lessons for New Zealand’s practice, [denounced the report as harmful](#) within 30 hours of its publication. They said it did not apply to New Zealand.

Media Council Principle 10 Conflicts of interest

Dr de Bres does not declare her own interests in this issue.

Media Council Principle 1 Accuracy, Fairness and Balance

This article is part of a series of one-sided articles about gender theory and transgender issues.

In relation to a previous story editor Madeleine Chapman wrote of the need for balance as follows. *‘So I’ll reiterate that The Spinoff’s editorial position is for equity over equality on matters relating to trans people and non-binary people (as well as other often marginalised groups such as Māori, Pacific, disabled etc).*

In regards to trans people specifically and this complaint, it is therefore our default editorial position that trans-inclusionary language (if it allows trans men and non-binary people to be included in language around giving birth and midwifery) is not a topic that requires “balance”, just as we would not commission an opposing view to, for example, the growth of te reo Māori or the existence of climate change”. (By email 19 March 2024)

These comments make clear that no matter the news value or materiality of other issues raised in a story The Spinoff would not cover an issue fairly if it involved transgender people or their supposed best interests, or gender theory, because this does not require balance. For example the complaint that drew these comments from Madeleine Chapman involved a previous Spinoff story that I regarded, on very credible grounds, as [misrepresenting the law](#) and citing a study in support of a proposed change, that had not even met its own research criteria. Such an approach demonstrates an editorial desire not to provide balance on individual issues in relations to transgender issues and gender theory or over time.

Providing a free pass to any sector based on “equity” when serious issues are in play does not to justice to the affected group or to readers.

Jan Rivers 22-04-2024