

# TAVISTOCK TRANSGENDER CLINIC SHUT DOWN OVER SAFETY CONCERNS

Posted on July 29, 2022



An interim report published earlier this year found that many doctors have felt “nervous” about treating trans patients, “partly because of the lack of formal clinical guidance, and partly due to the broader

societal context.”

**Category:** [NEWS](#)

**Tags:** [children](#), [gender](#), [Tavistock](#), [transgender](#)

In the UK, there is just one specialist clinic which provides gender identity services for adolescents and children: the Gender Identity Development Service (GIDS) at the [Tavistock and Portman NHS Foundation Trust](#).

But following a review commissioned by NHS England and led by Dr. Hilary Cass, a consultant paediatrician, the Tavistock GIDS clinic [will now be shut down](#) over concerns for the safety of children. Back in March, Cass [published](#) an interim report which unearthed some remarkable discoveries. It found that several doctors had felt “pressured to adopt an unquestioning approach” when treating children with gender dysphoria. As the report added, “this is at odds with the standard process of clinical assessment and diagnosis that they [doctors] have been trained to undertake in all other clinical encounters.” There were even implications that the politically correct dogmas of the surrounding culture have played an unhelpful role in paralysing the ability of medical personnel to perform their proper duty of care. Indeed, the report stated that many doctors have felt “nervous” about treating trans patients, “partly because of the lack of formal clinical guidance, and partly due to the broader societal context.”

It also found that, contrary to the zealous certainties of the trans lobby, there is a “lack of consensus and open discussion” about the nature of gender dysphoria and “therefore about the appropriate clinical response.” This lack of established, conventional knowledge has been worsened, the report added, by the need for Tavistock to adapt “rapidly and organically in response to demand.” As a result, the report concluded, the clinical approach and overall service design has not benefited from the “normal quality controls that are typically applied when new or innovative treatments are introduced.”

Particularly striking has been the exponential rise in the number of young referrals to the

Tavistock clinic in the last decade. For example, in 2010-11, there were only 138 people referred to seek help for their gender identity. By 2018-19, that figure had risen to 2,743—an increase of almost 1900%. The vast majority of those referrals were young people aged between 12 and 17, although it has not been unknown for even younger “trans-identifying” individuals to seek transitioning treatment. Trans activists like to claim that the increased uptake is the result of increased tolerance: adolescents, so the argument goes, now feel more able to come out as openly transgender. However, given the astronomical extent of the rise, there are also [many who argue](#) that the rapid spread of transgender ideology among young people has caused a social contagion that would not otherwise be gripping the minds of teenagers.

The clinic will be shut down by next spring. Cass also recommended that further research should be undertaken into the use of puberty blockers on young people, following concerns that there is “insufficient evidence” of their effectiveness and possible impacts. There will additionally be investigations made into other factors that may cause gender dysphoria in adolescents, including mental health, neurodiversity, and other comorbidities which often afflict Tavistock patients. According to Cass’s interim report, of course, these factors were often neglected in the past because doctors were too eager to affirm, rather than question, a child’s self-identity.

NHS England has said that it now acknowledges the importance of establishing “regional services that work to a new clinical model that can better meet the holistic needs of a vulnerable group of children and young people.” These new regional centres will be established in due course.

Dr. Cass’s independent review continues and is bound to shed further light on this peculiar phenomenon which so impacts the mental health, well-being, and flourishing of the most vulnerable among us.