

MANIFESTO

NOT IN OUR NAME

Healthcare professionals (doctors, psychologists, etc.) oppose the trans-affirmative approach of the HAS working group concerning minors questioning their gender.

On December 12, 2024, the confidential draft recommendations of the Haute Autorité de Santé (HAS) regarding the "Transition Pathway for Trans Individuals" were made public by *Le Figaro*[1], resulting in significant awareness among healthcare professionals. This concerns, on the one hand, the functioning of the HAS and, on the other, its positioning, which closely mirrors the demands of transactivist associations. Had the HAS limited its scope to adults, reactions might have been less intense. However, the proposal to offer the full medico-surgical apparatus (hormones, surgery, but also laser hair removal, hair implantation, etc.) reimbursed by the national health insurance to benefit "non-ill" individuals at a time when our healthcare system is deeply in deficit raises serious questions.

On December 13, the HAS published a clarification on its website[2], lamenting the media release of the document, which it claims is not yet finalized as it is subject to further review.

We acknowledge that it is not too late.

What is the HAS working group's proposal based on after months of work?

The recommendations seem to rely on a flawed premise: that French national guidelines must be rewritten to meet all medical and surgical demands of individuals identifying as trans, based on the World Health Organization (WHO) introducing the new diagnosis of "gender incongruence" (replacing "gender dysphoria") in its ICD-11 manual (International Classification of Diseases).

Contrary to the HAS draft document states (p. 8), the WHO has taken no decision regarding children and adolescents. In a document dated January 15, 2024[3], the WHO specifies that its guidelines "will only concern adults and will not address the needs of children and adolescents because, after review, the evidence base on children and adolescents is limited and inconsistent regarding the long-term outcomes of gender-affirming care for minors."

It is also notable that the HAS draft recommendations closely resemble those of the WPATH (World Professional Association for Transgender Health), which are already highly problematic. Over the years, this organization—created in 2007 and now activist—has positioned itself as an international authority on gender medicine, working with organizations and governments across various countries. Its guidelines (Standards of Care or SOC) are updated based on the latest research and claim to be evidence-based, although they are not. Gender services in many countries claim to rely on these recommendations.

The WPATH's Standard of Care 8 (SOC8) is the source of a scandal shaking the Biden administration. In June 2024, the Middle District Court of Alabama revealed compromising documents regarding SOC8's evidence evaluation. Many of these documents, now public, show that active WPATH members suppressed evidence that did not support unrestricted access to hormonal and surgical interventions for minors. WPATH has imposed its ideology by concealing scientific evidence that does not align with its views. The more evidence accumulates demonstrating the limited effectiveness of puberty blockers and cross-sex hormones for minors' well-being, the more WPATH guidelines eliminate protective barriers, disregarding scientific arguments.

In their current form, the HAS recommendations are even more radical than WPATH's. Many are based solely on "expert consensus," which, by the HAS's admission, ranks at the lowest level of evidence. No references to higher-grade evidence—though they exist—are provided. The Cass Review from the UK, led by Dr. Hilary Cass, clearly highlights these omissions. These recommendations also align with those of the French Society of Pediatric Endocrinology and Diabetology (SFEDP)—equally problematic—published in November 2024. An analysis of the 30-member working group reveals significant conflicts of interest, including intellectual conflicts[4].

General practitioners, specialists (pediatricians, endocrinologists, gynecologists, plastic surgeons, urologists, child psychiatrists), psychologists, psychoanalysts, jurists, and researchers from various disciplines firmly oppose the trans-affirmative approach of the HAS and SFEDP working group concerning minors.

They demand the following points be respected:

1. Balance and transparency of expert groups

We demand the dissolution of the current HAS expert group due to significant conflicts of interest that prevent objective recommendations.

The composition of the expert group must be balanced, transparent, and free of conflicts of interest, which must be disclosed and published.

The current composition invalidates recommendations marked as "expert consensus," masking the group's unanimity and the weakness of the scientific evidence.

2. Protection of minors

Youth aged 16–18 should not be treated as legal or psychological adults.

Based on current studies, surgeries altering healthy organs should be prohibited for minors. Their genuine suffering must be addressed through other means.

The HAS not only allows but extends authorization to genital surgeries, previously unavailable in France before the age of 18.

3. Parental authority

Parents of minors must not face threats of losing parental authority for opposing their child's wish to undertake medical and/or surgical transition.

"Feelings" can be expressed, but their realization is not an entitlement.

Associations promoting adolescent gender transition must not substitute public authorities to encourage legal action, as there is a significant risk of sectarian influence on adolescents.

4. Consider European research

A dozen systematic reviews on youth transitions have been published. It is essential to consider European studies from Finland, Sweden, and the UK, which show that social transition, puberty blockers, and cross-sex hormones do not deliver promised improvements or prevent suicide.

We refer to the major international article "Evolution of National Guidelines for Treating Children and Adolescents with Gender Dysphoria: International Perspectives" [6].

5. Reevaluating the diagnosis

The ASP clinical proposal (Pubertal Sexuation Anxiety) must be seriously considered to question the diagnosis of "gender dysphoria" or "gender incongruence," its consequences, and the label of "trans minors."

The majority of adolescents questioning their sexual identity are not "trans" but in psychological distress and must first receive holistic psychological or child psychiatric care rather than being referred to "transidentity" services.

[1] <https://www.lefigaro.fr/actualite-france/la-haute-autorite-de-sante-veut-un-acces-gratuit-a-la-transition-de-genre-pour-tous-a-partir-de-16-ans-20241212>

[2] https://www.has-sante.fr/jcms/p_3572698/fr/parcours-de-transition-des-personnes-transgenres-poursuivre-le-travail-au-dela-des-polemiques-deplacees

[3][3] https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/tgd_faq_16012024.pdf?sfvrsn=79eaf57f_1

[4] Les experts doivent éviter tout parti pris dans la proposition, la conduite, la communication et l'évaluation de leurs travaux. Ils doivent donc veiller à ne pas porter de jugements ou présenter des conclusions fondées uniquement sur des opinions ou des affiliations personnelles mais sur des preuves scientifiques.)

[5] <https://www.sciencedirect.com/science/article/pii/S0929693X24001763>

[6] <https://journals.sagepub.com/doi/10.1177/26344041241269298#>

[7] <https://www.revue-psy.fr/2024/05/06/langoisse-de-sexuation-pubertaire-asp-4006/>

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