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Premier Smith,

We are writing in response to your recent announcement of several new policies banning or significantly curtailing access to gender-affirming care and support in healthcare and education. We are deeply concerned that implementation of these policies will not only undermine the fundamental rights of transgender children and youth in Alberta, but will lead to significant negative health outcomes, including increased risk of suicide and self-harm.

All spaces where children and adolescents spend time, including schools and all extracurricular activities, should be safe for, and inclusive of those who are transgender and gender diverse (TGD). We know that TGD youth report high levels of exposure to harassment and violence and that they are at elevated risk for adverse health outcomes, including depression, anxiety, eating disorders, self-harm, and suicide.<sup>1</sup> These risks may be mitigated by affirming experiences and environments, such as supportive parents, early social transition for those who express this desire, and inclusive and non-judgemental interactions with the health care system.<sup>2</sup> Therefore, efforts should be made to provide timely access to gender-affirming care and reduce barriers to social transitions for youth, including supporting and respecting chosen names and pronouns.

When it comes to gender-affirming medical care, current best evidence shows that younger age and earlier pubertal stage at time of presentation has been associated with lower rates of mental health conditions.<sup>3</sup> While some TGD adolescents may only ever desire social transition, others may be interested in medical options. For adolescents with marked and sustained gender diversity who express a clear goal of medical transition, hormone blockers may be prescribed to suppress or slow physical changes or gendered experiences. Hormonal suppression is reversible and sex steroid production will resume if blockers are discontinued.<sup>4</sup> Initially, the clinical objective of prescribing hormone blockers is to provide a young person with time to further explore their gender identity without pressure or distress related to ongoing development of secondary sex characteristics. An emphasis on parental support around hormone blockers is already part of the standard of care, as it is recognized that TGD youth with supportive parents have been shown to have markedly better mental health outcomes, including lower risk of suicide.<sup>5</sup> Should a young person continue to express gender dysphoria over time and eventually wish to pursue other gender-affirming treatments, hormone blockers may also prevent the development of secondary sex characteristics that may make medical and surgical transition riskier and more difficult. TGD adolescents who have sought and received hormonal suppression as part of a multidisciplinary approach to care report improved mental health and psychosocial functioning and lower odds of suicidal ideation.<sup>6</sup>

For some adolescents with marked and sustained gender diversity, gender-affirming hormone therapy (GAHT) can be an important care component, with GAHT prescribed to promote the development of physical features that are better aligned with an individual's experienced gender. GAHT is considered a partially reversible intervention because hormone administration over time results in both reversible and irreversible changes. Prescription of GAHT should only be provided to adolescents with a confirmed diagnosis of gender dysphoria or gender incongruence who demonstrate the capacity to understand and appreciate both the benefits and risks of these medications. When GAHT is initiated appropriately for adolescents who desire this option, it has been associated with improved well-being and mental health, decreased suicidality, and decreased body dissatisfaction.<sup>7</sup>

While gender-affirming surgeries are less commonly performed for adolescents, TGD youth may identify surgery as one of their transition goals. It should also be made clear that 'bottom' or 'lower' surgeries are already limited to individuals 18 years of age and older. As every individual has unique needs and circumstances, medical decisions need to be made through informed and confidential discussions between healthcare professionals and the patient/family, guided by best-available evidence to support physical and mental well-being.

Alongside the new policies restricting the care of transgender youth in the healthcare and education systems, we are also deeply concerned about your announcement to require parental opt-in for each instance a teacher intends to give formal instruction on subjects involving gender identity, sexual orientation, or human sexuality in schools. This will pose an extremely high barrier to formal education on these fundamental and universal topics for all of Alberta's children and youth. Comprehensive, evidence-based, medically accurate and age-appropriate sexual and reproductive health education has an overwhelming evidence base for its impact on positive health outcomes.<sup>8</sup> As such, it should be a priority for the overall health and well-being of adolescents and the downstream positive effects on the population as a whole. Open communication on issues of gender identity, gender expression, sexual orientation and human sexuality is key to improved well-being and health outcomes and can reduce risk of illness and disease, sexual exploitation and violence, stigma, misinformation, harassment, bullying, prejudice, and discrimination.<sup>9</sup> Comprehensive sexuality education is therefore essential to ensure that children and youth have access to accurate information and are equipped to make healthy and informed decisions.

In summary, we are deeply concerned about the proposed policies to ban access to hormone therapies for youth aged 15 and under and severely restrict access for youth aged 16-17, ban all gender-affirming surgery for those 18 and under, require parents of children 17 and under to be notified and parents of children 15 and under to give permission for name/pronoun changes in schools, exclude transgender women and girls from sport, and require parents to opt-in every time a teacher intends to give formal instruction on gender identity, sexual orientation or human sexuality. They will all have direct and real negative impacts on the physical and mental health of Alberta's children and youth. Gender-affirming medical care for youth should be a decision between the patient, their parents, and their medical care team, without intrusion by government. The health and safety of TGD youth is too important. We strongly urge you to reconsider the implementation of these policies and to ensure that initiatives impacting TGD youth are rooted in best evidence and informed by consultation with those who have lived experience, are most directly impacted, and have a robust understanding of the current evidence.

Sincerely,

Dr. Sam Wong  
President, Section of Pediatrics  
Alberta Medical Association

Dr. Jeff Critch  
President  
Canadian Paediatric Society

Dr. Ellie Vyver  
Chair, Adolescent Health Committee  
Canadian Paediatric Society

Dr. Raphael Sharon  
Board Member, Alberta  
Canadian Paediatric Society

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<sup>1</sup> Taylor AB, Chan A, Hall SL, Saewyc EM; Canadian Trans Youth Health Survey Research Group. Being Safe, Being Me 2019: Results of the Canadian Trans and Non-binary Youth Health Survey. 2020. Vancouver, B.C.: Stigma and Resilience Among Vulnerable Youth Centre, University of British Columbia: [https://apsc-saravyc.sites.olt.ubc.ca/files/2020/12/Being-Safe-Being-Me-2019\\_SARAVYC\\_ENG\\_1.2.pdf](https://apsc-saravyc.sites.olt.ubc.ca/files/2020/12/Being-Safe-Being-Me-2019_SARAVYC_ENG_1.2.pdf) (Accessed February 1, 2024).

<sup>2</sup> Russell ST, Pollitt AM, Li G, Grossman AH. Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *J Adolesc Health* 2018;63(4):503-05. doi: 10.1016/j.jadohealth.2018.02.003

<sup>3</sup> Sorbara JC, Chiniara LN, Thompson S, Palmert MR. Mental health and timing of gender-affirming care. *Pediatrics* 2020;146(4):e20193600. doi: 10.1542/peds.2019-3600.

<sup>4</sup> Coleman E, Radix AE, Bouman WP, et al. Standards of care for the health of transgender and gender diverse people, Version 8. *Int J Transgend Health* 2022;23(Suppl 1):S1-S259. doi: 10.1080/26895269.2022.2100644.

<sup>5</sup> Ibid.

<sup>6</sup> Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics* 2020;145(2):e20191725. doi: 10.1542/peds.2019-1725.

<sup>7</sup> Allen LR, Watson LB, Egan AM, Moser CN. Well-being and suicidality among transgender youth after gender-affirming hormones. *Clin Pract Pediatr Psychol* 2019;7(3):302–11. doi: 10.1037/cpp0000288.

<sup>8</sup> UNESCO. International technical guidance on sexuality education: An evidence-informed approach. 2018: [https://cdn.who.int/media/docs/default-source/reproductive-health/sexual-health/international-technical-guidance-on-sexuality-education.pdf?sfvrsn=10113efc\\_29&download=true](https://cdn.who.int/media/docs/default-source/reproductive-health/sexual-health/international-technical-guidance-on-sexuality-education.pdf?sfvrsn=10113efc_29&download=true) (Accessed February 2, 2024).

<sup>9</sup> SIECCAN. Canadian Guidelines for Sexual Health Education. 2019: [https://www.sieccan.org/\\_files/ugd/1332d5\\_e3ee36e39d944009956af5b86f0a5ed6.pdf](https://www.sieccan.org/_files/ugd/1332d5_e3ee36e39d944009956af5b86f0a5ed6.pdf) (Accessed February 2, 2024).