

Aarhus 14.05.2021

Til Ligestillingsudvalget, Sundhedsstyrelsen og Sundhedsministeren

Vedr. B 80 Forslag til folketingsbeslutning om, at regeringen pålægges ikke at indføre en ret til juridisk kønsskifte for børn

For god ordens skyld bemærkes, at jeg er klar over, at denne henvendelse ikke er flot struktureret, men jeg har prioriteret fart fremfor perfektion, da jeg hermed håber at kunne redde flere børn fra sterilisering.

Tidligere korrespondance

Tidligere breve til Ligestillingsudvalget:

<https://www.ft.dk/samling/20201/beslutningsforslag/B80/henvendelser.htm>

1. 19. april
2. 8. maj (senere revideret samme dag)
3. 9. maj
4. Nærværende brev af 14. maj

Spørgsmål til Ligestillingsudvalget

Som angivet i mit brev af 9. maj 2021 skal jeg hermed følge op med supplerende spørgsmål, som jeg håber, Ligestillingsudvalget vil foreligge ministeren.

Set i lyset af nedenstående baggrundsmateriale ønsker jeg, at Ligestillingsudvalget stiller ministeren, herunder evt. med inddragelse af sundhedsministeren, følgende spørgsmål:

1. Hvordan vil ministeren sikre, at hormoner til børn i kønsskiftebehandling stoppes i dag? (se gerne de svenske udmeldinger nedenfor)
2. Embedsmænd har pligt til at sige fra overfor klart ulovlige ordrer. Har sundhedspersonale en tilsvarende pligt til at stoppe behandling, der er klart forbundet med overvejende ukendte og store, irreversible konsekvenser for patienten? Er denne pligt relevant i denne sag?
3. Hvordan vil ministerierne tilrettelægge sin indsats ift. børn og de forældre, der på fejlagtigt grundlag har fået hormonbehandling (se de svenske udmeldinger nedenfor)?
4. Hvordan vil ministeren vurdere Etisk Råds svar om juridisk kønsskifte til børn fra 2021 set i lyset af,
 - a) At juridisk kønsskifte til voksne blev vedtaget i 2014 for at afkoble juridisk kønsskifte fra hormonbehandling/kastration, så man kunne gøre det reversible, inden man evt. gjorde det reversible i form af hormoner og kastration.
 - b) At ønsket om juridisk kønsskifte til børn i dag er opstået som følge af, at så mange børn får hormoner, hvorefter de ønsker at skifte køn juridisk. Se således ministerens bemærkninger til

forslaget:

anderværende jernstør indgribning, så barnet eller den unge indtages og behandlingen trænes på et trykt grundlag.

Men lad mig først redegøre for, hvorfor det er regeringens politiske ønske at gå denne vej. Det skyldes, at der er mange børn og unge, der kommer i klemme, fordi denne mulighed ikke er til stede i dag. Det gælder bl.a. de børn og unge, som siden 2016, hvor det blev muligt, har søgt sundhedsfaglig hjælp ved kønsidentitetsforhold og er blevet henvist til udredning og hormonbehandling i sundhedsvæsenet, eller de børn og de unge, som har skiftet fornavn til et kønsneutralt eller ikke kønskorrekt navn og har et kønsudtryk og en fysisk fremtoning, der ikke stemmer overens med deres biologiske køn. Sådanne børn og unge oplever vanskeligheder, når der ikke er overensstemmelse mellem deres fysiske fremtoning og deres personnummer. Derfor er det regeringens opfattelse, at vi skal møde disse børn og unge der, hvor de er, netop i oplevelsen af deres egen kønsidentitet.

- c) At Etisk Råd har vurderet spørgsmålet på den præmis, at det juridiske kønsskifte er det første skridt og ikke, som det faktisk er tilfældet, det sidste skridt, jf. ministerens tale.
 - d) At Etisk Råd skriver, at årsagerne til de mange ønsker er "ukendt" (side 4), selvom Abigail Shriers bog, "The Transgender Craze", er udgivet d. 30. juni 2020, og Andersons bog, "When Harry Became Sally" er udgivet d. 20. februar 2018.
5. Eske Willerslev ønskede under Etisk Råds behandling af sagen som den eneste, at der ikke skulle være en nedre grænse for juridisk kønsskifte. Eske Willerslev ønskede heller ikke, at kønnet skulle skiftes efter en erklæringsmodel med krav om rådgivning og krav om myndighedsvurdering. Medlemmet ønskede alene at lægge vægt på det oplevede, samt at det var vigtigt at sende "*et signal om accept af forskellighed*":

Er ministeren enig i, at Eske Willerslevs videnskabssyn, hvor det oplevede lægges til grund, og hvor lægevidenskaben og rådgivningen holdes ude af en sag, der drejer sig om at gøre et barn sterilt, er udtryk for en så fundamental fejlsluttelse, at det bør få konsekvenser for Eske Willerslevs fortsatte medlemskab af Etisk Råd?

6. Vil ministeren evt. sammen med sundhedsministeren ændre praksis på området, så den gamle (og meget succesfulde) praksis, "Watchful Waiting", anvendes i stedet for den nuværende, "Affirmative Therapy", da det er kommet frem (se Shrier og Anderson), at anerkendelse af kønsforvirringen medfører fastholdelse i vrangforestillingen om køn, samt at hormoner ikke medfører bedre livskvalitet for den enkelte?
7. Vil ministeren evt. sammen med sundhedsministeren anerkende, at følgende er et dårligt udgangspunkt for sundhedsmyndighedernes behandling (fra Etisk Råds svar om juridisk kønsskifte):

I 2017 blev diagnosebetegnelserne ændret med den specifikke begrundelse, ikke at ville patologisere identitet og for at undgå den stigmatisering, der historisk har ramt transkønnede. Tidligere baserede diagnoser sig alene på et lægeligt skøn, mens grundlaget for udredning og behandling i dag lyder, at en person bedst selv kan føle, hvorvidt der foreligger kønsinkongruens eller ej. Den sundhedsfaglige opgave er dermed skiftet til primært at afklare, om der foreligger kønsligt ubehag i en sådan grad, at behandling er påkrævet eller om der er afgørende forhold (fx psykisk sygdom), som taler imod et terapeutisk indgreb.¹⁶

8. Vil ministeren og evt. sundhedsministeren for fremtiden inddrage forskningsresultater fra andre end (som nu) kønsaktivister ved at inddrage forskningsresultater fra eksempelvis Paul Mchugh, Ray Blanchard, J. Michael Bailey og Kenneth Zucker?

9. Vil ministeren for fremtiden sikre, at Ligestillingsområdet i Danmark ikke præges af kønsideologi ved at sikre, at såkaldt videnskab, som er baseret på den enkeltes oplevelser, holdes udenfor udvalgets arbejde?
10. Hvordan vil ministeren for fremtiden sikre, at Ligestillingsudvalget alene modtager videnskabeligt funderet viden, vurderinger og rådgivning?
11. Vil ministeren ændre regeringens overordnede politik for fremtiden? Som det er nu, mener regeringen følgende:

Sagsnr. 2020-11152
Doknr. 381256
Dato 04-02-2021

Folketingets Ligestillingsudvalg har d. 14. januar 2021 stillet følgende spørgsmål nr. 1 (B 80) til indenrigs- og boligministeren, som hermed besvares.

Spørgsmål nr. 1:
"Ministeren bedes kommentere henvendelse af 13. januar 2021 fra LGBT Komiteen, jf. B 80 – bilag 1."

Jeg kan bekræfte, at det er formålet med regeringens forslag om mulighed for juridisk kønsskifte for børn og unge at afhjælpe mistrivsel og angst hos transkønnede børn og unge som følge af, at de ikke anerkendes i det køn, som de oplever at tilhøre.

<https://www.ft.dk/samling/20201/beslutningsforslag/B80/spm/1/svar/1743409/2330376.pdf>

12. Hvordan vil ministeren personligt sige undskyld til ofrene for fejlbehandling samt deres forældre?
13. Vil ministeren tage rundt på landets skoler og rette op på den fejlagtige undervisning, der pt. finder sted – evt. sammen med undervisningsministeren?

Baggrundsmateriale for henvendelsen

1) Svenskerne stopper hormonbehandling

<https://www.medscape.com/viewarticle/950964>

News > Medscape Medical News

Hormonal Tx of Youth With Gender Dysphoria Stops in Sweden

Lisa Nainggolan
May 12, 2021

3 Read Comments

The Karolinska Institute in Sweden, plus a number of the other centers in the country that treat youth with gender dysphoria, has become the latest clinic to stop the routine hormonal treatment of youth under 18.

The new policy, affecting Karolinska's pediatric gender services at Astrid Lindgren Children's Hospital (ALB), in Stockholm, has ended the practice of prescribing puberty blockers and cross-sex hormones to minors with gender dysphoria.

Policy Change Regarding Hormonal Treatment of Minors with Gender Dysphoria at Tema Barn - Astrid Lindgren Children's Hospital.

Background

The hormonal treatment of children and adolescents with gender dysphoria may consist of puberty-blocking treatment initiated at the onset of puberty, and cross-sex hormones initiated at the age of 16. These treatments are controversial and have recently become subject to increased attention and scrutiny both nationally and internationally. In December 2019, the SBU (*Swedish Agency for Health Technology Assessment and Assessment of Social Services*) published an overview of the knowledge base which showed a lack of evidence for both the long-term consequences of the treatments, and the reasons for the large influx of patients in recent years. These treatments are potentially fraught with extensive and irreversible adverse consequences such as cardiovascular disease, osteoporosis, infertility, increased cancer risk, and thrombosis. This makes it challenging to assess the risk / benefit for the individual patient, and even more challenging for the minors and their guardians to be in a position of an informed stance regarding these treatments.

A highly publicized court case in Great Britain shed light on this issue and in a recent ruling (December 1st, 2020), established overarching problems associated with puberty-blocking treatment. Further, the ruling specifically establishes that it is highly unlikely, if at all possible, for an individual under the age of 16 to give informed consent to this treatment. For individuals between the age of 16 and 18, the court considers it advisable to request court approval before starting hormonal treatment, since the treatment should be considered experimental. As a result of this ruling, the NHS (National Health Service) put an end to initiating hormonal treatments in new cases of individuals under 16, while recommending a thorough review of ongoing, actively treated cases. For patients between ages 16 and 18, it is recommended that the treating physician receives court approval before cross-sex hormones are initiated.

Executive Decisions

- In light of the above, and based on the precautionary principle, which should always be applied, it has been decided that hormonal treatments (i.e., puberty blocking and cross-sex hormones) will not be initiated in gender dysphoric patients under the age of 16.
- For patients between ages 16 and 18, it has been decided that treatment may only occur within the clinical trial settings approved by the EPM (*Ethical Review Agency/Swedish Institutional Review Board*). The patient must receive comprehensive information about potential risks of the treatment, and a careful assessment of the patient's maturity level must be conducted to determine if the patient is capable of evaluating, and consenting to, the treatment.

- These changes do not affect the continued psychological and psychiatric care within BUP (Public child and adolescent psychiatry) for patients under 18 years of age.
- These changes apply from April 1, 2021.

For patients currently treated with puberty blockade or cross-sex hormones, a careful individual assessment to determine whether treatment should be stopped or continued must be performed by the treating provider. During this assessment, it is important to present appropriate information about the uncertainty in the state of evidence regarding long-term effects and potential risks of the treatment, in order to make it possible for patients and guardians to make as well-informed decisions as possible about consenting to a potential continued treatment. The young patients' degree of maturity and ability to consent, as well as other indications should factor into these decisions.

<https://www.crossmap.com/news/sweden-halts-use-of-puberty-blockers-in-gender-confused-kids-due-to-serious-health-risks.html>

Sweden halts use of puberty blockers in gender-confused kids due to serious health risks

By The Christian Post



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The Karolinska University Hospital said that as of April 1, puberty blockers would no longer be given to youth younger than 16. In the hospital's [statement](#), first released in March outlining the policy change and later reported to English-speaking media Wednesday, the medical institution noted that the experimental measures have come under increased scrutiny in recent months amid rising numbers of youth patients being treated.

"These treatments are potentially fraught with extensive and irreversible adverse consequences such as cardiovascular disease, osteoporosis, infertility, increased cancer risk, and thrombosis. This makes it challenging to assess the risk/benefit for the individual patient, and even more challenging for the minors and their guardians to be in a position of an informed stance regarding these treatments," the statement read.

Patients between the ages of 16 and 18 will still be allowed to take cross-sex hormones; however, it's recommended that the physician obtain court approval before administering those drugs. The hospital said a careful individual assessment will be done for patients already taking puberty blockers or cross-sex hormones, taking into consideration each patient's degree of maturity and ability to consent.

The Society of Evidence-Based Gender Medicine called the Swedish policy change a "watershed moment."

"Sweden's new policy is consistent with Finland's recently revised guidelines, which were changed to prioritize psychological interventions and support rather than medical interventions, particularly for youth with no childhood history of gender dysphoria (presently the most common presentation)," [SEGM](#) said Wednesday, noting that it's also the first country to depart from the guidance from the World Professional Association for Transgender Health (WPATH).

"WPATH has long positioned itself as the world authority in transgender health. However, in recent months, several countries' health authorities have conducted their own reviews of the evidence and found the evidence insufficient to justify early medical interventions promoted by WPATH's guidelines," the organization, which is critical of the experimental medicalization of gender, added.

Source: [The Christian Post](#)

https://segm.org/Sweden_ends_use_of_Dutch_protocol

May 5, 2021

Sweden's Karolinska Ends All Use of Puberty Blockers and Cross-Sex Hormones for Minors Outside of Clinical Studies

Concerns over medical harm and uncertain benefits result in a major policy shift



Update May 08, 2021: *Following a new policy statement from the Karolinska Hospital that went into effect May 2021, this article has been updated to reflect the changes.*

The Karolinska Hospital in Sweden recently issued a new policy statement regarding treatment of gender-dysphoric minors. This policy, affecting Karolinska's pediatric gender services at Astrid Lindgren Children's Hospital (ALB), has ended the practice of prescribing puberty blockers and cross-sex hormones to gender-dysphoric patients under the age of 18.

<https://www.ncregister.com/news/swedish-hospital-praised-for-halting-gender-transitioning-for-children-under-16-21izl61v>

Swedish Hospital Praised for Halting Gender-Transitioning for Children Under 16

Ryan Anderson, president of the Ethics and Public Policy Center, praised the changes and called for additional protections for children with gender dysphoria.



Minors between the age of 18 and 16 who wish to receive hormone treatments may do so only in clinical trial settings approved by an institutional review board, the hospital said. (photo: Andrii Zastrozhnov / Shutterstock)

©AP - 10/26/21 May 4, 2021

STOCKHOLM, Sweden — Swedish doctors will no longer prescribe hormones or drugs to halt or delay puberty for children under the age of 16 as part of gender-transitioning procedures.

The Karolinska University Hospital, which treats minors with gender dysphoria, announced in March that as of April 1, 2021, they would not be providing "puberty blocking" drugs or cross-sex hormones to children under the age of 16. The decision was reported in English-speaking media on May 5.

A statement from the hospital, translated from Swedish, cited concerns about long-term effects of the drugs and hormone procedures, as well as questions about the fully informed consent of patients under the age of 16.

Ryan Anderson, president of the Ethics and Public Policy Center, praised the changes and called for additional protections for children with gender dysphoria. Anderson has authored a book critical of the transgender movement, *When Harry Became Sally: Responding to the Transgender Moment*.

"Prudent legislation is needed to prevent adults from interfering with a child's normal, natural bodily development. 'Gender affirmation' procedures violate sound medical ethics," Anderson told CNA on Wednesday.

"These procedures are entirely experimental. There is not a single long-term prospective study of the long-term consequences of blocking an otherwise physically healthy child from undergoing normal pubertal development," he said.

The hospital's statement cited the December 2020 *Bell v. Tavistock* decision, where the High Court of Justice for England and Wales found that it was "highly unlikely" that children under the age of 13 could give fully informed consent to receiving puberty blockers and cross-sex hormones; the court added that it was "very doubtful" that children ages 14 and 15 could give full consent to the procedures.

Minors between the age of 16 and 18 who wish to receive hormone treatments may do so only in clinical trial settings approved by an institutional review board, the hospital said.

The hospital further stated that children with gender dysphoria will still be able to receive psychological and psychiatric care under the new policies. All minors currently receiving cross-sex hormonal treatments and puberty blockers will be assessed for future treatment, and should be informed as well as possible of the risks of gender-transitioning procedures, the hospital said.

Anderson claimed it is "profoundly unethical to intervene in the normal physical development of a child as part of 'affirming' a 'gender identity' at odds with bodily sex."

"While puberty-blocking drugs may be an appropriate treatment for precocious puberty—the early onset of puberty—in order to delay puberty to a biologically appropriate age, that is not what is going on here," he said. "The use of puberty blockers to delay or permanently block natural biological puberty is unethical and violates the bodily integrity of children."

Among the side effects reported by those who were prescribed Lupron, a prostate cancer drug that is also used to delay or halt puberty, include infertility, osteoporosis, and cardiovascular disease.

"Adults should not interfere with the natural, healthy development of the bodies and minds of children," said Anderson, who added that "Children must be provided with the time and space to develop to maturity."

This marks a departure from the "Dutch protocol" for treating minors with gender dysphoria. The protocol allows for certain preteen adolescents to be given drugs to halt or delay the progression of puberty, followed by the possible application of cross-sex hormones in their teen years.

Prior to the new policy changes, Karolinska provided gender-transition procedures, including surgeries, to children and adults. In October 2019, a Swedish investigative television show reported that the hospital performed a double mastectomy on children as young as 14 years old.

Keywords: ryan anderson gendertransition transgender genderdysphoria lgbt sweden swedishcatholics

<https://cnsnews.com/index.php/article/international/michael-w-chapman/swedish-hospital-halts-use-puberty-blockers-cross-sex>

Swedish Hospital Halts Use of Puberty Blockers, Cross-Sex Hormones, Cites Potential Long-Term Damage

By Michael W. Chapman | May 7, 2021 | 10:32am EDT



(CNS News) -- In a prudent step in its treatment of young patients with sexual dysphoria, a prominent hospital for children in Sweden has decided to stop using puberty blockers and cross-sex hormones in patients younger than 16.



(Getty Images)

The hospital cited the "lack of evidence" for the "long-term consequences of the treatments" for its decision, consequences that could include "cardiovascular disease, osteoporosis, infertility, [and] increased cancer risk."

The new policy at the Astrid Lindgren Children's Hospital in Stockholm, Sweden, which went into effect on Apr. 1, says that treating gender-dysphoric children and adolescents with puberty-blocking drugs and cross-sex-hormones is "controversial" and has "recently become subject to increased attention and scrutiny both nationally and internationally."

<https://www.catholicnewsagency.com/news/247550/swedish-hospital-praised-for-halting-gender-transitioning-for-children-under-16>

Washington D.C., May 6, 2021 / 08:15 am America/Denver (CNA).

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<https://thefederalist.com/2021/05/05/major-swedish-hospital-stops-prescribing-puberty-blockers-hormone-treatments-for-children/>

Major Swedish Hospital Stops Prescribing Puberty Blockers, Hormone Treatments For Children

MAY 5, 2021 By Gabe Kaminsky

Sweden's Karolinska Hospital **announced** it will no longer prescribe puberty-blockers and cross-sex hormones to minors under the age of 16. While hormonal intervention is still permitted for minors ages 16 to 18, such treatment is only allowed to occur in scientific research areas designated by the ethics review board in Sweden.

"The hormonal treatment of children and adolescents with gender dysphoria may consist of puberty-blocking treatment initiated at the onset of puberty, and cross-sex hormones initiated at the age of 16," the hospital said in a statement. "These treatments are controversial and have recently become subject to increased attention and scrutiny both nationally and internationally."

Karolinska Hospital warned these treatments may have "irreversible adverse consequences."

2) Om klart ulovlige ordrer:

<https://instrukskommissionen.dk/nyheder/2021/maj/nyhedsbrev-nr-24/>

Det burde i tilknytning hertil have fremgået tydeligt, at en embedsmand i de tilfælde, hvor der ikke foreligger en klar ulovlighed, men hvor der er en *stærk begrundelse* for at mene, at noget er ulovligt eller i strid med sandhedspligten, har *ret* til at sige fra i situationen. Der er med andre ord et "rum" mellem ordrer, hvor der kan være en vis tvivl om lovligheden heraf, og ordrer, hvor der er et sikkert retskildemæssigt grundlag for at anse denne for ulovlig (såkaldte klart ulovlige ordrer). Der kan således opstå situationer, hvor embedsmanden – afhængig af styrken af den tvivl, der kan rejses om ordrens lovlighed – i tillæg til sin advarselspligt har en ret (men ikke en pligt) til at sige fra. Det samme gør sig gældende ved videregivelse af urigtige eller vildledende oplysninger. Det er også den retsopfattelse, som er kommet til udtryk i Kodex VII, og som Jens Peter Christensen giver udtryk for i Undersøgelseskommissioner, Embedsmandsansvaret & Folketingets Rolle, 1. udgave, 2002, side 325-326. Kommissionen deler til fulde denne opfattelse.

3) Svenske læger sig fra overfor hormonbehandling til børn

<https://www.svd.se/gillberg-vi-ifragasatter-inte-konsdysfori>

Publicerad 2019-03-18



SLUTREPLIK | KÖNSDYSFORI HOS BARN

Det här är en argumenterande text med syfte att påverka. Åsikterna som uttrycks är skribentens egna.

Representanter för Transsamman och **RFSU** som bemött vårt debattinlägg i SvD om hormonell behandling och kirurgiskt avlägsnande av könsdelar på barn med könsdysfori verkar inte ha läst vad vi har skrivit eller vad vi vänder oss mot. Representanter från BUP Region Skåne har också kommit med [synpunkter](#) varav någon kan vara vilseledande.

Vi, sju kliniska forskare, har tillsammans, efter sammanlagt mer än hundra års klinisk och forskningsmässig erfarenhet, ifrågasatt det rimliga i att barn – varav många med neuropsykiatriska problem – i praktiken ensamma *före vuxen ålder* och efter tre samtal (vilket är regel i Stockholm och även på flera håll internationellt) – kan besluta om att få genomföra behandlingar med hormoner och kirurgi, behandlingar som har irreversibla biologiska konsekvenser, och vi har påtalat att det saknas relevant forskning på området. Sådana beslut som vi syftar på fattas många gånger om året i Sverige, om också inte i Skåne.

Riktlinjerna från Socialstyrelsen som åberopas av BUP Region Skåne har inte redovisat vetenskaplig evidens för att behandlingarna i barndomen av könsdysfori med första "symptom" i 10-17-årsåldern har någon positiv effekt i något avseende. Det är däremot positivt om Region Skåne skapat förutsättningar för longitudinell uppföljande forskning på området.

Vi har inte alls ifrågasatt existensen av transsexualism eller "fenomenet" könsdysfori. Vi har tydligt i vår artikel påpekat att vårt inlägg inte skall tolkas som att vi ifrågasätter de viktiga rättighetsfrågor som bland annat hbtq-rörelsen driver för alla vuxnas rätt att leva som de vill.

Vi har inga förutfattade meningar om vad den forskning vi efterlyser kommer att visa. Som barnpsykiater, barnneurolog, barnendokrinolog, barnpsykiolog och hjärnforskare önskar vi att uppväxande barn skall få hjälp till ett så bra vuxenliv som möjligt och att de inte på egen hand skall ha fattat irreversibla beslut som de resten av livet kan komma att ångra.

Christopher Gillberg
senior professor, överläkare

Eva Billstedt
professor, psykolog
Jovanna Dahlgren
professor, överläkare

Elisabeth Fernell
professor, överläkare

Carina Gillberg
docent, överläkare

Nouchine Hadjikhani
professor, läkare

Darko Sarović
doktorand, läkare

alla verksamma vid Göteborgs universitet och Sahlgrenska universitetssjukhuset

4) Hormoner til børn savner videnskabelig underbygning

<https://www.svd.se/konsbytena-pa-barn-ar-ett-stort-experiment>

Könsdysfori

”Könsbytena på barn är ett stort experiment”

Hundratals barn med könsdysfori utsätts varje år för ”behandling” med hormoner och därefter med könsstämpning, helt utan rimligt underlag ifråga om vetenskap, beprövad erfarenhet och ofta utan etisk granskning. Det skriver professor Christopher Gillberg med flera vid Göteborgs universitet.

Publicerad 2019-03-13



Det här är en argumenterande text med syfte att påverka. Åsikterna som uttrycks är skribentens egna.

I Sverige – och i flera andra länder – pågår sedan några år en snabbt växande experimentverksamhet med barn. Hundratals barn utsätts i vårt land varje år för ”behandling” med hormoner och därefter med könsstämpning, helt utan att det föreligger någonting som ens skulle kunna liknas vid rimligt underlag ifråga om vetenskap eller beprövad erfarenhet. Barnen ingår i allmänhet inte i några etikprövade vetenskapliga studier. Det är inte ovanligt att behandlingen genomförs i strid med de minderårigas rättigheter enligt FN:s konvention om barns rättigheter.

5) Forskning viser, hormoner til børn medfører dårligt udviklede knogler

<https://www.christianpost.com/news/puberty-blockers-stunt-childrens-bone-growth-research-finds.html>

CP WORLD | TUESDAY, FEBRUARY 09, 2021 | CORONAVIRUS

Puberty blockers stunt children's bone growth, research finds

By Brandon Showalter, Christian Post Reporter



6) Australierne overvejer det samme

https://www.theaustralian.com.au/subscribe/news/1/?sourceCode=TAWEB_WRE170_a&dest=https%3A%2F%2Fwww.theaustralian.com.au%2Fnation%2Fswedish-clinic-moves-first-to-halt-trans-drugs-for-children%2Fnews-story%2F5c0f675c789bbabe6fe9599688238c3&memtype=anonymous&mode=premium



7) Amazon blokerer for bogen, "When Harry Became Sally"

https://en.wikipedia.org/wiki/When_Harry_Became_Sally:_Responding_to_the_Transgender_Moment

A best-seller when first released,^[1] in February 2021 the book became the first to ever be banned under a new [hate speech](#) policy enacted by [Amazon.com](#), the retailer of three quarters of all books sold in the United States.^{[4][5]} The move was criticized by the [National Coalition Against](#)

Således de foreløbige overvejelser dags dato.

Jeg forbeholder mig ret til at fremkomme med supplerende bemærkninger og spørgsmål.

Vh Jacob Naur