

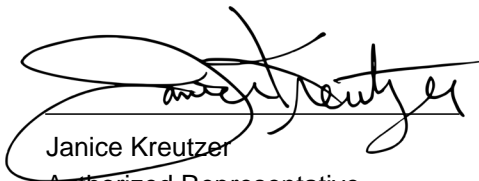
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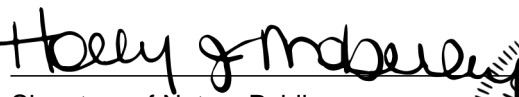
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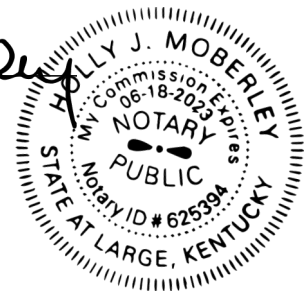
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Given under my hand on June 30, 2022.



Signature of Notary Public



NATIONAL
ACADEMY
OF MEDECINE

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National Academy of
Medecine]

Communiqué

“Medicine in the face of the change of gender identity in children and adolescents”

This communiqué, adopted by the Academy on February 25th, 2022, by 59 votes for, 20 votes against and 13 abstentions, was approved, in its revised version, by the Board of Directors on February 28th, 2022.

Change of gender identity corresponds to a strong feeling, and lasting for more than 6 months, of identification with a gender different from the gender assigned at birth. This feeling can cause significant and prolonged suffering, which can lead to a risk of suicide^a. No genetic predisposition has been found for it.

The recognition of this disharmony is not new, but a very strong increase in the request of medicine for this reason has been noticed (1, 2) in North America, then in the countries of northern Europe and, more recently, in France, especially in children and adolescents. Thus, a recent study in a dozen of Pittsburgh’s high schools revealed a prevalence significantly higher than previous estimates made in the United States (3): 10% of students declared themselves to be transgender or non-binary or of uncertain gender^b. In 2003, the Royal Children’s Hospital in Melbourne had diagnosed gender dysphoria only in one child, whereas as of today they treat nearly 200.

Whatever the mechanisms involved in adolescents - excessive consultation of social networks, greater social acceptability, or example in the people around - this epidemic-like phenomenon results in the appearance of cases, or even clusters of cases in the close entourage (4). This primarily social problem is based, in part, on a questioning of an overly dichotomous vision of gender identity by some young people.

Medical demand is accompanied by a growing offer of care, in the form of consultations or care in specialized clinics, because of the distress it causes and not as a mental illness. Many medical specialists in the field of pediatrics are concerned. First psychiatrist then, if the change of gender identity appears real or if the difficulty stays, endocrinologist, gynecologist and, *ultimately*, surgeons are concerned.

However, great medical caution must be taken with children and adolescents, given the vulnerability, particularly psychologically, of this population and the many adverse effects, even serious complications, that some of the available therapies can cause. In this regard, it is important to remember the recent decision (May 2021) of the Karolinska University Hospital in Stockholm to henceforth prohibit the use of hormone blockers.

If, in France, the use of hormone blockers or hormones of the opposite sex is possible with parental authorization without age restrictions, acting with great discretion is necessary for its use, taking into account the side effects such as impact on growth, bone weakening, risk of infertility, emotional and intellectual consequences and, for girls, symptoms similar to menopause.

As for surgical treatments, especially mastectomy authorized in France from the age of 14 years old, and those relating to the external genitalia (vulva, penis) it is necessary to emphasize their non-reversible nature.

Also, faced with a request for medicine for this motive, it is essential to ensure, first of all, medical and psychological support for these children or adolescents, but also for their parents, especially since there is no test to enabling us to distinguish 'structural' gender dysphoria from temporary adolescent dysphoria. In addition, the risk of diagnostic overestimation is real, as evidenced by the growing number of young transgender^c adults wishing to "detransition". It is therefore appropriate to prolong the phase of psychological care as much as possible.

The National Academy of Medicine draws the attention of the medical community to the growing demand for care in the context of change of gender identity in children and adolescents and recommends:

- Psychological support for as long as possible for children and adolescents expressing a desire for change of gender identity and for their parents;
- In the event of the persistence of a desire for change of gender identity, careful decision-making as to medical treatment with hormone blockers or hormones of the opposite sex within the framework of Multidisciplinary Consultation Meetings;
- The introduction, in medical studies, of an appropriate clinical training to inform and guide young people and their families;
- The promotion of research, both clinical and biological as well as ethical, which is too rare in France to date on this subject.
- The alertness of parents in the face of their children's questions about the change of gender identity or their difficulties, emphasizing the addictive nature of excessive consultation of social networks which is both harmful to the psychological development of young people and responsible for a very important part of the growth of the feeling of gender incongruence.

Glossary:

a. Gender dysphoria is the medical term used to describe distress resulting from inharmoniousness between the gender experienced and the gender assigned at birth (5).

b. A non-binary person is a person whose gender identity is neither male nor female.

c. A transgender person adopts the appearance and lifestyle of a sex different from that assigned at birth. Whether born male or female, the transgender person modifies, or even rejects, their original sexual identity. The sex listed on his/her vital records register does not correspond to the appearance that he or she identifies with. This does not necessarily lead to a therapeutic approach.

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