

Summary of a recommendation by COHERE 16.6.2020
Finland

Medical treatment methods for dysphoria associated with variations in gender identity in minors – recommendation

In its meeting on 11 June 2020, the Council for Choices in Health Care in Finland (COHERE Finland) adopted a recommendation on medical treatment methods for dysphoria associated with variations in the gender identity of minors

The recommendation clarifies the roles of different healthcare operators in a situation where a minor is uncertain about their gender identity. The recommendation presents the medical treatment methods that fall within the range of public healthcare services when it comes to the medical treatment of gender dysphoria in minors.

In COHERE's view, psychosocial support should be provided in school and student healthcare and in primary healthcare for the treatment of gender dysphoria due to variations in gender identity in minors, and there must be sufficient competency to provide such support. Consultation with a child or youth psychiatrist and the necessary psychiatric treatment and psychotherapy should be arranged locally according to the level of treatment needed. If a child or young person experiencing gender-related anxiety has other simultaneous psychiatric symptoms requiring specialised medical care, treatment according to the nature and severity of the disorder must be arranged within the services of their own region, as no conclusions can be drawn on the stability of gender identity during the period of disorder caused by a psychiatric illness with symptoms that hamper development.

In Finland, the diagnostics of gender identity variation, the assessment of the need for medical treatments and the planning of their implementation are centralised by law in the multi-professional research clinics of Helsinki University Central Hospital (HUS) and Tampere University Hospital (TAYS). The consultation, evaluation periods and treatments provided by the TAYS or HUS working group on the gender identity of minors shall be carried out in accordance with the following principles.

Children who have not started puberty and are experiencing persistent, severe anxiety related to gender conflict and/or identification as the other sex may be sent for a consultation visit to the research group on the gender identity of minors at TAYS or HUS. Any need for support beyond the consultation visit or need for other psychiatric treatment should be addressed by local services according to the nature and severity of the problem.

If a child is diagnosed prior to the onset of puberty with a persistent experience of identifying as the other sex and shows symptoms of gender-related anxiety, which increases in severity in puberty, the child can be guided at the onset of puberty to the research group on the gender identity of minors at TAYS or HUS for an assessment of the need for treatment to suppress puberty. Based on these assessments, puberty suppression treatment may be initiated on a case-by-case basis after careful consideration and appropriate diagnostic examinations if the medical indications for the treatment are present and there are no contraindications. Therapeutic amenorrhea, i.e. prevention of menstruation, is also medically possible.

A young person who has already undergone puberty can be sent to the research clinic on the gender identity of minors at TAYS or HUS for extensive gender identity studies if the variation in gender identity and related dysphoria do not reflect the temporary search for identity typical of the development stage of adolescence and do not subside once the young person has had the opportunity to reflect on their identity but rather their identity and personality development appear to be stable.



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Based on thorough, case-by-case consideration, the initiation of hormonal interventions that alter sex characteristics may be considered before the person is 18 years of age only if it can be ascertained that their identity as the other sex is of a permanent nature and causes severe dysphoria. In addition, it must be confirmed that the young person is able to understand the significance of irreversible treatments and the benefits and disadvantages associated with lifelong hormone therapy, and that no contraindications are present.

If a young person experiencing gender-related anxiety has experienced or is simultaneously experiencing psychiatric symptoms requiring specialised medical care, a gender identity assessment may be considered if the need for it continues after the other psychiatric symptoms have ceased and adolescent development is progressing normally. In this case, a young person can be sent by the specialised youth psychiatric care in their region for an extensive gender identity study by the TAYS or HUS research group on the gender identity of minors, which will begin the diagnostic studies. Based on the results of the studies, the need for and timeliness of medically justified treatments will be assessed individually.

Surgical treatments are not part of the treatment methods for dysphoria caused by gender-related conflicts in minors. The initiation and monitoring of hormonal treatments must be centralised at the research clinics on gender identity at HUS and TAYS.

Research data on the treatment of dysphoria due to gender identity conflicts in minors is limited. COHERE considers that, moving forward, multi-professional clinics specialising in the diagnostics and treatment of gender identity conflicts at HUS and TAYS should collect extensive information on the diagnostic process and the effects of different treatment methods on the mental wellbeing, social capacity and quality of life of children and youth. There is also a need for more information on the disadvantages of procedures and on people who regret them.

Link to the COHERE website: <https://palveluvalikoima.fi/en/frontpage>

The Council for Choices in Health Care in Finland (COHERE Finland) works in conjunction with the Ministry of Social Affairs and Health, and its task is to issue recommendations on services that should be included in the range of public health services. Further information: www.palveluvalikoima.fi.

