

Editor's Corner: Politics in Medicine Hurts Everyone

Elizabeth Sanders

As I write this editorial, it is almost June. Pride Month has never felt more important to me as now, when transphobia and transmisia plague the federal government and its publications. Sadly, these attacks on trans, non-binary, intersex, and others with gender-diverse or gender-expansive identities (hereafter shortened to trans) are not new. However, since President Trump issued the Executive Order (EO) "Protecting Children from Chemical and Surgical Mutilation," it has green-lit codifying transphobia and transmisia in U.S. publications and policy.¹

The EO led to a newly released review from the Department of Health & Human Services.² Titled *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* (hereafter Review of Evidence), it does not use the obviously transphobic language of Trump's EO or the (also recently released) Make America Healthy Again report.³ However, this publication is arguably more frightening because of its purported neutrality. Examining the review shows it is neither scientifically nor politically neutral.

There are many initial criticisms of the Review of Evidence.⁴ While a full analysis is beyond the scope of this editorial, I will look at Appendix 4, a separate document from the Review of Evidence which provides an overview of systematic reviews (SRs) gathered and used for the review.⁵ From the perspective of evidence synthesis, Appendix 4 has several issues. First, it does not name the contributors. A HHS press release states that there were multiple contributors, including "medical doctors, medical ethicists, and a methodologist," who supposedly "represent a wide range of political viewpoints" but were chosen "for their commitment to scientific principles." It later states that names of the contributors are not being made public "to help maintain the integrity" of the post-publication peer review.⁶ There is no time frame given for this post-publication peer review, which is troubling. By refusing to release the names of contributors and their affiliations, no one can verify their expertise or potential conflicts of interest.

Second, it does not include the level of detail needed to meet the standards of transparency and reproducibility. For example, it states that it performed searches in three scholarly databases (Medline, Embase, PsychINFO), then two other databases (ACCESSSS, Epistemonikos), and finally a grey literature search (PROSPERO, Google Scholar). However, it only provides the search details for one of the searches (Medline).

Finally, and most glaringly, Appendix 4 includes evidence from SRs for populations up to the age of 25 – despite its stated purpose to look at *pediatric* interventions. Pediatrics would include anyone under the age of 18; individuals between the ages of 18 and 25 fall squarely into the adult age range, medically and legally. These distinctions are standard in medical literature. Yet, in a note, it states that "SRs in this area are usually provided for patients under 18 or those under 26" and that "the evidence for <18 and for <26 years did not identify any significant differences in outcomes." While that may be true, it does not change the fact that the contributors purposefully expanded the age range beyond that of pediatric medicine, perhaps to justify inclusion of certain SRs over others. Likewise, they created a new term of "mature adults" for those 26 or older, again seemingly to justify excluding other SRs that look at a mix of adult and pediatric populations.

I also question the quality of three included SRs from Miroshnychenko et al., which are defined as having "low risk of bias."⁷ One of these SRs, published in *Plastic and Reconstructive Surgery*, has received a critique addressing its "shortcomings, methodologic flaws, and erroneous assumptions."⁸ As in my critique of Appendix 4, it highlights that the SR focuses on the "young adult population" and that "authors make the unjustified claim that anyone younger than 26 should be considered an adolescent." It also highlights that the SR was funded by the Society for Evidence Based Medicine (SEGM).⁹ SEGM is designated as an anti-LGBTQ+ hate group by the Southern Poverty Law Center and is known for promoting misinformation about trans health and political lobbying in support of anti-trans legislation.¹⁰ Neither Appendix 4 nor the Review of Evidence mentions or addresses these concerns over age or affiliation with SEGM. I further note that both the other SRs also extend the age to under 26 and are funded by SEGM—and that the Review of Evidence cites SEGM frequently in its bibliography without addressing its known bias.

To end, I would like to share some additional, recent information related to trans youth. According to data from the 2023 Youth Risk Behavior Survey (YRBSS), 3.3% of high school students identified as transgender and 2.2% as questioning. 25.3% of transgender and 26.4% of questioning students skipped school because they felt unsafe; an estimated 40% of transgender and questioning students were bullied at school. 69% of questioning students and 70% of transgender students experienced persistent

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feelings of sadness and hopelessness. 26% of transgender and questioning students attempted suicide in the past year, compared to 5% cisgender males and 11% cisgender females.¹¹

This 2023 data is the first ever collected and disseminated from the YRBSS that included openly trans and questioning students. With the direction of the current federal government, which refuses to fund research that includes trans individuals, cuts research funding in general, and cherry-picks its evidence to promote ideology over fact, it may also be the last. Either way, this population and their needs will not go away. The injection of political goals into supposedly scientific, neutral reviews of medical evidence endangers the health of everyone, as any population or intervention can be targeted.

The views expressed in this editorial are those of the author and do not necessarily reflect the views of the Government Documents Round Table (GODORT), the American Library Association (ALA), Lamar University, or any other entity.

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