



17 May 2024

Hon. Roger Cook MLA
Premier of Western Australia
13th Floor, Dumas House
2 Havelock Street
WEST PERTH WA 6005

Dear Premier Cook,

We write to you as concerned representatives of the LGBTIQ+ community services and health sector to express our deep concern in relation to the recent Cass Review Report released in the United Kingdom (UK). As Premier, it is crucial that you understand the significant flaws in the Cass Review and why it should not be applied in Australia. We are calling on the Western Australian health system and government to:

1. Reject the findings of the Cass Review.
2. Continue to strive for best practice care for trans and gender diverse people.
3. Provide reassurance to young people and their families that they can receive ongoing care and support.

The delivery of trans healthcare in the UK is deeply flawed, including the model of care that was previously delivered by England's National Health Service (NHS) Tavistock Clinic, which stands in stark contrast to multidisciplinary care as is delivered in Gender Services in Australia. The Cass Review was commissioned by the NHS amidst a context of alarming hostility toward trans and gender diverse people by the UK government. Issues with the Cass Review include:

- Trans people, parents, guardians, and caregivers of trans people, and expert clinicians were excluded from the review team. The stated rationale was that the role of the group was to focus on governance. This sets down an assumption that cisgender people are unbiased, and subject matter experts (i.e., trans people and allies) cannot be unbiased experts and that lived experience is not valuable expertise. There was also no oversight group of trans health experts, trans community leaders, parents, guardians and caregivers of trans people, or those with lived experience to provide formal input. To exclude members of a community who are not only knowledgeable about the subject matter but are also impacted is at best poor practice.
- The review failed to take on board the findings of international studies, placing it at odds with established evidence, expert consensus, and the majority of clinical guidelines globally. It excluded studies which did not utilise a control group, despite the clear and well-understood ethical obstacle to the use of control groups (where care is withheld) in this area. This failure has been criticised by a number of experts outside the UK. The Australian Professional



Association for Transgender Health, American Academy of Paediatrics, the World Professional Association for Transgender Health Care, and the Endocrine Society all endorse the use of hormonal treatments in gender diverse young people.

Widespread support of gender affirming care has been provided in statements from the Australian Medical Association, the Royal Australian College of General Practitioners, the Endocrine Society of Australia, Royal Australian College of Physicians, the Australian Psychological Society, and a range of other Australian medical organisations.

- The Interim Report published in 2022, explored possible 'causation of gender incongruence'. This inference is alarming and feeds into the anti-trans rhetoric that being trans is a 'condition' that can be cured. The report infers that a person's gender diversity may be explained as a symptom of a mental illness or neurodevelopmental difference. This aligns with conversion ideology and endorses attempts to suppress or change a person's gender identity.

The lack of a comprehensive understanding of the global context undermines the applicability of the Cass Review's findings to other healthcare systems.

In Australia, there exists a strong medical consensus regarding the importance of providing healthcare access to gender diverse individuals, including young people. Australian guidelines prioritise holistic, individualised, and person-centred care through multidisciplinary teams of clinicians with diverse expertise. Our world-leading model of care for trans young people and their families emphasises comprehensive, individualised support. This approach recognises the unique needs of each individual and fosters a supportive environment. The UK's NHS system, as evaluated by the Cass Review, does not align with this approach. Applying its recommendations in Australia would be incongruent with our established practices.

The Liberal Party's response to the Cass Review, as stated by Libby Mettam, outlined their intention to follow the example of the UK and ban gender affirming medical treatment for young people, and then hold an inquiry into current practices and research. While we welcome the response of the Health Minister, the Hon. Amber-Jade Sanderson, in rejecting the Liberal's call for review, we implore you to go further. We must do better as a community, as a health sector, and as a government. We must make informed decisions. We must listen to those with lived experience - those who are at the centre of this and deeply impacted by it. We must commit to life-saving care for those in need of services and support. As aptly stated by Dr. Thomas Drake-Brockman (Chair of TransFolk of WA) in response to the Liberal Party statement:

"All West Australians deserve access to quality healthcare without political influence. This is the case for gender diverse young people as much as anybody else. Gender diverse young people are resilient, they thrive with support from their families and access to quality care. They should be protected from the harms of politicisation, and TransFolk is disappointed that the Liberal Party would seek to score political points with this announcement. We call on all parties to commit to funding further quality research by the experts in trans health, not hatching ill-thought plans for bans and reports."



Young gender diverse people in WA have previously experienced disruptions in healthcare due to knee-jerk reactions to information from the UK, such as the Tavistock case. The withdrawal of care had serious and distressing consequences, with some young people tragically taking their own lives. Timely access to gender-affirming care is critical for reducing harm and ensuring the well-being of our youth. The Cass Review's recommendations do not align with this imperative.

We must learn from past mistakes and prioritise evidence-based, compassionate care over reactionary measures.

In summary, the Cass Review's flaws and lack of relevance to the Australian context underscore the need to continue striving for best practice care for trans and gender diverse individuals in Australia. Let us prioritise evidence-based, compassionate healthcare over political manoeuvring.

Western Australian youth deserve nothing less than the best care and highest quality of life.

Regards,

Bi+ Community Perth	Perth Inner City Youth Service (PICYS)	Rainbow Futures WA
Centre For Human Rights Education, Curtin University	PFLAG+	Transfolk of WA
Equal Voices WA	Pride in Peel	Youth Affairs Council WA (YACWA)
Freedom	Pride WA	Youth Pride Network (YPN)
Gay Dads WA	Queer Liberation Boorloo	WAAC
GRAI	Queer, Transgender and Intersex People WA (QTIPoCWA)	
Living Proud		

