

1st May 2024

To Whom It May Concern,

I was asked to comment on a Parliamentary Question directed to the Minister for Health on the experience of gender questioning in people attending the National Gender Service.

Provision of any clinical intervention (including gender affirming hormone therapy and surgical intervention) is based on a fundamental clinical principle that to recommend any clinical intervention the apparent benefits should exceed any apparent risks.

The approved model of care in practice at the National Gender Service (NGS) is based on a multidisciplinary assessment that takes into account all aspects of a person's health and wellbeing over their lifetime, rather than focusing only on gender and gender dysphoria. This assessment results in a formulation of risk and benefit that informs a recommendation on clinical intervention. An outline of the assessment process is on our website www.nationalgenderserviceireland.com

It should be noted that the National Gender Service does not see children. The recently published Cass Review including a systematic review of evidence of outcomes in children. This report is available online at <https://cass.independent-review.uk/publications>


A common experience is contemporary clinical practice in gender healthcare is the emergence of gender questioning for the first time in the latter teenage years, and adulthood. Based on our current audit data at least 45% of people report first thinking about or questioning their gender in either their late teenage years or in adulthood.

This can be experience as a sudden thought that arose within the person themselves, or as an understanding gained after talking to other people or from online exploration.

This group will universally describe an absence of any gender questioning, incongruence, or dysphoria, in childhood or around the time of puberty or early adolescence.

I trust the above is useful in answering this query.

Yours Sincerely,



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