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A Deafening Silence: Bioethics and Gender-Affirming Healthcare

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The "affirming" healthcare model for gender-distressed youth is endorsed by the medical establishment in the United States, but many European nations have retreated from it. Coverage of this issue in major media outlets in the US has been poor for years; a lengthy 2022 article in the *New York Times Magazine* by Emily Bazelon marked something of a turning point. The subhead of Bazelon's article was, "More teenagers than ever are seeking transitions, but the medical community that treats them is deeply divided about why—and what to do to help them" (Bazelon 2022). This controversy would be expected to attract the interest of philosophers and bioethicists, with a diverse range of opinions appearing in academic articles. However, when philosophers and bioethicists have ventured into print, they have almost invariably endorsed the affirmative approach, which involves life-changing medical interventions on children with psychological problems. As we will explain, this is a sign that the process of academic research and writing is not functioning as it should.

After some background in section one, the following section catalogues the failure of philosophy and bioethics to address the issues raised by gender-affirming healthcare. Section three offers an explanation of this failure, and in the final section we make some recommendations for improving academic integrity.

1. The gender-affirming model

Gender dysphoria is "the aversion to some or all of those physical characteristics or social roles that connote one's own biological sex" (Schneider et al. 2009: 28). Or, as the latest version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) explains it (somewhat differently and less clearly), "the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender" (APA 2022: 512). Gender dysphoria may be *early-onset*, affecting young children or *late-onset*, mostly affecting heterosexual men.[1] Starting around 2015, clinicians noticed a new presentation of *adolescent-onset* gender dysphoria, mostly affecting girls. This third presentation was labeled *rapid-onset gender dysphoria* (ROGD) by the

[1] Early-onset: Ristori and Steensma 2016; late-onset: Zucker et al. 2016.

physician and researcher Lisa Littman in a 2018 paper, which immediately ignited an explosion of activist-driven controversy. Here we will mostly be concerned with the treatment of early-onset gender dysphoria; we will touch on Littman's travails over ROGD in section 3, but the late-onset presentation is not relevant to this chapter.

The criteria for a DSM diagnosis of "gender dysphoria in children" are: (a) "A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender)"; (b) five criteria from a list of seven, including "A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender," and "A strong dislike of one's sexual anatomy"; and, lastly, (c) "associated…clinically significant distress or impairment in social, school, or other important areas of functioning." These symptoms should be present for at least six months (APA 2022: 512). Among children with a diagnosis of GD, post-puberty there is "a high incidence of sexual attraction to those of the individual's birth-assigned gender" (516); put more plainly, these children grow up to be homosexual.

Until comparatively recently, treatment for GD in minors did not routinely involve medicalization or even a "social transition," where the child wears clothing typical of the other sex, with a name and pronouns to match. The "Dutch protocol," which introduced gonadotropin-releasing hormone (GnRH) agonists ("puberty blockers") as a treatment option around the early 2000s, avoided social transitioning and prior to medicalization patients were carefully screened for other mental health conditions and lack of family support.[2] When US clinicians at Children's Hospital Boston began to use puberty blockers in 2007, they relaxed the Dutch protocol.[3] Gone was the requirement that treatment start no earlier than 12, and that "potential risk factors (e.g. severe co-morbidity)…should be addressed first, before any medical intervention takes place" (Delemarre-van de Waal and Cohen-Kettenis 2006: S136). The co-director of the hospital's Gender Management Service (GeMS) and colleagues reported that "one of the most striking characteristics of our population [is] the prevalence of psychiatric diagnoses and history of self-harming behaviors" (Spack et al. 2012: 422). Pediatric gender medicine in the US came to favor

[2] Cohen-Kettenis et al. 2008: 1894.
[3] A very small number of patients may have been treated with blockers at Children's before 2007 (Turban 2024: 130; see also Barnes 2023: 41).

a much more child-centered approach than that of the Dutch. The psychologist Diane Ehrensaft explained the US approach as follows:

> The gender affirmative model is defined as a method of therapeutic care that includes allowing children to speak for themselves about their self-experienced gender identity and expressions and providing support for them to evolve into their authentic gender selves, no matter at what age. Interventions include social transition from one gender to another and/or evolving gender nonconforming expressions and presentations, as well as later gender-affirming medical interventions (puberty blockers, cross-sex hormones, surgeries). (Ehrensaft 2017: 62)

Ehrensaft is the Director of Mental Health at UCSF's Child & Adolescent Gender Center, and a leading proponent of the gender-affirming model. She conceives it as facilitating the child's quest for their "authentic gender self," which may (or may not) involve irreversible hormonal treatments and surgeries. The duty of medical professionals is to help children along their gender journey, as race officials hand out water to marathon runners, not to nudge the child in one direction or another. The destination is set by the child themselves: "When it comes to knowing a child's gender, it is not for us to tell, but for the children to say" (63). Whatever a child's "gender" may be, it is certainly not simple. In her book *The Gender Creative Child,* Ehrensaft proposes a baroque taxonomy of "gender creative children," including "Gender Priuses—Half Girl/Half Boy," "Gender Ambidextrous Children," and "Gender Tootsie Roll Pops" (Ehrensaft 2016: 34-42).[4]

Although they may balk at Gender Tootsie Roll Pops and other animals from Ehrensaft's gender bestiary, all the major medical associations in the US endorse the gender-affirming model, including the American Medical Association (AMA) and the American Academy of Pediatrics (AAP). According to an AMA press release, "the majority of transgender and diverse-gender patients report improved mental health and lower rates of suicide after receipt of gender-affirming care" (American Medical Association 2021). In August 2023 the AAP re-endorsed a 2018 policy statement, which asserts that "pubertal suppression in children who identify as TGD [transgender and gender diverse] generally leads to improved psychological functioning"

[4] It's worth noting that at the tail end of the "Satanic panic" of the 80s and 90s, Ehrensaft took an "affirming" approach to children's incredible testimony of ritual sex abuse (Ehrensaft 1992). Almost all convictions in the day care ritual sex abuse trials were subsequently overturned. See de Young 2004: ch. 6 (and, for Ehrensaft specifically, 89-91). Therapists who interviewed the children proved incapable of predicting how they would react under questioning in court, partly because of (according to de Young) "their ideological alliance with the children they were assessing and treating, rather than with any body of scientific theory or method" (123).

(Rafferty et al. 2018: 5). According to Jason Rafferty, the lead author of the statement, when a child says "'I'm X,' we operate under the assumption that what they're telling us is their truth, that the child's sense of reality and feeling of who they are is the navigational beacon to sort of orient treatment around" (Block 2023). Rachel Levine, Assistant Secretary of Health at the Department of Health and Human Services in the current Biden administration, says that gender-affirming care is "suicide prevention care," which "improves quality of life," "saves lives," and is "founded on a vast body of medical literature" (Levine 2022).

If gender-affirming care prevents suicide, one might wonder why philosophers or bioethicists should bother getting involved. However, this apparently solid evidence-based consensus starts to fall apart at the mildest prodding.

Take, for example, the AMA's claim that "patients report…lower rates of suicide after receipt of gender-affirming care." This is poorly worded, since self-reporting completed suicide is difficult. But at the very least the AMA is claiming that there is an association between gender-affirming care and lower odds of suicide or (more likely) attempted suicide. There are no citations in the press release; instead, there is a link to a letter the AMA sent to the National Governors Association in April 2021. In that letter the AMA states that studies of "gender-affirming care…*demonstrate* dramatic reductions in suicide attempts, as well as decreased rates of depression and anxiety" (Madara 2021, emphasis added). Focus on the first part, about dramatic reductions in suicide attempts. That is not quite the same as dramatic (or indeed any) reductions in suicide; still, it is an impressive claim to make about any treatment.

The AMA gives two citations at the end of the quoted sentence. One is a prospective study of patients who underwent sex reassignment, applying for cross-sex hormone therapy and surgery at a mean age of 30.9. Psychological functioning modestly improved at follow-up, around 4 years later. There is nothing in this paper about suicide and, more importantly, this was not a study of gender-affirming care.[5]

The AMA's second citation is a systematic review of hormone therapy specifically. This paper does mention suicide attempts: "Suicide attempt rates decreased after sex reassignment but stayed higher than the normal population rate" (Murad et al. 2010: 216). But, again, the paper is not a study of current gender-affirming practice: many of the studies reviewed are from the good old days of "sex changes," with the earliest paper dated 1971. Moreover, Murad et al. state their

[5] Smith et al. 2005.

conclusion extremely cautiously: "*very low quality evidence*" suggests improvements of various kinds (229, emphasis added). Presumably the AMA picked the most favorable citations. If so, then its claim that studies of gender-affirming care "demonstrate dramatic reductions in suicide attempts" is unsupported.[6]

Alarm bells were obvious, even without chasing down citations. In December 2020 a Divisional Court from the High Court of Justice in the UK ruled on the use of puberty blockers by the National Health Service's Gender Identity Development Service (GIDS). "It is doubtful," the Court concluded, "that a child aged 14 or 15 could understand and weigh the long-term risks and consequences of the administration of puberty blockers" (EWHC 2020: para 151). The judgment was later overturned on appeal, but GIDS has now been shuttered. The recent Cass Review, the most comprehensive examination of pediatric gender medicine to date, effectively sounded the death-knell for gender-affirming care in the UK, as well as the more conservative Dutch protocol (Cass Review 2024). Other European countries have also rejected the adolescent pathway from puberty blockers to cross-sex hormones to surgery. Like England, Sweden and Finland have conducted systematic reviews and concluded that the evidence is too weak to justify these interventions, given the known and unknown risks, the lack of high-quality studies, and major changes in the composition of pediatric patients.

Clearly this important and controversial topic is a goldmine for philosophers and bioethicists, who are always on the lookout for something new to write about.[7] After the thousandth paper on abortion, the law of diminishing returns starts to set in. The dominant affirmative model is grounded in under-theorized and sometimes incoherent or conflicting claims: adolescents and even very young children have a "*transcendent* sense of gender" (Turban 2024: 38); the healthy body may be an impediment to the expression of an individual's "true" self; bodily alienation is a

[6] McDeavitt 2024 examined 14 longitudinal studies of depression and/or suicidality in adolescents after puberty blockers or cross sex hormones, concluding that, "contrary to assertions of some experts and North American professional medical organisations, the impact of hormonal interventions on depression and suicidality in this population is unknown" (1757). One of McDeavitt's citations is Ruuska et al. 2024, the only study to date to examine suicide mortality and medical transition in young (<23) patients, concluding that "all-cause and suicide mortalities did not differ between those gender referred who had and had not proceeded to GR [gender reassignment] when psychiatric treatment history was accounted for" (4).

[7] Bioethics is an interdisciplinary field comprised of philosophers, legal experts, policy makers, researchers, and clinicians. Academic bioethics is a sub-discipline of applied ethics, which is itself a sub-discipline of normative ethics. Normative ethics examines what makes actions right or wrong, or what makes a person a virtuous person, or what makes a life a good life. Bioethics asks such questions in the contexts of the life sciences and medical research and practice. Bioethicists can be found outside the academy, in hospitals and clinics, helping clinicians develop policies and supporting patients and their families in navigating ethically fraught medical decisions.

non-pathological example of human diversity and—simultaneously—an urgent problem that requires invasive medical treatment.[8] The upshot of these framings is that liberation, both from psychiatric distress when present and from purportedly oppressive norms governing the function and appearance of the human body, must come in the form of pharmacological and surgical products, offered to minors by medical experts, paid for by public or private insurance schemes, and endorsed and enforced by the state itself.

The ingredients for lively and wide-ranging philosophical discussion and debate—about the nature of sex and gender, autonomy and paternalism, the meaning and moral salience of human diversity, the relation between the mind and the body, the scope of first-person authority, the aims of science and medicine, the nature and normative significance of identity—are laid out before us, impossible to miss. Moreover, insofar as philosophy has a valuable role to play in high stakes debates of great interest to researchers and the public at large—spotting unstated assumptions, formulating precise arguments, locating and resolving theoretical inconsistencies, explicating normative commitments, and so on—one would expect to see it play that role here. Yet, despite the low-hanging fruit, there has not been much picking. What we find in the philosophical and bioethics literature, as well as in public-facing contributions from scholars, is surprisingly limited in quantity as well as, crucially, breadth of perspective.

2. Disciplinary failure

Sex and gender controversies extend well beyond pediatric medicine. They include issues of social policy, for example gender "self-identification" laws and rules governing eligibility for female sporting categories or the female prison estate. There are also more "metaphysical" questions, notably "What is a woman?"—notorious for stumping politicians on both sides of the Atlantic. Unfortunately, the discipline of philosophy proved unable to accommodate all opinions, in particular those of feminists who insist on the social importance of sex and resist the slogan "Trans women are women," at least when interpreted literally (Stock 2021, Lawford-Smith 2022). (These feminists are often called "gender critical"; here we will use this phrase broadly, to label any who are out of step with mainstream philosophical thought on sex and gender.) Ironically, it was the branch of the discipline known as "feminist philosophy" that exhibited

[8] For discussion of the idea that the aim of pediatric gender medicine is not to improve health but to facilitate patients' "gender-embodiment goals," see Gorin 2024.

maximum intolerance of dissenters, with the go-to allegation for any kind of departure from orthodoxy being "transphobia."

Apart from the usual tactic of "no-platforming," some feminist scholars displayed a related tendency—one particularly striking in the academic context—namely an extreme reluctance to cite or engage with those on the gender-critical side. There are some honorable exceptions, but for the most part the defenders of orthodoxy write in a "she who must not be named" style, unless circumstances compel them to do otherwise. A recent example is the philosopher Matthew J. Cull's *What Gender Should Be*. Cull obliquely alludes to "those who would call themselves 'gender criticals'," writing that "much ink has been spilled on the inadequacy of contemporary gender critical thought and I will not recite such arguments here" (2024: 160). Of course, it's perfectly fine for Cull not to spill any more ink refuting gender-critical philosophers—and anyway an author can only do so much in a book. Turning to the notes, though, one expects to find citations to gender-critical philosophers A, B, and C, together with the refutations by X, Y, and Z. That is simple intellectual honesty. But while Cull provides many citations (some decidedly eccentric) there are none to the self-labelled "gender criticals," leaving their identity and writings a mystery.[9]

[9] Four other recent examples from philosophy. First, Katharine Jenkins managed to write an entire book substantially about gender for Oxford University Press without acknowledging the existence of any gender-critical work, despite its clear relevance (Jenkins 2023). OUP is the leading publisher of academic philosophy, and Jenkins's book must have gone through extensive peer review, which is supposed to correct these sorts of omissions.

Second, in the first chapter of their book *Real Gender* Danièle Moyal-Sharrock and Constantine Sandis address "the question that TERFs have brought to the fore in the public trans debate: 'What is a woman?'" (Moyal-Sharrock and Sandis 2024: 11). (Note the use of the pejorative term "TERF," an acronym for Trans Exclusionary Radical Feminist; the unwritten rule that pejorative terms for opponents have no place in academic books is suspended when the topic is sex and gender.) That chapter of Moyal-Sharrock and Sandis's book is written under the pretense that gender-critical philosophers have contributed no arguments worth discussing. The chapter does cite some (now dated) online essays by Kathleen Stock (see section 3.1 below), but not her book *Material Girls* (Stock 2021, cited elsewhere in *Real Gender*), one chapter of which—"What Makes a Woman?"—asks the very question that Moyal-Sharrock and Sandis are attempting to answer. Another obvious citation would have been Stock 2022.

Third, in two lengthy papers Rach Cosker-Rowland (2024a, 2024b) discusses gender and gender identity, citing every relevant paper and book—except any by the unpersoned gender-criticals. As is common, Cosker-Rowland carefully avoids stating "biological" accounts of gender in their most plausible form (to be a women is to be an adult human female, etc.). The closest she gets is: "someone is a woman…[if and only if] they have XX chromosomes," or "someone is a woman…[if and only if] they have female primary sex characteristics" (2024b: 254), both of which are plainly incorrect.

Finally, Mark Richard (2024) discusses the meaning of "woman," while conspicuously ignoring any papers and books on the *Index Librorum Prohibitorum*. Like Cosker-Rowland, Richard cannot bring himself to state the biological account properly, despite having some sympathy with it. The best he can manage is: "women are adults assigned female at birth" (1306), where presumably "human" is implicit. If we take the "assigned" talk seriously, this again is plainly incorrect.

Mainstream feminist philosophers have generally avoided wading into debates about transgender healthcare, but when they have touched on this issue, motivated reasoning has clearly been in play. Take, for instance, Kate Manne's *Unshrinking: How to Face Fatphobia*; like Cull's book, published in 2024. Manne is perhaps the most distinguished feminist philosopher of her generation, one of Prospect's Magazine's 2019 "world's top thinkers," and will be a leader of mainstream feminist philosophy for years to come. She had declared her allegiances early in the gender wars that roiled philosophy, uncompromisingly tweeting in 2019 that trans women are "women in every sense of the term." Philosophy, Manne claims in *Unshrinking*, is not just "transphobic," but "increasingly" so (2024: 121).

Since one of Manne's aims in the book is to argue that the health hazards of obesity—at least when decoupled from stigma—have been exaggerated, naturally she turns a skeptical eye on studies purporting to show the opposite. However, her skepticism is replaced by credulity when she compares gender-affirming care to bariatric surgery for severely obese adolescents, both currently endorsed (as she notes) by the AAP. Bariatric surgery, according to Manne, "sets fat kids up for a lifetime of being unable to meet their basic nutritional needs or satisfy their hunger without suffering…It also seems likely to increase suicide risks…" In contrast, "gender-affirming care…enables trans kids to flourish and be who they are," and "*demonstrably reduces* their risk of depression and even suicide" (198, emphasis added). Manne's citation for the latter statement (Tordoff et al. 2022) did not report on suicide, but rather suicidality, a very different phenomenon. More importantly, the data in that study showed that gender-affirming care (in this context, puberty blockers or cross-sex hormones) was *not* significantly associated with a reduction in either depression or suicidality.[10] Surely the AAP's woefully misguided

[10] See Tordoff et al. 2022: Supplemental Online Content, eTable 3, and McDeavitt 2024: Table 3B. The Tordoff paper itself is somewhat misleading on this point, and the results were incorrectly reported in some media outlets, so this may be the source of Manne's mistake. Still, it was easy enough to turn up diagnoses of the paper's flaws (Singal 2022) and Manne's strong causal language ("demonstrably reduces") is completely unwarranted in any case. Another point is that Manne seems to have cherry-picked the Tordoff paper because of (what she takes to be) its findings. If she had wanted to argue for the opposite conclusion she could have cited, for instance, the two NICE evidence reviews commissioned as part of NHS England's Cass Review (Interim Report), prepared in 2020 and published the following year (Cass Review 2021). When on the topic of obesity, Manne is well-aware of the perils of cherry-picking and the danger of mistaking correlation for causation. She also notes the many potential side-effects of bariatric surgery, emphasizing that "many patients experience serious problems in the aftermath" (2024: 184). With slight rewriting, Manne's cautions against bariatric surgery would sound equally convincing in the case of gender-affirmation surgery.

recommendations about bariatric surgery (as Manne sees them) should have prompted her to question whether the organization was right about gender-affirming care?[11]

Manne does not expound on gender-affirming care at any length, but in 2019 an instructive exchange took place in the *American Journal of Bioethics,* a leading bioethics journal, which we will examine next.

2.1. Philosophy and puberty blockers

The exchange centered on philosopher and bioethicist Maura Priest's paper "Transgender Children and the Right to Transition: Medical Ethics When Parents Mean Well but Cause Harm" (2019), which appeared in the AJOB along with twelve "peer commentaries." According to Priest, adolescents should have a legal right to consent to puberty blockers without parental approval and, moreover, the state should play a direct and active role via the public education system in teaching children about transgender identification, gender dysphoria, and the availability of medical interventions. Priest's main argument is that because medical transition prevents serious psychological harms, parents who do not support medical intervention are guilty of neglect and hence that "the state should pay special attention to, and has a duty to protect, transgender minors from psychological harm inflicted via their caretakers" (46).

As Priest notes, guidelines from both the Endocrine Society and WPATH recommend the provision of puberty blockers for the treatment of gender dysphoria beginning at Tanner stage 2, the onset of puberty (48). Tanner stage 2 can be as early as 8 years for females and 9 years for males (Emmanuel and Bokor 2022). Priest's position, then, is that caregivers who do not support pharmacologically blocking the biological development of their gender dysphoric children are inflicting serious harm and, consequently, that state power should be exercised to prevent this harm. The view certainly is provocative, and Priest's arguments are clearly articulated and defended. This is exactly what we should expect from a philosophically informed bioethics paper addressing a controversial topic in a top journal. So far, so good.

Some of the twelve commentaries were sharply critical. None of those were the four whose authors included philosophers or bioethicists with advanced philosophical training (i.e. graduate degrees in philosophy). The most critical of the four, by Lauren Notini, the bioethicist Rosalind

[11] Manne cites Rafferty et al. 2018 for the AAP's position on gender-affirming care; she does not cite Cantor's devastating critique (2020).

McDougall, and Ken Pang, agrees with Priest that puberty blockers are indeed necessary to prevent serious and imminent harm but argues for an individualized approach, where the decision whether to involve the state in dealing with disapproving caregivers should be taken on a case-by-case basis, rather than via the establishment of a universal legal right to access blockers (Notini et al. 2019). The remaining three commentaries fully endorse Priest's conclusion, with two—one by philosopher Robin Dembroff and another by philosophers B. R. George and Danielle Wenner—arguing that by grounding the minor's right to puberty blockers in the prevention of psychological or physical harm to health, Priest wrongly pathologizes transgender identity and that, consequently, her proposals, while correct, do not go far enough. According to these authors, Priest's argument from harm prevention errs in making medical transition contingent on the protection of health rather than on the right of adolescents to exercise control over their bodies.

Dembroff finds Priest's approach "shocking" in its neglect of non-binary or other gender non-conforming minors, who may pursue body modification not to alleviate clinically significant distress but instead to better express their gender as they understand it (Dembroff 2019: 61). Priest is guilty of endorsing a perniciously narrow conception of what it is to be transgender and, consequently, gives the wrong kind of argument for the right kind of policy.

As we saw with Manne, Dembroff seems to be reading with reality-distorting ideological spectacles, claiming that "Priest notes the vastly increased risk of suicide" in "trans adolescents who are denied puberty-blocking treatment" (60). First, Priest is more cautious: "Such factors [including normal puberty] put transgender minors at high risk for mental health problems and *potentially* suicide" (Priest 2019: 51, emphasis added). Second, Priest gives seven citations at the end of this sentence, only two of which are remotely relevant, and neither of those two comes close to showing that puberty blockers reduce the risk of suicide.[12]

In their commentary B. R. George and Danielle Wenner argue that because most adolescents are regularly "allowed to proceed" through puberty without first undergoing any assessment by mental health professionals, the requirement that children seeking puberty blockers receive such

[12] The two citations are de Vries and Cohen-Kettenis 2012 and de Vries et al. 2014, both from the Amsterdam clinic. The former is superseded by the latter, which reports on a cohort given puberty blockers and, subsequently, cross-sex hormones and sex-reassignment surgery, showing modest psychological improvements on some measures. Causal claims cannot be established, due to lack of a control group, confounders such as psychotherapy, and other problems. See Abbruzzese et al. 2023.

an assessment prior to the prescription of puberty blockers amounts to a morally objectionable double standard (George and Wenner 2019: 81). On their view, treating puberty as the default course of adolescent development is prejudicial against transgender minors since clinicians must first assess them as "good candidates" for pubertal suppression; non-transgender minors, in contrast, face no such medical gatekeeping prior to going through endogenous puberty. For George and Wenner, the presumption in favor of normal puberty makes sense only if one believes "that trans adulthood is an inherently worse outcome than cis adulthood" (81). They do not address the objection that minors are usually restricted from directing their own medical treatment, or that medical transition of any kind is standardly supposed to be neither necessary nor sufficient for being transgender.

Finally, the bioethicist Lisa Campo-Engelstein adds another voice to the choir. Campo-Engelstein agrees with Priest that children have a right to puberty blockers without parental consent but worries that she has not sufficiently emphasized the importance of social support. Campo-Engelstein argues that health care authorities, schools, and other organizations should engage in "targeted social interventions aimed at families" and the general public in order to increase awareness of and support for pediatric medical transition (Campo-Engelstein 2019: 86). Like the other philosophers and bioethicists, Campo-Engelstein takes it as established that puberty blockers offer great clinical benefit.

Priest's views and those of the accompanying commentaries are fairly representative of the (small) philosophy and bioethics literature engaging directly with the field of pediatric gender medicine.[13] What explains the absence of contrarian opinions from people paid to write, talk, and argue, who are members of a profession that prides itself on asking thorny questions, challenging the status quo, unearthing and critiquing comfortable assumptions?

[13] The philosopher Melissa Moschella did publish a paper in the *Journal of Medicine and Philosophy* in 2021, arguing that gender transitioning at *any* age is "ethically inappropriate" because its justification "rests on a metaphysically flawed dualist understanding of the self" (Moschella 2021: 797); that received a civil business-as-usual reply from the philosopher Kurt Blankschaen (Blankschaen 2023). Blankschaen's reply was situated in the (largely) hermetically sealed area of Catholic philosophy, so this is not an example of an exchange in mainstream work on transgender issues. At the time, Moschella (Catholic herself) taught at the Catholic University of America, so the risk of professional repercussions was relatively low (albeit not negligible, especially since she was then untenured). When Moschella participated (remotely) at an event at Davidson College in 2022, students protested "due to her views on abortion, race, and transgender issues" (Bullock 2022). At one point a protestor hijacked the Zoom audio and began reading from Moschella's publications, although the selected passages were hardly inflammatory by ordinary standards. (Moschella, pers. comm.)

3. Climate crisis

To be fair, the self-portrait of the modern-day philosopher as a dauntless rebel is unduly flattering—many of us seem more interested in citation counts and our tenure case (if we are lucky enough to be on that track) than we are in playing the role of fly in the ointment. Still, there is an incentive in philosophy to defend the seemingly indefensible, to upend the commonsense applecart, and to boldly go where no argument has gone before. Usually there is little downside to heterodoxy—those who think that tables do not exist, or that having children is immoral, or that electrons are conscious, are commonly viewed as intellectual provocateurs with unconvincing arguments that are nonetheless challenging and enlightening.

However, philosophers (and bioethicists) need to put bread on the table like everyone else. When heterodoxy brings threats to one's reputation, character, or even livelihood, the pragmatic calculus starts to look very different. If the threats are external, they may be resisted if support from professional colleagues is strong—it is a different story when the threats are coming from inside the house. And, as we will now recount, that is exactly what has been happening in the profession of philosophy. The obvious conclusion is that the inhospitable climate is largely responsible for the intellectual monoculture described in the previous section.

3.1. Climate crisis: philosophy

The best-known case is that of Kathleen Stock. When Stock, at the time a professor of philosophy at the University of Sussex, raised objections to proposed amendments to the UK's 2004 Gender Recognition Act that would have made self-identification sufficient for legal change of gender, she was subjected to a campaign of vilification (including threats to her physical safety) that ultimately led to her resignation in October 2021. Philosophers played a leading role in this campaign, at one point penning an "Open Letter Concerning Transphobia in Philosophy" that convicted Stock of producing "discourse" that "contributes" to various harms suffered by transgender people, including "physical violence" (Bettcher et al. 2021). Stock was also blamed for her part in restricting "trans people's access to life-saving medical treatments." This bizarre accusation was levelled in response to Stock's reservations about the care provided to gender dysphoric youth at the Tavistock's Gender Identity Development Service (GIDS) in

the UK, which turned out in retrospect to be precisely on-target.[14] Nevertheless, the open letter, signed initially by twenty-seven philosophers and then by almost 800 faculty and students, remains online, and no apologies can be expected.

About six months after Stock was pressured out of her job, another open letter appeared, addressed to Oxford University Press in anticipation of their publishing *Gender-Critical Feminism*, by political philosopher Holly Lawford-Smith. That the book was not yet available to read did not prevent the self-described "members of the international scholarly community" from harshly condemning it (Zuroski et al. 2022). According to the letter, written in an all-too-familiar catastrophizing style, Lawford-Smith's gender-critical position reinforced "policies targeting the right of trans people to live freely or at all." Pediatric gender-affirming medical interventions made an appearance here, too, described again as "lifesaving." OUP had already subjected the book to an unusual, additional level of scrutiny late in the publication process, when they required Lawford-Smith to respond at length to a set of comments from a medical expert whom the editors had invited to review the chapter on transgender issues, which addresses (among other things) pediatric gender medicine. Yet another letter, organized by the union representing OUP's New York staff, pushed the hyperbole to stratospheric levels, claiming that "the publication of this book will embolden and legitimize the views of transphobes and contribute to the harm that is perpetrated against the trans community globally" and urging "management to reconsider their decision to publish this title" (Weinberg 2022).

The circulation of these letters via blogs and websites as well as the usual backchannels ensured that everyone got the message: advocating for (some) single-sex spaces and criticizing the gender-affirming model was unacceptable. By the time Lawford-Smith had been painted as philosophy's witch-of-the-semester, the campaign against Stock had been widely reported in the media. Expressions of support for these two colleagues drew furious criticism.

It can be hard to measure the success of a campaign when its intended effect is silence. As every authoritarian knows, suppressed dissent can be indistinguishable from widespread consensus when observed from the outside. Still, there are many signs that the relative absence of critical discussion is not due to reasoned agreement.

[14] See, in particular, Barnes 2023 and Cass Review 2024: 68-80. For more details about some of the stories in this section and the next, plus other relevant material, see Byrne 2023b: ch. 1; see also Byrne 2023a.

We have heard firsthand from colleagues (both in bioethics and philosophy) that while they think the issues surrounding sex, gender, and health care are interesting and important, they are unwilling to engage with them publicly out of fear of social and professional opprobrium. The fear is palpable and manifests in various ways: as supportive but furtive asides over drinks at conferences; in confidential, supportive emails containing subtly apologetic admissions that the author feels uncomfortable making their agreement known publicly; as nervous requests from colleagues about what they might expect from students or administrators were they to include readings by gender-critical authors on their syllabi; as colleagues' willingness to read and comment constructively on paper drafts followed by hesitation about and in some cases outright unwillingness to accept public recognition for their efforts (for example, in the "acknowledgments" section of the published paper). These anecdata are not exactly the horrors of the gulag, but nevertheless are symptoms of an unhealthy intellectual climate.

A less subtle clue is that some philosophers publicly endorse and implement the "no debate" strategy. When the trans historian Susan Stryker, together with the philosophers Quill Kukla and Robin Dembroff, learned in 2019 that their short essays on philosophy and transgender issues would appear alongside those of Kathleen Stock, Holly Lawford-Smith, and the feminist campaigner and writer Julie Bindel, they retracted their contributions on the grounds that this amounted to "non-consensual co-platforming"—a species of wrongdoing not usually recognized by the academy (Dembroff et al. 2019). About a month prior to the discovery of this grave transgression, philosopher Mark Lance, a colleague of Kukla's, cited more familiar sins, complaining in *Inside Higher Education* that "to produce arguments, in this context—that trans women are not women, or trans lesbians are not lesbians—is not just a view we can easily reject as confused and offensive. It is complicity with systemic violence and active encouragement of oppression" (Lance 2019). Lance left no room for doubt about how we ought to handle colleagues guilty of such complicity, such as Stock and Lawford-Smith, both of whom defend the suddenly-beyond-the-pale position that there is no such thing as a male lesbian (and both of whom happen to be lesbians themselves). Rather than doing what philosophers typically do—give arguments, raise objections, offer rejoinders—Lance urged instead that "those who treat this like an intellectual game should not be engaged with. They should be told to [unprintable here]" (square brackets in original).

The climate does not seem to have become more inclusive, more accommodating of disagreement, in the intervening five years. A 2023 book, *What Even Is Gender?*, published by Routledge, a leading and well-respected imprint, characterizes Stock, the philosopher Rebecca Reilly-Cooper, and one of us (Byrne) as "transphobic," an astonishing accusation to find in an academic work (Briggs and George 2023: 28). ("Muddleheaded," "misguided," and "wrong" would have been completely acceptable alternatives!) If the authors had any evidence for this professionally damaging charge, they did not bother to disclose it.[15] More importantly, the moral turpitude of one's opponents is irrelevant to the assessment of their arguments.

When organizers of the 2025 American Philosophical Association (APA) Eastern Division Meeting attempted to assemble a panel on philosophy and pediatric gender medicine, they were unable to find enough philosophers or bioethicists to participate. The explanation for this unusual state of affairs—there is typically no shortage of scholars keen to present at an APA meeting—was that a critic of the gender-affirming model (one of us—Gorin) had already agreed to sit on the panel. This inspired nearly all other invitees to decline the APA's invitation on explicitly "no platform"-style grounds. One opined that Gorin was an "anti-trans activist"—language likely borrowed directly from "Transgender Map," a website that exhaustively catalogs the perceived enemies of the site's owner, trans activist Andrea James. James also posts information about her targets' family members, including their children (Singal 2023); the present authors each have dedicated webpages on James's website, complete with personal information, and where we are characterized as "anti-transgender activists." What would have been the APA's first panel on this politically urgent and philosophically rich topic never took place. To add insult to injury, the plans were dashed even before they had reached the stage at which some ambitious APA member might have accrued progressive credit by rallying for the panel's cancellation. A missed opportunity, no matter how one looks at it.

Such shenanigans are by no means restricted to philosophy or bioethics. This is relevant because academic fields are not separated by impermeable barriers: a chilly climate in one discipline can blow over to another. Philosophers or bioethicists wondering whether to dip their

[15] In philosophy, the threshold for labelling a colleague as "transphobic" or "anti-trans" is extremely easy to meet, requiring little more than the expression of skepticism about the claim that there are male women or girls, or about the evidential support for gender-affirming care, or the use of verboten expressions ("biological boy," "natal female," "biological sex," "cross-sex hormones," "male genitalia," etc.). (It's worth noting than many transgender people themselves would clear that threshold; the unremarkable fact that there is no trans hive mind is rarely acknowledged by mainstream feminist philosophers.)

toes into pediatric gender medicine might well have second thoughts, not just because of the treatment of their own colleagues, but because of what they can see happening to colleagues elsewhere.

3.2. Climate crisis: outside philosophy

Medical and social science researchers pushing against received opinion on sex and gender, including pediatric gender medicine, have for years faced obstacles, both internal and external. A few illustrative examples should suffice.

When sociologist Michael Biggs submitted a "rapid response" commentary on an article published in *BMJ Open*, the journal sat on his submission for five months despite repeated queries. Biggs's commentary explained why recent census data pertaining to the size of the transgender population were likely inaccurate. A Freedom of Information request revealed that an editor claimed that Biggs was "known for being transphobic," an accusation based on a story published in a student newspaper.[16] The same journal rejected a paper by mathematician John Armstrong and sociologist Alice Sullivan, which presented data showing that institutions with higher "Athena Swan" ratings for gender equality had fewer women in senior roles. Internal emails showed BMJ staff citing Armstrong's social media presence, including his retweeting of J. K. Rowling, and admitting that this "coloured our impression of [his] manuscript" (Grove 2024).

Lisa Littman's 2018 ROGD paper, which we mentioned in the introduction, generated intense hostility toward her and her work. The paper proposed two "emerging hypotheses": that social contagion was a significant factor in explaining ROGD, and that the condition was a "maladaptive coping mechanism," in response to adolescent negative emotions (Littman 2018b: 32-3). Complaints led the journal to commission a highly unusual post-publication review and a revised version was published in 2019 (Littman 2018a). The revision made some clarifications and emphasized that ROGD "has not yet been clinically validated" (40), not that Littman ever said it was. In an additional note, she reported that "other than the addition of a few missing values in Table 13, the Results section is unchanged in the updated version of the article" (Littman 2019: 1).

[16] Biggs was subsequently vindicated: "The Office for Statistics Regulation has downgraded the data from 'accredited official statistics' to 'official statistics in development' to reflect the possible flaws" (Melley 2024).

Critics of Littman's paper wrote to the Rhode Island Department of Health, which was in the process of renewing her consulting contract, demanding she be fired. She was called into a meeting to defend her research. Later, the Department of Health assured Littman that while there were no concerns about the quality of her work, the department had to remain "neutral" between Littman and those demanding she be fired. Evidently this neutrality required that they capitulate to the demands of her critics and Littman's contract was not renewed. Additionally, she was uninvited from a research group at Brown University, where she was employed, and was asked not to attend faculty meetings due to the upset her paper had caused among colleagues.[17] Meanwhile Littman's hypotheses remain very much alive, with even the World Professional Association for Transgender Health (WPATH) conceding that "for a select subgroup of young people, susceptibility to social influence impacting gender may be an important differential to consider" (Coleman et al. 2022: S45).[18]

Another noteworthy case is that of Sallie Baxendale, a professor of neuropsychology at University College London, who wrote a paper reviewing the scientific literature on puberty blockers and cognitive function (Baxendale 2024a). Baxendale summarized what we know, what we do not know, and what we need to know about this clinically important topic. She was surprised to discover "just how little, and how low quality, the evidence was in this field" (Baxendale 2024b). She was also astonished by what she read in the referee reports she received from the first three journals that had rejected her paper. Baxendale explains that she had "never encountered the kinds of concerns that some of the reviewers expressed…it wasn't the methods they objected to, it was the actual findings." The studies she reviewed provide crucial information to clinicians and policy makers about the cognitive effects of medical treatments being offered to vulnerable children. Nevertheless, one reviewer worried that "publishing the conclusions from these studies risked stigmatising an already stigmatised group." Fortunately for policy makers and patients, Baxendale's paper was eventually accepted by a reputable journal, and is cited in the final report of the Cass Review, mentioned in section 1.

Although junior academics are already in precarious employment positions, the mob shows them no mercy.[19] In 2022 the sociologist Laura Favaro wrote an article about the academic

[17] Littman, pers. comm. See also Flier 2018.
[18] For a more recent ROGD controversy, see Bailey 2023, 2024.
[19] As the philosopher Rebecca Tuvel found out to her great cost when she wrote on "transracialism" (Tuvel 2017, Singal 2017).

gender wars for the UK's higher education magazine *THE*, anticipating that not everyone would be thrilled. She reported that her research, conducted in part through interviews with academics and journal editors, revealed intense hostility toward gender-critical work. Participants openly admitted to enforcing ideological conformity in publishing—one editor stated she would not allow a gender-critical paper in the pages of her journal—as well as in the classroom. Some, evidently unperturbed about exaggeration or offense to real victims, described the view that "sex is binary and immutable" as a "genocidal project" (Favaro 2022). Meanwhile, scholars on the gender-critical side complained of intimidation, of having to "hide in the shadows." In response to complaints of research misconduct and transphobia, Favaro was subjected to a university investigation. While cleared of any wrongdoing, she nevertheless suffered a range of both informal and formal sanctions, including the restriction of data she had collected. Favaro lost her job and later took her case to an employment tribunal (Özkırımlı and Favaro 2023)—now resolved to her satisfaction.

Finally, a recent example from bioethics outside the field of academic philosophy. When Farr Curlin, a medical ethicist and physician at Duke, was invited to give the 2022 Foglio Lecture on Spirituality and Medicine at Michigan State, his previously published skepticism about gender medicine came back to bite him. "The medical students at Michigan State alleged (I was told) they could not feel safe if I was allowed to speak to them even about an unrelated topic. So, the school administrators cancelled my talk as I was boarding the plane to Michigan" (Curlin 2024). Last year, another of Curlin's talks was targeted, although his host (the University of Chicago's MacLean Center for Clinical Medical Ethics) allowed it to proceed, albeit without the usual livestream or recording, and with the addition of two formal rebuttals afterwards.

Stories such as these, like those of the attacks on Stock and Lawford-Smith, seem to have had a chilling effect throughout the academy. For example, a recent study of U.S. psychology professors revealed widespread self-censorship on controversial topics, including sex and gender. Such self-censorship, the study authors say, "could bias perceived scientific consensus regarding the inaccuracy of controversial conclusions" (Clark et al. 2024: 1).

A fully satisfactory explanation of the relative scarcity of critical voices in bioethics and philosophy with respect to pediatric gender medicine would require more research, not only on the factors that prevent disagreement from more easily reaching the surface, but also on the separate but related ways in which conformity is encouraged and rewarded. It is not just that

"problematic" views—say, that there are exactly two sexes or that social influence may be driving the rapid increase in trans identification among adolescent girls—face stubborn resistance from antagonistic colleagues, editors, publishers, or outside activists. Additionally, approved views—say, that sex is a "spectrum" or that young adolescents who request cross-sex hormones should receive them—seem to enjoy an especially frictionless journey into print, both academic and popular. It is beyond the scope of this chapter to address this issue, as doing so would require a critical exploration of the peer review system and—not unrelatedly—the ascendence of an ethos of extreme identity-based deference within the academy and broader culture.

4. Recommendations

We have argued that the relative absence of debate and critical discussion within bioethics and philosophy on pediatric gender medicine and related topics is plausibly explained in large part by a censorious climate. Dissenting views and arguments meet stiff resistance and those advancing them are punished. Observers quickly come to understand what is outside the philosophical Overton window. Career-preservation kicks in, reinforced by the inclination to avoid rocking the boat or risk causing offence. Such an environment is not conducive to intellectually serious activity. It is also detrimental to vulnerable people such as psychologically distressed minors, who depend on responsible adults to act in their best interests. What can be done to improve matters? In this final section, we briefly offer a few recommendations; although they are couched as specific to philosophy, they have wider application.

One recommendation is worth stating only to point out that it is useless: philosophers should grow a backbone or—more appropriate in the present context—have some balls. (Some powerful male philosophers, it must be said, have been the least-willing to speak up.) But the incentives are not in place to solve this collective action problem: why take the risk of putting your head above the parapet first? Who in their right mind wants to be labelled "transphobic" in sober academic texts?

Another recommendation is more feasible to implement. We have noticed that an increasing number of publications (in both philosophy and other disciplines) include the author's autobiographical information or personal narrative within the text itself. Unless the personal experience or autobiographical details are clearly and substantively related to the argument of the

paper or to its findings—for example, as they would be in a memoir or in autoethnographic research—such information can color the judgment of peer reviewers. In some cases, this may be detrimental to the author's prospects for publication while in others it may be beneficial. Bias should not play any role either way. For this reason, we think publishers should explicitly disallow the inclusion of superfluous personal information and narrative: "As trans philosophers, we…" and "As cis philosophers, we…" should be equally deprecated.[20] Knowing where to draw the line may be difficult in some cases, but the default should favor the impersonal.

Another scholarly norm that journals should explicitly promote is the citation of and engagement with opponents. Normally in philosophy this norm needs no encouragement at all: one standard template for a philosophy paper is "Philosopher X is seriously confused and here's why." However, as we noted above, there is a tendency for philosophers who endorse mainstream views on sex and gender to studiously ignore the "gender critical" side. Here's one more example, from a paper on gender identity forthcoming in a respectable journal: "We have avoided citing other arguments here because we take them to be openly transphobic, and we resist giving them more uptake" (Hernandez and Bell forthcoming: 2, fn. 1). If a curious reader wonders what these "other arguments" might be, or who made them, the paper offers not the slightest clue. It would be easy enough for journals with some sense of self-respect to ensure that this kind of anti-intellectualism is disallowed.[21] Enforcing engagement with critics might also help improve publication quality, which in this area of philosophy is depressingly low.

Peer review is another problem: philosophers working on sex and gender outside the mainstream have numerous stories of the corruption of the peer review process. Given the volume of submissions, journal editors welcome any excuse to reject a paper, and the "expert reviewers" may be those who think that gender-critical views do not deserve an airing any more than the musings of flat-earthers or 9/11-truthers. Conversely, expert reviewers may overlook glaring flaws or poor citation practices in papers defending approved conclusions.[22] Open peer review—in particular, publishing referee reports—could raise standards by increasing transparency (Bravo et al. 2019). Worth a try, in any case.

[20] For the former, see Hernandez and Bell forthcoming: 2; for the latter, Moyal-Sharrock and Sandis 2024: viii.
[21] At least in this respect Briggs and George 2023 (see section 3.1 above) does better.
[22] For an example of both suspect rejection and acceptance, see Bogardus and Byrne 2024: 1, fn. 1 and 8, fn. 12.

Although this doesn't amount to a recommendation, we should note that the *Journal of Controversial Ideas* (established in 2021), and external organizations such as the Academic Freedom Alliance (AFA), the Foundation for Individual Rights and Expression (FIRE), and the UK's Free Speech Union (FSU) have valuable roles to play. The JCI has been the home for a number of gender-critical papers that otherwise would have died under the weight of rejections, and the FSU was instrumental in forcing Oxford University Press to honor its contract with Holly Lawford-Smith, and publish her second gender-critical book, *Sex Matters*.[23]

Our final recommendation is that philosophers and bioethicists skeptical of current orthodoxies about sex and gender, who have already outed themselves, should try to engage in "public philosophy" in whatever medium suits them. Apart from reaching the public, this sends a signal to the younger generation of academics, including graduate students, that a successful career can include unpopular dissent, and has its own rewards. As is sometimes remarked, the main problem with academic shunning and shaming isn't the tribulation visited upon the shunned and shamed, regrettable though that is. Rather, it's the collateral damage, the understandable reluctance of junior scholars to pursue research which may lead them to be eaten alive too. After a few iterations of this process, the purge is complete, and there are no heretics left to suppress.

The events of the last few years have shown that the scholarly norms of philosophy are much more fragile than one might have hoped. Even though this came as something of a shock to the present writers, perhaps it should not have done. Spend time around professional philosophers and you will realize that they have no special immunity to fashionable political trends, the latest unreplicable social science research, peer pressure, motivated reasoning, and the temptations of status. Threats to the integrity of the discipline of the sort chronicled above will always be present: when the temperature around sex and gender has decreased to livable levels, sooner or later another controversy will take its place. It would be a mistake to think that a permanent solution is in the offing. The price of a healthy academy is eternal vigilance.[24]

[23] For more details about Lawford-Smith, see Byrne 2023a.

[24] For comments and discussion, thanks to the participants in a Romanell Center workshop at SUNY Buffalo, and to James Stacey Taylor.

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