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From: LGB Courage Coalition, Executive Directors Jamie Reed, MS and Lauren Leggieri, BA

Reason: LGB Courage Coalition Statement on McMaster University Letter Regarding Systematic Reviews of Gender-Affirming Care

The LGB Courage Coalition is deeply concerned by the recent statement from the authors of the McMaster University–linked systematic reviews on gender-affirming interventions. While the authors acknowledge that the current evidence for these interventions—especially in youth—is of low certainty, they go on to assert that this uncertainty should not limit or restrict the provision of puberty blockers, cross-sex hormones, or surgeries for minors.

We could not disagree more.

Low-certainty evidence means we do not know if the benefits outweigh the risks. In every other area of medicine, when treatments carry the possibility of lifelong consequences—sterility, sexual dysfunction, loss of healthy tissue, increased risk of osteoporosis, and more—low certainty is a reason to halt or severely limit use, not to proceed as though the risk is trivial. This is especially true when the patients are children and adolescents, who lack the cognitive maturity to give truly informed consent.

The authors’ emphasis on “shared decision-making” elevates one bioethical principle—autonomy—above the others, in direct contradiction to accepted medical ethics. In the four foundational principles of biomedical ethics—autonomy, beneficence, non-maleficence, and justice—autonomy does not supersede the physician’s duty to do good (beneficence), to avoid harm (non-maleficence), and to ensure fairness and protection of the vulnerable (justice).

When the evidence is low quality and the stakes are irreversible harm, beneficence and non-maleficence demand restraint, not continuation. Justice requires that children—an inherently vulnerable population—receive extra protection, not experimental interventions disguised as standard care.

As gays and lesbians, we see this as fundamentally an issue of justice—because gays and lesbians are being harmed. The rush to medicalize gender nonconforming youth disproportionately affects same-sex attracted young people, many of whom might otherwise grow into healthy, whole LGB adults. Instead, these youth are often told their feelings mean they were “born in the wrong body,” and are steered toward irreversible medical pathways. Justice demands that these children be safeguarded from unnecessary, irreversible procedures—not funneled into them under the banner of “affirmation.”

And let us be clear: just because trans activists put political or social pressure on researchers does not mean anyone should backpedal on the science, we are utterly shocked that these tactics are still allowed to force concessions in 2025. The role of science is to present the evidence as it is found, without distortion, fear, or concession to advocacy groups. When science shows low certainty, it is an ethical duty to report that honestly—and to let policy and practice reflect that reality.

That McMaster University would allow itself to bend to activist pressure in this way is astonishing. The reviewers' role was to report the evidence. Instead, they have gone beyond their remit, attempting to reassure the public and policymakers where the science itself provides no such assurance. Universities should be bulwarks against politicization, not participants in it.

It is also regrettable that the authors did not reach out to the lesbian, gay, and bisexual community for support while they were under pressure. Our coalition would have stood with them, bringing forward the ethical and justice-based concerns that arise when low-quality evidence is used to medicalize youth—disproportionately same-sex attracted young people.

We know these interventions often target children who are on a path to grow up gay or lesbian, rooted in a long history of homophobia. It is sickening that a public university would lend its weight to practices that perpetuate this harm, continuing to endorse the physical medicalization of gender-nonconforming gay and lesbian individuals—through a protocol which, when followed as advised, would render them sterile, impair their sexual function, and remove the very healthy body parts that form the basis of their homosexuality.

We also note that not all of the authors of the systematic reviews joined this follow-up statement. Their silence speaks volumes. Why have the other researchers who contributed to these reviews not been heard? Were they unwilling to endorse a policy stance that goes beyond the evidence? The public deserves transparency, and the voices of those authors should not be buried or silenced simply because they did not agree with activist-driven conclusions.

Shared decision-making cannot substitute for high-quality evidence. Parents and youth cannot make meaningful choices if the medical community itself does not know the true balance of benefits and harms. In such circumstances, the ethical and precautionary response is to stop using these interventions outside of rigorous research protocols.

It is telling that the authors felt compelled to declare their funding sources and to donate to an activist organization litigating against safeguards for minors. This underscores the politicization of this issue—and the urgent need for research to be conducted and interpreted free from ideological pressure, whether from trans-activist groups or advocacy organizations on any side.

We are also deeply troubled by the “resources” McMaster links at the bottom of its statement. Not even one is dedicated to those harmed by gender interventions—no supports for detransitioners, no recognition of parents who have seen their children suffer. Instead, the links are one-sided, reflecting activist organizations alone, and now even solicit donations for a local trans advocacy group. This shows not only extraordinary bias but also raises serious ethical questions. When a university uses its platform to fundraise for an outside nonprofit, it assumes

responsibility for ensuring transparency, accountability, and neutrality. McMaster appears to have abandoned that responsibility in favor of advancing an activist cause, while ignoring those most directly harmed.

We request that, if this statement is to remain published under the McMaster University name, the following steps be taken:

- **Remove the fundraising link.** Soliciting donations for an external advocacy group falls outside the ethical role of the university and raises questions about transparency and accountability for the use of those funds.
- **Provide resources for those harmed.** Include supports for individuals who have experienced harm from these interventions, such as neutral mental health services like Therapy First.
- **Acknowledge detransitioners.** Explicitly recognize detransitioners and their ongoing medical needs, who are entirely absent from the current statement and resource list.

Our coalition represents lesbian, gay, and bisexual people—many of us gender nonconforming ourselves—including members in Canada. We know firsthand that children struggling with identity deserve time, support, and truthful information, not fast-tracked medicalization.

We call on policymakers, clinicians, and the public to read the McMaster reviews themselves, note the low certainty findings, and draw the only responsible conclusion: these interventions should not be performed on minors until and unless there is high-quality evidence of safety and necessity.

The stakes are far too high for anything less.

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