

Westminster Hall Debate on Puberty Blocker Trial: Briefing for MPs

Key Lines

- A petition calling for the PATHWAYS clinical trial into puberty-suppressing hormones (PSH) has triggered a debate in Westminster Hall on **Monday 9th March at 4:30pm**.
- Recruitment for the PATHWAYS trial into the use of puberty-suppressing hormones by trans children and young people **has been paused**, following a [letter from the MHRA proposing amendments](#) to its research protocol.
- The MHRA and HRA have been **threatened with a judicial review by [Bayswater Support Group](#)** - a controversial group of non-supportive parents of trans children - **with backing from [CitizenGo](#)** - a lobby group which campaigns against abortion and LGBTQ+ rights around the world, and is **closely tied to the Kremlin and the Spanish far-right party Vox**.

Why is this trial taking place?

Dr Hilary Cass stated in her [widely-discredited review of youth gender healthcare services](#), that puberty suppressing hormones should only be prescribed in the context of research. As a result, NHS England with researchers at King's College London launched "[PATHWAYS](#)" to explore how PSH impacts the "physical, social, and emotional wellbeing" of trans young people.

This takes place in the context of a criminal ban on the private prescription of PSH that was put in place in May 2024 and **extended indefinitely** in November 2024. This means that the PATHWAYS trial is the only way for young people to legally access puberty suppressing treatments in the UK.

Why has the trial been paused?

Despite having approved the trial in 2025, the Medicines and Healthcare products Regulatory Agency raised new concerns in a letter including proposing a minimum age of 14 for trial participants and great monitoring. The key concern is that:

- a) The trial lasts a maximum of two years;
- b) Some participants in the trial would start PSH younger than 14 years old and cannot start cross-sex hormone treatments until 16 years old meaning that,
- c) There would be a period of time where young people who wish to medically transition may continue to access puberty blockers without cross-sex hormones until they turn 16;

- d) The MHRA considers there to be additional health risks associated with this additional period of PSH.

The answer is not to further increase the minimum age for the trial - since many young people will have already undergone unwanted and irreversible pubertal changes by 14 years old. Rather, **clinicians should be empowered to prescribe gender affirming hormones to those younger than 16, via informed consent.**

International best practice, laid out by [WPATH's Standards of Care](#) 8, emphasises that decisions around hormones should be made **case-by-case rather than by a hard numeric age rule.**

The political context

The decision to pause the trial comes not from new scientific evidence, but rather a sustained political and legal campaign by anti-trans campaigners.

The Cass Review into children and young people's gender services whose recommendations were endorsed in this Government's manifesto, called for a trial into the use of PSH, with justification for the criminal ban premised on the need to build a greater evidence base.

Even Dr Hilary Cass took issue with the MHRA's letter, stating that "there are no new research findings and the MHRA hasn't presented any new evidence. It feels to me like they are responding to political pressure rather than to science."

In addition, chief medical and scientific officer who authored the letter [has been removed from any further involvement](#) with the trial after a history of anti-trans social media posts came to light.

In their [letter](#), the MHRA reference "potential legal action in relation to this trial." The MHRA and HRA have been **threatened with a judicial review by [Bayswater Support Group](#)** - a controversial group of non-supportive parents of trans children. Parents in the group reportedly discussed throwing away or destroying items such as binders, pride flags, LGBTQ+ badges, and clothing that affirmed their child's identity. In one instance, a [leaked thread](#) included a suggestion about **putting chilli sauce into a child's makeup** in order to cause discomfort — a notion that went unchallenged in that discussion.

The legal action also has **backing from [CitizenGo](#)** - a lobby group which campaigns against abortion and LGBTQ+ rights around the world, and is **closely tied to the Kremlin and the Spanish far-right party Vox.**

Puberty Suppressing Hormones Are Safe and Well-Evidenced

PSH have been used since the early 1980s to treat early-onset puberty in young children. Beginning in the 1990s, PSH have also been used in trans adolescents to:

- Ease distress and discomfort for adolescents by halting the progression of physical changes from puberty
- Allow young people to cognitively and emotionally develop before making decisions around transition and hormone replacement therapy (HRT)

PSH have **long been used by children experiencing early-onset puberty** and [significant international research](#) and [advisory bodies](#) already support their use by trans adolescents as a **safe, reversible means of alleviating gender dysphoria and improving psychological functioning and wellbeing.**

The harm of withholding PSH is [significant](#), with [recent evidence](#) from the UK finding that the ban has already had serious adverse effects on trans children and young people, including **increased depression and social isolation.**

Gillick Competence and Bodily Autonomy

Gillick Competence - also known as Fraser Guidelines - is a legal precedent that gives young people under the age of 16 the right to consent to medical care, without parental consent, if they have understanding of what's involved. This derived from a case where a young person was seeking to access contraception from their doctor.

In 2022, the [Court of Appeals affirmed](#) that Gillick Competence **does apply to puberty suppressing treatments.** Refusing to prescribe PSH is not a neutral act. In a society where the changes associated with puberty significantly influences how individuals are gendered, perceived and treated, the right to make decisions about one's pubertal development is a key **aspect of bodily autonomy.**

To deny trans young people this important right creates a **dangerous precedent** that could be used to erode these long held rights for those under 16 to make their own decisions about their bodies and their health such as access to abortion and contraception. **This is why groups associated with anti-abortion and anti-contraception activism are supporting the cancellation of this trial.**

What should the Government do now?

- Reinstate the trial whilst ensuring that those who do not wish to partake in research, can continue to access puberty suppressing treatments where eligible
- Revise their policy on the prescription of gender affirming hormones to remove arbitrary age limits.
- Immediately lift the criminal ban on prescribing PSH to trans youth outside the NHS recognising that this does not represent a harm reduction approach.
- Do more to bring down waiting lists, which are more than 6 years for a first appointment at a young person's gender service.

For more information

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