Care for transgender/gender diverse children, adolescents and adults in France in 2025

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Why and how France is adopting official recommendations for trans health?

→ The last official document dated back to 2009: the report proposed a medical pathway including: a diagnosis of transsexualism, psychotherapy with real-life experience of the claimed gender, then hormone therapy, and then one or more surgeries. **Current practices are at odds with this model, particularly with psychiatric validation of transgender identity and real-life experience.**

→As ICD 11 no longer considers transness as a mental, behavioral, or neurodevelopmental disorder, a referral by the Ministry of Health (April 23, 2021) led to **an official report on the health and care pathways of trans people** (March 11, 2022). A **working group of experts was selected to write recommendations for the High Authority of Health** (preparatory work in 2022, launch of the working group April 12, 2023)

→ Recommendations were realeased **July 18th, 2025**. They were supposed to include those aged 16 and over but ultimately and **in last minute, only focused on adults**.

The Working Group was asked to:

- **Assess the impact of the WHO declassification** on the care pathways of trans people from mental to sexual health
- **Rethink the role of psychiatric assessment** in hormonal-surgical transition
- Develop a new protocol in **collaboration with healthcare professionals and community organizations**
- **Define the role of primary care medicine**, particularly for hormone therapy
- **Structure medical care during the transition process**, by integrating general practitioners and medical specialties
- **Integrate the expectations of trans people into the core of the care offering**

Issues and Framework:

- Reducing medical wandering, stigmatization, and self-medication, working toward better fertility preservation and better overall health
- Raising awareness and training professionals, standardizing practices, and better organizing care while allowing for a diversity of transition pathways

- **<u>Working under pressure of anti-trans activism</u>:**
  - Complaints filed by the Juristes Pour l'Enfance association (far right anti gay marriage group) during the development of the recommendation following the decisions of the High Authority for Health to refuse - 1) to reveal (July 13, 2023) - 2) to modify (July 17, 2024) the composition of the Working Group, **accused of being "infiltrated by transactivists"**
  - 2 leaks in press: **the names professions and trans status of the group's members and the first version of the working document** (articles in Le Figaro: June 16, 2023, after the first working group and during the final review phase on December 12, 2024)

Recommendations in short / The initial interview must now:

- Adapt support to the individual's needs and transition plan
- Explore the history of gender incongruence and its persistence
- Identify potential vulnerabilities (health, violence, psychological co-occurrences)
- Identify self-medication without judgment and understand its causes
- Assess the risks associated with requests (hormones, surgery, etc.)
- Inform about transition options, their benefits/risks, and fertility
- Evaluate resources and support
- Assess decision-making autonomy and obtain free and informed consent
- Offer screening for sexually transmitted infections and work to prevent addictive behaviors

Recommendations in short / take home message

- Comprehensive care, **focused on expressed needs, adapted to the diversity** of transition pathways
- **Multi-professional approach**, ideally within coordinated care teams whenever possible
- **The general practitioner is now the entry point, coordinating the care pathway**
- They can **monitor or initiate hormone treatment** (if trained)
- Mental health support available at any point along the pathway
- Specialized teams (or Multi-professional Consultation Meetings) **only intervene in complex situations** (health, ethics, legal, etc.)

Legal framework

- First name change in civil status is allowed at any age through a simple form, with the consent of legal representatives (since November 2016)
- Gender change in civil status is permitted from age 18, without requiring prior medical treatment or surgery (since November 2016)
- Chest masculinization surgery is permitted before age 18; other gender-affirming surgeries are performed from age 18 onward
- Social transition in schools is supported by a legal circular (September 2021)
- Transgender healthcare, including fertility preservation, is fully covered by the national social security system
- Conversion therapies are banned by law and punishable by up to two years of imprisonment and a €30,000 fine (since January 2021).

Organization of care for children and adolescents

Working group SFEDP

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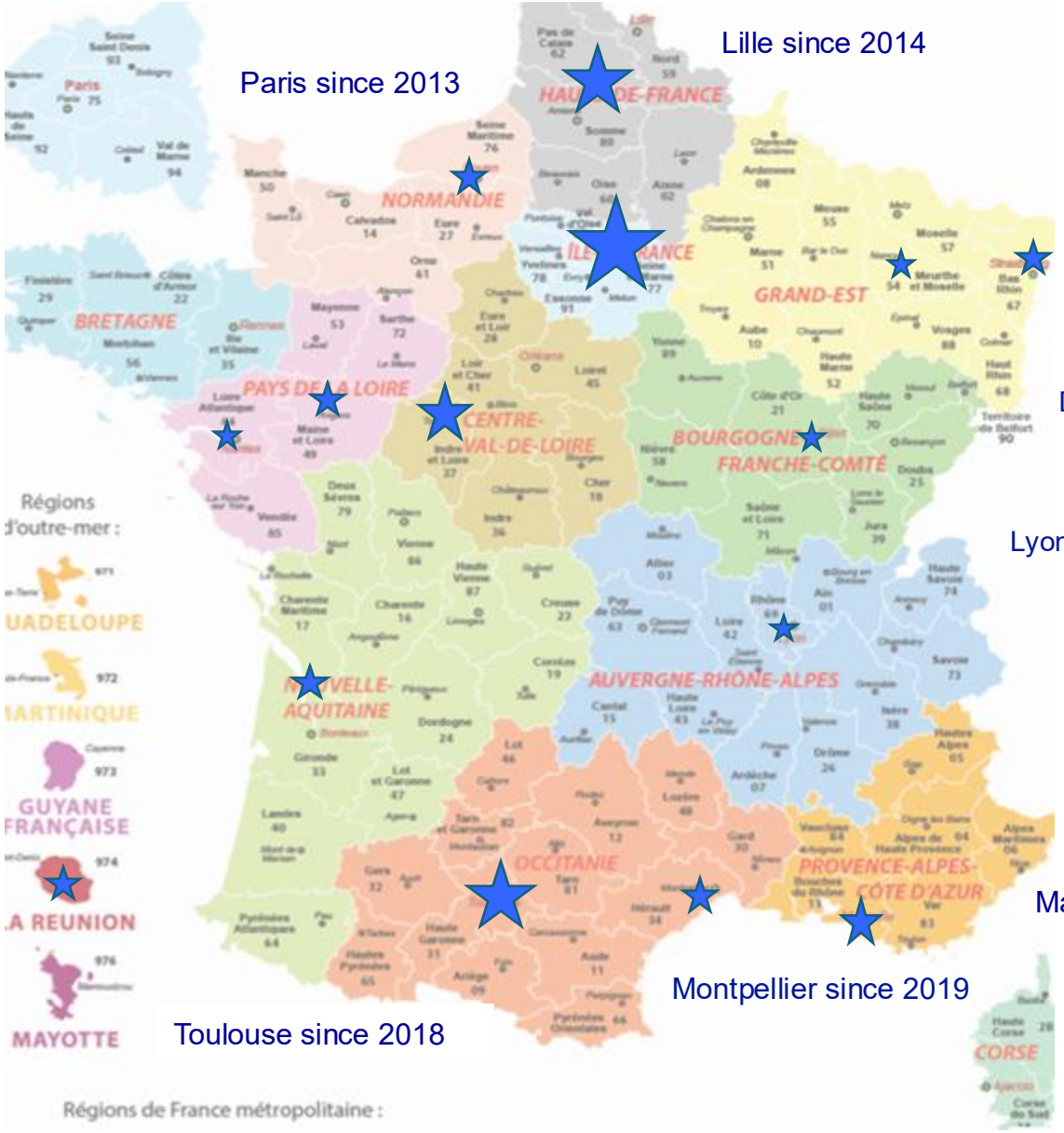
Société Française d'Endocrinologie et Diabétologie Pédiatrique



Lille since 2014

Paris since 2013

Rouen since 2019

Strasbourg since 2020

Nancy since 2022

Nantes since 2019

Tours since 2018

Dijon since 2019

Angers since 2020

Lyon since 2022

Lausanne

Bordeaux since 2019

La Réunion South and North since 2020

Marseille since 2019

Montpellier since 2019

Toulouse since 2018

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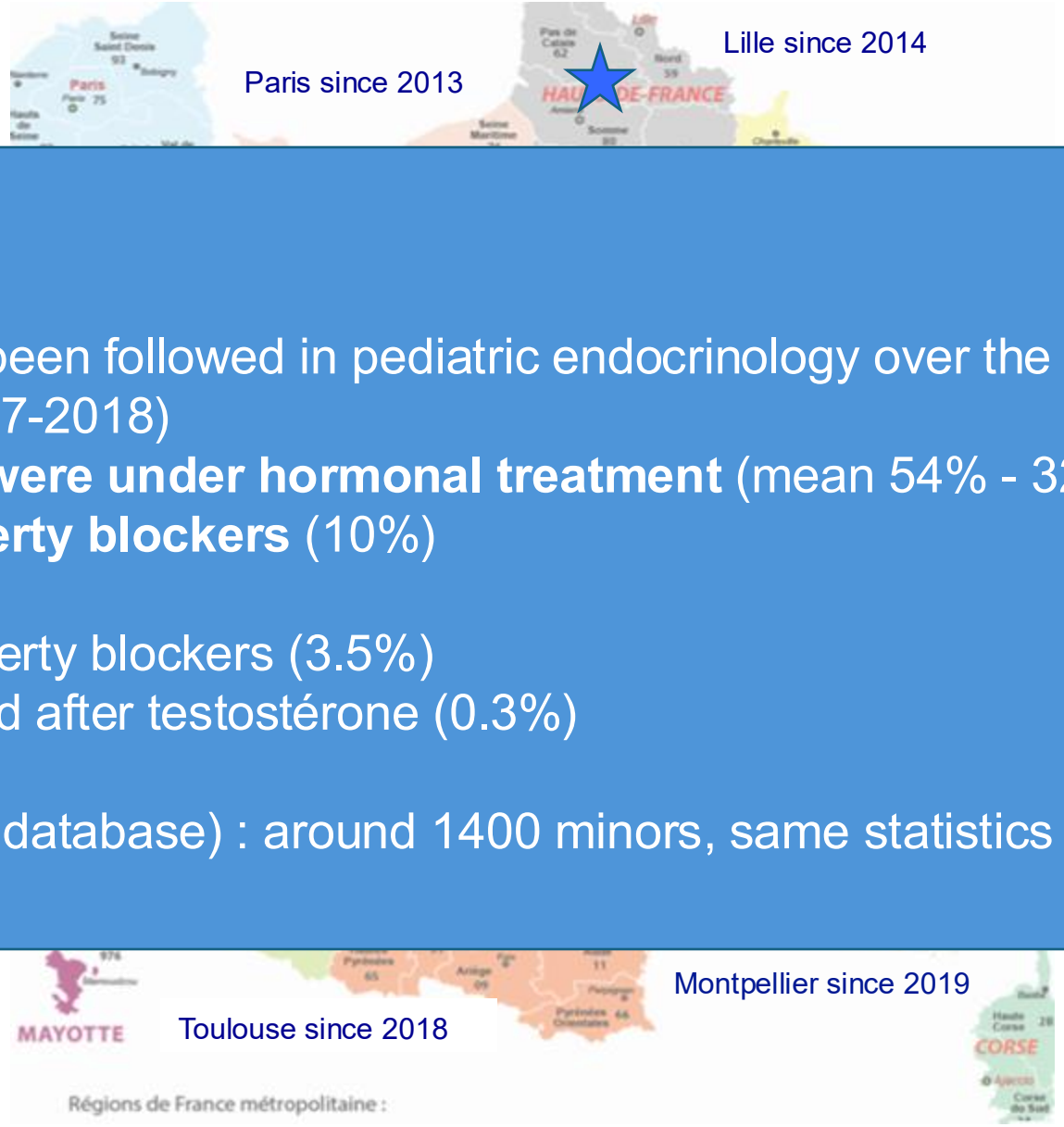

In June 2023:

1181 minors had been followed in pediatric endocrinology over the past 10 years (majority since 2017-2018)
635 adolescents were under hormonal treatment (mean 54% - 32 to 76%) with **113 with puberty blockers** (10%)

4 had stopped puberty blockers (3.5%)
2 had retransitioned after testostérone (0.3%)

Currently (national database) : around 1400 minors, same statistics

Working group of the French Society of Pediatric Endocrinology since 2021

- 22 members
- Information flyers on medical drugs and national hand written consent form adolescent and legal representatives

- Meetings one per month
- Multidisciplinary concertation meetings (in each region, and a national) (TGD organizations representatives, MHP, pediatric endocrinologists, adult endocrinologists, fertility preservation specialists, surgeons, ethicists, jurists, social workers, gynecologists, …)
- National database, prospective (funded) randomized controlled study on GAH 13.5 versus 15.5 years
- Teaching programs (post graduate courses, training for interns, modules for medical students)
- Expert consensus opinion paper published in 2024 : Brezin et al, Arch Pediatr. 2024 Nov 16:S0929-693X(24)00176-3. doi: 10.1016/j.arcped.2024.08.003

Context

- Few french reference texts concerning the care of trans people, nothing concerning minors
- Need for harmonization of care and guidelines
- Guidelines from the High Health Authority under way (participation of professional societies in medecine and psychotherapy, TGD organisations, parents advocacy organizations) but lots of pressure against the members of the group ++
- Law proposal at the Senate to banish medical care for transgender adolescents until 18 years old (May 2024) which prompt us to finish and publish our consensus opinion paper
- Consensus paper alignes with European consensus – will be presented in the next session

In conclusion

In France, minors can access contraceptive pills and voluntary termination of pregnancy at any age, without the need for parental consent => adolescent's autonomy for decision making
While such rights were once highly controversial, they are now constitutionally protected.

Currently, care for transgender and gender diverse adolescents continues to be the subject of intense societal debate, despite comparable evidence of its necessity. As such, the current discourse surrounding transgender healthcare should be considered as it is, primarily political rather than medical in nature.

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