MINISTRY OF HEALTH
SINGAPORE

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All Registered Medical Practitioners

Dear Colleagues

TREATMENT GUIDELINES FOR CHILDREN AND ADOLESCENTS WITH GENDER DYSPHORIA

This Circular informs all registered medical practitioners on the treatment guidelines for children and adolescents with Gender Dysphoria (GD).

BACKGROUND

2. GD is a recognised clinical condition defined as a marked incongruence between one's experienced/expressed gender and assigned gender. Diagnosis of GD should follow the standard Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) diagnostic criteria.

3. However, the treatment for GD is complex and there are associated permanent and wide-ranging effects of treatment for children and adolescents who are still developing their sense of identity and undergoing major physical and psychological changes.

GUIDELINES

4. To ensure appropriate treatment, the Ministry of Health (MOH) established multidisciplinary clinical workgroups to develop national guidelines endorsed by the Academy of Medicine Singapore (AMS) for the treatment of GD in:

a. Children, who are pre-pubescent and forming their sense of identity; and

b. Adolescents, below the age of 21 who are undergoing puberty, i.e. Tanner stage 2 onwards and experiencing major physical and psychological changes.

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5. The Guidelines articulate key principles for the treatment of children and adolescents with GD and cover distinctive approaches for the treatment of these two groups respectively to better address considerations particular to each group (refer to **Annex A** for the guidelines). Both Guidelines should be read in conjunction with each other and the key principles are as follows:

a. GD should be managed by a multidisciplinary team (MDT) comprising psychiatrists, allied health professionals and depending on age, endocrinologists or paediatricians, and if necessary, surgeons;

b. Treatment for GD should be sequential, starting from psychological, and moving on to hormonal and surgical treatment only for cases that are medically indicated;

c. Children and adolescents below 18 years old who are diagnosed with GD should **not** be offered hormonal and surgical treatment;

d. Hormonal and surgical treatment may be offered to adolescents over the age of 18 years old only in exceptional circumstances where there is clear evidence of benefit of harm reduction (which may include medical/mental health grounds) and agreement from the MDT; **and**

e. If hormonal and surgical treatment is offered to adolescents over the age of 18 years old who are diagnosed with GD, hormonal treatment should be limited to only gender-affirming hormonal therapy, excluding pubertal suppression *(in line with the National Health Service (NHS) England's policy position published in March 2024)*. Informed consent should also be obtained from both the adolescent and their parents.

FURTHER INFORMATION

6. A list of Frequently Asked Questions (FAQ) can be found in **Annex B.**

7. For any further queries, please contact moh_info@moh.gov.sg.

8. The treatment guidelines for children and adolescents with GD serve as professional standards that all registered medical practitioners are recommended to adopt. All registered medical practitioners should continue to comply with existing Singapore Medical Council's Ethical Code and Ethical Guidelines (ECEG), which includes offering treatments or therapies that will benefit patients while minimising harm, in their professional practice.

Thank you.

Yours faithfully

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Distribution list

1. GCEOs, GCMBs of Public Healthcare Clusters
2. CEOs, CMBs of Public Hospitals
3. CEOs and GMs of Private Hospitals
4. All Registered Doctors – via MOH Alert System
5. AHS and OMS Licensees – via HALP

ANNEX A

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<tr><td>Treatment guidelines for children with GD</td><td rowspan="2"><Appended separately></td></tr>
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ANNEX B

Frequently Asked Questions (FAQs)

Development of Treatment Guidelines

1. At what age does a person transition from childhood to adolescence, and subsequently from adolescence to adulthood?

Based on the treatment guidelines, persons aged 21 years old and above would be considered adults.

The treatment guidelines use the Tanner staging to distinguish children from adolescents, with adolescents defined as persons reaching Tanner stage 2 (where physical signs of puberty start appearing) or beyond.

2. Are medical interventions / hormone therapies / gender reassignment surgeries more common in Singapore now? Why did MOH see a need to develop treatment guidelines for children and adolescents now?

MOH does not track medical interventions and hormone therapies specific to the treatment of GD in local healthcare institutions. However, under Regulation 23D of the Healthcare Services (General) Regulations 2021 and the Licence Conditions on Case Reviews by Clinical Ethics Committees, institutions are required to notify MOH via HCSA_Enquiries@moh.gov.sg if they intend to perform gender reassignment surgeries and these cases should be reviewed by a Clinical Ethics Committee. Based on past notifications for gender reassignment surgeries and sharing by clinicians practising in this field, the number of new patients undergoing hormone therapy and gender reassignment surgeries for the treatment of GD in local public healthcare institutions is low.

As there were no local clinical guidelines on the treatment of gender dysphoria, MOH prioritised the development of evidence-based treatment guidelines for children and adolescents with GD because of the permanent and wide-ranging effects of medical and surgical treatment to youths who are still developing their sense of identity and undergoing major physical and psychological changes. The guidelines would also set professional standards for the care and treatment of children and adolescents with GD in Singapore.

3. Why did MOH not develop treatment guidelines for adults with GD and are there plans to extend the guidelines to adults with GD?

Currently, there are no guidelines for the treatment of adults (i.e., 21 years old and above) with GD. MOH directed the development of treatment guidelines for children and adolescents with GD, given the permanent and wide-ranging effects of medical and surgical treatment to youths who are still developing their sense of identity and undergoing major physical and psychological changes. This is unlike adults who should have established stable identities and completed their developmental processes. MOH will deliberate on the necessity to develop similar guidelines for adults with GD in future.

4. What is MOH's position regarding parents' authority over their children regarding medical interventions for treatment of Gender Dysphoria?

Given the potential for long-term side effects and possible irreversible changes induced by medical interventions, and the length of time required for thorough examination by a multidisciplinary team, the treatment guidelines recommend that medical interventions be considered only when the adolescent reaches the age of majority in Singapore (i.e. 21 years old) and have capacity to give informed consent, unless proven otherwise.

If medical intervention is offered to an adolescent over the age of 18 years old under exceptional circumstances (i.e. clear evidence of benefit or harm reduction), with agreement by the Treatment Review Panel, informed consent must be obtained from the individual and both parents (unless one parent is uncontactable) or a legal guardian (if both parents are not available).

Treatment Guidelines

5. For the treatment review panel, is there a minimum number of members? What happens if the requirements are not met?

The **Treatment Review Panel** should <u>minimally</u> be composed of:

a. Attending psychiatrist;
b. Attending psychologists, counsellors, social workers (as many as were involved in the patient's care);
c. Attending endocrinologist/paediatrician (an adult endocrinologist should be invited if patient is likely to require one in future treatment plan);

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d. Attending surgeon (if GRS is being considered); and
e. One non-treating medical specialist from any of the above groups.

Hormonal, or hormonal and surgical, intervention cannot be initiated for adolescents over the age of 18 years old and below 21 years old without the prior review and consensus of a TRP and informed consent from both the individual and both parents/legal guardian.

6. Can adolescents undergoing medical therapy be seen by adult endocrinologists instead of paediatric endocrinologists?

In exceptional circumstances where adolescents over the age of 18 receive medical therapy with consensus from a Treatment Review Panel, medical therapy can be initiated by either a paediatric endocrinologist or an adult endocrinologist.

7. Why is there a need to involve a non-treating medical specialist in the TRP?

There are long term, wide-ranging medical, psychological and social implications that may not be fully comprehended by the individual when medical or medical and surgical intervention is being considered for GD treatment.

The TRP provides a platform for multi-disciplinary discussions regarding the approach to diagnosis, assessment/re-assessment, and care plan formulation, where all medical, psychosocial and surgical factors must be presented at the meeting for a consensus to be reached by the TRP.

The inclusion of a non-treating medical specialist in the TRP acts as a safeguard to ensure that the decision of the TRP is objective, evidence-based and patient-centered.

8. Can the TRP members / attending clinicians be from different healthcare institutions?

Patients with GD will require close follow-up and multidisciplinary care. Institutions offering treatment of GD to children and adolescents will need to be able to provide multidisciplinary care either with their own staff or through credentialling and accreditation of necessary expertise from other institutions.

Bills and financing

9. Will the non-treating medical specialist on the TRP be remunerated for his/her time? Will patients be billed for this?

Members of the TRP, including the non-treating medical specialist, would be considered part of the patient's care team.

If the decision to start hormonal or surgical treatment is made, regular review of the patient's condition is required by the TRP to assess for complications as well as the patient's and their parents' willingness to continue treatment.

The panel review meeting processes, fees and charging may vary according to the involved clinicians and hospitals. Patients and their parents should be advised accordingly.

10. What is the financial support provided for the treatment of GD?

Currently, outpatient treatments for GD are covered by subsidies (only applicable to public healthcare institutions). These are not covered by MediShield Life or MediSave (2Ms) as outpatient coverage by the 2Ms is generally scoped to higher cost treatments.

Inpatient psychological and hormonal treatment for GD are covered by subsidies (at public healthcare institutions), MediShield Life and MediSave, if treatment is medically necessary for GD.

Gender reassignment surgeries can be covered by MediSave, if treatment is medically necessary for the treatment of GD.

Subsidised Singaporean patients who face difficulty affording medically necessary treatments can approach medical social workers in public healthcare institutions to apply for MediFund.

MOH will continue to review and refine its financing approach for all medically necessary treatments, including those for GD.

Implementation

11. When will the Treatment Guidelines be implemented?

Healthcare professionals should adopt the Treatment Guidelines, available from the date of dissemination, to ensure safe care for children and adolescents with gender dysphoria.

12. How does MOH ensure that the treatment guidelines are adhered to?

The Treatment Guidelines set out professional standards for the treatment of children and adolescents with GD in Singapore. Registered medical practitioners who are non-compliant with existing Singapore Medical Council's Ethical Code and Ethical Guidelines (ECEG) may be referred to the Singapore Medical Council for further investigation and possible disciplinary action.

MOH will also be issuing Licence Conditions under the Healthcare Services Act to ensure that licensees providing or intending to provide treatment to children and adolescents with GD adhere to key recommendations in the guidelines. The requirements to be prescribed in the Licence Conditions, and the timeline for providers to comply, will be communicated when ready.

13. What happens for adolescent patients who are already started on medical therapy and are still under 21 years old? Will they be affected by the new guidelines?

Adolescent patients who are already initiated on hormonal therapy prior to the dissemination of the treatment guidelines may continue treatment with their existing care teams who should be compliant to the treatment guidelines, including the need for a TRP to regularly review patient's condition to assess complications that may arise from treatment as well as the patient's and their parents' willingness to continue treatment. Care providers who are unable to adopt the treatment guidelines are recommended to consider transferring the care of their patients promptly to ensure appropriate treatment.

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In addition, doctors should comply with existing Singapore Medical Council's Ethical Code and Ethical Guidelines (ECEG) in their professional practice. As per the ECEG, doctors should only offer treatments or therapies that will benefit patients while minimising harm. Treatment must be appropriate and be in accordance with generally accepted methods, based on balance of available evidence and accepted best practices. If there are legitimate variances in treatment required due to individual patients' needs, these variances must not be so significant that they render the techniques novel and unclear in their risk profile and become not generally acceptable.

14. Can an adolescent transfer their care or seek a second opinion if their TRP does not agree for initiation of medical intervention?

MOH does not encourage change of doctor or TRP for the benefit of patient's continuity of care. Nonetheless, patients and their family may transfer their care to a different institution which they may be reviewed by a different TRP, which should adhere to the *Treatment Guidelines for Children and Adolescents with Gender Dysphoria*.

15. Will the non-treating medical specialist bear medicolegal responsibility for any complications / poor outcomes that might ensue following commencement of treatment?

The purpose of the TRP meetings is to reach a consensus about the treatment to be offered to the adolescent and conduct regular reviews of the patient's condition to assess the suitability and willingness of the patient's and their parents' willingness to continue treatment. Signed informed consent from patient and both their parents/legal guardian should be taken before commencing any medical or surgical treatments.

The treatment suggestions represent the views of the professionals involved and all healthcare professionals of the TRP, including the non-treating medical specialist, have a duty of care towards the adolescent. Documentation of the discussions and outcomes of the TRP is required, held accountable under the clinical governance of the institution providing the service and may be audited by MOH.

As there may be long term, wide-ranging medical, psychological and social implications when hormonal, or hormonal and surgical, intervention is undertaken, healthcare professionals should err on the side of informed consent and harm minimisation.

16. How might moral conflicts between medical practitioners' moral values and neutral stance of the guidelines be managed?

The guidelines allow medical practitioners to adopt evidence-based and patient-centered clinical management of children and adolescents with GD to safeguard patients' overall well-being. In situations where their personal beliefs, values, or moral convictions appear to conflict with patient care decisions or treatment options, medical practitioners should remain guided by the Singapore Medical Council's Ethical Code and Ethical Guidelines.

Others

17. What is MOH's position on the use of non-prescribed hormones (e.g. those purchased online), which seems to be an increasingly common practice.

In Singapore, prescription medicines such as hormone therapy can only be supplied by a doctor or obtained from a pharmacist with a prescription by a doctor. These medications require medical supervision, as they have significant effects on the body and may interact with other medications or health conditions.

HSA conducts online surveillance on local e-commerce platforms and social media platforms, alongside the cooperation from the local e-commerce platform administrators, as well as feedback from the public to detect and disrupt the online sale of illegal health products including prescription-only medications. HSA works also closely with ICA to monitor and stop illegal imports of health products, including prescription medicine.

MOH advises members of the public to only obtain registered prescription medicines such as hormones from a doctor or a pharmacist with a doctor's prescription due to the risks associated with medications obtained from illicit sources.

Patients should be educated on the potential risks and side effects associated with taking hormones without medical supervision, and the importance of consulting a healthcare professional for proper assessment and guidance.

18. What are the implications of Gender Reassignment Surgery (GRS) in relation to change of sex in Singapore NRIC?

Singapore Citizens and Permanent Residents, aged 15 and above, are required to register a change in their particulars, including change of sex recorded in NRIC if they have fully transitioned. To do so, they are required to furnish the relevant supporting documents, including a Medical Examination Report completed by a medical specialist registered with the Singapore Medical Council in one of the following specialties – Plastic Surgery, Obstetrics & Gynecology, Urology or Endocrinology, certifying that the individual has undergone gender reassignment surgery with the result that changes the individual's genitalia from male to female or vice versa.

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