



**Ic Health, social and medical professional policy: Debate on the  
President's speech and the lead motion - Current issues in the medical  
profession**

Title: Treatment of gender dysphoria in minors

**Proposed resolution**

By: Prof. Dr. Johannes Buchmann as a member of the Mecklenburg-  
Vorpommern Medical Association  
Dr. Andreas Gibb as a member of the Mecklenburg-Western Pomerania  
Medical Association  
Dr. Evelin Pinnow as a member of the Mecklenburg-Western Pomerania  
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Dr. Wilfried Schimanke as a member of the Mecklenburg-Western  
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Manja Dannenberg as a member of the Mecklenburg-Western Pomerania  
Medical Association  
Christian Klein as a member of the Mecklenburg-Vorpommern Medical  
Association  
Dr. Jens Placke as a member of the Executive Board of the  
German Medical Association

THE GERMAN MEDICAL CONGRESS MAY RESOLVE:

The 128th German Medical Assembly 2024 calls on the Federal Government to only permit puberty blockers, sex-change hormone therapies or gender reassignment surgery in under 18-year-olds with gender incongruence (GI) or gender dysphoria (GD) in the context of controlled scientific studies and with the involvement of a multidisciplinary team and a clinical ethics committee and after medical and, in particular, psychiatric diagnosis and treatment of any mental disorders.

The therapy results of any interventions of this kind must be followed up sociologically, medically, child and adolescent psychiatrically, socially and psychologically over a period of at least ten years and the evaluation results incorporated into the revision of the "Guideline on gender incongruence and gender dysphoria in childhood and adolescence: diagnosis and treatment".

Justification:

The current medical evidence clearly and unambiguously states that puberty-blocking drugs (PB), opposite-sex hormone treatments (so-called cross-sex hormone

Accepted:  Rejected:  Board referral:  Withdrawn:  Withdrawn:  Not referred:  Votes Yes: 120

Votes No: 47

Abstentions: 13

ACCEPTED

administration [CSH]) and gender reassignment surgery (e.g. a mastectomy) do not improve GI/GD symptoms or mental health in minors with GI/GD. These are irreversible interventions in the human body in physiologically primarily healthy minors, who cannot give informed consent in the absence of evidence for such measures. Such interventions also influence the human psyche, especially in minors during their development. Most minors who receive PB and CSH later wish to have sex surgery.

The use of interventions such as PB or CSH administration is a form of experimental medicine on children, which is very likely to be followed by interventions in the child's body, such as the amputation of the breast or penis, and which result in the loss of reproductive capacity and a reduction in the ability to experience sex, including anorgasmia. A child or adolescent is not in a position to decide for themselves - without medical advice and parental consent - on the use of PB or CSH before the end of puberty and the physical maturation process and before the age-typical age-role conflicts or body image disorders of puberty have been overcome, especially in the absence of medical evidence for their respective clear and sustainable benefits in this very population. Gender or sex dissatisfaction is most common at around the age of eleven, and the frequency of this symptomatology then decreases with age. The clear majority of minors show no persistent gender or sex dissatisfaction over the course of their lives.

The administration of PB, CSH and the performance of gender reassignment surgery must not be made dependent solely on the will of a developing child or adolescent. Given the existing evidence on the treatment of GI/GD, concern for the child's welfare must prevail.

ACCEPTED