

# On Gender, Alberta Is Following the Science

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Testosterone medication for gender transitioning seen in a file photo. John Fredricks/The Epoch Times



By J. Edward Les

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*Commentary*

Despite falling into disrepute in recent years, “follow the science” remains our best shot at getting at the truth of the physical sciences.

But science, if we are to place our trust in it, must be properly defined and understood; it is at its essence an ever-changing process, a relentless pursuit of truth that is never “settled,” and one that is unafraid to discard old hypotheses in the face of new evidence.

And it is in this light—in the unforgiving glare of honest science—that Alberta Premier Danielle Smith’s three new legislative initiatives around gender policy are properly understood, notwithstanding the opprobrium they’ve attracted from critics.

**Bill 26**, the Health Statutes Amendment Act, proposes to prohibit the prescription of puberty blockers and cross-gender hormones for the treatment of gender dysphoria to youth aged 15 and under. It would allow minors aged 16 and 17 to begin puberty blockers and hormone therapies for gender “reassignment” and “affirmation” purposes only with parental, physician, and psychologist approval. The bill also prohibits health professionals from performing sex reassignment surgeries on minors.

**Bill 27**, the Education Amendment Act, seeks to enshrine parents’ rights to be notified if their kids change their names/pronouns at school, and it gives parents the right to “opt in” to what sort of gender and sex education their kids are exposed to in school.

And **Bill 29**, the Fairness and Safety in Sports Act, is designed to protect females in sports by ensuring that women and girls can compete in biological female-only divisions, while supporting the formation of co-ed opportunities to support transgender athletes.

Each of these initiatives is entirely reasonable, given what we know of the science underpinning “gender care,” and of the undeniable advantages that a male physique confers upon biological males competing in sports.

The notion that the trifecta of puberty blockers, cross-gender hormones, and revisionist surgery is a pathway to good health was a hypothesis initially devised by Dutch researchers, who were looking to ease the discomfort of transgender adults struggling with incongruence between their physical appearance and their gender identities. As a hypothesis, it was perhaps reasonable.

But as the UK's [Cass Review](#) exposed in withering detail last spring, its premises were wholly unsupported by evidence, and its implementation has caused grievous harm for youth. As Finnish psychiatrist Riittakerttu Kaltiala, one of the architects of that country's gender program, [put it last year](#), "Gender affirming care is dangerous. I know, because I helped pioneer it."

It's no accident, then, that [numerous European jurisdictions](#) have pulled back from the "gender affirming care" pathway for youth, such as Sweden, Finland, Belgium, the Netherlands, and the United Kingdom.

It makes perfect sense that Canadians should be cautious as well, and that parents should be apprised if their children are being exposed to these theories at school and informed if their kids are caught up in their premises.

Yet the Canadian medical establishment [has remained curiously intransigent](#) on this issue, continuing to insist that the drug-and-surgery-based gender-affirming care model is rooted in evidence.

Premier Smith was asked by a reporter last month whether decisions on these matters aren't best left to discussions between doctors and their patients; to which she replied:

"I would say doctors aren't always right."

Which is rather an understatement, as anyone familiar with the opioid drug crisis can attest, or as anyone acquainted with the darker corners of medical history knows: the frontal lobotomy saga, the thalidomide catastrophe, and the ["recovered memories of sexual](#)

**abuse**” scandal are just a few examples of where doctors didn’t “get it right.”

As physicians, we advocate strongly for self-regulation and for the principle that medical decisions are private matters between physicians and patients. But self-regulation isn’t infallible, and when it fails it can be very much in the interests of the public—and especially of patients—for others to intervene, whether they be journalists, lawyers, or political leaders.

The trans discussion shouldn’t be a partisan issue, although it certainly has become one in Canada. It’s worth noting that Britain’s freshly elected Labour Party **chose to carry on** with the cautious approach adopted by the preceding administration in light of the Cass Review.

Premier Smith’s new polices are eminently sensible and in line with the stance taken by our European colleagues. None of her initiatives are “anti-trans.” Instead, they are pro-child, pro-women, and pro-athlete, and it’s difficult to see how anyone can quibble with that.

*Dr. J. Edward Les, MD, is a pediatrician in Calgary, senior fellow at the Aristotle Foundation for Public Policy, and co-author of [Teenagers, Children, and Gender Transition Policy: A Comparison of Transgender Medical Policy for Minors in Canada, the United States, and Europe](#).*

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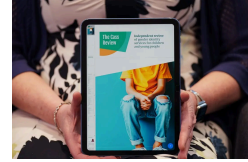
Comparison of Transgender Medical Policy for Minors in Canada, the United States, and Europe.”

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