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https://youtu.be/60273z28des

Intro & Content Warning

As reports come in across the UK of GPs stripping trans people of their the HRT, with many of them having been on said medications for years, this has led some, including myself to wonder whether it's finally happening. Whether we're seeing the beginning of efforts by the UK government to strip *all* trans people of essential healthcare. But what exactly happened? How bad are things? And can we afford to relax?

Before we can answer these questions, I first need to give a quick content warning for the following: **Transmisia, Abortion Access, & Medical Gatekeeping.** If our work has helped you, please consider supporting us via Patreon so that we can keep the channel running. You can also help us by liking, commenting and sharing our work on social media.

Hi there, my name's Ethel Thurston (She/Her They/Them), and we need to talk about the fact that multiple trans adults were stripped of their HRT, the panic this created, and the developments that have occurred since. Again, just to be clear, we're not talking about teenagers or children here, as usually dominates the discussion on trans healthcare access, but adults.

NHS Strips Patient of HRT After 5 Years

So let's start with the Reddit post that broke the story. User MQW took to the Transgender UK subreddit, posting that:

"I just got this letter in the post. Genuinely, what do I do? I have been on testosterone for 5+ years and I've just had this letter. I'm going to have to move out [of] the area. I don't know what to do, my whole life has been put on pause. What do I do?" [1]

Alongside which they supply two photos depicting the letter they received from their GP. Now, I'm not going to read the entire letter, I'm just going to cover some key points. That noted, I have gone ahead and typed the letter up, a copy of which can be found in the transcript linked down below, it'll be marked as 'Letter 1', in case you'd like to read it for yourself.

So the letter opens by informing the patient that their testosterone will be stopped after a six month period. The letter claims that this is a difficult decision made on account of how said clinic doesn't feel capable of providing the specialised care surrounding HRT. To this effect they quote the Royal College of General Practitioners guidance on the matter.

The Royal College of General Practitioners is one of the UK institutions that is known to be hostile towards trans people and subsequently trans healthcare. To that effect, they have been pushing the internationally disgraced Cass Review, named after Dr Hillary Cass, the anti-trans zealot who was hand-picked for the assignment by a government that then boasted about using corrupt means to flood the British health system with people who would

do trans people major harm. [2][3-4][5][6] If you'd like to know more, I have a couple videos going into greater detail about the Cass Review's many fatal flaws as well as the aforementioned corruption. [7][8] Point is, the RCGP, in supporting the Cass Review, has demonstrated that it is not an objective nor credible source of information with regards to trans healthcare, any more than say, the Institute for Creation Research is a credible source of information regarding biology and geology. So to cite them as justification is shocking.

But focussing down on their assertions, namely that HRT for trans people requires **"a high level of expertise not typically covered in GP training"**, this fails to explain why those very same tests and medications used on cis people are magically excluded from this issue. Indeed, most of said care involves taking blood, sending said blood off for testing, and then comparing the results to a predetermined acceptable range. As many others have stated; if doctors are incapable of reading a chart, I think the problem extends beyond HRT for trans people.

Another thing that really underscores the absurdity of this claim is the fact that the person this letter was sent to has been on HRT for more than 5 years, seemingly without issue, but suddenly said clinic can no longer offer trans people a service that it continues to offer cis people, at least as far as this letter makes out. That's why this to me reads as the RCGP putting pressure on clinics to deny trans people healthcare, funnelling them to one of several sources, an issue we'll discuss in a bit.

To add insult to this whole ordeal, the letter acknowledges the rampant discrimination felt by trans people and subsequent lack of available support and resources, as if acknowledging the issue is a means of solving it, before ending the letter by assuming understanding on part of the patient. I feel like this part was added solely for the purpose that, if said trans person vented their fear, anger, or sorrow, said clinic could paint them as just some irrational trans person.

Now, there is one detail regarding this letter that has gone underreported, and that is the part that states:

"We will be communicating this difficult decision with your aligned transgender health service and will ensure they have adequate time to communicate with you the necessary next steps. Please be assured that there will be a six-month grace period until the 1st of March 2025, during which we will continue [to prescribe] only for our patients currently on hormone therapy. However, effective from the date of this letter, we will no longer be taking on any new transgender patients for hormone therapy. This period is intended to allow you and your transgender health service the time to process this decision and consider appropriate next steps for your ongoing care."

Suggesting, at least, that they haven't been completely abandoned by said clinic, that they will be supported in finding another provider. That said, it's nothing solid, there's no guarantee that the clinic will actually stand by this, meaning it is still a scary time for the person who received the letter, and that's *before* we even get to the issues with centralising trans healthcare, as we'll discuss in a minute.

NHS Strips Trans Patient of Unrelated HRT

But before that, let's take a look at the second case, posted to Twitter by user Sasha Baker, who stated that:

"I am nonbinary and take hormone blockers and HRT (estrogen, progesterone and testosterone) for reasons unrelated to my gender. I recently received this letter from my GP.

I think I am being treated this way because I am trans, and because the healthcare I need appears similar to trans healthcare. I know GPs rarely if ever initiate prescriptions of hormone blockers, but to refuse to enter a shared care agreement with an NHS specialist is very suspicious. I believe there is transphobia at play here (I was told to contact a gender clinic despite never having been a patient), but I also wonder if this wave of transphobia is affecting other areas of healthcare. Would be interested to hear from any cis people with similar experiences.

Last week I moved GPs and my new one is much more knowledgeable about my condition, and willing to prescribe all my meds, and make adjustments to the dosage – so I'm fine now, but this was a really terrible experience." [9]

They then shared a photo of the letter they received. I'll just read this one as it is rather short. It states:

"This patient recently registered with our GP Surgery. None of the GPs are familiar with the medications that have been prescribed for PMDD. Sasha has had one dose of Decapeptyl administered. I prescribed this on concerns that there would not be time to arrange an alternative prescribed in time.

Since receiving medico-legal advice on this matter, we have determined that we are unable to prescribe Testosterone [and] Decapeptyl as this is outside our area of competency as defined by the GMC.

I would request that you take over prescribing medications associated with PMDD that were initiated under your care. I would be happy to discuss this with you further."

So, the letter confirms that the patient receives said HRT, not because they're trans, but because they suffer premenstrual dysphoric disorder or PMDD. Don't let the use of dysphoric fool you, said disorder has nothing to do with being trans, referring instead to a severe form of premenstrual distress that causes extreme irritability, depression, and/or anxiety. Because, again, trans people undergoing transition are not the only people to require HRT, and it's possible for a trans person to also have said non-transition-related complications.

Thankfully Sasha has been able to find an alternative willing to prescribe their medication, but, again, still a scary time. They stated that the person who had prescribed the medications initially wouldn't be able to do so as per the request, so things were up in the air for a bit.

Now, if this case were presented in isolation, I might be more inclined to consider that the objections could be fair, however, we cannot discount what is happening across the UK. Numerous people, the two who have shared their letters, along with several other trans people commenting, have had the exact same experience. They talk about having been on HRT for years, everything seemingly okay, only for their GP to suddenly change their minds within the last few months. [10-12]

This time period is important, seeing as it is also the period that follows in the wake of the Cass Review, with the RCGP invoking said review as justification to attack trans healthcare. [2] No reasonable person could discount the possibility that this was a targeted and thus entirely discriminatory attack on trans healthcare, one of many we've been made to suffer over the years. That is why, in the same vein as Sasha, I was interested to hear whether *any* cis person was currently receiving similar letters. Because, if they weren't, that is a clear indicator that the motivator here is not medical benevolence, but the desire to enact anti-trans violence.

DIY Doesn't Fit All

Something I'd also like to take the time to address is the most common response to all this within the trans community on Reddit and Twitter, and that's the idea that everyone should just switch to DIY hormones. This doesn't work for everyone for a number of reasons.

For a start, there is a greater risk involved with DIY than through a GP. Screwing up your hormones can have severe and long lasting repercussions, regardless of why those hormones are prescribed. This means that there's a steep learning curve for people who haven't received any sort of medical training, meaning said knowledge barrier will effectively lock out a portion of the community.

There's also the impact of comorbidities, with certain illnesses reacting bizarrely to HRT. Again, GPs are trained to be able to spot these on account of cis HRT, something your average person isn't, meaning it'll be more difficult for your average person to zero down on the issue and fine tune their HRT to their own body.

It also needs to be said that access to HRT is not equal, with testosterone being a controlled substance in many countries, including the UK. Sadly this has become a point of contention every time it's pointed out, with some individuals asserting that testosterone can be purchased from any body building site online, not understanding that said online products are snakesoil created as a direct response to Gamergate and the rise of the MRA movement, and almost certainly have no actual impact upon a persons' usable quantities of testosterone. There is a reason the doctor in the second letter refused to prescribe Sasha's testosterone but not their estrogen. It is a controlled substance, it is more difficult to obtain a decent supply, wishful thinking doesn't overcome that.

Nor does it overcome the cost involved of having to purchase these meds on either the grey or black market. DIY HRT is not cheap and is thus out of reach for many trans folk, who, reminder, are more likely to be homeless and otherwise economically disadvantaged.

So, DIY HRT, whilst an absolutely valid path for a person to take, *should they want to*, is not some magic wand that fixes everything, and we do people a great disservice by pretending like it is. People *need* safe and easy access via the NHS, that is a fact, and that is why we *must* fight this.

A Doubtful Case of Miscommunication

Which brings us to the most recent development, and that was the RCGP stepping forward to admit that the recent spate of GPs stripping trans adults of their HRT *was* their fault. The RCGP published a couple of updates to its page on 'The Role of the GP in Transgender Care' on the 13th of October, the most interesting of which can be found under the drop-down subsection titled *'Issues That Affect Primary Care'*, with one of the added points stressing that:

"This statement was not intended to apply to patients who are already established on such prescriptions. In instances where patients have been initiated and established on these medications, their prescriptions should not be abruptly stopped, as this could result in adverse effects. We [should] expect that clinical judgement would be applied to these individual situations. Some of the issues identified above may also be relevant [to] this case; for example, if a patient has been initiated on hormones by a private overseas clinic, where the clinical considerations and decision-making process may vary." [2]

Clearly coming forward, stating that trans people already on HRT should not be 'abruptly' stripped of said medications. Hopefully this means an end to any such letters, allowing trans people already on said essential medications to breathe a little easier, at least for the time being.

Now, there's already been a lot of discussion about the clarification on various points. One is the very loose definition of 'abruptly'. Some trans people were quick to point out that this leaves room for GPs to at least argue that giving a trans person their 6 month notice isn't 'abrupt'. So whether this will stand actual scrutiny remains to be seen.

There's also the question of whether this is genuine, in that, it was a miscommunication, or whether this is merely the RCGP backpedalling after a number of people began talking about suing them and anyone else involved with stripping away said medications. It's certainly possible that that was the intended consequence only for them to then realise that they overreached, at least for the current climate, and so have withdrawn to try at a later date. This would track with their history, but I can't say either way with certainty.

Then there's the fact that, like it or not, these rules still apply to trans adults seeking to start HRT.

Centralising to Destroy

Which is a problem in how it effectively funnels trans healthcare into fewer and fewer providers. To put it mildly, this terrifies the shit out of me, because I've seen this exact same thing before, namely with abortion access in the US.

Anti-abortion extremists have spent decades doing everything they can to reduce the number of services providing abortions, all as part of their plan to destroy safe abortion access altogether. The way this works is, by first reducing the number of potential clinics and hospitals offering said services, those services can be grouped tighter and tighter, allowing them to be targeted more effectively. They can be stripped of their funding, protested, or even their staff and users targeted with anti-abortion violence, to the point that they can no longer remain open. It is for this reason that I am staunchly opposed to *any* effort made under the current climate to centralise trans healthcare, because it makes destroying said healthcare all the easier.

And it's not like this is unprecedented in the UK. The average wait time to see a NHS gender specialist was between 33 and 36 months, *back in 2021*, with one patient being made to wait 5 and ½ years. [13][14] This has only worsened in the years since, with Tavistock admitting that the people currently being seen for their first appointment as of August of 2024 are patients who were first referred to them in December of 2018 / January of 2019, meaning that 5 and ½ years is now the average! [13]

So there is absolutely zero doubt in my mind that any further centralisation of trans healthcare will be weaponised by gender 'critical' fascists as a means to inflict extreme psychological harm on trans people.The decentralised nature of who can prescribe and monitor a trans person's HRT is one of the few security measures we have left, therefore we must fight tooth and nail to save it. That is why, if the RCGP wants to stand with its bullshit story, the humane solution *isn't* to strip trans people of their GPs, it's to train those GPs so that they're up to the task. Sadly, I have little hope that this will be the case, not without extreme action on our community's part.

Though what do you think? What are your thoughts on how this entire thing started? Does the RCGP retraction ring genuine to you or not, and if so, why? What things should the trans community be doing to prepare for the future? Did you notice something I missed? If so, be sure to let me know in the comments down below.

Letter 1

RE: Discontinuation of Prescribing Hormone Treatments for Transgender Patients.

We are writing to inform you of an important and difficult decision that we, as a practice, have had to make regarding the prescribing and monitoring of hormone treatments for transgender patients. You are receiving this letter as it directly impacts you. After careful consideration, we have concluded that we are no longer able to continue prescribing hormone therapy for transgender patients, effective from 1st of March 2025.

We recognize the significant impact that this decision may have on members of the transgender community, and we want to express our deepest empathy and understanding. We are acutely aware of the challenges faced by those undergoing gender transition, and we acknowledge the vital role that hormone treatment plays in supporting individuals' journeys towards living as their authentic selves. This decision has not been made lightly and comes after much reflection and consideration.

As GPs, we strive to deliver the highest standards of care outlined in the General Medical Council's (GMC) Good Medical Practice. According to Paragraph 14 of this guidance, doctors are required to "recognize and work within the limits of their competence". In the case of transgender medicine, we feel that the complexities of hormone therapy and the associated monitoring required are beyond the scope of our expertise and capacity as a general practice. The NHS GP contract, in line with Section 14S of the National Health Service Act 2006, also obligates us to refer patients to specialised services when the needs surpass the expertise available at the practice. The care required for transgender patients undergoing hormone therapy necessitate highly specialized knowledge, which we believe should be managed by healthcare providers with specific training in this area.

We have reviewed the Royal College of General Practitioners (RCGP) guidance, which emphasises that GPs must work within their competencies and should seek support from specialists when necessary. In their 2019 Position Statement on Transgender Care, the RCGP acknowledged that the management of hormone treatments for transgender patients often requires "a high level of expertise not typically covered in GP training". This aligns with our position that transgender hormone therapy, which involves complex dosing, monitoring, and laboratory testing, exceeds the resources and expertise available at our practice.

We also wish to highlight that the GMC Good Medical Practice (Paragraph 16) states that patient safety is paramount and that doctors should not provide care that goes beyond their competence. Continuing to prescribe hormone therapy without the robust monitoring systems required would not allow us to meet this standard of care. Moreover, Paragraph 44 of the GMC guidance stresses the importance of continuity and coordination of care, further reinforcing our obligations to ensure that our patients receive the appropriate care from specialized services that are equipped to manage the unique needs of the transgender population.

We believe that the current lack of adequate commissioning arrangements and resources for transgender healthcare presents a significant gap. Without the necessary infrastructure and specialised services, we are unable to safely engage in shared care agreements for the

prescribing and monitoring of hormone treatments. We strongly advocate for the commissioning of dedicated transgender healthcare services to address this unmet need.

We will be communicating this difficult decision with your aligned transgender health service and will ensure they have adequate time to communicate with you the necessary next steps. Please be assured that there will be a six-month grace period until the 1st of March 2025, during which we will continue prescribing only for our patients currently on hormone therapy. However, effective from the date of this letter, we will no longer be taking on any new transgender patients for hormone therapy. This period is intended to allow you and your transgender health service the time to process this decision and consider appropriate next steps for your ongoing care.

We must emphasize that it is with a heavy heart that we have come to this decision. We truly appreciate the challenges faced by the transgender community, and we regret that the current commissioning landscape does not provide the necessary resources for general practice to deliver the level of specialised care required. If you would like to discuss this further, please do not hesitate to contact us. We have an open-door policy, and our Prescribing Lead is available to discuss any concerns or questions which are bound to arise from this difficult decision. If you wish to discuss further, please do not hesitate to contact us and we will make the necessary arrangements.

Thank you for your understanding during this challenging time. Our goal, as always, is to ensure that every patient receives safe, high-quality, and appropriate care, and we sincerely hope that specialist transgender healthcare will soon receive the support and commissioning necessary to meet the needs of this community.

Letter 2

This patient recently registered with our GP Surgery. None of the GPs are familiar with the medications that have been prescribed for PMDD. Sasha has had one does of Decapeptyl administered. I prescribed this on concerns that there would not be time to arrange an alternative prescribed in time.

Since receiving medico-legal advice on this matter, we have determined that we are unable to prescribe Testosterone or Decapeptyl as this is outside our area of competency as defined by the GMC.

I would request that you take over prescribing medications associated with PMDD that were initiated under your care. I would be happy to discuss this with you further.

Meta

Doctors Strip Trans Patients of HRT

A thumbnail for the Essence of Thought video ‘Doctors Strip Trans Patients of HRT’ which has a photo of three vials labelled ‘hormone tests’, with one labelled ‘testosterone’, another ‘estrogen’, and the last ‘progesterone’. Next to said photo, bold white text reads “Trans adults stripped of essential hormones”.

NEW VIDEO!

Today’s video breaks down recent reports that adult trans patients across the UK are being stripped of their HRT, who caused this, the panic that followed, and how it spells out a grim future for trans healthcare in general.

https://youtu.be/60273z28des

All $5+ Patrons now have access to tomorrow's video:

‘Doctors Strip Trans Patients of HRT’

If you'd like early access in future, please consider supporting the channel by becoming a Patron!

https://www.patreon.com/posts/114206134

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