

Johns Hopkins Professor on Child Transgender Trend: 'Many Will Regret this'

Argues that doctors are doing treatment without evidence

By [Maria Lencki](#)

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A psychiatrist from Johns Hopkins University has slammed the medical and psychiatric industries for what he says is reckless and irresponsible treatment of patients who claim to be transgender.

Paul McHugh, a renowned psychiatrist from Johns Hopkins University, told *The College Fix* he believes transgender people are being experimented on because the doctors treating transgender patients with hormones "don't have evidence that (the treatment) will be the right one." He also criticized the manner of treatment given to many children who claim to be transgender.

"Many people are doing what amounts to an experiment on these young people without telling them it's an experiment," he told *The Fix* via phone.

"You need evidence for that and this is a very serious treatment. It is comparable to doing frontal lobotomies."

Vast majority of gender minorities report mental health issues

[A recent study](#) published in the American Journal of Preventive Medicine found that 80 percent of gender minority students report having mental health problems, nearly double the rate of "cisgender" students. McHugh believes that in many cases the patient's gender dysphoria is precipitated by mental illness.

"I think their mental problems, often depression, discouragement are the things that need treatment," not gender dysphoria, he argued.

"I'm not positive about this. It's a hypothesis, but it is a very plausible hypothesis, and it would explain why many of the people who go on to have treatment of their body discover they are just as depressed, discouraged and live just as problematic lives as they did before because they did not address the primary problem," he added.

Possible 'contagion effect'

"I believe that these gender confusions are mostly being driven by psychological and psychosocial problems these people have. That explains the rapid onset gender dysphoria Lisa Littman has spelled out," McHugh said.

The Lisa Littman to whom the professor referred is a researcher at Brown University, who last year published a [bombshell report](#) suggesting that some transgender-identified children might suffer from “rapid onset gender dysphoria,” a phenomenon in which “one, multiple, or even all of the friends [in a group] have become gender dysphoric and transgender-identified during the same timeframe.”

There was significant backlash following Littman’s publication of the study, after which Brown [censored the report](#). The study was eventually [validated](#) with its results unchanged.

Long-term effects of child transgender treatment

Asked about the possible long-term consequences of the [growing practice](#) of helping children develop transgender identities, including with hormones, McHugh expressed pessimism.

“They’re going to be in the hands of doctors for the rest of their lives, many of them are going to be sterilized not able to have their own children, and many will regret this,” McHugh said.

“Can you imagine having a life where you need to seek doctors all the time, for everything, just to live? Getting your hormones checked, getting everything checked. That is something doctors should like to spare people of,” he added.

McHugh thinks that eventually our society will look back on this craze as something of an historical shame.

“I believe it will be something like how we think of eugenics now. We will come to regret it when we discover how many of the young people that were injured regret it themselves,” he told The Fix.

The doctor stressed that medical professionals should stick to a higher standard of evidence when considering treatment for individuals who claim a transgender identity.

“You can think whatever you want without proof. Be my guest. You can think anything you want, if you like it that way. But don’t ask me as a doctor to prescribe hormones or operate on you when I try to do things which are for your benefit,” he said.

“My aim isn’t to stop people. It’s when they draw medical people in. That’s when I insist on evidence and what makes more sense.”

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