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Hormone therapy for gender dysphoria in youth: Bioethical and clinical dimensions of hormone therapy

Abstract

Hormone therapy for minors with gender dysphoria is among the most debated issues in contemporary bioethics, combining medical, psychological, and social dimensions. This article examines the clinical practice and ethical dilemmas surrounding puberty blockers and cross-sex hormones, emphasizing the shift from pathologization to a rights-based understanding of gender diversity. It discusses key issues such as minors' capacity to consent, the potential for regret, reversibility, and the lack of long-term data, while highlighting both the documented psychological benefits and possible medical risks. The analysis underscores the vital role of family support, social acceptance, and equitable access to care, proposing a bioethical framework that integrates scientific evidence with respect for autonomy and self-determination. The paper concludes with recommendations for clinical practice, family counseling, and policy-making aimed at ensuring the well-being, dignity, and rights of gender-diverse adolescents through individualized, ethically responsible, and socially sensitive care.

Keywords: Hormone therapy, gender dysphoria, minors, informed consent, autonomy, psychological effects, social dimensions, bioethics

Introduction

Hormone therapy for gender dysphoria in young people is one of the most controversial and dynamic areas of contemporary bioethical debate. The debate surrounding the administration of puberty blockers and cross-sex hormones to minors combines scientific data, social attitudes, cultural perceptions, and ethical consid-

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erations. At a time when the visibility of transgender and non-binary identities is increasing, medical practices related to gender affirmation are not limited to purely clinical dimensions, but raise fundamental questions about the rights, autonomy, and protection of young people.

The analysis of hormone therapy in this context is necessary because it concerns not only the effectiveness and safety of medical interventions, but also the conditions under which young people are able to make informed decisions. Issues such as the maturity of minors to consent, the role of parents and guardians, the responsibilities of health professionals, and the social pressures that shape choices are central points of concern. At the same time, the literature highlights significant gaps in knowledge regarding the long-term effects of hormone therapy, which reinforces the need for a careful, ethically sound approach.

This article aims to offer a systematic approach to the subject, examining the historical and social roots of gender dysphoria, the development and application of hormone therapy in young people, the ethical theories that have been applied in clinical practice, and the challenges arising from real-life situations and case studies. The aim is to present a balanced perspective that recognizes both the benefits and the risks, while emphasizing the need to respect young people's self-determination and to protect them from potentially hasty or irreversible decisions.

Methodologically, the analysis is based on an interdisciplinary literature review, combining data from medicine, psychology, law, and philosophy. The comparison of international guidelines and the discussion of different cultural contexts enrich the argument, revealing the tensions that arise between medical practice and social values.

Finally, the significance of the study is not limited to academic discourse, but extends to practical recommendations for clinical practice, family support, and health policy making. The bioethical dimension of hormone therapy in young people calls for a responsible, empathetic, and proactive approach, with the ultimate goal of ensuring the well-being and dignity of the young people at the center of this complex debate.

Background and social context

Gender dysphoria is a complex and multidimensional phenomenon that has attracted significant research and social interest in recent years. The term describes the intense discomfort experienced by a person when their gender identity does not match the sex assigned to them at birth (American Psychiatric Association, 2013). Although the experience of gender incongruence is not new, its systematic study and integration into the medical and psychological context are relatively recent developments (Dhejne et al., 2016).

During the 20th century, understanding of the phenomenon went through various stages. In the early decades, the experiences of transgender people were mainly viewed through the lens of pathology, which contributed to stigmatization and social isolation (Meyerowitz, 2002). With the development of sexology and psychiatry, more systematic categorizations began to take shape, which, however, retained their medical-centric character. An important milestone was the inclusion of “gender identity disorder” in diagnostic manuals such as the DSM and the ICD, which provided clinical recognition but reinforced the tendency to medicalize the experience (Zucker, 2010).

The gradual shift from the concept of “disorder” to that of “gender dysphoria” marked a significant change in perspective. Instead of considering the experience of identity itself as pathological, the emphasis shifted to the distress caused by gender incongruence and its social consequences (WPATH, 2011). This change, which was recorded in the recent editions of the DSM-5 and ICD-11, resulted in the recognition of the need for support and therapeutic interventions that respect the individual’s gender identity (WPATH, 2011, American Psychological Association, 2015).

In this context, medical science has developed interventions aimed at reducing distress and improving the quality of life of transgender individuals. Hormone therapy plays a central role among these, as it allows physical adaptation to the individual’s gender identity (Hembree et al., 2017). Especially in the case of young people, the use of puberty blockers and, in some cases, cross-sex

hormones, is considered to offer the possibility of reducing the anxiety associated with the appearance of unwanted physical characteristics (De Vries et al., 2014). However, these interventions are closely linked to complex ethical, psychological, and social issues (De Vries et al., 2014).

Understanding gender dysphoria and related interventions cannot be separated from the broader social and cultural context. In Western societies, the growing recognition of the rights of LGBTQI+ individuals has contributed to the gradual acceptance and institutionalization of access to gender-affirming healthcare services (WPATH, 2011). Legislative initiatives, professional association guidelines, and the increased social visibility of transgender individuals have contributed to the creation of a more supportive environment (Budge et al., 2013). In contrast, in more conservative social contexts, gender dysphoria continues to be met with suspicion, prejudice, or outright denial, leading to high levels of stigma and marginalization (Haas et al., 2014).

The social dimension is particularly critical for young people. Research has shown that adolescents with gender dysphoria often experience bullying, social exclusion, and discrimination, which takes a toll on their mental health (Turban et al., 2020). In this context, the provision of medical interventions, such as hormone therapy, is not only clinically but also socially significant, as it is often associated with improved social integration and psychological well-being (Turban et al., 2020). At the same time, however, it raises questions about the ability of young people to make mature decisions and the responsibility of society to protect their rights (Kimberly et al., 2018).

The historical and social context of gender dysphoria highlights the evolution from a pathologized perspective to a more human-centered and rights-based approach. Hormone therapy in young people, although presented as an important tool for relief, remains a subject of intense debate due to the uncertainties surrounding its application. Within this dynamic environment, bioethics offers an analytical framework for understanding the tensions and seeking solutions that combine respect for self-determination

with the protection of young people's health and well-being (Beauchamp & Childress, 2019).

Ethical and social implications

Hormone therapy for gender dysphoria in young people raises a complex web of ethical and social issues that shape the decision-making process for both the young people themselves and their family and medical environment. At the heart of the debate is the search for a balance between respecting the autonomy of minors, the need to protect them from potential harm, and ensuring social equality and justice (Beauchamp & Childress, 2019).

The ethical basis for decisions about hormone therapy draws on different theories. Utilitarianism argues that treatment is justified if it reduces discomfort and improves quality of life, even if it involves risks (Dhejne et al., 2016). In contrast, the deontological approach focuses on the obligation to respect the autonomy and dignity of the individual, regardless of the outcome (Beauchamp & Childress, 2019). In addition, virtue ethics emphasizes the need for healthcare professionals to exercise practical wisdom, combining scientific knowledge and sensitivity to the individual experiences of young people (Kimberly et al., 2018).

The principle of justice is particularly important, as inequalities in access to care are often observed due to socioeconomic or cultural factors. The ethical consideration, therefore, is not limited to the doctor-patient relationship, but extends to broader social dimensions of equality and protection of vulnerable groups (WPATH, 2011).

The use of hormone therapy in young people raises dilemmas, which are illustrated by real or hypothetical case studies. A common dilemma concerns the ability of adolescents to consent to treatments with long-term effects, given that neuropsychological maturity continues to develop into early adulthood (De Vries et al., 2011). Another critical issue is the possibility of regret: how can we ensure that decisions made at a young age will not lead to psychological distress later in life (Zucker, 2005)?

At the same time, case studies show that families are often

divided on whether to support treatment, especially in settings where social attitudes toward transgender individuals remain negative (Budge et al., 2013). Healthcare providers are called upon to manage not only medical data but also the emotional and social pressures surrounding the young person (Kimberly et al., 2018).

Consent and autonomy

Informed consent is a fundamental principle in bioethics, but it becomes particularly complex in the case of minors. On the one hand, young people have the right to actively participate in decisions about their bodies (Diane Chen et al., 2013), on the other hand, parents or guardians retain legal and moral responsibility for their protection. This dichotomy leads to conflicts: who has the final say when the opinions of the young person and the parent clash?

In addition, providers must ensure that information is provided in age-appropriate language, that psychological comprehension abilities are taken into account, and that the young person is encouraged to gradually take responsibility. Thus, informed consent is not treated as a formal procedure, but as ongoing and dynamic communication (Steensma et al., 2013).

Successfully addressing gender dysphoria requires collaboration between a multidisciplinary team (doctors, psychologists, social workers) and the family (Hembree et al., 2017). Healthcare professionals have a duty not only to provide medical care but also to act as mediators, helping parents and young people understand the options and consequences (Turban et al., 2020).

The family, on the other hand, is the primary source of support. Where there is acceptance, young people show improvement in mental health and in their school and social integration. Conversely, lack of support often leads to increased levels of anxiety, depression, and social isolation. This context shows that the bioethical dimension is not limited to abstract principles, but is directly linked to the daily lives and quality of life of young people. (Ryan et al., 2010).

Medical and psychological implications

Hormone therapy for gender dysphoria in young people is the

subject of intense scientific and social debate, as it is linked to critical medical and psychological parameters that determine the health and quality of life of those concerned (Hembree et al., 2017). It is crucial to carefully evaluate both the potential benefits and risks to make sure treatment decisions meet the person's needs while protecting their physical and mental integrity (Hembree et al., 2017).

Medical risks and benefits

Puberty blockers (GnRH agonists) are one of the most basic interventions. Their main advantage is their reversibility, as discontinuing them allows biological puberty to resume (De Vries et al., 2011). This gives young people valuable time to explore their gender identity without the stress of permanent physical changes. At the same time, the use of cross-sex hormones (estrogen or testosterone) allows for the development of secondary characteristics that align with gender identity, leading to a significant reduction in distress and an improvement in self-esteem (Olson et al., 2016).

However, these interventions are not without risks. Studies have shown that long-term hormone use can affect bone density, cardiovascular function, and fertility (Hembree et al., 2017). Especially for adolescents, who are still developing, the consequences may be more pronounced and less predictable. At the same time, the lack of long-term studies makes it difficult to fully understand the effects (Cohen-Kettenis & Klink, 2015). Thus, the medical community emphasizes the importance of careful monitoring, multidisciplinary assessment, and informed consent before any intervention (Safer et al., 2016).

Psychological effects

From a psychological perspective, hormone therapy has been associated with significant benefits. Young people who receive timely and appropriate care show a reduction in levels of anxiety, depression, and suicidal ideation (Turban et al., 2020). Physical alignment with gender identity enhances a sense of authenticity and contributes to higher self-esteem (De Vries et al., 2014). In ad-

dition, a positive experience of medical intervention can empower young people to manage social challenges, offering psychological resilience (Olson et al., 2016).

At the same time, potential psychological difficulties must also be recognized. Some young people experience ambivalence or fear about the irreversibility of certain changes (De Vries et al., 2011). Social isolation, stigmatization, and lack of family support often exacerbate their psychological state, even when treatment is progressing positively. In this context, the integration of ongoing psychological support is considered essential (American Psychological Association, 2013).

Social perspectives

The psychological experience of young people cannot be examined independently of their social environment. Acceptance by family, school, and community plays a decisive role in mental health and treatment success (Ryan et al., 2010). Research shows that young people living in supportive environments have better outcomes than those who experience rejection or discrimination (Olson et al., 2016).

Similarly, social attitudes influence access to healthcare. In societies with greater acceptance of gender diversity, young people are more likely to receive timely and quality care (WPATH, 2011). Conversely, in environments where stigma prevails, young people may delay or avoid treatment, resulting in worsening mental health (Taylor et al., 2024).

Overall assessment

The analysis shows that the benefits of hormone therapy on mental health and quality of life are significant, provided that it is administered with care and scientific evidence. The medical risks require constant monitoring, while the psychological and social implications necessitate a holistic, interdisciplinary approach that is not limited to the biomedical dimension but embraces the young person as an individual within social networks of relationships (Safyer et al., 2016, Hembree et al., 2017).

Recommendations and future directions

The discussion surrounding hormone therapy for gender dysphoria in young people is not limited to medical and psychological issues, but also touches on issues of social acceptance, health policy, and institutional frameworks. The following recommendations aim to improve the quality of care, enhance equal access, and set future directions for research and policy.

International bodies such as WPATH (2011) have emphasized the need for a multidisciplinary approach, where doctors, psychologists, and social workers collaborate to create individualized treatment plans. The basic principles of these guidelines are:

- respect for the *autonomy* of young people,
- provision of *appropriate information* about the benefits and risks of treatment,
- ensuring ongoing *psychological support*, and
- the involvement of the family in decision-making.
- The adoption of clear protocols is crucial in order to reduce uncertainty among providers and protect young people from potential malpractice.

Social acceptance plays an important role in the effectiveness of treatment. Studies show that young people who live in accepting environments have better mental health and higher quality of life (Turban et al., 2020). Conversely, rejection and stigma lead to increased rates of depression and suicidal ideation (Budge et al., 2013).

For this reason, it is recommended that educational programs in schools and communities be strengthened with the aim of raising awareness about gender identity issues and combating prejudice (Dowshenand, 2022). At the same time, the state must ensure that the rights of transgender youth are protected at all institutional levels, from health to education.

Recommendations for providers, parents, and policy-makers

Healthcare providers need specialized training to recognize

the needs of transgender youth and offer evidence-based services (Kimberly et al., 2018). Lack of appropriate training often leads to delays or fragmented care.

Parents and guardians are a key factor for success: their active support has been shown to significantly reduce levels of psychological distress among young people (De Vries et al., 2014). Therefore, it is recommended that family counseling structures be created so that parents can be informed and empowered in their supportive role.

At the health policy level, institutional frameworks need to be developed to ensure equal access to gender confirmation services, regardless of socioeconomic background or geographic location (Davy et al., 2017).

Future research

Despite the progress that has been made, there are still significant gaps in the evidence. Long-term studies are needed on the effects of hormone therapy on bone health, fertility, and psychological well-being (Dhejne et al., 2016). In addition, research should focus on investigating psychosocial factors, such as the role of social support and school integration, which largely determine the effectiveness of treatment (Haas et al., 2014).

It is equally important to strengthen cross-sectoral collaboration so that research incorporates not only medical but also social and legal dimensions (Fuss et al., 2015). This approach will enable the development of more comprehensive protocols that reflect the complex realities of transgender youth's lives.

Conclusion

The analysis of hormone therapy for minors with gender dysphoria highlighted an area where biomedical, psychological, social and bioethical parameters intersect, making the subject particularly complex and dynamic. The investigation of individual thematic areas has shown that medical care is an integral part of the gender confirmation process, but its success and safety depend a lot on the social context, family support, and institutional protec-

tion of young people's rights.

Medical and psychological findings show that the use of puberty blockers and cross-sex hormones can bring substantial benefits to the mental health of adolescents, reducing symptoms of gender dysphoria, limiting depression, and significantly reducing the risk of suicidal ideation. The ability to physically identify with one's experienced gender enhances self-esteem, mental resilience, and social integration, giving young people a sense of authenticity and control over their bodies. However, potential medical complications cannot be overlooked: decreased bone density, effects on fertility, and uncertainty about the long-term consequences of treatment underscore the need for careful clinical monitoring, ongoing evaluation, and strict adherence to international guidelines. The balance between benefits and risks remains a critical element of any decision.

The social dimension proved to be equally decisive. Acceptance by the family and wider social environment is directly related to mental health, school performance, and social cohesion among young people. Adolescents who are supported by their family and school environment show better psychological well-being and reduced rates of depression and anxiety, while rejection, stigmatisation and discrimination lead to increased psychological burden and social exclusion. In this context, the bioethical approach must go beyond simply invoking the principles of autonomy and informed consent, incorporating the principle of justice and ensuring equal access to quality health services, regardless of socioeconomic background or cultural context.

The ethical dilemmas that arise—such as the ability of minors to give valid consent, the possibility of future regret, and conflicts between parents and children—require ongoing dialogue, flexibility, and sensitivity on the part of healthcare professionals. The obligation to provide clear, understandable, and continuously updated information, as well as the gradual empowerment of adolescents in the decision-making process, are key challenges. At the same time, the role of parents as primary sources of support is crucial: where there is acceptance, mental health indicators im-

prove significantly, while a lack of support increases psychological distress.

The overall picture shows that hormone therapy can be safe and beneficial when it's part of a multidisciplinary, personalized, and socially supportive framework. Active family involvement, empowering young people in decision-making, and institutionally enshrining their rights are cornerstones of success. At the same time, there is an urgent need for long-term research on the medical and social consequences of treatment, as well as on the psychosocial factors that determine its effectiveness. Governments and health systems are called upon to adopt practices that promote equality, social inclusion, and acceptance of diversity.

However, beyond purely scientific and clinical data, the issue of hormone therapy in adolescents leads us to deeper reflection on the very nature of bioethics and how society perceives the concept of diversity. Bioethics is not limited to regulating medical practice; it functions as a field of dialogue between science, society, and politics, called upon to transcend the narrow boundaries of medical ethics and defend human dignity, autonomy, and justice. Gender affirmation therapy—and especially hormonal intervention during adolescence—cannot be viewed simply as a medical procedure, but as an existential choice that concerns identity, the body, and the way in which the individual relates to society.

The debate surrounding gender dysphoria in young people also raises the broader question of how we define “normality” and how we treat forms of identity that deviate from it – whether with acceptance or stigmatisation. Bioethics cannot remain neutral, but is called upon to take a clear stand against social exclusion and to defend the rights of all people, regardless of gender or identity. As a bridge between science and society, it can foster a culture of respect, understanding, and solidarity, promoting a framework of care and dialogue that transcends the simplistic “for or against” dilemma of treatment.

Closing, the bioethical dimension of hormone therapy for minors with gender dysphoria doesn't end the discussion, but opens up a broader conversation about what it means to live in a society

that honors the freedom, dignity, and diversity of every person. Through the careful coexistence of scientific evidence and respect for human diversity, the conditions for a truly inclusive and just society are created.

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