

The Editor

New Zealand Herald / NZME
complaints@nzherald.co.nz

Re: Formal Complaint - "*Puberty blocker ban: What it could mean for transgender teens and their families in New Zealand*"

Author: Varsha Anjali

Published: NZ Herald, 21 March 2026

Grounds: NZ Media Council Principles 1, 4, and 6

1. Introduction and Standing

I write as a member of the public to lodge a formal complaint against the above-named article published by the New Zealand Herald on 21 March 2026. This complaint is made under Principles 1 (Accuracy, Fairness and Balance), 4 (Comment and Fact), and 6 (Headlines and Captions) of the New Zealand Media Council Statement of Principles.

The article addresses the Government's ban on new prescriptions of puberty blockers for young people experiencing gender dysphoria, and the pending judicial review of that ban. This is a matter of significant public interest and ongoing legal and medical controversy in New Zealand. I do not complain about the subject matter being reported, nor do I seek to challenge the Herald's right to cover this issue. My complaint is confined to specific factual inaccuracies and a failure of balance in the article as published.

2. The Specific Inaccuracy: Reversibility Stated as Established Fact

The article contains the following unqualified statement of fact:

"Puberty blockers are reversible."

This statement is presented without attribution, qualification, or evidential basis. It is not framed as the view of a clinician, advocate, or party to the legal proceedings. It is stated as plain fact by the article itself.

This is inaccurate. The claim that puberty blockers are reversible is not supported by the best available evidence. Specifically, it is contradicted by two substantial, independent reviews: the 2024 Cass Review (commissioned by NHS England) and the 2025 Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices (published by the United States Department of Health and Human Services). Notably, the Cass Review is cited in the article itself as the basis for the Government's ban yet its findings on reversibility aren't mentioned.

3. The Evidence

3a. The 2024 Cass Review (NHS England)

The Cass Review is the most comprehensive independent review of the clinical evidence base for puberty blockers and related treatments conducted to date. Its findings on the question of reversibility are pertinent.

On bone health (S14.43–14.44):

"Multiple studies...found that bone density is compromised during puberty suppression...much longer-term follow-up is needed to determine whether there is full bone health recovery in adulthood...The same is true of other short-term physical effects of puberty suppression, with little knowledge about whether it leads to any long-term effects, such as on metabolic health and weight."

On neurocognitive development (S14.35, 14.37–14.40):

"Blocking the release of these sex hormones could have a range of unintended and as yet unidentified consequences."

"There is no way of knowing whether the normal trajectory of the sexual and gender identity may be permanently altered."

"Brain maturation may be temporarily or permanently disrupted by the use of puberty blockers."

"A recent review of the literature...found very limited research on the short-, medium- or longer-term impact of puberty blockers on neurocognitive development."

On the reversibility claim itself (S14.13):

"Most guidelines emphasise full reversibility as a justification for their use, whilst highlighting potential adverse effects on bone health and uncertainty regarding cognitive development."

This passage is significant. The Cass Review acknowledges that guidelines assert reversibility, but does so in a context that makes it clear that there is no evidence to support this assertion. The Review documents that this lack of evidence occurs across multiple health domains.

On the overall evidence base (S14.46, 14.49, my emphases):

*"There are many reports that puberty blockers are beneficial...but as demonstrated by the systematic review **the quality of these studies is poor.**"*

*"The University of York systematic review found **no evidence** that puberty blockers improve body image or dysphoria, and **very limited evidence** for positive mental health outcomes."*

3B. The 2025 US Department of Health and Human Services Review

The US DHHS review reaches the same fundamental conclusion as the Cass Review, independently and drawing on a wider international literature.

On the core reversibility claim (pp. 91–93, my emphasis):

*"The assumption that the effects of puberty blockers are reversible remains **largely untested.**"*

The review finds that there are no systematic studies of what occurs when patients discontinue puberty blockers. There is no long-term outcome data on fertility, growth, or neurocognitive development. Despite puberty blockers being "*frequently described as a 'pause button'*" no studies have systematically examined outcomes for those who discontinue treatment. The overall certainty of evidence is rated as **very low** across all key outcomes.

On bone density (Chapter 7, pp. 113–123):

Multiple longitudinal studies show decreasing bone density Z-scores with puberty blocker use. Even when cross-sex hormones follow - as occurs in over 90% of cases - patients "may never reach the peak bone density they otherwise would have achieved." A re-analysis of UK data found a third of puberty-blocked patients had Z-scores indicating osteoporosis at the hip.

On fertility (Chapter 7, pp. 113–123):

Where puberty blockers are initiated at Tanner Stage 2 and followed by cross-sex hormones, "there is no proven physiological mechanism by which fertility can reliably be re-established." Fertility preservation rates in this pathway are very low (0–4.7% in most studies).

The DHHS review also draws an explicit distinction - directly relevant to the article - between puberty blocker use for central precocious puberty (CPP), where resumption of normal puberty is the goal, and use for gender dysphoria, where blockers are almost always followed by cross-sex hormones. It states that "unlike in CPP, safety data are lacking" for the gender dysphoria indication. This distinction is not made anywhere in the article.

A Note on Medical Evidence Standards:

The language used by the Cass Review and the US DHHS Review to describe the evidence base for puberty blockers, phrases such as "poor quality studies," "very low certainty of evidence," and "very limited research", may appear to a general reader as relatively mild academic hedging. It is not. Within the formal methodology of systematic review appraisal, this language represents the most adverse finding available. Hence my emphasis underlining and boldening those phrases, where relevant.

The consequence for this complaint is straightforward. When the New Zealand Herald publishes the statement "Puberty blockers are reversible" as an unqualified fact, it presents to its readers as settled and certain a claim that the most rigorous appraisals of the evidence using internationally-accepted best practice have found to be untested, undemonstrated, and in several specific health domains, contradicted by the evidence that does exist. That is not a matter of competing medical opinions.

4. Specific Rebuttals: The Claims of Professor Paul Hofman

The article quotes Professor Paul Hofman, a paediatric endocrinologist at the University of Auckland, on three substantive matters. In each case, his claims are presented without challenge, qualification, or any contrary perspective. In each case, the claims are either unsupported by evidence or directly contradicted by it.

4A. The "Pause Button" / "Time to Think" Claim

Professor Hofman is quoted as follows:

"Hitting the pause button on puberty allows transgender young people to have time to 'psychologically mature and become old enough to make decisions that will have permanent implications for their later body appearance.'"

This claim that puberty blockers function as a neutral pause allowing time for reflection and genuine informed decision-making is the central justification for their use in gender dysphoria. The Cass Review examined this in Chapter 14 and found it to be unsupported. The Review documents that in practice, over 90% of young people who commence puberty blockers go on to cross-sex hormones. This invalidates the pause button framing: if the treatment reliably predicts progression to a further, permanent intervention in the overwhelming majority of cases it cannot credibly be characterised as a period of objective deliberation. The Cass Review notes that the question of whether puberty blockers promote or foreclose future options has not been adequately studied. The concern emerges that commencing puberty blockers may itself influence the trajectory of a young person's identity development precisely because it arrests the biological processes, including cognitive maturation driven by sex hormones, that might otherwise inform that development.

The US DHHS Review corroborates this, noting that puberty blockers are "*frequently described as a 'pause button'*" but that "*no studies have systematically examined their role in the decision-making process or the outcomes of those who discontinue treatment.*" The pause button claim is empirically unexamined. Prof. Hofman presents it to the Herald's readers as a rationale for clinical practice. It is not.

4B. The Claim Regarding Negative Reactions to Secondary Sexual Characteristics

Professor Hofman is quoted as follows:

"Many, if not the majority, of these youth, react negatively to developing secondary sexual characteristics [physical traits caused by puberty such as the development of breasts or facial hair] that are of the gender they don't feel they are."

This claim is presented as clinical observation without evidential basis, qualifying context, or alternative explanation. It implicitly attributes distress at puberty in gender-questioning young people exclusively or primarily to gender incongruence. The article explores no alternative explanations and does not note that the evidence base for this claim is, on the Cass Review's own assessment, of **poor quality**.

The Cass Review documents in Chapter 5 that the population of young people presenting to gender services is highly heterogeneous and carries a substantial

burden of co-occurring conditions, including autism spectrum disorder, ADHD, anxiety, depression, eating disorders, and high rates of adverse childhood experiences including abuse, neglect, family disruption, and exposure to domestic violence (S5.45–5.51). The systematic review commissioned by the Cass Review found that rates of suicidality and self-harm in gender clinic-referred youth were comparable to non-trans-identified youth referred to child and adolescent mental health services and not elevated beyond that other, already-vulnerable group (S5.57). This indicates that distress in many of these young people is multifactorial, rooted in complex psychosocial circumstances, and not reducible to gender incongruence alone.

Presenting distress at secondary sexual characteristics as self-evidently attributable to gender dysphoria, without acknowledging the well-documented complexity of this population's clinical profile, is a significant omission. The article presents none of this context. In a matter of such clinical and public importance, that is a failure of the balance required by Principle 1.

4C. The Suicidality Claim

Professor Hofman is quoted as follows:

"Some self-harm and others become suicidal."

This statement appears in the context of young people reacting negatively to secondary sexual characteristics. This implies that gender dysphoria and by extension the denial of puberty blocker treatment causes or materially contributes to self-harm and suicidality. The article does not attribute this claim to any evidence, does not qualify it, and provides no counterbalancing clinical perspective. This is the most serious of the three concerns raised in this section and engages both the accuracy requirements of Principle 1 and the responsible reporting standards the Media Council expects of publications dealing with suicide.

The evidence does not support the implied causal claim. The Cass Review addresses suicidality at length in both Chapter 5 (S5.52–5.67) and Chapter 15 (S15.36–15.43). Its conclusions are unambiguous. At S15.43 it states:

"The evidence does not adequately support the claim that gender-affirming treatment reduces suicide risk."

A systematic review of suicide-related outcomes following gender-affirming treatment (Jackson, 2023), cited at S15.38, found that while a majority of studies reported a reduction in suicidality, those studies had major methodological problems. Most critically a failure to control for co-occurring psychiatric conditions and their treatment, and so no firm conclusions should be drawn from them. A robust Finnish study (Ruuska et al., 2024, cited at S15.42) found no statistically significant link between hormone treatment and reduced suicide risk. Where elevated suicide rates were observed in gender-confused youth they were explained by the high rate of co-occurring mental health difficulties and not by gender dysphoria or access to treatment *per se*. The Review further found at S5.57 that rates of suicidality in gender clinic-referred youth were comparable to non-trans-identified youth referred to child and adolescent mental health services. Gender dysphoria cannot be reasonably claimed to be a distinctive driver of suicide risk in confused youth.

The reporting of this claim also traduces responsible reporting standards for suicide. An independent review of suicides and gender dysphoria at the Tavistock and Portman NHS Foundation Trust was commissioned by the UK Department of Health and Social Care and published in July 2024. Authored by the UK Government Adviser on Suicide Prevention, Prof. Louis Appleby, it directly addresses the use of suicidality claims in public discourse about puberty blockers. Prof. Appleby sets out the established guidance on responsible reporting of suicide developed by Samaritans and embedded in the national suicide prevention strategy which warns specifically against:

- Alarming stories about suicide causing distress to people who are themselves at risk;
- Identification - when a vulnerable person sees themselves in a person who has died by suicide, leading to imitative suicide or self-harm, to which young people are particularly susceptible;
- Oversimplifying suicide by attributing it to a single cause; and
- Creating the impression that suicide is the expected or likely outcome in certain situations.

Professor Appleby's review warns explicitly that one risk of irresponsible public discourse in this area is that "already-distressed adolescents [will hear] the message that 'people like you, facing similar problems, are killing themselves', leading to imitative suicide or self-harm." He further concludes that the data do not support claims of a causal link between restriction of puberty blockers and increased suicide, and states that it is "unfortunate that puberty-blocking drugs have come to be seen as the touchstone issue, the difference between acceptance and non-acceptance."

The NZ government's current Suicide Prevention Action Plan (Ministry of Health, 2025) explicitly endorses the same principles drawn from Samaritans guidance: that public discourse about suicide must avoid attributing it to a single cause and must not create the impression that suicide is the expected or likely outcome for any particular group. Professor Hofman's statement implying, without evidential basis, that gender dysphoria causes suicidality and self-harm does precisely what the Appleby review and the Samaritans guidance warn against. It attributes suicidal risk to a single cause. It creates the impression that suicide is a likely outcome for gender-dysphoric young people who do not receive treatment. It does so in a high-circulation national newspaper, to a general readership that includes vulnerable young people and their families. The Herald published this statement without challenge, without qualification, and without reference to any of the substantial countervailing evidence. That is a failure of accuracy under Principle 1 and a failure of the standard of care that responsible reporting on suicide requires.

5. Breaches of the NZ Media Council Principles

NZMC Principle 1 - Accuracy, Fairness and Balance

Principle 1 requires that publications "be bound at all times by accuracy, fairness and balance" and must not "deliberately mislead or misinform readers by commission or

omission." It further requires that "in articles of controversy or disagreement, a fair voice must be given to the opposition view."

The article breaches this principle in two respects.

Inaccuracy: The statement "Puberty blockers are reversible" is presented as an unqualified fact. As demonstrated above by reference to the Cass Review and the US DHHS Review, this claim is not supported by current evidence. Two substantial and independent reviews - one of which is cited in the very same article - have found that the reversibility of puberty blockers is undemonstrated across multiple health domains including bone health, neurocognitive development, and fertility. In the case of fertility when puberty blockers are followed by cross-sex hormones, there is evidence suggesting the harm may be permanent.

Failure of balance: The article is structured around a single personal narrative (that of Julia and Zoe) and draws exclusively on sources sympathetic to puberty blocker use: a personal account, a paediatric endocrinologist speaking in favour of the treatment, and legal extracts from the PATHA-initiated injunction proceedings. The Government's policy is mentioned, and the Cass Review is referenced as its basis, but the findings of the Cass Review on the question of reversibility - directly relevant to the central factual claim of the article - are not presented. No clinician, researcher, or other voice raising concerns about the evidence base for reversibility is quoted or referenced. This constitutes a failure to give a fair voice to the opposition view on a matter of significant public controversy.

NZMC Principle 4 - Comment and Fact

Principle 4 requires that "a clear distinction should be drawn between factual information and comment or opinion" and that "material facts on which an opinion is based should be accurate."

The statement "Puberty blockers are reversible" is presented in the article as a factual statement, not as the opinion of any party, the position of an advocate, or the assertion of a clinician. It is a freestanding declarative sentence presented as objective fact in a news article. Given that the evidentiary basis for this claim is, at best, contested and, at worst, absent, presenting it as established fact without attribution, qualification, or caveat constitutes a failure to distinguish between contested empirical claims and verified facts.

NZMC Principle 6 - Headlines and Captions

Principle 6 requires that "headlines, sub-headings, and captions should accurately and fairly convey the substance or a key element of the report they are designed to cover."

The article uses the subheading "Hitting pause" to introduce the section in which the reversibility claim is made. This framing, presenting the treatment as analogous to pressing a pause button, is itself the central metaphor that the two major reviews cited above have explicitly found to be unsubstantiated. Using this as a structural subheading, without any qualification or indication that this characterisation is contested, reinforces the inaccurate impression created by the body text.

6. Remedy Sought

I request that the New Zealand Herald publish a correction or clarification that:

1. Acknowledges that the statement "Puberty blockers are reversible" as published was unqualified and does not accurately reflect the current state of clinical evidence;
2. Notes that the 2024 Cass Review and the 2025 US DHHS Review, the two most comprehensive independent reviews of the evidence, have both found that reversibility is undemonstrated across multiple health domains and that the "pause button" characterisation is not supported by the research;
3. Is published with fair prominence, commensurate with the prominence of the original article.

I note that this complaint is made in the first instance to the Herald as required by the Media Council's complaints procedure. Should the Herald decline to publish a correction, or fail to respond within a reasonable time, I intend to refer this matter to the New Zealand Media Council.

7. References cited

Cass, H. (2024). Independent Review of Gender Identity Services for Children and Young People. NHS England. [The Cass Review.] Relevant sections: S5.45–5.51, 5.52–5.67; S14.13, 14.35, 14.37–14.40, 14.43–14.44, 14.46, 14.49; S15.36–15.43.

United States Department of Health and Human Services (2025). Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices. Relevant sections: pp. 91–93; Chapter 7, pp. 113–123.

Appleby, L. (2024). Review of Suicides and Gender Dysphoria at the Tavistock and Portman NHS Foundation Trust: Independent Report. UK Department of Health and Social Care. Published 19 July 2024.

Ministry of Health. (2019). Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand. Wellington: Ministry of Health. Available at: <https://www.health.govt.nz/publications/every-life-matters-he-tapu-te-oranga-o-ia-tangata-suicide-prevention-strategy-2019-2029-and-suicide>

Ministry of Health. (2025). Suicide Prevention Action Plan 2025–2029. Wellington: Ministry of Health. Available at:

<https://www.health.govt.nz/publications/suicide-prevention-action-plan-2025-2029>

Anjali, V. (21 March 2026). "Puberty blocker ban: What it could mean for transgender teens and their families in New Zealand." New Zealand Herald.

Yours faithfully,

A handwritten signature in black ink, reading "C.J. Pook". The letters are cursive and fluid, with the first name "C.J." and the last name "Pook" written in a single continuous stroke.

Chris Pook,
Ranui, Auckland
drchrispook@gmail.com