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6 June 2025

To:
The Hon Tim Nicholls MP
Minister for Health and Ambulance Services
Email: health@ministerial.qld.gov.au

The Hon Amanda Camm MP
Minister for Child Safety, Seniors and Disability Services
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The Hon Deb Frecklington MP
Attorney-General and Minister for Justice and Minister for Integrity
Email: attorney.general@ministerial.qld.gov.au

Executive Director Medical Services
Associate Professor Steven McTaggart
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CC:
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Mr Andrew Brown
Health Ombudsman, Queensland
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The Hon Jarrod Bleijie MP
Deputy Premier of Queensland, Minister for State Development, Infrastructure and Planning, Minister for Industrial Relations
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RE: Suspension of Dr Jillian Spencer, Clinical Suppression, and the Politicisation of Medicine in Queensland Health

Dear Ministers and A/Prof McTaggart,

We write on behalf of the Australian Medical Professionals Society (AMPS) and the Nurses Professional Association of Australia (NPAA) representing around 19,000 Health Professionals nationally to raise urgent and serious concerns regarding the continued exclusion of Dr Jillian Spencer, a senior child psychiatrist suspended after raising clinically grounded objections to aspects of Queensland's gender-affirming treatment model for minors.

This case now stands as yet another national symbol of clinical suppression, breach of internal safety policy, and the dangerous politicisation of medical governance in Queensland Health.

1. Health Facilities Must Not Be Activist Playgrounds
Queensland's public hospitals must be safe, neutral, evidence-based spaces for care, not activist playgrounds shaped by ideological pressure. We are deeply disturbed by reports of:

- Transgender flags displayed in acute adolescent wards, along with other activist activities promoted within hospitals and health facilities, are cause for serious concern.
- Clinical decisions directed by activist-influenced policy rather than comprehensive psychiatric evaluation and ethical evidence based medicine.
- Punishment of clinicians, like Dr Spencer, who challenge high-risk or poorly evidenced practices.

This represents a collapse in professional integrity. Vulnerable children must not be subjected to ideologically driven medical protocols without robust, multidisciplinary oversight that lacks sufficient scientific and ethical justification. Enforcing guidelines that place children on a path toward invasive treatments, such as puberty blockers, cross-sex hormones, and surgery, despite known and potential risks, may constitute a breach of medical ethics. These interventions can lead to irreversible consequences, including sterility, urogenital and sexual dysfunction, and long-term effects on bone, brain, and cardiovascular health, outcomes that children are not developmentally capable of fully understanding or providing valid consent to.

2. The Voice of the Frontline: Over 18,000 Health Professionals Demand Reform
In a January 2025 survey conducted by AMPS and NPAA, more than 18,000 Australian nurses, doctors, and allied health professionals overwhelmingly rejected the expansion of gender affirmation practices in public systems:

- 95% of respondents stated there is inadequate evidence for long-term safety of these treatments
- 96% said clinicians should be able to question gender treatment guidelines without fear of reprisal
- Over 85% reported feeling professional pressure to comply despite clinical concerns
- Almost 100% of respondents believe medicine has become politicised, and many reported that political ideology is displacing evidence and ethics in clinical decision-making.

Many wrote of their fear of AHPRA investigations or employer retaliation simply for questioning a politically sensitive topic.

3. Speaking Up for Safety Framework is Being Violated
Queensland Health's own *Patient Safety Escalation Framework* warns of the risks faced by staff who raise concerns: "professional isolation, disapproval... legal and financial impacts." Yet this is precisely what Dr Spencer has endured.

That duty has not been upheld, as evidenced by the ongoing targeting of Dr Spencer despite her alignment with both the *Speaking Up for Safety* policy and the public interest protections embedded in Queensland legislation.

4. Urgent Action Required to Protect Patients and Practitioners
This is a moment of decision. Queensland Health can either uphold integrity and transparency or allow ideologically motivated governance to silence professionals and endanger patients.

We call for the following immediate steps:

Action	Responsible	Deadline
Reinstate Dr Jillian Spencer to her clinical role or alternative duties pending fair review	QCH CEO & Director-General	Friday 21 June 2025
Commission an independent inquiry into clinician suppression	Minister for Health	Friday 28 June 2025
Confirm protections under the Speaking Up for Safety and PID frameworks for all clinicians	Health Ombudsman & QH	Friday 28 June 2025
Prohibit the display of political or ideological materials (including flags, slogans, or activist literature) within Queensland Health clinical environments to uphold professional neutrality and public trust especially around vulnerable children	Minister for Health and Director-General, Queensland Health	Friday 5 July 2025
Initiate a formal, independent review of gender-affirming medical interventions for minors across Queensland Health, including puberty blockers and cross-sex hormones, with terms of reference informed by the UK Cass Review	Minister for Health	Friday 12 July 2025

These actions are not only necessary to restore trust in clinical governance but to ensure Queensland Health is not left behind as international jurisdictions recalibrate policy to prioritise caution, evidence, and transparency.

5. International Policy Reform Confirms the Need for Caution

Dr Spencer's position is not only clinically valid but is now echoed in formal policy shifts by major health systems globally.

- The Cass Review (2024) a four-year NHS-commissioned inquiry as well as a number of and a growing number of systematic reviews have found the evidence base for gender-affirming interventions in minors to be "remarkably weak" and warned against early affirmation models that bypass full psychiatric assessment. The Reviews concluded that gender-questioning children must be "treated as whole individuals" with complex needs, not rushed into medicalisation.

- The NSW Parliament Gender Medicine Seminar (March 2024), where Dr Spencer was a panellist, highlighted Australia's growing policy lag behind Europe and the UK. Independent psychiatrists, clinicians, and legal experts raised concerns about ideologically driven practices occurring without consent safeguards, clinical oversight, or evidence transparency.

- Multiple professional bodies have raised similar concerns. Among them, the Society for Evidence-Based Gender Medicine (SEGM) a global organisation of clinicians and researchers—has consistently advocated for a cautious, evidence-driven approach to the care of gender-diverse youth.

- These developments reflect growing medical consensus that gender dysphoria in minors should be approached through comprehensive psychiatric, developmental, and trauma-informed care models, not political ideology. The NSW Seminar also highlighted that Australia's policy settings are now diverging from those in more risk-aware jurisdictions like the UK, Sweden, Denmark and Finland.

- Most recently, the *U.S. Department of Health and Human Services* (May 2025) released a landmark review stating that gender-affirming protocols had been "rapidly implemented without sufficient scientific and ethical justification." It further warned that U.S. medical institutions had failed to reconsider their approach even in the face of mounting international evidence and declining confidence in the model's safety and efficacy.

These developments reflect a growing global medical consensus that gender dysphoria in minors should be approached through comprehensive psychiatric, developmental, and trauma-informed care models. The NSW Seminar underscored that Australia's current policy settings are diverging from other jurisdictions such as the UK, Sweden, Denmark, Finland, and now the United States.

6. Legal Recognition of Risk: A Shift in Judicial Standards

Australian courts and International jurisdictions are now recognising the legal risks and ethical deficiencies associated with the gender-affirming treatment (GAT) model for minors.

In *Re Devin* (Federal Circuit and Family Court of Australia, 2024), the presiding judge relied heavily on the findings of the UK *Cass Review*. The court described the risk of harm from puberty blockers as "unacceptable," rejected the notion that gender identity is innate and immutable, and criticised a gender clinic's policy of unreserved affirmation. The judgment also found that a senior gender-affirming clinician had failed in her duty of impartiality as an expert witness and highlighted serious deficiencies in the clinic's assessment, diagnostic, and treatment practices.

Justice Strum also criticised Professor Michelle Telfer, lead author of the Australian gender-affirming care guidelines, for providing misleading evidence, failing to remain impartial, and relying on guidelines that lacked government endorsement.

These rulings signal that the Australian judiciary is now applying a more evidence-based, developmentally appropriate standard in cases involving gender dysphoria, one that diverges significantly from current clinical practice in public health systems.

Furthermore, the *Cass Review*'s rating of Australia's gender medicine standards, just 19 out of 100 for rigour of development, raises questions about the legal defensibility of adhering to such guidelines in future litigation or coronial review.

In light of these developments, the continued application of gender-affirming protocols without comprehensive, multidisciplinary oversight exposes institutions, clinicians, and regulators to escalating legal and professional liability. Public officials now have a clear duty to act to protect both vulnerable children and the integrity of health governance.

7. Conclusion: Upholding Science and Ethics in a Politicised System

Queensland's public healthcare system is at risk of disregarding mounting international, clinical, and legal evidence that the gender-affirming model, as currently implemented, is failing to protect vulnerable children and young people. Public institutions must not be used to advance ideological agendas at the expense of evidence-based medicine. Nor can vulnerable children be exposed to irreversible medical interventions without fully informed consent protections.

Equally concerning is the emerging pattern of clinicians being gagged, isolated, or sanctioned for fulfilling their ethical and legal duty to speak up for patient safety. The case of Dr Spencer exemplifies this unacceptable trend. Queensland Health's own frameworks commit to protecting staff who raise concerns, yet in practice, clinicians face career-ending consequences for doing so and the fear is clearly reflected in our survey findings.

We urge you to adopt the measured, evidence-aligned approach now seen in Europe, the United Kingdom, and the Australian judiciary: protect the child, support the clinician, and uphold the science.

Yours sincerely,

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