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# The Corruption of *The New England Journal of Medicine*

A leading medical journal has capitulated to transgender activists.

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*The New England Journal of Medicine* is the world's most prestigious medical journal. It publishes only 5 percent of the original research submissions that it receives. Physician Marty Makary, President Trump's nominee to head the Food and Drug Administration, [has written](#) that publishing a study in the journal "is rocket fuel for your academic career."

But like so many other institutions, *NEJM* has allowed a dubious commitment to "social justice" to overtake its pursuit of excellence in medical science—particularly when it comes to youth gender medicine. *NEJM*'s coverage of this controversial field has abandoned even the pretense of objectivity, declining to hold researchers to scientific standards or air alternative views that would advance scientific knowledge.

"Gender-affirming care" for youth involves the use of puberty-blocking drugs, cross-sex hormones, and surgeries to treat children who experience distress associated with their sex. Once embraced by many Western countries, this protocol has [faced criticism in recent years](#) for lacking credible evidence of its safety and benefits, for its potential harms, and for imposing life-altering treatments on children unable to give informed consent. In the U.S., though, medical associations have bucked the growing international consensus, maintaining their commitment to what they regard as a nonnegotiable human right.

In his first days in office, President Trump signed [executive orders](#) designed to starve the pediatric gender industry of federal funding. Transgender advocacy groups and several Democratic attorneys general filed [lawsuits](#) to block the administration from achieving its goal.

Commentators on all sides lament that this issue has become so politicized. But the politicization is the result of scientific and medical institutions failing to impose high standards and to facilitate open debate.

*NEJM*'s conduct is a good illustration of that failure. Its refusal to hold the research it publishes to high scientific standards and its documented track record of suppressing debate on these novel, invasive, and risky procedures has directly contributed to the politicized environment we see today.

[Johanna Olson-Kennedy](#), medical director of the Center for Transyouth Health and Development at Children's Hospital in Los Angeles, is one of the country's most prominent gender clinicians. Her former patient, a now 20-year-old detransitioner named Clementine Breen, [is suing Olson-Kennedy](#) for allegedly

fast-tracking her to puberty blockers at age 12, hormones at 13, and a double mastectomy at 14, all without a mental-health assessment. According to the complaint, Olson-Kennedy and her team approved Breen for transition after a single appointment.

In 2023, *NEJM* published a study by Olson-Kennedy on hormonal treatments for transgender-identified adolescents. Titled “Psychosocial Functioning in Transgender Youth after 2 Years of Hormones,” [the study](#) claimed to find improved mental-health and psychosocial-functioning outcomes among its 315 participants.

Olson-Kennedy’s paper received fawning media coverage. “Hormone therapy improves mental health for transgender youths, a new study finds,” read an NBC News [headline](#). “Gender Affirming Hormones Boost Mental Health for Transgender Youth,” MedPage Today [declared](#).

A closer look at the study’s data, however, shows nothing of the sort. The boys in the study experienced no improvement. The girls’ improvement was so marginal and of such questionable clinical value that the authors used dubious statistical methods to hide their true results. Almost a third of participants failed to report mental-health outcomes at the two-year follow-up.

Proponents argue that “gender-affirming care” is suicide-prevention treatment—a claim used to stave off public criticism, pressure parents into consenting to these interventions, and bypass the obvious ethical problems of subjecting children to experimental drugs and surgeries with lifelong implications. Yet two of the 315 teens in Olson-Kennedy’s study killed themselves after initiation of hormones, even though the researchers had [screened out](#) participants who were “visibly distraught (e.g., suicidal, homicidal, exhibiting violent behavior) at the time of consent or the baseline [mental health data collection].”

Olson-Kennedy and her colleagues did not see this as a reason to stop the study to figure out what went wrong. Indeed, they mentioned the suicides only in passing, never pondering what they might mean.

After *NEJM* published Olson-Kennedy’s paper, it received several letters to the editor pointing out its methodological problems, misleading conclusions, and inappropriate response to the suicides. Most letters were rejected. Those that were accepted were not published for at least ten months—far too late to have challenged the positive media narrative that had taken hold.

In October 2024, the *New York Times* [revealed](#) that Olson-Kennedy had been sitting on data showing that her subjects’ mental health had not improved after receiving puberty blockers. Olson-Kennedy said that she decided not to publish the data for fear that it would be “weaponized” by critics.

*NEJM* has neither retracted nor meaningfully corrected the study, which continues to be cited as leading evidence for a practice that medical authorities in other countries [increasingly regard](#) as a scandal. The journal’s website [states](#) that its “peer-review process often works to improve research while preventing

overstatements of results from reaching physicians and the public,” adding that its “careful editing process often requires extensive revisions and involves detailed checking for accuracy.”

I reached out to the *NEJM* editors to ask how the study’s inaccuracies and “overstatements of results” had evaded their peer-review process. I did not receive a response.

**N***NEJM*’s chief organ for promoting “gender-affirming care” is its “Perspectives” section. Perspectives publishes articles, primarily by medical professionals, on controversial topics of the day. Though technically opinion, pieces in this section must be scientifically informed and undergo peer review.

Year after year, *NEJM* has used the Perspectives section to platform only one side in the pediatric gender-medicine debate and to demonize competing viewpoints. It has allowed authors to peddle scientifically false and at times slanderous allegations against their critics, including against highly respected medical professionals.

The most plausible explanation for this is editorial bias. The editor of Perspectives is 24-year *NEJM* veteran Debra Malina. In 2018, Malina wrote articles for NPR and the *Washington Post* about how she was proud to support her “nonbinary” daughter and why parents of trans-identified youth need to “help the world grow and change, too.” In 2020, Malina’s Perspectives [published](#) an article by her daughter, Sula, arguing that “clinicians and health care institutions” must “confront their own transphobia.”

Sula is now a licensed therapist [who specializes](#) in “consensual non-monogamy,” “kink/BDSM,” and helping “queer and trans youth” and their parents “navigat[e] gender transition in the medical industrial complex.” She charges clients [\\$300 per hour](#) for her services.

Researchers I’ve spoken to expressed concern about Debra Malina’s conflict of interest, given her family situation. One researcher, whose letter to the editor pointing out flaws in a pro-gender-affirming care Perspectives article was rejected, wrote to *NEJM*’s editorial board on February 2, 2023. The author suggested that Malina recuse herself from publication decisions involving topics that implicate her daughter’s livelihood.

*NEJM*’s editor-in-chief, Eric Rubin, disagreed. “We encourage authors and reviewers to be transparent about financial conflicts and largely prohibit editors from having financial conflicts,” he responded. “However, all of our authors, reviewers and editors have opinions and biases (although I hope are willing to be proven wrong). I do not consider pre-existing opinions without financial conflicts to be grounds for recusal whether for Perspectives or research articles.”

Evidence of *NEJM*’s editorial bias extends beyond Malina’s familial connections to the gender-medicine industry. It is also reflected in her editorial decisions, made amid the escalating international controversy over “gender affirming care” for minors. Consider a few examples.

In November 2022, Perspectives published an article titled “[Protecting Transgender Health and Challenging Science Denialism Policy](#).” Written by Yale’s Meredith McNamara and colleagues, the article accused critics of pediatric gender transition of using “disinformation” tactics to justify state age-restriction laws. But McNamara’s article is full of critical omissions, misrepresentations, and calls for censorship. She cites her own non-peer-reviewed reports and transgender-advocacy groups’ clinical guidelines but fails to mention four extant systematic reviews of evidence—the gold standard in evidence evaluation—all finding that the evidence for endocrine treatments was of “low” or “very low” quality.

McNamara also claimed that “rates of regret [are] less than 1%” and cites her non-peer reviewed report, which in turn cites [a 2021 “systematic review.”](#) That review, [however](#), contains mathematical errors, relies on studies with dropout rates of up to 40 percent, and defines “regret” so narrowly that even detransitioners like Chloe Cole, who underwent “gender-affirming” mastectomy at age 15, wouldn’t count as cases of regret. No less important, the cited review draws from studies conducted almost exclusively on adults who transitioned well into adulthood, typically after years of therapy. In short, it tells us nothing about pediatric outcomes under the current “affirming” approach.

Most egregiously, McNamara called it “inflammatory” to suggest that adolescent gender dysphoria should be treated with psychotherapy rather than drugs—despite this being the emerging standard of care in several European countries—and characterized “desistance” and “regret” as “[h]armful terms” that “gloss over the suffering that [trans-identifying] people experience in an overwhelmingly cisgender society.”

Records I’ve obtained show that Malina received several letters to the editor calling out these and other problems in McNamara’s article, but she published none.

On January 15, 2025, Malina’s Perspectives published an article titled “[The Future of Gender-Affirming Care—A Law and Policy Perspective on the Cass Review](#),” by law professors Daniel G. Aaron and Craig Konnoth. The [Cass Review](#), authored by pediatrician Hilary Cass, was the product of a multiyear investigation of the U.K.’s gender services and based on seven new and two older systematic reviews of evidence on various aspects of pediatric gender transition. The Review’s unambiguous conclusion is that the evidence for safety and efficacy is “remarkably weak” and the current “gender-affirming” approach does not meet the standards of clinical assessment.

Aaron and Konnoth charge that the Cass Review’s conclusions are “unacceptable departures from medical law and policy.” But the authors show little understanding of the Review, its context, or even how evidence-based medicine works. Their Perspectives article is full of false analogies, mischaracterizations, and unprofessional attacks on Cass’s integrity. For example, they cite grey literature (non-peer reviewed reports) that attacks the Cass Review but do not mention [the peer-reviewed rebuttal](#) to these attacks, which was published in *The BMJ*, one of the world’s most prestigious medical journals. They also fail to note that the lead author of the grey literature they cite—Meredith McNamara—is [a paid expert witness in youth-](#)

[gender-medicine lawsuits](#) and stands to benefit professionally and financially from casting doubt on the Cass Review.

Aaron and Konnoth argue that the use of puberty blockers for children with central precocious (i.e., early) puberty is proof that “cisgender” youth receive “gender-affirming care” without controversy and that, consequently, any effort to restrict these interventions is motivated by animus against “transgender young people.” This is a profoundly misleading claim. As the Cass Review itself notes, puberty blockers “have undergone extensive testing for use in precocious puberty (a very different indication from use in gender dysphoria) and have met strict safety requirements to be approved for this condition.” The diagnosis of central precocious puberty relies on blood work, an objective test, whereas the diagnosis of gender dysphoria—to the extent gender clinicians even try to follow DSM-5 criteria, [which they often do not](#)—relies on more subjective and potentially transitory measures like the feelings and desires of adolescents.

Perhaps the most egregious of Aaron and Konnoth’s claims, however, is that the Cass Review is riddled with “antitransgender bias.” They offer no support for this claim other than their disagreement with the Review’s methodology and conclusions. While allegations of “anti-trans bias” have become commonplace in academic publishing, it is worth noting that such claims, when not backed by credible evidence, represent departures from the norms of scientific and civil debate.

A final example appeared earlier this month. [“Advancing Transgender Health amid Rising Policy Threats,”](#) written by gender clinicians and legal advocates, argues that the medical community should find ways, including “telehealth services and out-of-state referral pathways,” to evade state and federal restrictions on youth access to “gender-affirming care.” The authors write that such care “is widely recognized as essential, evidence based, and often lifesaving.” They continue: “Research consistently demonstrates the positive effects of these interventions, including substantial reductions in depression, anxiety, and suicidal ideation, and improvement in overall quality of life.”

It is hard to see how such assertions can be made by competent clinicians in good faith, given the consistent findings of a dozen systematic reviews of evidence—which, predictably, the authors never mention—and the explosive [revelations](#) about the World Professional Association for Transgender Health’s Standards of Care, Version 8, a document that the authors cite unquestioningly.

**N***EMJ*’s social-justice commitments have left it vulnerable to emotional extortion by activist researchers. For instance, in a July 2024 Perspectives article titled [“A Legacy of Cruelty to Sexual and Gender Minority Groups,”](#) a group of scholars charged the journal with having “normalized” “judgmental language,” and of having propped up “stigmatizing and inhumane concepts” such as the notion that “[t]he cause of gender identity disorder is unknown.” The authors called for “a broader reckoning with the ways in which medicine created and perpetuated cruel myths that legitimized the inhumane treatment of LGBTQ+ people for centuries and that continue to this day.”



A few months later, on “Transgender Day of Remembrance,” *NEJM* co-hosted a [symposium](#) with Harvard Medical School’s DEI office, titled “Sex, Gender, and Sexuality in the *Journal*.” After a land acknowledgement by HMS diversity dean Joan Reede, *NEJM* editor-in-chief Eric Rubin said that when it comes to “rectify[ing] injustices . . . part of it is on the *Journal*.”

The journal has been seeking to “rectify injustices” for quite some time. Since 2015, by my count, *Perspectives* has published 26 articles supportive of “gender-affirming” medicine. As far as I can tell, *Perspectives* has not published a single article that is critical, or even skeptical, of the controversial practice. I asked *NEJM* if they could cite a single article offering a different perspective but did not receive a response.

Numerous letters to the editors were submitted in response to these articles. None was published. When one scholar wrote to the *NEJM* editors to inquire about the journal’s consistent refusal to publish responses to *Perspective* pieces, she was told that “We simply do not publish letters in response to *Perspectives*, no matter how controversial.” A non-exhaustive search through the journal’s archives shows that this is not true. At least 22 such letters have been published, including 12 that criticize the original articles. In a later exchange, the same editor conceded that *NEJM* does publish critical responses, but “rarely” and “only under unusual circumstances.”

Does a global debate over a novel, invasive, and risky treatment protocol for vulnerable children not meet the standard of “unusual circumstances”?

Right after *NEJM* published the article criticizing the Cass Review, a group of psychologists with experience treating youth with gender-related distress submitted an article to *Perspectives* offering a sympathetic take on the report. “After considering its focus, content, and interest, we made the editorial decision not to consider your submission further,” Malina wrote to the author.

**T**he U.S. medical establishment’s continued support for “gender-affirming care” relies to a great degree on manufactured consensus. Ground zero for that consensus is the world of academic medical publication.

Top-tier medical journals regularly pump out studies in which the authors make wildly exaggerated claims that bear little resemblance to their actual findings. Studies on “rapid-onset gender dysphoria” are regularly attacked, prompting journals to issue [retractions](#) or [unwarranted “corrections.”](#) In [some cases](#), the gap between what the authors claim and what their evidence actually shows is [so stark](#) that one wonders what the peer-review process at these journals actually entails.

Last year, a first-of-its-kind [review](#) was published in *Acta Paediatrica*, a leading pediatric medical journal based in Sweden, on the neurocognitive impacts of puberty blockers. The author, Sallie Baxendale, an esteemed professor of clinical neuropsychologist in the U.K., reported that the effects of blockers remain largely unknown but may include IQ deficits.

Three medical journals rejected Baxendale’s article. A reviewer at one expressed concern that the paper would further stigmatize an already-stigmatized group. Another seemed to suggest that these medications should be presumed safe until proven otherwise—an astonishing reversal of the burden of proof that lies at the heart of medical ethics. **Reflecting** on her experience, Baxendale called it “extraordinary,” something she hadn’t seen “in my three-decades-long experience in academic publishing.”

In the foreword to her report, Hilary Cass notes that “studies are exaggerated or misrepresented by people on all sides of the debate to support their viewpoint.” All too often, prestigious medical journals themselves are responsible for such exaggeration and misrepresentation.

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