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**The Medical Ethics of “Gender Confirmation” Surgery****Heather Brunskell-Evans***10 Green Lane Stoke Albany Market, United Kingdom*

My paper will address the language and politics of “gender confirmation” surgery in the 21st century. I will argue that the medical ethics of performing surgery on young women who identify as male needs addressing by plastic surgeons with some urgency, bravery and self-reflection.

**Abstract:** At the initial consultation, the surgeon will see the young woman as a “transman” and understand phalloplasty (euphemistically described as “bottom surgery”) as “his” “choice”. Yet the young woman will have been caught up in a series of medical interventions prior to this “choice”, possibly over a number of years since childhood, including taking hormone blockers and cross-sex hormones. She will typically have undergone the following events: a) Consultation at a gender identity development clinic in which her identification as male will be affirmed and where psychotherapeutic counselling is rejected as “conversion therapy”; b) Been prescribed hormone blockers which will have already had deleterious effects on her body (such as decrease in bone density, restrictions on growth and so on) despite the fact that statistically she will have not needed the treatment since 85-90% of children desist with dysphoria beyond puberty; and c) Be part of the nearly 100% of children taking puberty blockers who go on to take cross-sex hormones which leads to surgery. Phalloplasty is a complex procedure that involves more than one surgery: a hysterectomy, an oophorectomy, a vaginectomy, a scrotoectomy, a urethroplasty, and a glansplasty. Although the young woman will discuss with the plastic surgeon the issues of fertility preservation and impact on sexual functioning, fertility and sexual functioning have already been compromised over the previous years when, as a child perhaps as young as 10, she gave “consent” to puberty blockers which led to cross-sex hormones.

There are no longitudinal studies to demonstrate the psychological efficacy of surgery, yet surgeons carry out these procedures as standard. What we do know however is that a growing number of young women are “de-transitioning” and express distress that they have been stripped of their female sex and reproductive organs. They are beginning to ask questions of a medical profession tasked with doing no harm but which has propelled her to surgical castration as a young adult.

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