Autonomy vs Duty of Care: Ethical Considerations in the Management of Gender Dysphoria and Gender Reassignment Surgery

Denise Mihaescu

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Abstract

The management of gender dysphoria and gender reassignment surgery is typically centred around the principle of autonomy. This dissertation compares autonomy and duty of care perspectives in addressing these issues. Specifically, it investigates whether the predominantly autonomous stance currently underpinning transgender healthcare, legislation and politics serves the best interests of transgender populations or whether advocating a duty of care imperative is a preferrable alternative to transgender care.

To test the hypothesis that a duty of care standard produces superior transgender health and wellbeing outcomes over an autonomy-based approach, a literature review that included a broad range of data on the subject was conducted. Special consideration was given to transgender healthcare, legislative and political contexts, and their engagement with autonomy and duty of care philosophies. The findings demonstrated that upholding a duty of care imperative in the confrontation of transgender issues is more conducive to the attainment of diligent transgender personal and socio-familial quality of life and welfare goals.

These results imply that existing transgender healthcare, legislative and political practices are inadequately targeting transgender difficulties. On this basis, a radical transformation of pertaining policies reflecting duty of care precepts is solicited and specific actions for change are proposed.

Keywords: transgender, autonomy, duty of care, gender dysphoria, gender reassignment surgery.

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Introduction

Historically an entirely covert phenomenon, transgender identity originally accrued popularity through the publication of Harry Benjamin conferring the hormonal feminisation of male adults in 1948, and via the proceedings concerning Christine Jorgensen, an American soldier who underwent gender reassignment surgery in Denmark, and returned to the United States as a woman, five years later.[1] Since that time, a novel socio-psychological classification of gender identity has been resolutely instituted in most cultures, with the ensuing three decades withstanding a rampant surge in men and women desirous of sex and gender modification, and the steadfast propagation of transsexualism.[2]

In contemporary culture, transgender presentation varies widely by age, natal sex, and expectations for treatment spectrums.[3] Manifestations of gender ambivalence amongst adolescents have risen steeply, with 1-2% of gender-nonconforming adolescents and adults estimated to have resorted to hormonal and surgical gender transition or are seriously contemplating to do so.[4] While a segment of this population covets a hormonal makeover intended for the mitigation of aesthetic discrepancies in relation to the desired sex, others resort to gender reassignment surgery in pursuance of unique demonstrations of gender expression.[5] Furthermore, an expanded notion of gender identity is sought by those opting to amalgamate inherent sexual characteristics with hormonally or surgically acquired ones, delineating unprecedented personal and societal interpretations of gender identity and sexuality.[6] Nowadays, professionals are expected to offer prompt solutions to individuals experiencing gender dysphoria. Societal perspectives have also shifted momentously to accommodate prevailing transgender trends,[7] largely concentrating upon an autonomous standpoint which

1 Susan Evans and Marcus Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults* (Oxfordshire: Phoenix Publishing House, 2021).
2 Ibid., xvii.
3 Ibid.
4 Ibid.
5 Ibid., xvii-xviii.
6 Ibid., xvii.
7 Ibid., xviii.

disregards a duty of care and the value of social solidarity, whilst being remarkably tolerant of liberal self-determining philosophies vis-à-vis gender-related affairs. Despite acknowledging that gender reassignment interventions are perceived by many as pertaining to a duty of care ethic, the current context supports an alternative interpretation of this principle. Duty of care is hereby defined as the moral, professional, and legal responsibility to ensure the thorough and comprehensive exploration of gender dysphoric sentiments that allows for safe, effective, and meaningful courses of action to be undertaken. This approach to the concept of duty of care will be expanded on in Chapter Three.

Meanwhile, mental health organizations' viewpoints on gender dysphoria and transsexualism appear to have sustained an analogous metamorphosis.[8] Whilst the 1983 *Diagnostic and Statistical Manual of Mental Disorders* (DSM) regarded transsexualism as a psychopathology,[9] the *DSM-5* comprehensively rejects psychopathological abnormality of gender nonconformity, yet paradoxically includes a psychiatric diagnosis of gender dysphoria which alludes to the experience of distress deriving from gender identity incongruence.[10] Through the depathologization of gender dysphoria, gender transition and affirmation inexorably replaced psychotherapeutic and psychiatric care,[11] progressively advocating autonomous pathways which are incompatible with duty of care morals. Notwithstanding the severe deficiency of scientific grounding supporting hormonal and surgical interventions for gender dysphoric individuals,[12] and the precarious psychosocial outcomes emanating from gender transition pursuits,[13] clinicians persevere in the implementation of gender-affirming practices.[14]

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8 Ibid.

9 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. (Washington DC, 1983).

10 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xviii; American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Arlington VA, 2013).

11 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xviii.

12 Ibid., xviii, xxi.

13 Cecilia Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", *PLoS One* 6, no. 2 (2011): e16885; Jon K. Meyer and Donna J. Reter, "Sex Reassignment: Follow-Up", *Archives of General Psychiatry* 36, no. 9 (1979): 1010–15.

14 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xviii.

The politicisation of transgender people in modern culture is also very strong. Internationally, EU politics underscore lesbian, gay, bisexual, transgender, and intersex rights (LGBTI) as staples of liberal democracy and parameters of Europeanness,[15] whilst domestically, progressive policymaking has made Malta a European leader on this civil right issue.[16] Predominantly relying on an informed consent model, statutory and institutional praxis facilitate gender affirmation initiatives through appositely enacted legislative[17] and healthcare-associated routes.[18]

Clearly, the management of gender dysphoria and gender reassignment surgery is presently centred around the principle of autonomy. The objective of this dissertation is to compare autonomy and duty of care standards in gender dysphoria and gender reassignment surgery. While there has been previous research on the detrimental psychosocial impacts of gender transition,[19] none have focused specifically on how autonomy and duty of care principles engage with the ethical management of gender dysphoria and gender reassignment surgery. This dissertation proposes a new understanding of the subject and aspires to contribute towards the amelioration of existent transgender policy and practice. Furthermore, at a time when politicisation of transgender people in modern culture is at its most prominent, it is important to establish whether the autonomous stance currently governing the transgender debate is successfully serving the best interests of gender dysphoric populations or whether

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15 Koen Slootmaeckers, "Constructing European Union Identity through LGBT Equality Promotion: Crises and Shifting Othering Processes in the European Union Enlargement", *Political Studies Review* 18, no. 3 (2020): 346–61; Koen Slootmaeckers, "The Litmus Test of Pride: Analysing the Emergence of the Belgrade "Ghost" Pride in the Context of EU Accession", *East European Politics* 33, no. 4 (2017): 517–35.

16 Robert Abela, "Malta Flimkien" (Partit Laburista, 2022), https://cdn-others.timesofmalta.com/6c548ddfc87ed80c7946b8a20308db142834241a.pdf. See proposal 666 and 667.

17 Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567 (2016); Laws of Malta, An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act, Chapter 540 (2016); Laws of Malta, Gender Identity, Gender Expression and Sex Characteristics Act, Chapter 540 (2015).

18 Chris Fearne, "Transgender Healthcare" (Office of the Deputy Prime Minister Ministry for Health), accessed 3 October 2021, https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Transgender%20Healthcare.pdf; Government of Malta, "The Gender Wellbeing Clinic", 2021, https://deputyprimeminister.gov.mt/en/CMO/transgender-health/Pages/welcome/the-gender-wellbeing-clinic.aspx.

19 Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Meyer and Reter, "Sex Reassignment: Follow-Up", 1010–15.

shifting towards a modus operandi based on the duty of care would yield superior psychosocial and physical results.

Chapter One and Chapter Two of this dissertation shall focus on the epidemiological, psychological, social, and medical aspects of gender dysphoria and gender reassignment surgery, with the aim of presenting an in-depth understanding and facts on the topic. Chapter Three will discuss the implications of adopting an autonomous approach as opposed to a duty of care approach in effectively addressing the management of gender dysphoria and gender reassignment surgery. Based on these, a series of recommendations relevant to transgender policy and practice shall be outlined.

Chapter 1 – Transgenderism and Gender Dysphoria

Gender dysphoria denotes the psychological distress triggered by feelings of incongruence between one's designated gender and experienced gender.[1] The aetiology of gender dysphoria is currently unknown, yet existing research indicates psychological and biological factors as key contributors to the inception and advancement of gender dysphoric symptoms.[2] Hereditary components, atypical sexual differentiation of the brain and gene variations (polymorphisms) are the predominant factors associated with the development of feelings of gender dysphoria.[3] Socio-environmental factors[4] and personal experiences[5] also hold a significant role in the formation of gender identities. Current treatment standards recommend puberty suppression, cross-sex hormone treatment and gender reassignment surgery for the amelioration of feelings of distress associated with gender dysphoria.[6] Substantial debates characterise the therapeutic modalities proposed by international guidelines,[7] particularly those pertaining to

1 American Psychiatric Association, "Gender Dysphoria", in *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (Arlington, VA: American Psychiatric Association, 2013), 451–59.

2 Baudewijntje P.C. Kreukels and Thomas D. Steensma, "Gender Dysphoria: Biological Factors", in The SAGE Encyclopaedia of Abnormal and Clinical Psychology, ed. Amy Wenzel (Thousand Oaks: SAGE Publications, 2017), http://dx.doi.org/10.4135/9781483365817.n617.

3 Ibid., 1523.

4 Melissa Hines, "Human Gender Development", *Neuroscience and Behavioural Reviews* 118 (2020): 89–96.

5 F. Saleem and S. W. Rizvi, "Transgender Associations and Possible Aetiology: A Literature Review", *Cureus* 9, no. 12 (2017): e1984.

6 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 7th Version, 2012, https://www.wpath.org/publications/soc; Peggy T. Cohen-Kettenis, Thomas D. Steensma, and Annelou L. C. De Vries, "Treatment of Adolescents With Gender Dysphoria in the Netherlands", *Child and Adolescent Psychiatric Clinics of North America* 20, no. 4 (2011): 689–700.

7 Stephen B. Levine, "Ethical Concerns About Emerging Treatment Paradigms for Gender Dysphoria", *Journal of Sex & Marital Therapy* 44, no. 1 (2018): 29–44; Marta R. Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", *BioMed Research International* 2018, no. 3 (2018): 1–6.

children and adolescents.[8] The psychological and social aspects of the transgender experience, although of broad relevance, remain highly underestimated.[9]

This chapter shall thus examine the epidemiological, medical, psychological, and social aspects of gender dysphoria, in the light of contemporary research.

1.1 Diagnosis and History

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) defines gender dysphoria as psychological distress that results from "a marked incongruence between one's experienced/expressed gender and their assigned gender."[10] A gender dysphoria diagnosis is delivered in circumstances wherein manifestations of distress and discomfort in relation to biological sex and gender assignment are substantial and unrelenting and when gender incongruity symptoms exert debilitating consequences on personal productivity and quality of life.[11] This diagnosis largely depends upon the clinician's judgement of whether patients' self-reporting declarations, or parents' testimonies in case of minors, comply with the specific diagnostic criteria outlined in the DSM-5.[12] The two primary classifications of gender dysphoria presented in the DSM-5 are gender dysphoria in children and gender dysphoria in adolescents and adults,[13] which, although characterized by explicit and distinct diagnostic criteria, exhibit fundamental similarities.[14] More precisely, manifestations of feelings of distress or

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8 Bernadette Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", *Clinical Child Psychology and Psychiatry* 24, no. 2 (2019): 203–22; Michael Laidlaw, Michelle Cretella, and G. Kevin Donovan, "The Right to Best Care for Children Does Not Include the Right to Medical Transition", *American Journal of Bioethics* 19, no. 2 (2019): 75–77; Michelle Cretella, "Gender Dysphoria in Children", *Issues in Law & Medicine* 32, no. 2 (2017): 287–304.

9 Melanie Bechard et al., "Psychosocial and Psychological Vulnerability in Adolescents with Gender Dysphoria: A "Proof of Principle" Study", *Journal of Sex & Marital Therapy* 43, no. 7 (2017): 678–88; Michael E. Newcomb et al., "High Burden of Mental Health Problems, Substance Abuse, Violence, and Related Psychosocial Factors in Transgender, Non-Binary, and Gender Diverse Youth and Young Adults", *Archives of Sexual Behaviour* 49, no. 2 (2020): 645–59; Jae A. Puckett et al., "Coping with Discrimination: The Insidious Effects of Gender Minority Stigma on Depression and Anxiety in Transgender Individuals", *Journal of Clinical Psychology* 76, no. 1 (2020): 176–94.

10 American Psychiatric Association, "Gender Dysphoria", 451–59.

11 Anne A. Lawrence, "Gender Dysphoria: Diagnosis", in *The SAGE Encyclopaedia of Abnormal and Clinical Psychology,* ed. Amy Wenzel (Thousand Oaks: SAGE Publications, 2017), http://dx.doi.org/10.4135/9781483365817.n619.

12 Ibid., 1528.

13 American Psychiatric Association, "Gender Dysphoria", 451–59.

14 Lawrence, "Gender Dysphoria: Diagnosis," 1527.

incongruence related to one's biological sexual characteristics or one's assigned gender role, disproportionate feelings of affinity with the other sex, and powerful yearnings for impersonation of biological sexual characteristics and gender identity roles allied with the other sex which occur over a period of time lasting for a minimum six months, represent mandatory diagnostic criteria which patients from both categories must fulfil for a gender dysphoria diagnosis to be established.[15]

Facilitating diagnostic methodologies of gender dysphoria, the Utrecht Gender Dysphoria Scale (UGDS)[16] and the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA)[17] are amongst the assessment protocols of preference utilized by professionals within the transgender clinical domain.[18] Notwithstanding the high standards of accuracy and reliability underpinning these evidence-based methods of evaluation, critics contest their focus on facilitating diagnosis of gender dysphoria, instead advocating for protocols of assessment with enhanced emphasis on the psychological adjustment and functioning inherent to the experience of transgender individuals.[19] Amongst the latest questionnaires, interview protocols, and appraisal methods employed within transgender clinical areas, the Gender Identity Reflection and Rumination Scale (GRRS),[20] Gender Minority Stress and Resilience Scale (GMRS),[21] Strength of Transgender Identity Scale (STIS),[22] Transgender

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15 Ibid.

16 Peggy T. Cohen-Kettenis and S. M. Van Goozen, "Sex Reassignment of Adolescent Transsexuals: A Follow-Up Study", *Journal of the American Academy of Child & Adolescent Psychiatry* 36, no. 2 (1997): 263–71.

17 Joseph J. Deogracias et al., "The Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults", *Journal of Sex Research* 44, no. 4 (2007): 370–79.

18 Grant P. Shulman et al., "A Review of Contemporary Assessment Tools for Use with Transgender and Gender Nonconforming Adults", *Psychology of Sexual Orientation and Gender Diversity* 4, no. 3 (2017): 304–13.

19 Ibid., 12.

20 L. Andrew Bauerband and M. Paz Galupo, "The Gender Identity Reflection and Rumination Scale: Development and Psychometric Evaluation", *Journal of Counselling & Development* 92, no. 2 (2014): 219–31.

21 Rylan J. Testa et al., "Development of the Gender Minority Stress and Resilience Measure", *Psychology of Sexual Orientation and Gender Diversity* 2, no. 1 (2015): 65–77.

22 Sebastian M. Barr, Stephanie L. Budge, and Jill L. Adelson, "Transgender Community Belongingness as a Mediator Between Strength of Transgender Identity and Wellbeing", *Journal of Counselling Psychology* 63, no. 1 (2016): 87–97.

Adaptation and Integration Measure (TG AIM),[23] Transgender Community Belongingness (TCB),[24] Transgender Congruence Scale (TCS),[25] Transgender Positive Identity Measure (T-PIM),[26] and Transsexual Voice Questionnaire for Male-to-Female Transsexuals (TVQ MTF)[27] are proposed as alternative approaches towards client-centred transgender care pathways.[28]

Initially introduced in the 1970's,[29] the term "gender dysphoria" replaced the diagnosis of "gender identity disorder" (GID) in the DSM-5.[30] The shift in diagnostic terminology was meant to emphasise the suffering and distress experienced by gender dysphoric individuals and to eliminate notions of stigma which may have been elicited by diagnostic wording which alluded to conditions of gender deviance.[31] In this respect, the American Psychiatric Association clarifies that while gender nonconformity and symptoms of gender dysphoria produce significant distress and suffering to the individuals experiencing them, gender dysphoria does not qualify as a mental disorder.[32]

Propelled on an analogous path towards trans depathologization, the World Health Organisation (WHO), through the International Statistical Classification of Diseases and Related Health Problems (ICD-11), relocated trans-related diagnostic classifications from the chapter entitled "Mental and Behavioural Disorders" to the section pertaining to "Conditions Related to Sexual Health" under the codification of "Gender

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23 Marie D. Sjoberg, Susan E. Walch, and Claudia J. Stanny, "Development and Initial Psychometric Evaluation of the Transgender Adaptation and Integration Measure (TG AIM)", *International Journal of Transgenderism* 9, no. 2 (2006): 35–45.

24 Barr, Budge, and Adelson, "Transgender Community Belongingness as a Mediator Between Strength of Transgender Identity and Wellbeing", 87–97.

25 Holly B. Kozee, Tracy L. Tylka, and L. Andrew Bauerband, "Measuring Transgender Individuals" Comfort with Gender Identity and Appearance: Development and Validation of the Transgender Congruence Scale", *Psychology of Women Quarterly* 36, no. 2 (2012): 179–96.

26 Ellen D. B. Riggle and Jonathan J. Mohr, "A Proposed Multi Factor Measure of Positive Identity for Transgender Identified Individuals", *Psychology of Sexual Orientation and Gender Diversity* 2, no. 1 (2015): 78–85.

27 Georgia Dacakis et al., "Development and Preliminary Evaluation of the Transsexual Voice Questionnaire for Male-to-Female Transsexuals", *Journal of Voice* 27, no. 3 (2013): 312–20.

28 Shulman et al., "A Review of Contemporary Assessment Tools for Use with Transgender and Gender Nonconforming Adults", 304–13.

29 Lawrence, "Gender Dysphoria: Diagnosis", 1527.

30 American Psychiatric Association, "Gender Dysphoria", 451–59.

31 Ibid.

32 Ibid.

Incongruence".[33] The Yogyakarta Principles enacted in 2007,[34] and revised in 2017,[35] attest comparable trans depathologization activism endeavours by international and regional political entities.[36] Throughout the past decade, European and international human rights organizations have engaged in intense political action directed towards the elimination of transsexuality as a disorder from the ICD and the DSM-5, the funding of trans-related healthcare from taxpayers' contributions and the legalization of gender recognition without requiring evidence of gender reassignment procedures undertaken or any other relevant psychological or psychiatric evaluation that may support autonomous affirmation of gender identity.[37]

Shadowing international trans depathologization lobbying efforts, the Maltese legal agenda underwent similar reforms through the enactment of the *Gender Identity, Gender Expression and Sex Characteristics* Act in 2015, and the subsequent *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act,* and *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act* in 2016.[38] The latter two prohibit pathologization of gender identity, gender expression and sexual orientation,[39] and outlaw conversion therapy practices[40] on the grounds that diagnosis of trans identities are associated with marginalisation and stigmatization and are detrimental to mental health and overall human welfare.

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33 World Health Organisation, ICD-11, *International Statistical Classification of Diseases and Related Health Problems*, 11th Revision (Geneva: WHO, 2018).

34 *The Yogyakarta Principles. Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity*, 2007, http://yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_en.pdf.

35 *The Yogyakarta Principles Plus 10. Additional Principles And State Obligations On The Application Of International Human Rights Law in Relation To Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics to Complement the Yogyakarta Principles*, 2017, http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf.

36 Amets Suess Schwend, "Trans Health Care from a Depathologization and Human Rights Perspective", *Public Health Reviews* 41, no. 3 (2020): 1–17.

37 Suess Schwend, "Trans Health Care from a Depathologization and Human Rights Perspective", 4.

38 Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540 (2015); Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540 (2016); Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567 (2016).

39 Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567.

40 Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567.

Human rights discourse, particularly with reference to the rights to health, to bodily autonomy and integrity, and to participation in health policy development, underlies political, legal and community campaigns for the abolishment of trans identity pathologization practices.[41] Self-determination models of trans healthcare systems and legal recognition protocols which are free from psychiatric involvement are perceived as highly desirable and in the best interests of the transgender community.[42] Transgender liberalism pathways have been endorsed and implemented by countries like France, Denmark, Argentina and Malta wherein trans healthcare requirements and associated legal praxis are undertaken in the complete absence of psychiatric consultation and participation.[43]

Notwithstanding the efforts undertaken towards the eradication of trans identity pathologizing systems, the depathologizing ambitions of transgender individuals remain somewhat equivocal.[44] Although vehemently rejecting a mental disorder classification for gender dysphoria, transgender persons willingly engage in gender-affirming medical and surgical technologies for the prospective successful resolution of their symptoms.[45] Furthermore, the reinstating of a medical interpretation of experienced gender dysphoric symptoms holds the potential to facilitate access for the desired transgender care intervention.[46]

The depathologization of gender dysphoria and transgenderism must be understood within a historical context.[47] Historical research into gender diversity attributed gender nonconformity and gender dysphoria to challenging familial dynamics, indicating paternal absenteeism and maternal dominance as rationales for the development of gender dysphoric symptoms.[48] The resultant introduction of sex-conversion techniques

41 Suess Schwend, "Trans Health Care from a Depathologization and Human Rights Perspective", 12-13.

42 Zowie Davy, "The DSM-5 and the Politics of Diagnosing Transpeople", *Archives of Sexual Behaviour* 44 (2015): 1165–76.

43 Davy, "The DSM-5 and the Politics of Diagnosing Transpeople", 1174.

44 Austin Johnson, "Rejecting, Reframing, and Reintroducing: Trans People's Strategic Engagement with the Medicalisation of Gender Dysphoria", *Sociology of Health and Illness* 41, no. 3 (2019): 517–32.

45 Ibid., 517.

46 Ibid., 517, 528.

47 Tinca J. C. Polderman et al., "The Biological Contributions to Gender Identity and Gender Diversity: Bringing Data to the Table", *Behaviour Genetics* 48 (2018): 95–108.

48 S. Marantz and S. Coates, "Mothers of Boys with Gender Identity Disorder: A Comparison of Matched Controls", *Journal of the American Academy of Child and Adolescent Psychiatry* 30, no. 2 (1991): 310–

intended at modifying sexually deviant behaviour is claimed to have produced significant harmful effects to gender dysphoric people, with widespread contestation of the practice leading to its prohibition both locally[49] and overseas.[50] Consistent with former academic claims, research into attachment patterns and complex trauma of adults exhibiting gender dysphoric symptoms revealed that relative to control males, transgender women were subjected to physical and psychological abuse from their fathers with associated separation from their mothers, whereas transgender men in comparison to female groups originated from familial situations consisting of participating mothers and inattentive or absent fathers.[51] Whilst corroborating the multifactorial dimension of gender dysphoria, these findings hold substantial implications for the successful implementation of transgender care.[52]

Clinical manifestations of gender dysphoria may exhibit significant resemblances to those encountered in other conditions, with specific disorders known to occur in concomitance with a gender dysphoria diagnosis.[53] In such circumstances, accurate evaluation of the presenting symptoms may be problematic, resulting in a heightened predisposition for a resultant wrongful or incomplete diagnosis and subsequent unsuitable therapeutic strategies.[54]

Amongst the conditions which may lead to diagnostic errors and consequential therapeutic management concerns is uncomplicated gender nonconformity.[55] Differentiating uncomplicated gender nonconformity from gender dysphoria is the

15; Michael R. Stevenson and Kathryn N. Black, "Paternal Absence and Sex-Role Development: A Meta-Analysis", *Child Development* 59, no. 3 (1988): 793–814; George A. Rekers et al., "Family Correlates of Male Childhood Gender Disturbance", *Journal of Genetic Psychology* 142 (1st Half), no. 1 (1983): 31–42.

49 Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567.

50 United Nations General Assembly, *Practices of So-Called "Conversion Therapy," Report of the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity* (Human Rights Council, 2020), https://undocs.org/A/HRC/44/53.

51 Guido Giovanardi et al., "Attachment Patterns and Complex Trauma in a Sample of Adults Diagnosed with Gender Dysphoria", *Frontiers in Psychology* 9, no. 60 (2018): 1-13.

52 Ibid.

53 Lawrence, "Gender Dysphoria: Diagnosis", 1529.

54 William Byne et al., "Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists", *Transgender Health* 3, no. 1 (2018): 57–70.

55 Ibid, 65.

absence of distress and suffering associated with gender dysphoric symptoms.[56] Despite yearning for and assuming gender roles pertaining to the desired sex, persons with uncomplicated gender nonconformity do not experience the distress, suffering and functional limitations inherent to conditions of gender dysphoria, and therefore do not require any form of gender transition interventions.[57] An erroneous diagnosis of gender dysphoria in this population may result in unnecessary and detrimental gender affirming interventions with irrevocable physical and psychological repercussions.[58] Indeed, research demonstrates that psychotherapy may deliver valuable support with associated satisfactory outcomes for gender nonconforming individuals who do not report experiencing gender dysphoric symptoms.[59]

Body dysmorphic disorder involves intense preoccupation about perceived major bodily flaws accompanied by an extreme desire to surgically modify or eradicate the supposed deformities.[60] Distinguishing body dysmorphic syndrome from gender dysphoria is the underlying perception of an abnormal body appearance unrelated to gender identity issues, demanding correction through surgical interventions.[61] Contrastingly, in gender dysphoria the desire for alterations in body image stem from feelings of gender incongruency.[62] Despite the fundamental diversity of the diagnostic criteria characterizing both conditions, analytical approaches and therapeutic manoeuvres come into conflict in circumstances wherein gender dysphoria and body dysmorphic disorder concur and overlap,[63] with appropriate distinction between the concomitant circumstances evidencing widespread problematics.[64] Particularly so, considering that the coexistence of gender dysphoria with body dysmorphic disorder is not an absolute contraindication for gender-affirming surgery,[65] with patients' capacity for autonomous

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56 Ibid.

57 Lawrence, "Gender Dysphoria: Diagnosis", 1529.

58 Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", 5.

59 Ibid.; Byne et al., "Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists", 65.

60 American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders.

61 Byne et al., "Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists", 65.

62 Ibid.

63 American Psychiatric Association, "Gender Dysphoria", 451-59; Lawrence, "Gender Dysphoria: Diagnosis", 1529.

64 Carrie Hunnicutt, "Dysphoria vs. Dysmorphia: Mental Health Discussions in Transgender Anorexia Nervosa Treatment", *Monte Nido*, 2021, https://www.montenido.com/transgender-anorexia-dysphoria-vs-dysmorphia/.

65 American Psychiatric Association, "Gender Dysphoria", 451-59.

decision-making and their ability to safely adhere to apposite treatment regimens being cited as sufficient grounds supporting gender transition practices.[66]

Similarly, transvestic disorder symptoms may confound a gender dysphoria diagnosis and the pertaining therapeutic care plan modalities.[67] In transvestic disorder, sexual arousal ensues within the context of cross-dressing fantasies, compulsions, and behaviours and is the source of extensive anguish and considerable functional limitations.[68] Transvestic disorder may manifest itself independently or concurrently to gender dysphoria,[69] while in some instances feelings of gender dysphoria may develop consequentially to transvestism.[70] Although differentiation of the two conditions is extremely convoluted,[71] a transvestic disorder diagnosis does not exclude gender transition interventions for gender dysphoric individuals.[72]

Individuals suffering from schizophrenia and other psychotic disorders may be subjected to gender-associated delusions.[73] Differentiation of these delusions from gender dysphoria occurs through management of the psychotic phase and adherence to DSM-5 criteria outlining a gender dysphoria diagnosis.[74] Whilst gender-related delusions may be exclusively related to the presence of psychotic conditions, gender dysphoria and psychotic disorders may co-occur,[75] and their simultaneous manifestation does not preclude hormonal and/or surgical gender interventions.[76]

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66 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112.

67 American Psychiatric Association, "Gender Dysphoria", 451-59; Lawrence, "Gender Dysphoria: Diagnosis", 1529.

68 Byne et al., "Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists", 65.

69 American Psychiatric Association, "Gender Dysphoria", 451-59; Lawrence, "Gender Dysphoria: Diagnosis", 1529.

70 Lawrence, "Gender Dysphoria: Diagnosis", 1529.

71 American Psychiatric Association, "Gender Dysphoria", 451-59; Lawrence, "Gender Dysphoria: Diagnosis", 1529.

72 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 25.

73 Lawrence, "Gender Dysphoria: Diagnosis", 1529.

74 Julia H. Meijer et al., "Gender Dysphoria and Co-Existing Psychosis: Review and Four Case Examples of Successful Gender Affirmative Treatment", *LGBT Health* 4, no. 2 (2017): 106–14.

75 Ibid.,106; Lawrence, "Gender Dysphoria: Diagnosis", 1529.

76 Meijer et al., "Gender Dysphoria and Co-Existing Psychosis: Review and Four Case Examples of Successful Gender Affirmative Treatment", 106; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 25.

Autism spectrum disorder (ASD) and attention-deficit hyperactivity disorder (ADHD) demonstrate marked prevalence amongst transgender communities, increasing the potential for misdiagnosis.[77] Prolonged consideration and decision-making times may be required for a comprehensive evaluation of overlapping symptoms.[78] Once again, the concurrent existence of these conditions does not impede the implementation of gender-affirming treatment protocols.[79]

Meticulous diagnostic assessments and accountable therapeutic recommendations for the management of gender dysphoric symptoms increase in complexity within the context of coexistent psychiatric disease. Contemporary diagnostic[80] and therapeutic[81] frameworks predominantly endorse an autonomous stance targeted at facilitating access to transgender healthcare services, empowering liberal, informed consent-based therapeutic modalities for hasty solutions to exceptionally intricate problems. The proposed models of care are premised on the notion that an autonomous approach in the field of gender-affirming and gender transition practices, even in circumstances wherein psychiatric comorbidities exist, is desirable and will presumably yield beneficial results. This assumption is based primarily on research demonstrating that gender reassignment surgery leads to "improved social and emotional adjustment",[82] a low incidence of regret and satisfaction with functional and aesthetic outcomes of surgery,[83] and beneficial effects on personal wellbeing, physical appearance and sexual

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77 Emily Thrower et al., "Prevalence of Autism Spectrum Disorder and Attention-Deficit Hyperactivity Disorder Amongst Individuals with Gender Dysphoria: A Systematic Review", *Journal of Autism and Developmental Disorders* 50, no. 3 (2020): 695–706.

78 John F. Strang et al., "Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents", *Journal of Clinical Child & Adolescent Psychology* 47, no. 1 (2018): 105–15.

79 Thrower et al., "Prevalence of Autism Spectrum Disorder and Attention-Deficit Hyperactivity Disorder Amongst Individuals with Gender Dysphoria: A Systematic Review", 704.

80 American Psychiatric Association, "Gender Dysphoria", 451–59.

81 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112.

82 Ira B. Pauly, "Outcome of Sex Reassignment Surgery for Transsexuals", *Australian & New Zealand Journal of Psychiatry* 15, no. 1 (1981): 45–51.

83 J. Rehman et al., "The Reported Sex and Surgery Satisfactions of 28 Postoperative Male-to-Female Transsexual Patients", *Archives of Sexual Behaviour* 28, no. 1 (1999): 71–89; S. Krege et al., "Male-to-Female Transsexualism: A Technique, Results and Long-Term Follow-Up in 66 Patients", *BJU International* 88, no. 4 (2001): 396–402.

performance.[84] Furthermore, current guidelines emphasize the positive consequences of combined hormonal and surgical therapies,[85] such as improved psychosocial outcomes,[86] stable or enhanced holistic functioning[87] and improvement in gender dysphoria scores as measured by the Utrecht Gender Dysphoria Scale.[88] However, because of their retrospective design, most of these studies are problematic, undermining arguments in favour of an autonomous framework. The scarcity of prospective research involving long-term patient follow-up, as well as follow-up studies demonstrating that reported positive effects of interventions are consistent over time, cast serious doubt on the premise that an autonomous approach to transgender issues is truly beneficial. Indeed, whilst gender transition interventions undertaken by individuals with coexisting mental health problems may generate temporary benefits, erroneous courses of action may produce devastating psychological, emotional, physical, and socioeconomic outcomes. Alternatively, implementing a duty of care approach maximizes person-centred actions for meaningful health impacts and longstanding quality of life.

1.2 Aetiology and Epidemiology

Although the precise aetiology of transsexualism is unknown, psychological, biological, and genetic factors have been suggested as key contributors towards the development

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84 Griet De Cuypere et al., "Sexual and Physical Health After Sex Reassignment Surgery", *Archives of Sexual Behavior* 34, no. 6 (2005): 679–90; Giulio Garaffa, Nim Christopher, and David Ralph, "Total Phallic Reconstruction in Female-to-Male Transsexuals", *European Urology* 57 (2009): 715–22; Carolin Klein and Boris B. Gorzalka, "Sexual Functioning in Transsexuals Following Hormone Therapy and Genital Surgery: A Review", *The Journal of Sexual Medicine* 6, no. 11 (2009): 2922–39.

85 J. Eldh, A. Berg, and M. Gustafsson, "Long-Term Follow Up After Sex Reassignment Surgery", *Scandinavian Journal of Plastic and Reconstructive Surgery and Hand Surgery* 31, no. 1 (1997): 39–45; Luk Gijs and Anne Brewaeys, "Surgical Treatment of Gender Dysphoria in Adults and Adolescents: Recent Developments, Effectiveness, and Challenges", *Annual Review of Sex Research* 18, no. 1 (2007): 178–224; Mohammad Hassan Murad et al., "Hormonal Therapy and Sex Reassignment: A Systematic Review and Meta-Analysis of Quality of Life and Psychosocial Outcomes", *Clinical Endocrinology* 72, no. 2 (2010): 214–31; Friedemann Pfäfflin and Astrid Junge, *Sex Reassignment. Thirty Years of International Follow-up Studies after Sex Reassignment Surgery. A Comprehensive Review, 1961-1991*, 1998.

86 Richard Green and Davis T. Fleming, "Transsexual Surgery Follow-Up: Status in the 1990s", *Annual Review of Sex Research* 1, no. 1 (1990): 163–74.

87 Annika Johansson et al., "A Five-Year Follow-Up Study of Swedish Adults with Gender Identity Disorder", *Archives of Sexual Behaviour* 39, no. 6 (2010): 1429–37.

88 Yolanda L. S. Smith et al., "Sex Reassignment: Outcomes and Predictors of Treatment for Adolescent and Adult Transsexuals", *Psychological Medicine* 35, no. 1 (2005): 89–99.

of diverse gender identities.[89] Since its inception, investigation pertaining to gender identity and sexual orientation was reminiscent of compelling underlying genetic and biological precursors, with several research findings concurring that the origins of gender identity are predominantly biological.[90] Preliminary research into human gender development focused predominantly on innate systems and "hardwiring" of the brain wherein testosterone was recognized as the sole contributor to the masculinization/femininization of the foetal brain.[91] The sexual differentiation hypothesis posits that a surge of testosterone or the absence thereof *in utero* determines gender organization of the brain.[92] The interaction of gonadal steroid hormones, genes and maternal factors within the prenatal environment are known to significantly affect sexual differentiation of the brain and the resultant gender identity and sexual orientation.[93] Because sexual differentiation of the genitals precedes that of the brain and the two processes are independent of one another, atypical levels of prenatal hormones during the gestational period may incite transsexual inclinations.[94] This stance is supported by 2D:4D digit ratio studies which suggest a significant correlation between the presence of prenatal testosterone and the development of gender dysphoria.[95]

Familial and twin studies demonstrate a dominant genetic influence upon the development of both cisgender and transgender identities,[96] yet fail to designate gene

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89 Kreukels and Steensma, "Gender Dysphoria: Biological Factors", 1523.

90 Ai-Min Bao and Dick F. Swaab, "Sexual Differentiation of the Human Brain: Relation to Gender Identity, Sexual Orientation and Neuropsychiatric Disorders", *Frontiers in Neuroendocrinology* 32, no. 2 (2011): 214–26; C. E. Roselli, "Neurobiology of Gender Identity and Sexual Orientation", *Journal of Neuroendocrinology* 30, no. 7 (2018): 1–14; Polderman et al., "The Biological Contributions to Gender Identity and Gender Diversity: Bringing Data to the Table", 95.

91 Rebecca Jordan-Young and Raffaella I. Rumiati, "Hardwired for Sexism? Approaches to Sex/Gender in Neuroscience", *Neuroethics* 5 (2012): 305–15.

92 Sarah M. Burke, Amir H. Manzouri, and Ivanka Savic, "Structural Connections in the Brain in Relation to Gender Identity and Sexual Orientation", *Scientific Reports* 7, no. 1 (2017): 17954–12.

93 Roselli, "Neurobiology of Gender Identity and Sexual Orientation", 9.

94 Ibid.

95 Mostafa Sadr et al., "2D:4D Suggests a Role of Prenatal Testosterone in Gender Dysphoria", *Archives of Sexual Behaviour* 49 (2020): 421–32. (The 2D:4D ratio refers to the ratio obtained when dividing the length of the index finger by the length of the ring finger on any given hand. Several studies associate digit ratio values to specific physical and behavioural characteristics).

96 Polderman et al., "The Biological Contributions to Gender Identity and Gender Diversity: Bringing Data to the Table", 98; S Turan and O. F. Demirel, "A Case Report of Opposite Sex Twin Pairs in Which One Had Female to Male Gender Dysphoria: The Role of Prenatal Exposure to Sex Hormones in the Aetiology of Gender Dysphoria", *Anatolian Journal of Psychiatry* 18, no. 1 (2017): 36–39; Milton

specificity.[97] Gene variations (polymorphisms) are considered as notable determinants of atypical sexual differentiation of the brain and the development of gender dysphoric symptoms, with genes involved in sex steroid biosynthesis, particularly androgen and oestrogen receptor genes, largely associated with gender identity development processes.[98] Investigation into the genetic basis of gender dysphoria amongst Chinese transgender individuals pinpointed the *RYR3* gene responsible for brain intracellular calcium homeostasis as a potentially contributing genetic element impacting the development of gender dysphoric symptoms.[99] Notwithstanding the relevance of these findings in providing valuable information regarding the genetic basis of gender dysphoria, the likely polygenic architecture of gender identity precludes clear conclusions.[100]

Indeed, it is hypothesised that the polygenic architecture which characterises human traits and diseases is susceptible to environmental stimuli, with the permutation of these elements triggering the evolution of phenotypical traits and the development of gender dysphoria.[101] Genetic predispositions for the development of gender identity and gender diversity are supported by the polygenic threshold model which proposes that although gene contributions are of major relevance to the development of complex traits, their involvement does not entirely determine gender identity or gender diversity outcomes.[102] Thus, while biological contributions towards the development of gender identities are undisputable, they do not provide a comprehensive perspective on the causality of gender dysphoria and the associated diagnosis of transgenderism.[103]

Diamond, "Transsexuality Among Twins: Identity Concordance, Transition, Rearing, and Orientation", *International Journal of Transgenderism* 14, no. 1 (2013): 24–38; Gunter Heylens et al., "Gender Identity Disorder in Twins: A Review of the Case Report Literature", *Journal of Sexual Medicine* 9, no. 3 (2012): 751–57.

97 Ibid.

98 Polderman et al., "The Biological Contributions to Gender Identity and Gender Diversity: Bringing Data to the Table", 103; Kreukels and Steensma, "Gender Dysphoria: Biological Factors", 1523.

99 Fu Yang et al., "Genomic Characteristics of Gender Dysphoria Patients and Identification of Rare Mutations in RYR3 Gene", *Scientific Reports* 7, no. 8339 (2017): 1–9.

100 Polderman et al., "The Biological Contributions to Gender Identity and Gender Diversity: Bringing Data to the Table", 104.

101 Ibid., 97-98.

102 Ibid.

103 Ibid., 95-108.

Certainly, human gender identity development comprises complex dynamic systems of uncertain aetiology.[104] Distancing itself from a concept of gender advancement which is predominantly dependent on biological constituents, modern research postulates a notion of gender conduct which is increasingly aligned with socio-cultural, familial, and environmental perspectives.[105] Despite the substantial bearings of genetic and hormonal input towards the formation of gender identities, contemporary research findings ascribe experienced gender statuses to a combination of biological, cultural, relational, neuropsychological, and developmental dynamics.[106] Contrary to former literature attributing human gender development exclusively to testosterone exposure *in utero*,[107] contemporary works identify prenatal hormonal engagements, quality of infant interaction with parents and self-socialization in relation to gender as fundamental constituents of gender identity evolution.[108]

The impact of early years on the development of sexual orientation and gendered embodiment is well-documented.[109] Whilst prenatal testosterone exposure exerts substantial influence upon gender identity, sexual orientation and children's sex-typical play behaviour, socialization by parents and peers together with self-socialization based on cognitive understanding of gender, eloquently induce sex/gender-related actions.[110] Dismissing a nature versus nurture approach, developmental science posits that human gender identity development encompasses multiple influences integrating over time.[111] These findings diverge from a preliminary understanding of gender as innate or

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104 Hines, "Human Gender Development", 89.

105 Ibid; Melissa Hines, "Neuroscience and Sex/Gender: Looking Back and Forward", *The Journal of Neuroscience* 40, no. 1 (2020): 37–43; Vasiliki Apeiranthitou, Penelope Louka, and George Thomas, "Gender Dysphoria: A Critical Discussion of the Understanding and Treatment of Gender Dysphoria", *Dialogues in Clinical Neuroscience & Mental Health* 2, no. 1 (2019): 72–80.

106 Hines, "Human Gender Development", 89, 94; Hines, "Neuroscience and Sex/Gender: Looking Back and Forward", 42; Apeiranthitou, Louka, and Thomas, "Gender Dysphoria: A Critical Discussion of the Understanding and Treatment of Gender Dysphoria", 72.

107 Bao and Swaab, "Sexual Differentiation of the Human Brain: Relation to Gender Identity, Sexual Orientation and Neuropsychiatric Disorders", 223.

108 Hines, "Human Gender Development", 89, 94; Hines, "Neuroscience and Sex/Gender: Looking Back and Forward", 42.

109 Hines, "Human Gender Development", 89.

110 Ibid., 89, 94.

111 Hines, "Neuroscience and Sex/Gender: Looking Back and Forward", 39.

"hardwired"[112] instead attributing the establishment of human brain and behaviour to neural plasticity and complex interactions involving hormonal processes and environmental factors.[113] While the "Hardwired" Paradigm or Dominant Brain Organization Paradigm maintains that sex/gender-related variations in the brain are a result of foetal exposure to steroid hormones,[114] the Developmental Systems Approach recognizes brain plasticity and interactions between hormones and environmental factors as key contributors towards the formation of human intellect and performance.[115] The latter viewpoint conveys a more holistic analysis of human gender development, shifting its focus away from the brain and incorporating other important aspects, such as social interaction and environmental stimuli, believed to hold equally noteworthy implications in human development.[116]

Along with neurobiological, genetic, and socio-environmental bases for gender identity development, there is growing evidence highlighting the substantial role of personal experiences in the formation of gender identities.[117] Significantly, childhood experiences of maltreatment, hardship and neglect affect the advancement of gender dysphoric symptoms and transgenderism.[118] Furthermore, research denotes pervasiveness of gender incongruity amongst populations suffering from psychiatric comorbidities, with transgender identifications more pronounced in concomitance with schizophrenia and autism spectrum disorders.[119]

Complementing academic and scientific efforts at comprehending the complexity of the human brain within the context of identity, gender, and sexuality, the "Human Brain

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112 Jordan-Young and Rumiati, "Hardwired for Sexism? Approaches to Sex/Gender in Neuroscience", 306-311.

113 Hines, "Neuroscience and Sex/Gender: Looking Back and Forward", 37, 41-42.

114 Jordan-Young and Rumiati, "Hardwired for Sexism? Approaches to Sex/Gender in Neuroscience", 305.

115 Hines, "Neuroscience and Sex/Gender: Looking Back and Forward", 41-42.

116 Ibid.

117 Jung Yul Kwon, Alexandra S. Wormley, and Michael E. W. Varnum, "Changing Cultures, Changing Brains: A Framework for Integrating Cultural Neuroscience and Cultural Change Research", *Biological Psychology* 162 (2021): 1–9.

118 Giovanardi et al., "Attachment Patterns and Complex Trauma in a Sample of Adults Diagnosed with Gender Dysphoria", 1,8; Saleem and Rizvi, "Transgender Associations and Possible Aetiology: A Literature Review", 1.

119 Saleem and Rizvi, "Transgender Associations and Possible Aetiology: A Literature Review", 4; Haleigh A. James et al., "A Community-Based Study of Demographics, Medical and Psychiatric Conditions, and Gender Dysphoria/Incongruence Treatment in Transgender/Gender Diverse Individuals", *Biology of Sex Differences* 11, no. 55 (2020): 1–10.

Mosaic" hypothesis challenges assumptions proclaiming brains as sexually dimorphic and proposes a model of human gender development within which sex/gender dissimilarities in brain structure and function intersect amongst themselves.[120] According to the "Human Brain Mosaic" perspective, brains with characteristics that consistently correspond to one end of the "maleness-femaleness" continuum are sporadic, with most human brains consisting of unique "mosaics" of features which cannot be categorized as neither entirely "male" nor entirely "female".[121]

Neuroimaging investigation into the brain morphology of individuals with gender incongruence substantiates the structural, functional, and metabolic brain differences inherent to the development of diverse gender identities.[122] Grey matter volumes, cortical thickness, white matter microstructural patterns and structural connectivity networks are amongst the most pertinent areas of investigation in the identification of physical, functional, and compositional neurobiological variations in relation to the development of gender dysphoria and transgender identities.[123]

Magnetic Resonance Imaging (MRI) studies comparing grey matter volumes in transgender women and cisgender groups evidence lower bilateral insular grey matter volumes amongst the transgender population, irrespective of treatment with cross-sex hormone therapy or absence thereof.[124] These variations, besides being indicative of identifiable characteristics pertaining to transgender women, are suggestive of underlying neural connectivity networks regulating body perception processes and gender dysphoric symptoms amongst the transgender population.[125] Another study investigating grey matter volume dissimilarities between transgender men and cisgender women demonstrates larger grey matter volumes in transgender men in the

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120 Daphna Joel et al., "Sex Beyond the Genitalia: The Human Brain Mosaic", *Proceedings of the National Academy of Sciences* 112, no. 50 (2015): 15468–73.

121 Ibid*.,* 15468.

122 Alberto Frigerio, Lucia Ballerini, and Maria Valdes Hernandez, "Structural, Functional, and Metabolic Brain Differences as a Function of Gender Identity or Sexual Orientation: A Systematic Review of the Human Neuroimaging Literature", *Archives of Sexual Behaviour*, 2021, https://doi-org.ejournals.um.edu.mt/10.1007/s10508-021-02005-9.

123 Kreukels and Steensma, "Gender Dysphoria: Biological Factors", 1524.

124 Giancarlo Spizzirri et al., "Grey and White Matter Volumes Either in Treatment-Naïve or Hormone-Treated Transgender Women: A Voxel-Based Morphometry Study", *Scientific Reports (Nature Publisher Group)* 8, no. 1 (2018): 1–10.

125 Ibid., 1.

right posterior cingulate gyrus and the left occipital pole, as opposed to lower grey matter volumes in the left middle temporal gyrus when compared to cisgender women.[126] These findings highlight prominent variations in brain structure and function which differentiate between transgender and cisgender brains.[127] Contrastingly, recent research conducted concludes that grey matter volumes in transgender individuals coincide with those of their natal sex as opposed to grey matter parameters intrinsic to that of their perceived gender.[128]

Recent neuroanatomical data illustrates that cortical thickness in transgender and cisgender groups is of comparable dimensions whereas cortical surface area values are predominantly coherent with the sex assigned at birth.[129] Another study examining brain structural variations amongst gender dysphoric adolescents and cisgender groups suggests that while cortical surface area in untreated gender dysphoric natal females is aligned with the sex assigned at birth, cortical structure associated with age-specific sexual orientation and sex-related trajectories in adolescence reflects that pertaining to the experienced gender.[130] These findings underscore the significance of sexual orientation and developmental pathways in the investigation and interpretation of brain structure and composition standards in individuals with gender dysphoria.[131]

Research demonstrates that the parietal cortex fulfils a central role in the functional brain organization patterns of transgender persons particularly in relation to brain salience and executive control networks.[132] When compared to cisgender males, transsexual male groups exhibit decreased interconnectivity designs amongst regions

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126 Taku Fukao, Kazutaka Ohi, and Toshiki Shioiri, "Gray Matter Volume Differences Between Transgender Men and Cisgender Women: A Voxel-Based Morphometry Study", *The Australian and New Zealand Journal of Psychiatry* 56, iss. 5 (2021): 535-541, https://doi.org/10.1177/0004867421998801.

127 Ibid., 6.

128 Behzad Sorouri Khorashad et al., "Neuroanatomy of Transgender Persons in a Non-Western Population and Improving Reliability in Clinical Neuroimaging", *Journal of Neuroscience Research* 98, no. 11 (2020): 2166–77.

129 Ibid., 2166.

130 Elseline Hoekzema et al., "Regional Volumes and Spatial Volumetric Distribution of Gray Matter in the Gender Dysphoric Brain", *Psychoneuroendocrinology* 55 (2015): 59–71.

131 Antonio Guillamon, Carme Junque, and Esther Gomez-Gil, "A Review of the Status of Brain Structure Research in Transsexualism", *Archives of Sexual Behaviour* 45 (2016): 1615–48.

132 Carme Uribe et al., "Brain Network Interactions in Transgender Individuals with Gender Incongruence", *NeuroImage* 211 (2020): 1–12.

pertaining to the salience, default mode network, executive control network and the sensorimotor network, highlighting neurological mechanisms involving cortical and subcortical aspects of the brain with a substantial frontal predominance.[133] These findings propose that functional brain organization mechanisms in transgender individuals are grounded on two hypotheses: a neurodevelopmental cortical hypothesis which underscores the role of hormones in brain sexual differentiation processes and the evolution of gender identity; and a functional-based hypothesis which emphasizes the interactions between specific regions in the brain as crucial to the development of own body perception.[134] Both theories are found to hold considerable validity in understanding functional brain organization amongst transgender populations.[135]

White matter microstructure patterns show differences in mean diffusivity ranges across transsexual and cisgender control groups.[136] Female control participants exhibit the highest mean diffusivities followed by a decline in values displayed by female-to-male transsexuals, male-to-female transexuals and male controls in the order.[137] A strong correlation was found between plasma testosterone levels and diffusivity results.[138] These findings advocate for a hormonal theory of human gender development attributing fibre tract development mechanisms to the influence of hormonal environments *in utero* and during the early postnatal phase.[139]

Another study proposes a biopsychosocial approach towards understanding the complex dynamics underpinning gender identity development and gender dysphoria.[140] According to this model, neurobiological foundations of gender dysphoria, although powerful determinants of the development of gender dysphoric symptoms, fail to provide a comprehensive perspective on the complex mechanisms involved in gender identity formation.[141] Instead, authors maintain those conflicts ensuing between

133 Ibid., 11.
134 Ibid., 1.
135 Ibid., 11.
136 Georg S. Kranz et al., "White Matter Microstructure in Transsexuals and Controls Investigated by Diffusion Tensor Imaging", *Journal of Neuroscience* 34, no. 46 (2014): 15466–75.
137 Ibid., 15466.
138 Ibid.
139 Ibid.
140 Murat Altinay and Amit Anand, "Neuroimaging Gender Dysphoria: A Novel Psychobiological Model", *Brain Imaging and Behaviour* 14, no. 4 (2020): 1281–97.
141 Ibid., 1294.

perceived gender statuses and societal input generate ongoing cognitive dissonance and feelings of gender dysphoria, associated with brain functional connectivity and activation changes.[142] Thus, besides neurobiological contributions concerning grey matter volumes and brain activation and connectivity variations insofar ascribed to the development of gender dysphoric symptoms, environmental feedback in addition to interactions between specific regions of the brain involved in the development of self-body perception are proposed as fundamental constituents in the development of gender dysphoria.[143] In this respect, the anterior cingulate cortex and ventral striatum are identified as the key brain structures involved in the development of gender dysphoria and associated cognitive dissonance.[144] Similar conclusions concerning the implications of cerebral mechanisms interceding self-body perception and ownership in the development of gender dysphoria and transgender traits are also documented in former research.[145]

Notwithstanding the acquired momentum of transgender research in recent years, international and local epidemiological data lacks accuracy and dependability.[146] Problematic research designs and methodologies, techniques involving selection of sample populations, and discrepancies in terminology utilized across studies, generate weaknesses in data collection and interpretation processes, producing misleading results.[147] Available research presumably portrays statistical evidence restricted to transgender persons who have sought transgender healthcare via recognized channels, resulting in the exclusion of transgender populations who are refused access to appropriate healthcare services and those pursuing medical and surgical treatment through unofficial routes.[148]

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142 Ibid., 1281.

143 Ibid.

144 Altinay and Anand, "Neuroimaging Gender Dysphoria: A Novel Psychobiological Model", 1281.

145 Jamie D. Feusner et al., "Intrinsic Network Connectivity and Own Body Perception in Gender Dysphoria", *Brain Imaging and Behaviour* 11, no. 4 (2017): 964–76.

146 Thomas D. Steensma and Baudewijntje P. C. Kreukels, "Gender Dysphoria: Epidemiology", in *The SAGE Encyclopaedia of Abnormal and Clinical Psychology,* ed. Amy Wenzel (Thousand Oaks: SAGE Publications, 2017), http://dx.doi.org/10.4135/9781483365817.n620.

147 Ibid., 1530.

148 Ibid.

The figures extrapolated by the World Professional Association of Transgender Health (WPATH) denote an international prevalence of male-to-female (MtF) persons as standing in the region between 1 in 12,000 to 1 in 45,000 whereas the female-to-male (FtM) person ratio engaging at the incidence of 1 in 30,000 to 1 in 200, 000 worldwide.[149] When applied to the Maltese transgender scenario, these findings correspond to an incidence rate of 10 to 40 MtF and 3 to 15 FtM newly diagnosed transgender individuals requesting access to gender affirming services on an annual basis.[150] Alternative research, however, claims that transgenderism prevalence encompasses between 0.1% to 0.5% of the global population.[151]

Recent years have shown a surge in gender atypical behaviour and gender identity interventions amongst children and adolescents.[152] Whilst the exact incidence and prevalence of established gender dysphoria amongst children and youths is problematic to ascertain, in the UK, from 2011 onwards, the number of young people utilizing the national Gender Identity Development Service (GIDS) has soared substantially.[153] The precise rationale behind the increased demand of child- and adolescent-focused gender care services is unclear, yet increased societal acceptance of gender non-conformity and inappropriate referrals to specialist services by healthcare professionals may reflect the marked changes in gender-related healthcare trends.[154] Research demonstrates that boys are tendentially more predisposed to specialized gender identity clinic referrals when compared to girls, suggesting that societal norms may be more tolerant of

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149 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 7.

150 Chris Fearne, "Transgender Healthcare" (Office of the Deputy Prime Minister Ministry for Health), accessed 3 October 2021, https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Transgender%20Healthcare.pdf.

151 Ibid., 9.

152 Madison Aitken et al., "Evidence for an Altered Sex Ratio in Clinic-Referred Adolescents with Gender Dysphoria", *Journal of Sexual Medicine* 12, no. 3 (2015): 756–63.

153 Gary Butler et al., "Assessment and Support of Children and Adolescents with Gender Dysphoria", *Archives of Disease in Childhood* 103, no. 7 (2018): 631–36; Kenneth J. Zucker and Anne A. Lawrence, "Epidemiology of Gender Identity Disorder: Recommendations for the Standards of Care of the World Professional Association for Transgender Health", *International Journal of Transgenderism* 11, no. 1 (2009): 8–18.

154 Gary Butler et al., "Assessment and Support of Children and Adolescents with Gender Dysphoria", 631.

manifestations of masculinity in girls and less accepting towards representations of femininity in boys.[155]

The heightened prevalence of transgender-clinic referrals amongst children and adolescents has become a phenomenon of international concern.[156] Studies conducted in North America, Europe, Scandinavia,[157] Australia,[158] and the Middle East[159] consistently document intensification of demands for youth-specific gender identity services, citing increased awareness of gender diversity issues, service accessibility, de-stigmatization and social and media stimuli as decisive factors contributing towards the escalation in referral tendencies pertaining to younger transgender populations.[160] Furthermore, research identifies a powerful correlation between media coverage of transgender-related topics and the presentation of gender dysphoric children and adolescents for medical attention at gender specialized clinics.[161] It is proposed that enhanced awareness generated by media coverage of transgender-associated issues may prompt transgender minors and their families to seek specialized assistance with the scope of surmounting sentiments of distress related to the experience of gender incongruity.[162]

Inquiry pertaining to adults suffering from gender dysphoria reports analogous escalations in statistics of gender dysphoric individuals resorting to specialized transgender healthcare services to address symptoms of gender incompatibility.[163] Comparable to research undertaken amongst child and adolescent transgender

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155 Steensma and Kreukels, "Gender Dysphoria: Epidemiology", 1531.

156 Kenneth J. Zucker, "Adolescents with Gender Dysphoria: Reflections on Some Contemporary Clinical and Research Issues", *Archives of Sexual Behaviour* 48, no. 5 (2019): 1983–92.

157 Ibid., 1983.

158 Ken C. Pang et al., "Association of Media Coverage of Transgender and Gender Diverse Issues with Rates of Referral of Transgender Children and Adolescents to Specialist Gender Clinics in the UK and Australia", *Journal of the American Medical Association Network Open* 3, no. 7 (2020): e201116.

159 Anat Segev-Becker et al., "Children and Adolescents with Gender Dysphoria in Israel: Increasing Referral and Fertility Preservation Rates", *Endocrine Practice* 26, no. 4 (2020): 423–28.

160 Annelou L. C. De Vries, Daniel Klink, and Peggy T. Cohen-Kettenis, "What the Primary Care Paediatrician Needs to Know About Gender Incongruence and Gender Dysphoria in Children and Adolescents", *Paediatric Clinics of North America* 63, no. 6 (2016): 1121–35.

161 Pang et al., "Association of Media Coverage of Transgender and Gender Diverse Issues with Rates of Referral of Transgender Children and Adolescents to Specialist Gender Clinics in the UK and Australia", 1-2, 8.

162 Ibid.

163 K. J. Zucker, "Epidemiology of Gender Dysphoria and Transgender Identity", *Sexual Health* 14, no. 5 (2017): 404–11.

populations, true prevalence of transgenderism in adulthood remains problematic to determine, primarily because the pertinent data relies upon the number of adults pursuing medical care at dedicated gender identity facilities, requests for and implementation of treatment involving cross-sex hormonal agents, appeals for name change on legal documentation and the undertaking of gender reassignment surgery.[164] Data collected from European research populations highlights the prevalence of male-to-female transsexualism in adults in comparison to female-to-male counterparts, denoting that the occurrence of gender dysphoric symptoms in biological males is more frequent than that encountered amongst biologically female transgender individuals.[165]

Sexual orientation variations in relation to the developmental course of gender represent a salient aspect of transgender identities, holding noteworthy implications for transgender healthcare pathways.[166] The DSM-5 identifies early-onset and late-onset gender dysphoria as the two foremost trajectories delineating the development and advancement of gender dysphoric symptoms.[167] Whilst early-onset gender dysphoria is established during childhood with progression of symptoms occurring into adolescence and adulthood, late-onset manifestations of gender dysphoric symptoms ensue at the pubescent period or during later life.[168] Biologically male and female children with persistent symptoms of gender dysphoria show a marked predisposition to developing sexual orientation preferences towards individuals of their natal sex.[169] Androphilia is predominantly observed in most male adolescents and adults with early-onset gender dysphoric symptoms, whereas gynophilic sexual orientation propensities are characteristic of natal male populations with late-onset gender dysphoria.[170] Biological females hold a superior predisposition of developing early-onset gender dysphoric symptoms with associated gynophilic sexual orientation tendencies, with the minority

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164 Ibid., 407-408; Fearne, "Transgender Healthcare", 9.

165 A. Becerra-Fernández et al., "Prevalence, Incidence, and Sex Ratio of Transsexualism in the Autonomous Region of Madrid (Spain) According to Healthcare Demand", *Archives of Sexual Behaviour* 46, no. 5 (2017): 1307–12.

166 Guillamon, Junque, and Gomez-Gil, "A Review of the Status of Brain Structure Research in Transsexualism", 1615–48.

167 Ibid.,1616; American Psychiatric Association, "Gender Dysphoria", 451-59.

168 Guillamon, Junque, and Gomez-Gil, "A Review of the Status of Brain Structure Research in Transsexualism", 1616.

169 Ibid.

170 Ibid.

of those exhibiting late-onset manifestations of gender dysphoria inclined towards androphilic sexual orientation preferences.[171]

Subtyping of transexuals in accordance with onset of symptoms and corresponding sexual orientation, although no longer endorsed by DSM-5 criteria,[172] has been debated by several scholars.[173] Potentially one of the most influential and critiqued contributions, Blanchard's taxonomy distinguishes between androphilic and gynophilic male-to-female transgender individuals ascribing the nomenclature of "homosexual" to androphilic male-to-female transsexual groups and "non-homosexual" in relation to gynophilic male-to-female transgender populations.[174] Blanchard's theory postulates that while "homosexual" transgender women undergo gender reassignment surgery to obtain physical features which are in alignment with their perceived gender identity status, "heterosexual" transgender women undertake sex-related surgical interventions exclusively for sexual fulfilment.[175] With reference to the latter category, Blanchard coined the term auto gynephilia which denotes "a male's propensity to be sexually aroused by the thought of himself as a female."[176] Blanchard's ideology gained popularity in 2003 after extensive coverage received through the writings of psychologist J. Michael Bailey.[177] Notwithstanding widespread scientific backing, the hypothesis of auto gynephilia remains highly controversial amongst academics, clinicians, and male-to-female transsexuals, inferring substantially on research practice and clinical care.[178]

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171 American Psychiatric Association, "Gender Dysphoria", 451-59.

172 Ibid.

173 Ray Blanchard, "The Classification and Labelling of Nonhomosexual Gender Dysphorias", *Archives of Sexual Behaviour* 18, no. 4 (1989): 315–34; Ray Blanchard, "The Concept of Autogynephilia and the Typology of Male Gender Dysphoria", *Journal of Nervous and Mental Disease* 177, no. 10 (1989): 616–23; Y. L. Smith et al., "Transsexual Subtypes: Clinical and Theoretical Significance", *Psychiatry Research* 137, no. 3 (2005): 151–16.

174 Blanchard, "The Classification and Labelling of Nonhomosexual Gender Dysphorias", 315-34; Blanchard, "The Concept of Autogynephilia and the Typology of Male Gender Dysphoria", 616-23.

175 Ibid.

176 Blanchard, "The Concept of Autogynephilia and the Typology of Male Gender Dysphoria", 616.

177 J. Michael Bailey, The Man Who Would Be Queen: The Science of Gender-Bending and Transsexualism (Washington DC: Joseph Henry, 2003).

178 Charles Moser, "Blanchard's Autogynephilia Theory: A Critique", *Journal of Homosexuality* 57, no. 6 (2010): 790–809.

1.3 Treatment

Present clinical guidelines recommend cross-sex hormone treatment and gender reassignment surgery as gold standard approaches in the treatment of gender dysphoria and transsexualism.[179] Transgender care pathways are directed at alleviating symptoms of distress associated with feelings of gender incongruency for the enhancement of body perception, promotion of psychological and social wellbeing, and amelioration in overall quality of life.[180] Despite the widespread application of medical and surgical gender affirming interventions within contemporary societal contexts, utilisation of these practices in the management and resolution of gender dysphoria and transgenderism remains highly controversial.[181] The Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People enacted by the World Professional Association for Transgender Health (WPATH) provides healthcare professionals with gender transition protocols for the realization of evidence-based and steadfast gender affirming goals.[182] Inspired by the Dutch Protocol for transgender youth,[183] the Standards of Care action plan enables gender reassignment decision-making processes through standardized criteria and methods of implementation.[184]

The WPATH Standards of Care guidelines revolve around five focal components, more specifically the psychological evaluation of adults presenting with gender dysphoric symptoms and the analysis of contemporaneous mental health, psychotherapy and the prescription of psychotropic agents to alleviate symptoms of gender dysphoria and treat

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179 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 33-50, 54-64.

180 Ibid.,1*;* Fearne, "Transgender Healthcare", 3,7.

181 Juan Carlos D"Abrera et al., "Informed Consent and Childhood Gender Dysphoria: Emerging Complexities in Diagnosis and Treatment", *Australasian Psychiatry* 28, no. 5 (2020): 536–38; Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", 210-16; Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", 2-5; Levine, "Ethical Concerns About Emerging Treatment Paradigms for Gender Dysphoria", 32-34; Michelle Cretella, "Gender Dysphoria in Children", *Issues in Law & Medicine* 32, no. 2 (2017): 287–304.

182 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-109.

183 Cohen-Kettenis, Steensma, and De Vries, "Treatment of Adolescents with Gender Dysphoria in the Netherlands", 689–700.

184 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-109.

concomitant psychiatric health issues, adoption of the anticipated gender role in everyday life through manner of dress and appropriate grooming habits, cross-sex hormone therapy for the development of physical characteristics of the desired sex, and gender reassignment surgery for a radical transformation of one's primary and secondary sexual characteristics for complete and irreversible gender transition.[185] The transgender care framework advocates for flexibility amongst transition milestones with the suggested course of action involving initially completely reversible stages (e.g., change of name, pronouns, and clothing style), with subsequent partially reversible changes (e.g., cross-sex hormone therapy) and lastly the undertaking of irrevocable gender reassignment surgeries.[186] Notwithstanding the proposed sequence of gender affirming interventions, transgender individuals may select alternative gender transition advancement routes.[187] For instance, transgender men hold the option of undergoing mastectomy or male breast construction prior to initiating masculinizing hormonal therapy.[188]

Modifications to the stipulated standards of care strategies are similarly pertinent to gonadectomy procedures and genital gender reassignment surgical interventions.[189] While it is recommended that continuous hormonal therapy consistent with individuals' gender transition goals should be upheld for the duration of twelve months preceding prospective gonadectomy procedures and that it is preferable that gender dysphoric persons experience quotidian life in the desired gender role for an interval of twelve months prior to gender reassignment surgical interventions, these guidelines may be overridden through invoking informed consent.[190] Furthermore, the WPATH Standard of Care strategies contend that while mental health examinations are essential preconditions of cross-sex hormone treatment and masculinizing or feminizing reconstruction surgeries,[191] psychoanalysis, although a recommended intervention,

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185 Ibid., 8-10; Anne A. Lawrence, "Gender Dysphoria: Treatment", in *The SAGE Encyclopaedia of Abnormal and Clinical Psychology,* ed. Amy Wenzel (Thousand Oaks: SAGE Publications, 2017), http://dx.doi.org/10.4135/9781483365817.n627.

186 Ibid., 8-54.

187 Ibid., 2.

188 Ibid., 59.

189 Ibid., 59-60.

190 Ibid., 60-61.

191 Ibid., 21-28.

does not qualify as an absolute criterion for the undertaking of the pertinent procedures.[192] Essentially, the fluidity of mainstream treatment paradigms denotes greater acceptance of an informed model of transgender care.[193]

Contemporary transgender care protocols recommend the utilization of cross-sex hormone treatments for the effective management of gender dysphoric symptoms and the realization of gender congruity.[194] Oestrogen and antiandrogenic therapy produce feminizing results amongst transgender women whereas testosterone and androgenic treatments are targeted at attaining masculine secondary sexual characteristics in transgender men.[195] Besides altering secondary sexual characteristics to match those of the experienced gender identity, transgender hormone treatments modify neuroanatomical features correlated to the processing of self-body perception to correspond to those encountered amongst cisgender populations.[196] Despite extensive application of these practices, evidence regarding their safety and effectiveness in managing gender dysphoric symptoms amongst transgender groups is particularly inconsistent.[197] Thus far, while cross-sex hormone therapy-endorsing research affirms that transgender hormonal interventions are crucial to alleviating gender dysphoria related mental distress[198] and preventing associated manifestations of depression and the incidence of suicidality,[199] contrasting academic endeavours assert that cross-sex

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192 Ibid., 28-29.

193 Sarah L. Schulz, "The Informed Consent Model of Transgender Care: An Alternative to the Diagnosis of Gender Dysphoria", *Journal of Humanistic Psychology* 58, no. 1 (2018): 72–79.

194 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 33-50; Fearne, "Transgender Healthcare", 16; Paul W. Hruz, "The Use of Cross-Sex Steroids in the Treatment of Gender Dysphoria", *The National Catholic Bioethics Quarterly* 17, no. 4 (2017): 661–71.

195 Hruz, "The Use of Cross-Sex Steroids in the Treatment of Gender Dysphoria", 661.

196 Lisa A. Kilpatrick et al., "Cross Sex Hormone Treatment Is Linked with a Reversal of Cerebral Patterns Associated with Gender Dysphoria to the Baseline of Cisgender Controls", *European Journal of Neuroscience* 50, no. 8 (2019): 3269–81.

197 Hruz, "The Use of Cross-Sex Steroids in the Treatment of Gender Dysphoria", 661; Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", 2; R. M. Viner, C. Brain, and P. Carmichael, "Sex on the Brain: Dilemmas in the Endocrine Management of Children and Adolescents with Gender Identity Disorder", *Archives of Disease in Childhood* 90, no. 4 (2005): A78; Rosalia Costa and Marco Colizzi, "The Effect of Cross-Sex Hormonal Treatment on Gender Dysphoria Individuals" Mental Health: A Systematic Review", *Neuropsychiatric Disease and Treatment* 12 (2016): 1953–66.

198 Costa and Colizzi, "The Effect of Cross-Sex Hormonal Treatment on Gender Dysphoria Individuals' Mental Health: A Systematic Review", 1953.

199 Kellan E. Baker et al., "Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review", *Journal of the Endocrine Society* 5, no. 4 (2021): 1–16; Christal Achille et al., "Longitudinal Impact of Gender-Affirming Endocrine Intervention on the Mental Health and

hormone therapeutic practices lack comprehensive scientific grounds and fall short of providing concrete evidence of longstanding benefits in the deterrence of depression and suicide amongst transgender populations.[200] Recent meta-analytic data highlighting improved quality of life and diminished depressive and anxiety indicators as attributable to hormonal therapeutic regimes undergone by transgender individuals, provides inconclusive annotations upon the effect of cross-sex hormones upon death by suicide, whilst conceding potential methodological limitations pertaining to the reliability and consistency of the entirety of the findings.[201] Furthermore, the utilization of cross-sex hormonal therapies fails to efficiently address dysfunctional eating habits associated with gender dysphoric and body dissatisfaction symptoms.[202]

Gender affirming hormone therapy produces the rapid inception of partially irreversible consequences.[203] Whilst yielding instant relief from gender dysphoric symptoms and a reinforced sense of identity, cross-sex hormone treatments create substantial hormonal instability with unfavourable health outcomes.[204] Furthermore, inadequately supervised treatment programs and diagnoses of acute and chronic comorbidities such as thromboembolic disorders, hormone-susceptible cancerous tumours, arterial hypertension, and epilepsy predispose transgender individuals to elevated margins of risk, with deep vein thrombosis, pulmonary embolism, hypertension, cerebrovascular accidents, myocardial infarction, cancer, hyperlipidaemia and infertility being amongst the most notable adverse consequences attributable to feminizing and virilizing hormone therapy.[205]

Well-Being of Transgender Youths: Preliminary Results", *International Journal of Paediatric Endocrinology* 2020, no. 8 (2020): 1–5.

200 Hruz, "The Use of Cross-Sex Steroids in the Treatment of Gender Dysphoria", 661.

201 Baker et al., "Hormone Therapy, Mental Health, and Quality of Life Among Transgender People: A Systematic Review", 1.

202 Senol Turan et al., "Alterations in Body Uneasiness, Eating Attitudes, and Psychopathology Before and After Cross-Sex Hormonal Treatment in Patients with Female-to-Male Gender Dysphoria", *Archives of Sexual Behaviour* 47, no. 8 (2018): 2349–61.

203 Gesine Meyer, Ute Boczek, and Jorg Bojunga, "Hormonal Gender Reassignment Treatment for Gender Dysphoria", *Deutsches Arzteblatt International* 117, no. 43 (2020): 725–32.

204 Ibid., 725.

205 Ibid., 728-729; The World Professional Association for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, 58-60.

Advances in biomedical technologies provide transgender persons with innovative methods of conception and parenthood.[206] Fertility-preserving treatment options include the cryopreservation of sperm with subsequent in vitro fertilization or intracytoplasmic sperm injection for the treatment of infertility in transgender women and the cryopreservation of egg cells or ovarian tissue and in vitro fertilization for transgender men.[207] In transgender men, in circumstances wherein gender reassignment surgery has not been undertaken, pregnancy may be achieved following discontinuation of cross-sex hormone treatment.[208] Additionally, efforts of transgender individuals to become parents may be further facilitated through surrogacy procedures.[209]

Undoubtedly, fertility-preserving treatment options directed at fulfilling parenthood aspirations of transgender persons augment the extent of existing ethical burdens and moral quandaries.[210] Legal conundrums ensue in situations wherein transgender parents seek recognition of parenthood status conforming to their acquired gender.[211] Again, supremacy and overestimation of autonomy in modern societal thinking prevails around sensitive matters, with ethical problematics becoming increasingly complex and far-reaching. This autonomous stance is endorsed by high-ranking institutions, with the WPATH Standards of Care,[212] the United Nations Declaration of Human Rights,[213] and the World Health Organization (WHO)[214] supporting fertility avenues for transgender

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206 Agnes Condat et al., "Biotechnologies That Empower Transgender Persons to Self-Actualize as Individuals, Partners, Spouses, and Parents Are Defining New Ways to Conceive a Child: Psychological Considerations and Ethical Issues", *Philosophy, Ethics, and Humanities in Medicine* 13, no. 1 (2018): 1–11.

207 Meyer, Boczek, and Bojunga, "Hormonal Gender Reassignment Treatment for Gender Dysphoria", Supplementary Material I.

208 Ibid.

209 Condat et al., "Biotechnologies That Empower Transgender Persons to Self-Actualize as Individuals, Partners, Spouses, and Parents Are Defining New Ways to Conceive a Child: Psychological Considerations and Ethical Issues", 3-5.

210 Ibid., 7-10.

211 The Queen (on the application of Alfred McConnell and YY) v. The Registrar General, No. EWCA Civ 559 (England and Wales Court of Appeal 2020).

212 The World Professional Association for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, 50-51.

213 United Nations, "Universal Declaration of Human Rights", Article 2 and Article 16, 1948, https://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf.

214 World Health Organisation (WHO), "Constitution of the World Health Organisation", 19 July 1946, http://www.who.int/en/.

communities. Certainly, the implementation of a duty of care approach would entail entirely different implications for treatment and practice.

Although enticing in principle, existing transgender therapeutic[215] and legislative decrees,[216] particularly those informing the administration of cross-sex hormone medication for the attainment of gender-sustaining outcomes,[217] prove inadequate in attesting the required moral aptitude and ethical involvement in the advancement and execution of transgender care protocols. This pattern is consistent with a preference for an autonomy perspective, undermining legislative, healthcare, and societal moral obligations towards undertaking a duty of care approach essential for human welfare and prosperity. The supremacy of autonomy in hormonal gender reassignment treatment is displayed in local[218] and international[219] statutory agendas and pertaining healthcare propaganda.[220]

Contrary to autonomy and bodily integrity arguments underscored by policymakers, medical professionals, psychiatric authorities, and international transgender healthcare programs in support of cross-sex hormone treatment administration for successful management of gender dysphoric symptoms,[221] conflicting evidence suggests that this

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[215] The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People,* 1-112; Fearne, "Transgender Healthcare", 1-40.

[216] Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567; Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540.

[217] The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 33-50.

[218] Fearne, "Transgender Healthcare", 1-40.

[219] European Union Agency for Fundamental Rights, "Access to Transgender Hormone Therapy", *European Union Agency for Fundamental Rights*, 2018, https://fra.europa.eu/en/publication/2017/mapping-minimum-age-requirements/transgender-hormone-therapy.

[220] The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People,* 1-112; Fearne, "Transgender Healthcare", 1-40.

[221] Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567; Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Fearne, "Transgender Healthcare", 16-17; American Psychiatric Association, "Gender Dysphoria", 451–59; Wylie C. Hembree et al., "Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", *Journal of Clinical Endocrinology and Metabolism* 102, no. 11 (2017): 3869–3903; European Union Agency for Fundamental Rights, "Access to Transgender Hormone Therapy"; The World Professional Association

practice may disrupt normal human physiology.[222] Indeed, rather than ameliorating underlying psychiatric dysfunction and enhancing long-term quality of life, cross-sex hormone regimens are known to induce sterility and heighten the prevalence of medical complications, with their scope of practice, although well-intended, being unsubstantiated and not justified by the bioethical Principles of Totality and Double Effect.[223]

Regardless of the opposing views held by advocates and critics of the current treatment paradigm, it is assumed that both factions are driven towards providing meaningful assistance to individuals suffering from gender dysphoric symptoms.[224] A major impediment towards the fulfilment of these objectives, is achieving consensus upon ideal moral standards and reasonable limitations of bodily manipulation. Especially so, considering that divergent perspectives underlying cross-sex hormonal interventions stem from an autonomous approach acclaiming hormonal therapy for the treatment of gender dysphoric symptoms notwithstanding its potentially harmful effects, conflicting with a duty to care standpoint predominantly focused on the preservation of human welfare and bodily integrity.

Existing universally accepted medical standards endorse sex-hormone therapeutic interventions as desirable methodologies for the effective resolution of gender identity issues.[225] Challenging the status quo may prove particularly problematic on multiple levels: the medical profession is deemed as extremely reputable, with extensive power and leverage upon governmental entities, policymakers, healthcare institutions and stakeholders; and renouncing partially or completely to previously established 'evidence-based' standards of practice in favour of ethically permissible treatment pathways is laden with difficulties.[226] Future research informing the use of hormonal treatment methods in gender dysphoria must uphold a duty of care imperative directed

for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 33-50.

222 Hruz, "The Use of Cross-Sex Steroids in the Treatment of Gender Dysphoria", 661, 664-665.

223 Ibid., 661, 666-665.

224 Ibid., 671.

225 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 33-50.

226 Hruz, "The Use of Cross-Sex Steroids in the Treatment of Gender Dysphoria", 671.

at safeguarding human dignity and abolishing prejudice and discrimination sustained by gender nonconforming individuals, whilst respecting fundamental biological parameters. For successful and morally acceptable treatment strategies to ensue, abiding by the duty to do no harm principle is of paramount importance.[227] Furthermore, tackling gender dysphoria through a multi-disciplinary approach strengthens individual and familial coping mechanisms, enhances feelings of wellbeing, and helps improve overall quality of life.[228]

People with gender dysphoria experience profound distress and suffering[229] and often consider gender reassignment surgery as the definitive solution to their problems. Recent decades have witnessed a substantial surge in the demand for transgender healthcare, with medical and surgical advances striving to meet the needs of transgender populations.[230] Alongside the well-established hormonal therapeutic practices and breast reconstruction surgical techniques employed within the transgender healthcare domain,[231] mainstream transgender healthcare paradigms incorporate genitourinary surgery for the realization of gender-upholding physiological results.[232] The surgeries most executed are vaginoplasty in transgender women and phalloplasty and metoidioplasty in transgender men.[233] Fundamentally, gender reassignment surgery is intended for the alleviation of psychological distress through the removal of healthy tissue and deliberate alteration of normal physiological function.[234] Undeniably, this practice raises extensive ethical concerns. Gender reassignment surgery and the moral dilemmas related to it shall thus be examined in further detail in the next chapter.

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227 Ibid., 671.

228 Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", 5.

229 Garima Garg, Ghada Elshimy, and Raman Marwaha, "Gender Dysphoria", in *StatPearls* (StatPearls Publishing, 2020), https://www.ncbi.nlm.nih.gov/books/NBK532313/.

230 Mang L. Chen et al., "Overview of Surgical Techniques in Gender-Affirming Genital Surgery", *Translational Andrology and Urology* 8, no. 3 (2019): 191–208.

231 Ibid., 191.

232 Ibid.

233 Ibid.

234 Levine, "Ethical Concerns About Emerging Treatment Paradigms for Gender Dysphoria", 32.

1.4 Transgender Children

The incidence of gender atypical behaviour amongst children and adolescents has strikingly intensified in recent decades.[235] Prevailing therapeutic recommendations informing the management of gender dysphoric symptoms in younger populations involve pubertal suppression with gonadotropin releasing hormone (GnRH) agonists during the initial stages of puberty and cross-sex hormonal treatment starting at the age of sixteen.[236] Gender reassignment surgical interventions are permitted upon the attainment of legal maturity in accordance to legislative conventions of given countries.[237]

Notwithstanding the rising acceptance of contemporary concepts of treatment designed for transgender youths, their implementation in present practice holds significant moral challenges and pervasive ethical concerns.[238] Drawing from Dutch Model frameworks,[239] the Endocrine Society guidelines[240] and the WPATH Standards of Care[241] are the recommendations most frequently referred to by healthcare professionals in delineating therapeutic pathways targeted at fulfilling the demands of gender nonconforming children and adolescents.[242] Advancement of puberty is arrested through the administration of pubertal suppressants intended for alleviating psychological distress induced by the development of secondary sex characteristics, theoretically providing the gender dysphoric adolescent sufficient time for careful contemplation of the prospective undertaking of increasingly progressive and

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235 Zucker, "Epidemiology of Gender Dysphoria and Transgender Identity", 405–07.

236 Riittakerttu Kaltiala-Heino et al., "Gender Dysphoria in Adolescence: Current Perspectives", *Adolescent Health, Medicine and Therapeutics* 9 (2018): 31–41; Cretella, "Gender Dysphoria in Children", 287; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 33-50.

237 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 58-60.

238 Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", 210-216; Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", 2-4; Kaltiala-Heino et al., "Gender Dysphoria in Adolescence: Current Perspectives", 33.

239 Annelou L. C. De Vries and Peggy T. Cohen-Kettenis, "Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach", *Journal of Homosexuality* 59, no. 3 (2012): 301–20.

240 Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869–3903.

241 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112.

242 Riittakerttu Kaltiala-Heino et al., "Gender Dysphoria in Adolescence: Current Perspectives", 33.

potentially irrevocable gender-affirming treatment choices.[243] The administration of pubertal suppressants is also claimed to facilitate social transitioning, supposedly offering the opportunity to acquire a 'lived experience' feel of transgender existence.[244] Adolescents whose gender dysphoric symptoms persist at age sixteen and beyond are directed towards cross-sex hormone treatment,[245] whereas gender reassignment surgery options are explored once adolescents attain the age of legal maturity.[246]

Application of these protocols is laden with ethical debates,[247] with debates on the best interest of minors, autonomy, and the role of social context in the development and resolution of gender dysphoric symptoms feature being the most prominent.[248] Irrespective of the genuine desire of healthcare professionals to restore the psychological and physical wellbeing of transgender minors and their families,[249] the absence of consistent data regarding long-term quality of life outcomes constitutes an inordinate therapeutic risk.[250] Concurrent psychiatric comorbidities, the absence of social support and generalised diagnostic uncertainty contribute further to an increasingly problematic decision-making process.[251]

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243 Ibid.

244 Ibid.

245 Kaltiala-Heino et al., "Gender Dysphoria in Adolescence: Current Perspectives", 31, 33; Cretella, "Gender Dysphoria in Children", 287, 297-298; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 33-50.

246 Kaltiala-Heino et al., "Gender Dysphoria in Adolescence: Current Perspectives", 31, 33; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 58-60.

247 Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", 210-216; Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", 2-4; Kaltiala-Heino et al., "Gender Dysphoria in Adolescence: Current Perspectives", 33.

248 Kaltiala-Heino et al., "Gender Dysphoria in Adolescence: Current Perspectives", 33.

249 Ibid.

250 Lieke Josephina Jeanne Johanna Vrouenraets et al., "Early Medical Treatment of Children and Adolescents with Gender Dysphoria: An Empirical Ethical Study", *Journal of Adolescent Health* 57, no. 4 (2015): 367–73; Daniel E. Shumer and Norman P. Spack, "Paediatrics: Transgender Medicine-Long-Term Outcomes from "the Dutch Model"", *Nature Reviews Urology* 12, no. 1 (2015): 12–13.

251 Riittakerttu Kaltiala-Heino et al., "Two Years of Gender Identity Service for Minors: Overrepresentation of Natal Girls with Severe Problems in Adolescent Development", *Child and Adolescent Psychiatry and Mental Health* 9, no. 9 (2015): 1–9.

Gender affirming approaches in transgender minors are rooted in the conviction that their experienced gender is intrinsic and therefore unchangeable.[252] Yet, research demonstrates that gender atypical behaviour in childhood is usually transient.[253] The application of gender affirming strategies foresees that younger people's experience of gender-associated anguish goes largely unquestioned, with existing therapeutic frameworks advocating social and physical transitioning processes as preferential courses of action for feelings of gender incongruity.[254] Despite potentially delivering instantaneous relief of gender dysphoria-associated distress, the implementation of gender affirming models of care challenge moral standards, and lead to destructive and irreversible psychological, physical, emotional, and cognitive results.[255]

Of relevance are the hazardous effects attributable to the usage of gonadotropin releasing hormone (GnRH) agonists.[256] Besides their main objective of impeding the development of secondary sexual characteristic development amongst transgender youths, GnRH agonists are known to adversely impact osseous density and growth, suppress fertility and avert the organization and maturation of the adolescent brain through the inhibition of sex-steroid hormones.[257] Contrary to claims by the Endocrine Society that GnRH agonists are reversible interventions completely devoid of harmful effects,[258] research reports notable repercussions directly related to this practice.[259]

Academic inquiry demonstrates that younger persons exposed to treatment with pubertal suppression agents are more likely to participate in transgender identity

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252 D'Abrera et al., "Informed Consent and Childhood Gender Dysphoria: Emerging Complexities in Diagnosis and Treatment", 536; Diane Ehrensaft, "From Gender Identity Disorder to Gender Identity Creativity: True Gender Self Child Therapy", *Journal of Homosexuality* 59, no. 3 (2012): 337–56.

253 Thomas D. Steensma et al., "Desisting and Persisting Gender Dysphoria After Childhood: A Qualitative Follow-Up Study", *Clinical Child Psychology and Psychiatry* 16, no. 4 (2011): 499–516.

254 D'Abrera et al., "Informed Consent and Childhood Gender Dysphoria: Emerging Complexities in Diagnosis and Treatment", 536.

255 Paul W. Hruz, "Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria", *The Linacre Quarterly* 87, no. 1 (2020): 34–42.

256 Cretella, "Gender Dysphoria in Children", 297.

257 Ibid.

258 Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3879–3880.

259 Annelou L. C. De Vries et al., "Puberty Suppression in Adolescents with Gender Identity Disorder: A Prospective Follow-Up Study", *Journal of Sexual Medicine* 8, no. 8 (2011): 2276–83.

consolidating behaviours.[260] This is in stark contrast to what takes place in most untreated transgender children and adolescents, who tend to report a decrease of gender dysphoric symptoms towards late adolescence and subsequently proceed to live their lives as cisgender individuals.[261] Congruent with a neuroplasticity narrative, encouraging younger individuals to adopt behavioural patterns consistent with those inherent to their experienced gender may irrevocably alter brain structure and function, permanently destroying prospects of identity alignment with their biological sex.[262]

Puberty blocking agents curtail the development of sex glands and pelvic external genitalia.[263] Their continued administration together with cross-sex hormone treatments in transgender youths may incite permanent infertility, which may remain irreversible throughout adulthood.[264] In the obvious absence of the capacity to comprehend the extent of repercussions, transgender children condemned to infertility by GnRH and cross-sex hormone therapy embark upon a path of psychological, emotional, and relational unrest which may impact their entire life.[265] Pubertal suppression practices with hormonal therapeutic interventions preclude transgender youth the possibility of cryopreservation of gametes, which although exceedingly problematic on its own,[266] may provide the opportunity to revise gender-associated choices in later life.[267]

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260 De Vries et al., "Puberty Suppression in Adolescents with Gender Identity Disorder: A Prospective Follow-Up Study", 2276-83.

261 Cretella, "Gender Dysphoria in Children", 287, 297; Jiska Ristori and Thomas D. Steensma, "Gender Dysphoria in Childhood", *International Review of Psychiatry* 28, no. 1 (2016): 13–20; Steensma et al., "Desisting and Persisting Gender Dysphoria After Childhood: A Qualitative Follow-Up Study", 499.

262 Cretella, "Gender Dysphoria in Children", 297.

263 Michael Laidlaw, Michelle Cretella, and G. Kevin Donovan, "The Right to Best Care for Children Does Not Include the Right to Medical Transition", *American Journal of Bioethics* 19, no. 2 (2019): 75–77; Cretella, "Gender Dysphoria in Children", 297.

264 Cretella, "Gender Dysphoria in Children", 297-298.

265 Laidlaw, Cretella, and Donovan, "The Right to Best Care for Children Does Not Include the Right to Medical Transition", 75.

266 Lisa Campo-Engelstein et al., "The Ethics of Fertility Preservation for Paediatric Patients with Differences (Disorders) of Sex Development", *Journal of the Endocrine Society* 1, no. 6 (2017): 638–45.

267 Laidlaw, Cretella, and Donovan, "The Right to Best Care for Children Does Not Include the Right to Medical Transition", 75-76.

Within a youth transgender identity care setting, determining capability for consent is remarkably challenging.[268] Particularly so, considering that irreversible bodily modifications and sterility are inevitable consequences of the proposed therapeutic modalities in otherwise healthy, young individuals.[269] Lacking the intellectual, emotional, and experiential maturity required to comprehend the life-altering implications underlying medical treatment for gender incongruity,[270] children and adolescents are incapable of supplying informed consent for the undertaking of procedures of such calibre.[271] Taking this position in *Bell v. Tavistock* (2020), the (England and Wales) High Court argued that since children under that age of 16 were unlikely to be Gillick-competent with respect to gender dysphoric treatment and clinicians ought to seek court authorisation prior to treatment.[272] A year later, however, this judgement was overturned by the Court of Appeal which argued that it was clinicians, not the court, who are to determine competence.[273] Rejecting a duty of care perspective in favour of an autonomous approach, this judicial sentence increases the possibility of harm to transgender youths, dismissed issues of vulnerability, and irreparably endangers socio-familiar welfare.

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[268] D'Abrera et al., "Informed Consent and Childhood Gender Dysphoria: Emerging Complexities in Diagnosis and Treatment", 537; Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", 210-211.

[269] D'Abrera et al., "Informed Consent and Childhood Gender Dysphoria: Emerging Complexities in Diagnosis and Treatment", 537; Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", 211.

[270] Laidlaw, Cretella, and Donovan, "The Right to Best Care for Children Does Not Include the Right to Medical Transition", 77.

[271] D'Abrera et al., "Informed Consent and Childhood Gender Dysphoria: Emerging Complexities in Diagnosis and Treatment", 537.

[272] The President of the Queen's Bench Division, Lord Justice Lewis, and Mrs Justice Lieven, "R (On the Application of) Quincy Bell and A -v- Tavistock and Portman NHS Trust and Others", Pub. L. No. Neutral Citation Number: [2020] EWHC 3274 (Admin) Case No: CO/60/2020, § High Court of Justice Royal Courts of Justice (2020), https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf.

[273] The Lord Burnett of Maldon et al., "Bell and Others v The Tavistock and Portman NHS Foundation Trust and Others", Pub. L. No. [2021] EWCA Civ 1363 on appeal from [2020] EWHC 3274 (Admin), § Court of Appeal (Civil Division) Royal Courts of Justice (2021), https://www.judiciary.uk/wp-content/uploads/2021/09/Bell-v-Tavistock-judgment-170921.pdf.

Central to youth transgender competence and capacity debates,[274] autonomy represents a powerful cultural and moral superlative.[275] Contemporary societal perspectives place unwarranted emphasis on the right to self-determination of individual persons which is devoid of external influences, and in concordance with apparent best interests.[276] In the case of transgender minors, this allows judgement on treatment of immense magnitude based on desires and pursuits in the absence of the cognitive and emotional maturity essential for the realistic evaluation and comprehension of potentially irrevocable consequences characteristic of gender affirming treatments.[277] While an autonomous approach to youth transgender healthcare practices assumes that individual preferences occur in a vacuum, a duty of care perspective acknowledges that individual's desires, ideals, and values are inexorably socially positioned, hence demanding increasingly holistic assessments and interventions.[278] Ethically justifiable transgender clinical practice which respects a young person's autonomy necessitates effective questioning strategies which challenge gender atypical narratives and seek clarification of ambiguous circumstances.[279] With so much at stake, gender diversity concerns of minors should not go unquestioned.[280]

The authority of parents or guardians to consent for such treatment of children and adolescents in their care remains a major bioethical concern.[281] In adulthood, treated minors might harbour feelings of regret in relation to gender-affirming interventions, along with sentiments of resentment towards parents or guardians whom they might consider as having chosen extreme therapeutic routes on their behalf for the hypothetical, yet unsuccessful resolution of gender diverse behaviour. Multidisciplinary collaboration and active participation of healthcare providers, psychologists and

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274 Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", 212.

275 C. E. Schneider, *The Practice of Autonomy: Patients, Doctors, and Medical Decisions* (New York, NY: Oxford University Press, 1998); R. Dworkin, *Taking Rights Seriously* (Cambridge, MA: Harvard University Press, 1977).

276 Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", 213.

277 Ibid.

278 Ibid.

279 Ibid.

280 Ibid.

281 D"Abrera et al., "Informed Consent and Childhood Gender Dysphoria: Emerging Complexities in Diagnosis and Treatment", 537.

psychiatrists is crucial for the circumvention of inadequately contemplated interventions since misdiagnosis or mismanagement of gender dysphoria during early years may well produce catastrophic results.[282] Furthermore, the assumption that transgender youths manifesting gender dysphoric symptoms require puberty blocking agents, cross-sex hormone treatment or gender reassignment surgery later in life for their symptoms to be alleviated is both dangerous and unfounded.[283] Circumstances exist wherein "watchful waiting" in conjunction with exploratory psychotherapy may positively impact the management and treatment of gender dysphoric symptoms.[284]

Consequential to political pressure imparted for the abolition of conversion therapy worldwide, younger persons are denied the opportunity for in-depth exploration of their sexuality and gender identity issues, with timely identification of underlying mental health problems and symptoms of social maladaptation going increasingly unrecognized.[285] Finally, the commanding influence perpetrated by social media and the phenomenon of social contagion relating to gender atypical behaviour remain improperly addressed.[286] The duty of care for gender dysphoric children and youths will be discussed in Chapter Three.

1.5 The Psychological and Social Aspects

Transgender persons represent a vulnerable population with a heightened predisposition for social stigma and prejudice.[287] Although social attitudes may vary in correspondence to cultural norms and legislative praxis, transphobic tendencies remain

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282 Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", 5.

283 Ibid.

284 Kenneth J. Zucker, "Adolescents with Gender Dysphoria: Reflections on Some Contemporary Clinical and Research Issues", *Archives of Sexual Behaviour* 48, no. 5 (2019): 1983–92; Laidlaw, Cretella, and Donovan, "The Right to Best Care for Children Does Not Include the Right to Medical Transition", 77.

285 Paul W. Hruz, "Experimental Approaches to Alleviating Gender Dysphoria in Children", *National Catholic Bioethics Quarterly* 19, no. 1 (2019): 89–104.

286 Cretella, "Gender Dysphoria in Children", 293.

287 Sam Winter et al., "Transgender People: Health at the Margins of Society", *The Lancet* 388, no. 10042 (2016): 390–400; Sari L. Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Centre: A Matched Retrospective Cohort Study", *Journal of Adolescent Health* 56, no. 3 (2015): 274–79.

widespread across nations and societies.[288] Subjected to pervasive derision and intimidation, transgender individuals face discriminatory conduct which adversely impacts workplace affiliations, housing opportunities and general societal functioning.[289] Discrimination and marginalization accentuate vulnerability and injustice issues, with transgender individuals increasingly susceptible to verbal abuse and violent assaults.[290] Rejection by family and friends exacerbates feelings of social isolation and loneliness and may aliment internalized transgender preconceptions regarding oneself and the external world.[291] Challenged by extensive psychosocial discontent,[292] depression and anxiety mark transgender trajectories, resulting in self-harm practices and suicidal volition,[293] adversely impacting mental health and quality of life.[294] Substance abuse,[295] and high-risk sexual behaviours,[296] may be employed by transgender individuals to desensitize gender dysphoric feelings and counteract symptoms of psychosocial unrest.[297]

Transgender persons experience profound distress and suffering[298] and often resort to legal, medical, and surgical routes for the attainment of gender affirmation and the alleviation of gender dysphoric symptoms.[299] Regional and transnational governmental bodies allow disputable gender affirming practices through targeted legal provisions, employing substantial leverage upon the principle of autonomy. Certainly, a political

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288 Joz Motmans, "Gender Dysphoria: Social Factors", in *The SAGE Encyclopaedia of Abnormal and Clinical Psychology,* ed. Amy Wenzel (Thousand Oaks: SAGE Publications, 2017), http://dx.doi.org/10.4135/9781483365817.n626.

289 Andrew B. Perkins, "Gender Dysphoria: Psychological Factors", in *The SAGE Encyclopaedia of Abnormal and Clinical Psychology,* ed. Amy Wenzel (Thousand Oaks: SAGE Publications, 2017), http://dx.doi.org/10.4135/9781483365817.n624.

290 Ibid., 1541.

291 Ibid.

292 Norman Anderssen et al., "Life Satisfaction and Mental Health Among Transgender Students in Norway", *BMC Public Health* 20, no. 1 (2020): 1–11.

293 Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Centre: A Matched Retrospective Cohort Study", 274.

294 Anderssen et al., "Life Satisfaction and Mental Health Among Transgender Students in Norway", 8.

295 Caitlin Wolford-Clevenger et al., "Minority Stress and Drug Use Among Transgender and Gender Diverse Adults: A Daily Diary Study", *Drug and Alcohol Dependence* 220, no. 108508 (2021): 1–6.

296 Amir Hossein Jalali Nadoushan et al., "High-Risk Sexual Behaviours Among Transgender Individuals in Tehran, Iran", *Acta Medica Iranica* 59, no. 2 (2021): 113–17.

297 Perkins, "Gender Dysphoria: Psychological Factors", 3.

298 Garg, Elshimy, and Marwaha, "Gender Dysphoria".

299 "Psychiatry.Org - What Is Gender Dysphoria?", accessed 10 May 2022, https://psychiatry.org:443/patients-families/gender-dysphoria/what-is-gender-dysphoria.

manifesto advocating an autonomous stance attracts greater consensus than an electoral agenda founded upon social conscience, moral standards, and a duty of care perspective. Through the advancement of an autonomous standpoint on transgender care strategies, institutional organizations project the illusion of upholding the transgender cause, enticing widespread stakeholder and administrative unanimity. Contrastingly, a duty of care methodology, while certainly lengthier and of major complexity, holds the best interests of transgender people as its foremost prerogative, striving towards conquering longstanding physical and psychosocial welfare essential for enhanced quality of life and personal fulfilment. Encompassing rather than dismissive, transgender policy based on a duty of care ideal utilizes multidisciplinary expertise for the effective management and resolution of psychosocial problems, reinforces interpersonal and relational experiences, and facilitates the reinstatement of transgender individuals within social, familial and workforce domains. Because transgenderism is necessarily socially situated, holistic approaches towards transgender healthcare established upon a duty of care are essential for meaningful and inclusive interventions.[300]

Chapter One presented an ambitious attempt at discussing the major points underlying the causative mechanisms, therapeutic avenues and legislative controversies underlying gender dysphoria. An extensively vast, multifaceted, and misapprehended topic, portraying a comprehensive view representing all its constituents remains beyond the bounds of possibility. Of marked relevance are the modalities of how a predominantly psychosocial, psychiatric, and physical health issue quickly advanced into a politically driven enterprise, profoundly affecting the evolution of transgender management, legislation, and healthcare.

Chapter Two will now focus on gender reassignment surgery, to review transgender healthcare guidelines and praxis situated in a heated and controversial political, social, and consumer-associated climate.

[300] Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", 213.

Chapter 2 – Gender Reassignment Surgery

Gender reassignment surgery comprises chest reconstruction (mammoplasty, mastectomy, breast augmentation), external genital surgeries and gonadectomies (hysterectomy, oophorectomy, orchidectomy, penectomy, vaginoplasty, clitoroplasty, labioplasty, phalloplasty, penile-scrotal reconstruction), and facial surgeries for the prospective, yet improbable betterment of gender dysphoric symptoms and psychosocial hardships.[1] This chapter shall thus first focus on the prevalence, costs and risks of this type of surgery, with the intent of obtaining a deeper comprehension of the moral issues implicated. It will then examine the quality of life of the people involved, concluding with a discussion of the regret some people face after such a life changing procedure.

2.1 Prevalence and Costs

Greater visibility and acceptance of transgender identities and the resultant increase in transgender-identifying individuals seeking transition have notably augmented the utilization and prevalence of gender reassignment surgery.[2] In the United States, it is estimated that 25-35% of transgender and gender non-binary individuals undergo some form of gender reassignment surgery,[3] with a fourfold surge in procedures recorded between 2000 and 2014.[4] In Sweden, the largest study to date investigating the incidence and prevalence of legal and surgical sex reassignment revealed a marked increment in gender reassignment applications over a 50-year period, with the most noticeable increase occurring after the year 2000.[5] NHS England figures reveal a 40% rise in demand for gender identity services, with over 13,500 transgender and non-

1 Maya Kailas et al., "Prevalence and Types of Gender-Affirming Surgery Among a Sample of Transgender Endocrinology Patients Prior to State Expansion of Insurance Coverage", *Endocrine Practice* 23, no. 7 (2017): 780–86.

2 Ian T. Nolan, Christopher J. Kuhner, and Geolani W. Dy, "Demographic and Temporal Trends in Transgender Identities and Gender Confirming Surgery", *Translational Andrology and Urology* 8, no. 3 (2019): 184–90.

3 Ibid., 185.

4 Joseph K. Canner et al., "Temporal Trends in Gender-Affirming Surgery Among Transgender Patients in the United States", *JAMA Surgery* 153, no. 7 (2018): 609–16.

5 Cecilia Dhejne et al., "An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960-2010: Prevalence, Incidence, and Regrets", *Archives of Sexual Behaviour* 43, no. 8 (2014): 1535–45.

binary adults in attendance of an appointment at a gender clinic being registered in 2020.[6] Requests for gender reassignment surgery have increased internationally.[7]

The local political and healthcare transgender scenario, although momentarily not providing gender reassignment surgical services to gender incongruent individuals, is similarly forthcoming in its response to the prospective introduction of transgender surgical facilities,[8] with the main political parties agreeing upon state-funded assistance towards transgender surgical and hormonal therapeutic praxis.[9] As announced by the Deputy Prime Minister and Health Minister Chris Fearne in 2018, amendments to the Fifth Schedule of the Social Security Act through a legal notice, foresee the free provision of gender identity medical services to transgender people.[10] While national health services are anticipated to cater for transgender surgical interventions of inferior complexity, such as hysterectomy and salpingo-oopherectomy in female-to-male patients and orchidectomy in male-to-female patients, authorities pledge collaboration with foreign experts for the realization of highly specialized and elaborate genital surgical procedures comprising penectomy, vaginoplasty, clitoroplasty, and labiaplasty in male-to-female patients, and vaginectomy, metoidioplasty, scrotoplasty,

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6 "Transgender People Face NHS Waiting List "Hell"", *BBC News*, 2020, https://www.bbc.com/news/uk-england-51006264.

7 Ada S. Cheung et al., "Sociodemographic and Clinical Characteristics of Transgender Adults in Australia", *Transgender Health* 3, no. 1 (2018): 229–38; John W. Delahunt et al., "Increasing Rates of People Identifying as Transgender Presenting to Endocrine Services in the Wellington Region", *The New Zealand Medical Journal* 131, no. 1468 (2018): 33–42.

8 Chris Fearne, "Transgender Healthcare" (Office of the Deputy Prime Minister Ministry for Health), accessed 3 October 2021, https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Transgender%20Healthcare.pdf.

9 Tia Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery", *MaltaToday*, 2018, https://www.maltatoday.com.mt/news/national/84551/health_service_seeking_collaboration_with_foreign_hospitals_for_gender_reassignment_surgery#.YZ9RFE7MJPY; Julian Bonnici and Joanna Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment", *The Malta Independent*, 2017, https://www.independent.com.mt/articles/2017-03-10/local-news/PN-says-yes-to-state-funded-assistance-for-transgender-surgical-hormone-treatment-6736171445.

10 Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery"; Laws of Malta, *Social Security Act*, Chapter 318, Legal Notice 44 of 2018 as amending Article 23 (3) of 2012, https://deputyprimeminister.gov.mt/en/pharmaceutical/Documents/cap_318.pdf.

urethroplasty, placement of testicular prosthesis and phalloplasty in female-to-male transgender individuals.[11]

Certainly, gender reassignment surgeries implicate hefty expenditures.[12] In the United Kingdom, male-to-female gender reassignment procedures amount to around £20,000, whereas female-to-male operations may total the £60,000 mark.[13] In the United States, genital or bottom surgeries are estimated at $25,000, whilst top or breast interventions carry a cost of between $7,800 and $10,000.[14] Dr Curtis Cane, a plastic surgeon providing transgender surgical services in the United States, estimates gender reassignment surgery costs of $150,000 to $200,000 for female-to-male interventions and $80,000 to $100,000 for male-to-female operations,[15] with the purportedly comprehensive medical bill for transgender surgery in America superseding the $1.3 billion figure annually.[16]

Notwithstanding the heightened predisposition for cardiovascular complications induced by hormonal therapeutic protocols, oestrogen or testosterone hormones are mandatory for the dependable upkeeping of surgically acquired outcomes, whilst routine health examinations are considered essential components of postoperative care.[17] Demanding longstanding and substantial financial commitments, sex reassignment surgery and adjunct therapies represent an exceptionally lucrative market for medical and pharmaceutical industries, whose economic growth is consistently incentivised by the prevailing transgender ideology.[18] Transgender individuals seeking

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11 Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery"; Fearne, "Transgender Healthcare", 17.

12 Bonnici and Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment".

13 Sarah W., "Top Tips on How to Pay for Gender Reassignment Surgery", *TransUnite*, 2018, https://www.transunite.co.uk/top-tips-on-how-to-pay-for-gender-reassignment-surgery/.

14 *The Philadelphia Centre for Transgender Surgery*, "Male to Female Price List", accessed 25 November 2021, http://www.thetransgendercenter.com/index.php/maletofemale1/mtf-price-list.html; *The Philadelphia Centre for Transgender Surgery*, "Female to Male Price List", accessed 25 November 2021, http://www.thetransgendercenter.com/index.php/femaletomale1/ftm-price-list.html.

15 Robert Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze", *RT Question More*, 2019, https://www.rt.com/usa/469766-transgender-pharma-drugs-surgery/.

16 The Kelsey Coalition, cited in Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

17 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

18 Ibid; Sumant Ugalmugle and Rupali Swain, "Sex Reassignment Surgery Market Size by Gender Transition (Male to Female {Facial, Breast, Genitals}, Female to Male {Facial, Chest, Genitals}), Industry Analysis Report, Regional Outlook, Application Potential, Price Trends, Competitive Market Share & Forecast, 2020 – 2026" (Global Market Insights, 2020), https://www.gminsights.com/industry-analysis/sex-reassignment-surgery-market.

the amelioration of their experienced anguish, are led into a vicious cycle of therapeutic regimens which prove extremely challenging to disentangle from. Whilst medical and pharmaceutical industries flourish in transgender-generated financial revenue,[19] transgender individuals and their families endure an interminable odyssey of health and financial struggles which further aggravate psychosocial problematics and impede overall quality of life.[20]

Perhaps in the pursuit of analogous economic goals, the WPATH's[21] position as an advisory body for the safe implementation of transgender procedures is culpable of a serious conflict of interests.[22] Governed by Veritas, a company holding close business affiliations to pharmaceutical and medical corporations, the WPATH may hold ambitions for profit in promoting gender reassignment techniques as treatments of choice for gender dysphoria-induced distress, as opposed to psychological therapeutic avenues.[23] Should the veracity of these allegations be substantiated, it could be presumed that the objectives behind the WPATH standards of care guidelines are not the health and wellbeing of transgender populations but medical and commercial progression and industrial prestige.[24]

Fuelling the medical and pharmaceutical transgender enterprise are appositely enacted governmental policies targeted at facilitating the availability and accessibility to transgender-related services.[25] Further to a growing international legislative consensus

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19 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Ugalmugle and Swain, "Sex Reassignment Surgery Market Size by Gender Transition", 1-81.

20 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Ryan T. Anderson, *When Harry Became Sally: Responding to the Transgender Moment* (New York: Encounter Books, 2018); Ryan T. Anderson, "Understanding and Responding to Our Transgender Moment", *Fellowship of Catholic Scholars Quarterly* 41, no. 1 (2018): 17–31.

21 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 7th Version, 2012, https://www.wpath.org/publications/soc.

22 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

23 Ibid.

24 Ibid.

25 Government of the United States of America, "Patient Protection and Affordable Care Act", Pub. L. No. 111–148, Section 1557, 119 (2010), https://www.govinfo.gov/content/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf; The Tavistock and Portman NHS Foundation Trust, "About Us | GIDS", accessed 13 December 2021, https://gids.nhs.uk/about-us; NHS England, "Gender Dysphoria Clinical Programme", accessed 27 November 2021, https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/; NHS England, "Gender Identity Services for Adults (Non-Surgical Interventions)", 2019, https://www.england.nhs.uk/wp-content/uploads/2019/07/service-specification-gender-dysphoria-

on transgender rights,[26] insurance coverage initiatives and state-funded opportunities are propelling the sex reassignment surgery market towards exponential profitable heights.[27] In the United States, the Affordable Care Act grants expanded insurance coverage to transgender individuals wishing to undergo gender reassignment surgery,[28] whereas in the United Kingdom, gender reassignment interventions are funded by the National Health Services sector.[29] Diversification of strategies that uphold gender reassignment demands[30] considerably bolster business avenues,[31] with a predominant focus on economic gain eschewing a collective duty of care prerogative essential for the protection of the most vulnerable.[32] Serious ethical implications surrounding the financial drivers of gender transitioning arise, with the most significant issues pertaining to governmental attribution of expenses for gender reassignment interventions upon third parties and the coverage of gender transitioning costs by the state.[33]

Through legislative modifications in the Affordable Care Act implemented by the Obama administration in 2016, insurance corporations as well as indemnity policy consumers

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services-non-surgical-june-2019.pdf; NHS England, "Gender Identity Services for Adults (Surgical Interventions)", 2019, https://www.england.nhs.uk/wp-content/uploads/2019/12/nhs-england-service-specification-gender-identity-surgical-services.pdf; NHS England, "Gender Identity Development Service (GIDS) for Children and Adolescents", 2017, https://www.england.nhs.uk/wp-content/uploads/2017/04/gender-development-service-children-adolescents.pdf; NHS England, "Clinical Commissioning Policy: Prescribing of Cross-Sex Hormones as Part of the Gender Identity Development Service for Children and Adolescents", 2016, https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/08/clinical-com-pol-16046p.pdf; Fearne, "Transgender Healthcare", 1-40.

26 European Commission. Directorate General for Justice and Consumers., *Trans and Intersex Equality Rights in Europe: A Comparative Analysis* (LU: Publications Office, 2018), https://data.europa.eu/doi/10.2838/75428.

27 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Ugalmugle and Swain, "Sex Reassignment Surgery Market Size by Gender Transition", 1-81.

28 Government of the United States of America, "Patient Protection and Affordable Care Act", Section 1557.

29 W., "Top Tips on How to Pay for Gender Reassignment Surgery"; NHS England, "Gender Dysphoria Clinical Programme"; NHS England, "Gender Identity Services for Adults (Non-Surgical Interventions)", 1-39; NHS England, "Gender Identity Services for Adults (Surgical Interventions)", 1-31; NHS England, "Gender Identity Development Service (GIDS) for Children and Adolescents", 1-61; NHS England, "Clinical Commissioning Policy: Prescribing of Cross-Sex Hormones as Part of the Gender Identity Development Service for Children and Adolescents", 1-24; The Tavistock and Portman NHS Foundation Trust, "About Us".

30 Dale O"Leary and Peter Sprigg, "Understanding and Responding to the Transgender Movement" (Washington D. C.: Family Research Council, 2015), https://www.frc.org/transgender.

31 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Ugalmugle and Swain, "Sex Reassignment Surgery Market Size by Gender Transition", 1-81.

32 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

33 O"Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6-7.

were compelled to modify and acknowledge policy insurance terms and conditions to accommodate gender reassignment surgery demands.[34] Adopting an entirely conflicting interpretation of the same law, the Trump mandate in 2020 abolished gender identity and sexual orientation as reasonable grounds of sexual prejudice, instead introducing biological sex as the key criterion for the implementation of non-discriminating regulations in healthcare matters.[35] This decision was repealed in in 2021, with the Biden administration assuring enforcement of legislation to forestall discrimination within the transgender healthcare domain, guaranteeing extensive insurance coverage of existing transgender care protocols.[36] Operating in contradiction to immutable biological certainties pertinent to gender and sexuality,[37] these legislative and healthcare manoeuvres impose the funding of gender transitioning upon the private sector,[38] sustaining transgender persons' psychological misconceptions and precluding their access to appropriate healthcare and support.[39] Indeed, through the sanctioned legislative mandates,[40] insurance firms accountable for the deployment of services within the healthcare domain, are coercively induced to participate in gender

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34 Government of the United States of America, "Patient Protection and Affordable Care Act", Section 1557; O"Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 7.

35 Government of the United States of America, *Patient Protection and Affordable Care Act*, Section 1557; MaryBeth Musumeci, Lindsey Dawson, and Kates Jennifer, "Recent and Anticipated Actions to Reverse Trump Administration Section 1557 Non-Discrimination Rules", *Kaiser Family Foundation*, 2021, https://www.kff.org/racial-equity-and-health-policy/issue-brief/recent-and-anticipated-actions-to-reverse-trump-administration-section-1557-non-discrimination-rules/.

36 Ibid.

37 Paul W. Hruz, "Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria", *The Linacre Quarterly* 87, no. 1 (2020): 34–42; Anderson, "Understanding and Responding to Our Transgender Moment", 24-25; Declaration of Lawrence S. Mayer, M.D., M.S., Ph.D, U.S. District Court, Middle District of North Carolina, Case 1:16-cv-00425-TDS-JEP, Exhibit K. cited in Anderson, "Understanding and Responding to Our Transgender Moment", 25; Ryan T. Anderson, "Sex Change: Physically Impossible, Psychosocially Unhelpful, and Philosophically Misguided - Public Discourse", accessed 15 December 2021, https://www.thepublicdiscourse.com/2018/03/21151/; Paul McHugh, "Transgenderism: A Pathogenic Meme", *Public Discourse*, 2015, https://www.thepublicdiscourse.com/2015/06/15145/; Robert P. George, "Gnostic Liberalism", *First Things*, accessed 15 December 2021, https://www.firstthings.com/article/2016/12/gnostic-liberalism; Richard Byng et al., "Gender-Questioning Children Deserve Better Science", *The Lancet* 392, no. 10163 (2018): 2435; O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 1,7; Richard P. Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", *The Linacre Quarterly* 82, no. 4 (2015): 337–50.

38 Government of the United States of America, "Patient Protection and Affordable Care Act", Section 1557; O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 7.

39 O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 7.

40 Government of the United States of America, "Patient Protection and Affordable Care Act", Section 1557.

reassignment initiatives, further alimenting the advancement of the transgender phenomenon and associated practices.[41]

Within predominantly government funded healthcare systems, such as the Maltese[42] and British[43] healthcare scenarios, proposals for state coverage of gender reassignment interventions elicit controversy and objections.[44] Contrary to the proposals advanced by the major political parties in Malta,[45] state entities should abstain from financing gender reassignment practices for various motives.[46] First, gender reassignment surgery and adjuvant hormonal therapies ignore the cruciality of psychological,[47] psychiatric,[48] social,[49] and experiential[50] elements of gender dysphoric distress.[51] Declining to address the fundamental problem,[52] gender reassignment interventions focus on the

41 O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 7.

42 Natasha Azzopardi-Muscat et al., "Malta: Health System Review", *Health Systems in Transition* 19, no. 1 (2017): 1–137.

43 Jonathan Cylus et al., "United Kingdom Health System Review", *Health Systems in Transition* 17, no. 5 (2015): 1–125.

44 Johann J. Go, "Should Gender Reassignment Surgery Be Publicly Funded?", *Journal of Bioethical Inquiry* 15, no. 4 (2018): 527–34.

45 Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery"; Bonnici and Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment".

46 O"Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6.

47 Sander Breiner, M.D., "Transsexuality Explained," National Association for Research and Therapy of Homosexuality, n.d., http://www.narth.org/docs/transexpl.html, cited in O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 2-3; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 341-342; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Paul McHugh, phone call with The College Fix, cited in Maria Lencki, "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This"", *The College Fix*, 2019, https://www.thecollegefix.com/johns-hopkins-professor-on-child-transgender-trend-many-will-regret-this/.

48 Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 341-342; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; McHugh, phone call with *The College Fix*, cited in Lencki, "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This"."

49 Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 348; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; McHugh, phone call with *The College Fix,* cited in Lencki, "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This""; Debby Herbenick and Aleta Baldwin, "What Each of Facebook's 51 New Gender Options Means", *The Daily Beast*, 2014, https://www.thedailybeast.com/what-each-of-facebooks-51-new-gender-options-means.

50 Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 341-342; Guido Giovanardi et al., "Attachment Patterns and Complex Trauma in a Sample of Adults Diagnosed with Gender Dysphoria", *Frontiers in Psychology* 9, no. 60 (2018): 1-13.

51 Anderson, "Understanding and Responding to Our Transgender Moment", 30.

52 McHugh, cited in Lencki, "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This"".

amelioration of complex psychosocial dynamics through irreversible surgical techniques.[53] Secondly, gender transitioning interventions foresee the amputation of healthy body parts,[54] the sterilization of individuals,[55] and the manipulation of aesthetics[56] for the prospective resolution of psychosocial discontent,[57] in absolute defiance of medical ethics and a "do no harm" prerogative.[58] Thirdly, public funding of gender reassignment procedures obliges taxpayers' participation in and contribution towards extensively morally divisive practices, precluding their possibility of withholding involvement which contradicts their personal moral integrity and judgment.[59] Finally, the cumbersome expenditures of gender reassignment procedures raise important distributive justice concerns.[60] Necessitating elevated standards of professional expertise, widespread human and material resources, and the establishment of dedicated centres, gender transition practices take up valuable resources for the provision of interventions which are elective and cosmetic, rather than essential and healthcare related.[61] Governmental entities should instead utilize public funds for the creation and provision of effective and efficient psychological, psychiatric, and social assistance for the promotion and enhancement of the quality of life, welfare and societal integration of transgender individuals and their families.[62]

Beholden to the transgender ideology, western cultures sanction potent pharmacological regimens and radical surgical techniques for the prospective eradication of gender diversity barriers.[63] In the quest for the acquisition of a fantasy

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53 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345.

54 O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345.

55 Anderson, "Understanding and Responding to Our Transgender Moment", 25.

56 Ibid.

57 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345.

58 O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345.

59 O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6.

60 Go, "Should Gender Reassignment Surgery Be Publicly Funded?", 527-528.

61 O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6.

62 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; McHugh, cited in, Lencki, "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This""; Anderson, "Understanding and Responding to Our Transgender Moment", 30; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 349.

63 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

physique compatible with their aspired gender status, transgender persons acquiesce to a lifelong commitment to drugs and medical administration.[64] Significantly, decisions to undertake the arduous and expensive proceedings of a gender makeover occur in dearth of scientific backing and psychotherapeutic expertise, with most gender transition ventures departing from a self-diagnosis of transgenderism.[65] Thereupon, the intensification of gender awareness campaigns alongside expanded availability and accessibility to gender reassignment amenities have transformed the gender reassignment milieu into an exceedingly lucrative market.[66]

2.2 Associated Risks

Gender reassignment surgery is depicted as holding the potential of yielding significant existential benefits, enhancing quality of life whilst annulling gender dysphoric unrest,[67] paradoxically failing to emphasise the grave risks which a journey towards gender transition holds.[68] Besides the life-threatening complications directly linked to complex surgical sex-change interventions,[69] and gender reassignment surgery-induced sterility issues,[70] surgical gender-altering procedures are associated with a heightened prevalence of depression and suicide.[71] Ignoring the potential dangers, gender reassignment campaigns deceive transsexual individuals into believing that gender reassignment surgery provides the ultimate solution to transsexual discontent,[72] and

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64 Ibid.

65 Ibid.

66 Ibid; Ugalmugle and Swain, "Sex Reassignment Surgery Market Size By Gender Transition", 1-81.

67 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 54-64; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3893-3894.

68 Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 337, 338.

69 Campbell Bryson and Stanton C. Honig, "Genitourinary Complications of Gender-Affirming Surgery", *Current Urology Reports* 20, no. 6 (2019): 1–6.

70 Marta R. Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", *BioMed Research International* 2018, no. 3 (2018): 1–6.

71 Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 337; Monique Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", *The Linacre Quarterly* 88, no. 3 (2021): 259–71.

72 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 54-64; Hembree et al., "Endocrine Treatment of

any later realisation that expectations for the accomplishment of existential fulfilment, social adaptation and improved overall quality of life were not satisfied through this route, leads to sentiments of profound anguish, despair, and eventually regret.[73] This section shall outline the surgical, medical, fertility, mental health and psychosocial risks of gender-affirming surgery. The issues of detransitioning and regret will be discussed in Section 2.4.

2.2.1 Surgical Risks

In male-to-female breast augmentation or "chest reconstruction", symmastia, capsular contracture, and implant leakage and migration were reported as the most common complications. These complications are comparable to those observed in cisgender populations.[74]

Research investigating the outcomes of masculinizing chest surgery on 81 patients over a two-and-a-half-year timeframe evidenced that surgical complications occurred in 25% of cases within 30 days, with seroma being the most common complication (8%). 20% of patients experienced long-term complications. Postoperative pain, decreased range of motion, and cosmetic undesirable effects such as scar contractures and redundant skin were the amongst the most common (12%). Two of the patients in the study required reoperation within 30 days of their initial surgery.[75] Similarly, another study that looked at the outcomes of 220 mastectomies on 110 patients found two hypertrophic scars, six haematomas that required revision surgery, three cases of wound dehiscence, and three cases of partial nipple necrosis amongst its sample population.[76]

Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3893–3894.

73 Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 337, 346.

74 Jenna C. Bekeny et al., "Breast Augmentation in the Transgender Patient: Narrative Review of Current Techniques and Complications", *Annals of Translational Medicine* 9, no. 7 (2021): 611.

75 Kathrine A. Kelly-Schuette et al., "Masculinizing Chest Surgery for Gender Affirmation: A Retrospective Study of Outcomes and Patient Reported Satisfaction", *The American Journal of Surgery* 223, no. 3 (2022): 577–80.

76 Nardin Elias et al., "Breaking the Binary: The Approach to Chest Masculinizing Gender-Affirming Surgery in Transgender Men", *The Israel Medical Association Journal* 24, no. 1 (2022): 20–24.

The most common genitourinary complications of gender-affirming surgery are voiding dysfunction, specifically meatal stenosis, or fistula to the urinary tract, with urinary stricture, fistula, urinary retention, and voiding problems being relatively frequent and requiring prompt diagnosis and treatment.[77] According to research, metoidioplasty is frequently associated with urethral complications. In approximately one-third of patients, fistula closure procedures and urethroplasty interventions to treat strictures are unsuccessful.[78] A meta-analysis of 1684 patients after vaginoplasty discovered a 32.5% complication rate, with 21.7% of participants requiring another surgical intervention for non-aesthetic reasons.[79]

2.2.2 Medical Risks of Hormone Therapy

Hormonal therapy is required to maintain the results of gender-affirming surgery.[80] This augments the health risks that transgender people face and may have fatal consequences.[81]

Feminizing hormonal agents, particularly oestrogen, are linked to an increased risk of thromboembolic disease, cardiovascular disease, cerebrovascular complications, hyperlipidaemia, impaired liver function with potential hepatotoxicity, and cholelithiasis with resultant cholecystectomy.[82] Other potential health hazards include Type 2 Diabetes Mellitus and hypertension, while prolactinoma may occur during the first year of treatment.[83] Male-to-female transgender people who are exposed to feminizing hormone therapy may develop breast cancer.[84]

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77 Bryson and Honig, "Genitourinary Complications of Gender-Affirming Surgery", 1.

78 Lumen Nicolaas et al., "Surgical Repair of Urethral Complications after Metoidioplasty for Genital Gender Affirming Surgery", *International Journal of Impotence Research* 33, no. 7 (2020): 771–78.

79 Paulette Cutruzzula Dreher et al., "Complications of the Neovagina in Male-to-Female Transgender Surgery: A Systematic Review and Meta-Analysis with Discussion of Management", *Clinical Anatomy (New York, N.Y.)* 31, no. 2 (2018): 191–99.

80 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

81 Ibid.

82 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 98.

83 Ibid., 99.

84 Ibid.

Masculinizing hormonal treatments, specifically testosterone and other androgenic steroids, are implicated in the development of polycythaemia and weight gain.[85] Dyslipidaemia, hepatic dysfunction, and malignancies are also potential risks.[86] Significantly, the administration of testosterone and androgenic hormones as part of a masculinizing hormone regimen has been associated with the worsening of underlying psychiatric comorbidities.[87] Osteoporosis following oophorectomy was also reported, as were cardiovascular disease, hypertension, and Type 2 Diabetes Mellitus in patients with a family history and pre-existing health risks.[88] Furthermore, in female-to-male patients, testosterone therapy raises the incidence of ovarian and cervical cancer.[89] Acne and androgenic alopecia are also common side effects of masculinizing drugs.[90]

2.2.3 Fertility

Both feminizing and testosterone treatments reduce fertility and could have irreversible effects.[91] In childhood and adolescence, gonadotropin-releasing hormone agonist analogues (GnRHa) can halt germ cell maturation, affecting fertility potential.[92]

Female-to-male hysterectomy and oophorectomy, as well as male-to-female orchiectomy, result in permanent sterility.[93]

2.2.4 Mental Health and Psychosocial Risks

In the argument for gender reassignment surgery, several critical points concerning mental health and psychosocial aspects are completely overlooked. First, the influence of trauma and attachment patterns in childhood and associated familial dynamics are

85 Ibid., 101.
86 Ibid.
87 Ibid., 102.
88 Ibid., 102-103.
89 Ibid., 103.
90 Ibid., 104.
91 Ibid., 100, 103.
92 Philip J. Cheng et al., "Fertility Concerns of the Transgender Patient", *Translational Andrology and Urology* 8, no. 3 (2019): 209–18.
93 Ibid., 209.

known to substantially affect gender dysphoric outcomes.[94] Current transgender healthcare pathways underestimate the value of psychotherapy and familial therapy in confronting gender diversity problematics,[95] instead recommending exceptionally invasive and permanent interventions for the resolution of symptoms[96] of conceivable psychological causation.[97] Gender reassignment surgery endeavours to resolve psychological distress through the physical mutilation of healthy organs,[98] discarding the possibility of obtaining satisfactory amelioration of symptoms through conventional and effective therapeutic alternatives.[99]

Secondly, there is a shortage of concrete evidence supporting longstanding beneficial results of gender reassignment surgery for the gender dysphoric population.[100] Preliminary research investigating the hazards of gender reassignment surgery revealed that psychotherapeutic programs and surgical interventions generated comparable benefits over time, advancing conclusions that gender reassignment surgery was

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94 Ibid., 341-343; Giovanardi et al., "Attachment Patterns and Complex Trauma in a Sample of Adults Diagnosed with Gender Dysphoria", 1–13.

95 Such as those established by The World Professional Association for Transgender Health and the Endocrine Society Clinical Practice Guidelines and those established locally through recent legislation; Rafferty et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents", 4; McHugh, phone call with *The College Fix,* cited in Lencki, "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This""; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

96 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 33-50, 54-64; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3877–3894.

97 Giovanardi et al., "Attachment Patterns and Complex Trauma in a Sample of Adults Diagnosed with Gender Dysphoria", 1–13; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 341-343; McHugh, phone call with *The College Fix,* cited in Lencki, "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This""; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

98 O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345; Anderson, "Understanding and Responding to Our Transgender Moment", 25.

99 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 28; Rafferty et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents", 4; McHugh, phone call with *The College Fix* cited in Lencki, "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This""; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

100 Anderson, "Understanding and Responding to Our Transgender Moment", 26; McHugh, "Transgenderism: A Pathogenic Meme"; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, Foreword xxi; Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 259, 268-269.

ineffective in curing the psychological and functional distress accredited to this condition.[101] Consequential to these findings, gender reassignment surgery practices at the Gender Identity Clinic at John Hopkins Hospital were entirely discontinued.[102]

More recently, a Swedish-based study investigating outcomes of gender reassignment surgery over a thirty-year timeframe evidenced manifold risks of mortality, suicidal behaviour, and psychiatric morbidity in comparison to the general population, indicating the futility of gender reassignment interventions in the successful management of transsexualism.[103] The suicide rate of those who had undergone sex-reassignment surgery increased to 20 times that of comparable peers ten to fifteen years after surgery.[104] Likewise, the review of one hundred follow-up studies of transgender individuals who underwent gender reassignment surgery conducted by the Birmingham University Aggressive Research Intelligence Facility (ARIF) in 2004[105] and summarized by *The Guardian*,[106] demonstrates that available research fails to provide reliable evidence on the proclaimed benefits of gender reassignment surgery for gender dysphoric individuals, with poor research designs uncannily twisted in support of transitioning processes.[107] Under these circumstances, the viability of alternative therapeutic modalities such as psychotherapy as well as prospects for gender confusion sentiments to decline over time were categorically excluded as potential solutions for experienced transgender turmoil.[108]

Further emphasising shortcomings of pro-gender reassignment academic writings, a scientific literature review conducted in 2014 by Hayes Inc., analysing longstanding results of gender reassignment procedures, similarly demonstrated weak study designs,

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101 J. K. Meyer and D. J. Reter, "Sex Reassignment. Follow-Up", *Archives of General Psychiatry* 36, no. 9 (1979): 1010–15.

102 Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 338.

103 Cecilia Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", *The Public Library of Science ONE* 6, no. 2 (2011): e16885.

104 Ibid.

105 Anderson, "Understanding and Responding to Our Transgender Moment", 26.

106 David Batty, "Mistaken Identity", *The Guardian*, 30 July 2004, sec. Society, https://www.theguardian.com/society/2004/jul/31/health.socialcare.

107 Ibid.

108 Ibid.

and inconsistent findings.[109] In its constatations, the corporation highlights the absence of statistically significantly data that demonstrates enhanced functionality, wellbeing, and quality of life amongst recipients of sex reassignment interventions.[110]

Notwithstanding the robust evidence demonstrating the ineffectiveness of gender reassignment surgery in enhancing the functionality, wellbeing, and quality of life amongst recipients of gender reassignment interventions, and the serious implications to psychosocial welfare and stability documented, perseverance of this practice has been sustained and extended into youth transgender populations.[111] Research investigating gender reassignment surgery outcomes within younger age groups undertaken in 2015, revealed a heightened prevalence of experienced mental health difficulties amongst transsexual youths when compared to cisgender counterparts.[112] More precisely, the study evidenced a twofold to threefold increment in the incidence of depression, anxiety disorder, suicidal ideation and suicidal attempts, self-harm, and inpatient and outpatient mental health treatment amongst transgender individuals belonging to younger age groups after gender reassignment surgery, as opposed to cisgender equivalents.[113]

Complementing the information substantiated by preceding literature, in October 2019, the largest dataset on hormonal and surgical reassignment procedures was published.[114] Contrary to initial claims advanced by the authors of the paper and the media regarding the hypothetical beneficial outcomes of gender reassignment interventions upon transgender mental health,[115] subsequent rectifications to the study acknowledged that

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109 Winifred Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", in *Hayes Medical Technology Directory* (Lansdale PA: Hayes Inc, 2014), cited in, Michelle A. Cretella, "Gender Dysphoria in Children and Suppression of Debate", *Journal of American Physicians and Surgeons* 21, no. 2 (2016): 50–54.

110 Ibid., 52.

111 Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 338.

112 Sari L. Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Centre: A Matched Retrospective Cohort Study", *Journal of Adolescent Health* 56, no. 3 (2015): 274–79.

113 Ibid., 2, 6.

114 Richard Bränström and John E. Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", *The American Journal of Psychiatry* 177, no. 8 (2020): 727–34.

115 Ibid; Ryan T. Anderson, "'Transitioning' Procedures Don't Help Mental Health, Largest Dataset Shows", *The Heritage Foundation*, 2020,

"the results demonstrated no advantage of surgery in relation to subsequent mood or anxiety disorder-related health care."[116]

A study involving 72 Italian transsexuals (46 male-to-female and 26 female-to-male) into their experiences following gender-affirming surgery discovered that 36% of participants had endured at least one episode of harassment, violence, or discrimination within a specific social setting, with the workplace being associated with the highest risk of discrimination and harassment by 22% of participants. These findings imply that gender-affirming surgical interventions do not provide the desired psychosocial stability for people experiencing gender dysphoria.[117]

2.3 Reasons for and Against Gender Reassignment Surgery

The hypothesis advanced in this dissertation is that a duty of care standard based on psychosocial assistance produces superior transgender health and wellbeing outcomes when compared to an autonomy-based approach that supports affirmative gender transition methods, is more conducive to the achievement of diligent transgender personal and socio-familial quality of life and welfare goals, and targets transgender difficulties more safely and effectively. However, studies also show that transitioning can be beneficial, and some of these will be outlined below. The second part of this section will challenge this stance by presenting arguments against gender reassignment interventions.

2.3.1 Research Supporting Gender Reassignment

A secondary study of data from the 2015 US Transgender Survey, which included 27 715 respondents, discovered that having one or more types of gender-affirming surgery was associated to a reduced risk of psychological distress and suicidal ideation. This research

https://www.heritage.org/gender/commentary/transitioning-procedures-dont-help-mental-health-largest-dataset-shows.

116 "Correction to Bränström and Pachankis", *The American Journal of Psychiatry* 177, no. 8 (2020): 734.

117 Antonio Prunas et al., "Experiences of Discrimination, Harassment, and Violence in a Sample of Italian Transsexuals Who Have Undergone Sex-Reassignment Surgery", *Journal of Interpersonal Violence* 33, no. 14 (2018): 2225–40.

found a link between gender-affirming surgery and improved mental health outcomes in the immediate postoperative period.[118] Similarly, for a cross-sectional study, 206 self-identified transgender veterans completed an online survey and provided information on gender reassignment interventions, recent suicidal ideation, and depressive symptoms. The findings indicate that genital and chest reassignment interventions can benefit transgender veterans who are depressed or suicidal.[119] A cross-sectional study of forty-four patients with gender dysphoria who underwent at least one sex reassignment surgery between May and December 2019, discovered improved quality of life and a reduction in suicidal attempts. The SF-36 questionnaire was used to assess quality of life, as well as satisfaction and suicidality.[120]

Another study included twenty people who had previously been followed with a gender dysphoria diagnosis to obtain confirmative reports for sex reassignment surgery and were interviewed at least one year following the surgery. It was determined that gender reassignment surgery improves quality of life, family support, interpersonal relationships, and reduces fears of gender discrimination and victimization.[121] The results of a questionnaire study of 156 male-to-female individuals who underwent gender reassignment surgery at the Department of Urology, University Hospital Essen between 1995 and 2015, with a mean time since surgery of 6.61 years, revealed that 75% of respondents reported a significant improvement in general life satisfaction, as well as a distinct improvement in general quality of life and psychosocial resources.[122] Between 2003 and 2015, a prospective cohort study of 190 patients undergoing male-to-female gender reassignment surgery at Karolinska University Hospital discovered

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118 Anthony N. Almazan and Alex S. Keuroghlian, "Association Between Gender-Affirming Surgeries and Mental Health Outcomes", *JAMA Surgery* 156, no. 7 (2021): 611–18.

119 Raymond P. Tucker et al., "Hormone Therapy, Gender Affirmation Surgery, and Their Association with Recent Suicidal Ideation and Depression Symptoms in Transgender Veterans", *Psychological Medicine* 48, no. 14 (2018): 2329–36.

120 Sara Sadeghipour Meybodi and Azadeh Mazaheri Meybodi, "Quality of Life, Suicidal Attempt and Satisfaction in Gender Dysphoria Individuals Undergone Sex Reassignment Surgery", *Annals of the Romanian Society for Cell Biology* 25, no. 6 (2021): 4608–14.

121 Berna Özata Yildizhan et al., "Effects of Gender Reassignment on Quality of Life and Mental Health in People with Gender Dysphoria", *Turk Psikiyatri Dergisi: Turkish Journal of Psychiatry* 29, no. 1 (2018): 11–21.

122 J. Hess et al., "Satisfaction, Quality of Life and Psychosocial Resources of Male-to-Female Transgender after Gender Reassignment Surgery", *European Urology Supplements*, Abstracts EAU18 – 33rd Annual EAU Congress, 17, no. 2 (2018): e1748.

early signs of improved quality of life. Patients were given the questionnaire before surgery, as well as one, three, and five years later. While gender reassignment surgery was found to improve general well-being in the short-term, this was observed to decline in the long-term.[123]

An examination of the differences in quality of life and perceived social support before and after mastectomy and complete hysterectomy in 63 female-to-male transsexual patients, between November 2019 and November 2020, revealed that patients' quality of life and perceived social support improved after sex reassignment surgery. Data was collected using the Personal Information Form, Multidimensional Scale of Perceived Social Support, and the World Health Organization Quality of Life Scale Short Form.[124]

Cross-sex treatment improved mental health, according to cross-sectional and longitudinal studies involving 155 female-to-male participants.[125] Using a longitudinal design, a different research paper looked at the effect of 18 months of gender-affirming hormone treatment on depression and anxiety symptoms, as well as the predictors of mental health outcomes in a group of 178 transgender people. At pre-assessment and 18 months after starting hormonal therapy, data was collected using a socio-demographic questionnaire, the Hospital Anxiety and Depression Scale (HADS), the Multidimensional Scale of Perceived Social Support (MSPSS), and the Autism Spectrum Quotient—Short Version (AQ-Short). Researchers concluded that cross-sex hormone treatments alleviate depression symptoms.[126]

Irrespective of their findings, the studies presented raise several concerns about data collection, accuracy, and representability. The primary issues have been identified as the

[123] Ebba K. Lindqvist et al., "Quality of Life Improves Early After Gender Reassignment Surgery in Transgender Women", *European Journal of Plastic Surgery* 40, no. 3 (2017): 223–26.

[124] Süreyya Gümüşsoy et al., "Quality of Life and Perceived Social Support Before and After Sex Reassignment Surgery", *Clinical Nursing Research* 31, no. 3 (2022): 481–88.

[125] Hiroyuki Oda and Toshihiko Kinoshita, "Efficacy of Hormonal and Mental Treatments with MMPI in FtM Individuals: Cross-Sectional and Longitudinal Studies", *BMC Psychiatry* 17 (2017).

[126] Zoë Aldridge et al., "Long-Term Effect of Gender-Affirming Hormone Treatment on Depression and Anxiety Symptoms in Transgender People: A Prospective Cohort Study", *Andrology* 9, no. 6 (2021): 1808–16.

use of cross-sectional methodology designs[127] and the use of secondary data analysis.[128] Furthermore, even when more robust study designs were used, such as longitudinal[129] and prospective cohort methods,[130] investigation timeframes remained severely constrained. According to research, the negative effects of gender-affirming procedures do not become apparent until ten years later;[131] therefore, timeframes of a year and a half,[132] as well as one, three, and five years,[133] are insufficient to replicate the true outcomes of gender transition interventions.

2.3.2 Arguments Against Gender Reassignment

Contemporary healthcare and socio-political perspectives on transgender medical management uphold gender reassignment surgery and adjoining hormonal therapy for the dissipation of gender dysphoric symptoms. Notably, emerging interpretations of gender dogma reject notions of gender established upon biological and genetic statistics,[134] instead encouraging gender expression conducts which are wholly reliant on autonomous choice.[135] Accentuating this standpoint, gender fluidity ideology[136] is

[127] Tucker et al., "Hormone Therapy, Gender Affirmation Surgery, and Their Association with Recent Suicidal Ideation and Depression Symptoms in Transgender Veterans", 2329–36; Meybodi and Meybodi, "Quality of Life, Suicidal Attempt and Satisfaction in Gender Dysphoria Individuals Undergone Sex Reassignment Surgery", 4608–14; Yildizhan et al., "Effects of Gender Reassignment on Quality of Life and Mental Health in People with Gender Dysphoria", 11–21; Hess et al., "Satisfaction, Quality of Life and Psychosocial Resources of Male-to-Female Transgender after Gender Reassignment Surgery", e1748.

[128] Almazan and Keuroghlian, "Association Between Gender-Affirming Surgeries and Mental Health Outcomes", 611–18.

[129] Aldridge et al., "Long-Term Effect of Gender-Affirming Hormone Treatment on Depression and Anxiety Symptoms in Transgender People: A Prospective Cohort Study", 1808–16.

[130] Lindqvist et al., "Quality of Life Improves Early After Gender Reassignment Surgery in Transgender Women", 223–26.

[131] Tamara Syrek Jensen et al., discussing Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885.

[132] Aldridge et al., "Long-Term Effect of Gender-Affirming Hormone Treatment on Depression and Anxiety Symptoms in Transgender People: A Prospective Cohort Study", 1808–16.

[133] Lindqvist et al., "Quality of Life Improves Early After Gender Reassignment Surgery in Transgender Women", 223–26.

[134] Anderson, "Understanding and Responding to Our Transgender Moment", 17, 24-25; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 337-338.

[135] Anderson, "Understanding and Responding to Our Transgender Moment", 30.

[136] Ibid., 17; McHugh, "Transgenderism: A Pathogenic Meme".

amalgamated in constitutional policies,[137] partisan profile-raising tactics,[138] and healthcare-associated agendas,[139] with issues pertaining to transsexuality and gender reassignment surgery receiving considerable coverage and endorsement via media channels and educational institutions.[140] The gender diversity doctrine has instigated a global transgender cult which dismisses conservative management of gender dysphoric symptoms as archaic and discriminatory of transgender standards.[141] Consequentially, the efficacy of psychoanalytic and family therapy for tackling gender dysphoria-provoked distress is fervently undermined,[142] with more aggressive, invasive, and permanent treatment methodologies, of which gender reassignment surgery is the most extreme yet considered as preferential.[143]

"Specialized" gender clinics appeal to Gillick-competence[144] and clinicians' subjective judgements[145] when determining the suitability of transitioning protocols for gender

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137 Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540 (2016); Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567 (2016); Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540 (2015).

138 Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery"; Bonnici and Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment".

139 Fearne, "Transgender Healthcare", 1-40; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869–3903.

140 Anderson, "Understanding and Responding to Our Transgender Moment", 19-20; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 337, 348; McHugh, "Transgenderism: A Pathogenic Meme"; Susan Evans and Marcus Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults* (Oxfordshire: Phoenix Publishing House, 2021).

141 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

142 Ibid*;* The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 28; Jason Rafferty et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents", *Paediatrics* 142, no. 4 (2018): e20182162; McHugh, phone call cited in Lencki, "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This"".

143 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 33-64; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3877-3895.

144 Bernardette Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", *Clinical Child Psychology and Psychiatry* 24, no. 2 (2019): 203–22.

145 Ibid., 211; Anne A. Lawrence, "Gender Dysphoria: Diagnosis", in *The SAGE Encyclopaedia of Abnormal and Clinical Psychology,* ed. Amy Wenzel (Thousand Oaks: SAGE Publications, 2017), http://dx.doi.org/10.4135/9781483365817.n619.

confused minors,[146] whilst authorizing and initiating gender-altering procedures amongst adults in the absence of salient professional evaluation of personal emotional and psychosocial backgrounds.[147] Predominantly operating upon a non-interventionist approach, also known as the 'gender-affirmative care model' (GACM),[148] current transgender care protocols endorse the administration of pubertal suppression therapy to children as young as eight years of age,[149] the performance of mastectomies and hysterectomies in girls as young as fifteen without parental consent,[150] and genital surgeries upon reaching the age of maturity.[151] Scientific and technological innovations,[152] ground-breaking healthcare practices,[153] intensification of political propaganda,[154] and the proliferate utilization of social media and consequent

[146] Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", 210-216.

[147] The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 28; McHugh, phone call cited in Lencki, "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This""; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

[148] Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Rafferty et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents", 4.

[149] Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 18; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3880-3885.

[150] Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

[151] Ibid; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 21; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3893.

[152] Bauback Safa et al., "Current Concepts in Masculinizing Gender Surgery", *Plastic & Reconstructive Surgery* 143, no. 4 (2019): 857e–71; Bauback Safa et al., "Current Concepts in Feminizing Gender Surgery", *Plastic & Reconstructive Surgery* 143, no. 5 (2019): 1081e–91.

[153] Ibid.

[154] Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery"; Bonnici and Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment"; "Air Malta Drops "Ladies and Gentlemen" for Gender-Neutral Phrases", *Times of Malta*, 2021, https://timesofmalta.com/articles/view/air-malta-drops-ladies-and-gentlemen-for-gender-neutral-phrases.898774; Anderson, "Understanding and Responding to Our Transgender Moment", 21-24; Laws of Malta, *Social Security Act*, Chapter 318; Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567; Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Government of the United States of America, "Patient Protection and Affordable Care Act", Section 1557.

succumbing to peer pressure,[155] precipitate conditions of mass indoctrination and social contagion,[156] progressively manipulating the judgements, sentiments and assertions of experts, academics, and the ordinary public.

Substantiating the probable role of social media influences, groupthink patterns and maladaptive coping mechanisms in the development of gender dysphoria and transgender identification declarations amongst adolescents and young adults, is the emergent phenomenon of Rapid Onset Gender Dysphoria (ROGD).[157] Originally investigated by Dr Lisa Littman,[158] ROGD denotes the rapid and disproportionate increase in transgender-identifying behaviour amongst predominantly natal female populations during or following the pubertal phase, with disclosure of gender dysphoric sentiments largely preceded by or occurring in conjunction with proliferate and extensive utilization of social media platforms by the persons involved.[159] Vehemently contested by transgender activists, the article was initially withdrawn, only for it to be republished in confirmation of the original findings.[160] Littman's study, and the fervent antagonism it enticed from transgender groups, evidences the overstated preoccupation of transgender activists with the preservation of a radical transgender ideology and the suppression of evidence contradicting their dogma, wherein questioning the experiences of individuals with gender confusion is regarded as transphobic and illegitimate rather than meaningful and responsible.[161] Absurdly, this censorship of scientific evidence and professional probing of transgender-proclaimed

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155 Anderson, "Understanding and Responding to Our Transgender Moment", 19-21; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 337, 348; McHugh, "Transgenderism: A Pathogenic Meme"; Lisa Littman, "Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria", *The Public Library of Science ONE* 13, no. 8 (2018): 1–44; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 19-22.

156 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 348; Littman, "Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria", 1-44; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 21-24.

157 Littman, "Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria", 1-44.

158 Ibid.

159 Ibid., 1.

160 "Lisa Littman Study Is Republished by PLOS ONE", *Transgender Trend*, 20 March 2019, https://www.transgendertrend.com/lisa-littman-study-republished-plos-one/.

161 Ibid.

states is robustly defended by appositely enacted legal praxis,[162] which through extensive leverage upon the conversion therapy pretext, promptly decry any therapeutic choices which differ from the 'affirmative' stance as 'conversion therapy' and therefore unlawful.[163] In Malta, the *Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, although stipulating that psychotherapeutic exploration of one's gender identity is permissible, implies that the affirmation of one's gender identity and acknowledgement of personal preference regarding gender role and expression constitutes the desirable way forward.[164] Similarly, in the United Kingdom, *The Memorandum of Understanding on Conversion Therapy* (MoU) precludes healthcare professionals from investigating potential underlying influences contributing to the development of gender dysphoria in favour of an affirmative superlative.[165] Both these regulatory pronouncements attest to the remarkable impact of political propaganda on transgender clinical practice.[166]

Certainly, the shift in diagnostic terminology disqualifying gender dysphoria as a mental disorder stands at the helm of the gender reassignment controversy.[167] Through the elimination of gender dysphoria from the psychiatric disorder list,[168] therapeutic guidelines[169] were drastically transformed, setting forth models of care[170] targeted at alleviating gender dysphoric symptoms through the physical alteration of the

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162 Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567; "Memorandum of Understanding on Conversion Therapy in the UK", 2021, https://www.bacp.co.uk/media/13265/memorandum-of-understanding-on-conversion-therapy-in-the-uk-september-2021.pdf; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 17-19.

163 "Lisa Littman Study Is Republished by PLOS ONE".

164 Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567.

165 "Memorandum of Understanding on Conversion Therapy in the UK".

166 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 19.

167 American Psychiatric Association, "Gender Dysphoria", in *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (Arlington, VA: American Psychiatric Association, 2013), 451–59.

168 Ibid.

169 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869–3903; Rafferty et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents", 4.

170 Ibid.

sufferers.[171] Paradoxically, the conditions of anorexia nervosa and body dysmorphic disorder, although conveying analogous distress established upon disordered assumptions concerning the body, are nonetheless considered as being mental afflictions requiring psychiatric care.[172] Because these disorders stem from a distorted belief about one's physical reality, liposuction is not utilized in the treatment of obesity-dreading anorexia nervosa patients, in the same manner as surgical modification or amputation of perceived bodily flaws or deformities are not recommended to relieve psychological suffering consequential to body dysmorphic disorder.[173] Notwithstanding, an aetiology involving a combination of genetic, biological, psychological, and environmental origins,[174] comparable to that presented by a gender dysphoria diagnosis,[175] management of these conditions upholds entirely diverse therapeutic standpoints.[176]

In the case of gender dysphoria, there seems to be a great deal of confusion between the psychological and the physical.[177] Particularly, the selection of gender reassignment techniques as treatments of choice for the alleviation of psychological distress caused by feelings of gender incongruity,[178] involves ulterior motives of a professional,[179]

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171 O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345; Anderson, "Understanding and Responding to Our Transgender Moment", 25.

172 Paul McHugh, "Transgender Surgery Isn't the Solution", *Wall Street Journal*, 13 May 2016, sec. Opinion, https://www.wsj.com/articles/paul-mchugh-transgender-surgery-isnt-the-solution-1402615120.

173 Ibid.

174 Stephan Zipfel et al., "Anorexia Nervosa: Aetiology, Assessment, and Treatment", *The Lancet Psychiatry* 2, no. 12 (2015): 1099–1111; Georgina Krebs, Lorena Fernández de la Cruz, and David Mataix-Cols, "Recent Advances in Understanding and Managing Body Dysmorphic Disorder", *Evidence-Based Mental Health* 20, no. 3 (2017): 71-75.

175 Garima Garg, Ghada Elshimy, and Raman Marwaha, "Gender Dysphoria", in *StatPearls* (Treasure Island (FL): StatPearls Publishing, 2021), http://www.ncbi.nlm.nih.gov/books/NBK532313/.

176 Zipfel et al., "Anorexia Nervosa: Aetiology, Assessment, and Treatment", 1099; Krebs, Fernández de la Cruz, and Mataix-Cols, "Recent Advances in Understanding and Managing Body Dysmorphic Disorder", 71, 74.

177 McHugh, cited in Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

178 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 33-50, 54-64; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3877–3894.

179 Aaron L. Wiegmann et al., "The Affordable Care Act and Its Impact on Plastic and Gender-Affirmation Surgery", *Plastic and Reconstructive Surgery* 147, no. 1 (2021): 135e–53.

political,[180] and economic origin.[181] Distanced from a duty of care approach which strives to safeguard the transgender population's welfare and best interests, gender reassignment surgical and hormonal interventions strive to promote an autonomy superlative predominantly influenced by scientific advancement,[182] healthcare prestige,[183] financial revenue,[184] career aspirations,[185] political consensus,[186] and population response in terms of electorate potential.[187] Specifically, legal reforms enacted to restructure transgender policy[188] alongside healthcare initiatives[189] in line with European Union standards,[190] facilitate integration and approval of participating countries,[191] strengthen transnational relationships,[192] accentuate nations' "progressive" inclinations,[193] refine countries' classification canons,[194] facilitate exposure within competitive markets,[195] attract EU funds,[196] assist in establishing

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180 Anderson, "Understanding and Responding to Our Transgender Moment", 21-24; Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery"; Bonnici and Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment"; Fearne, "Transgender Healthcare", 1-40; Government of the United States of America, *Patient Protection and Affordable Care Act*, Section 1557.

181 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Ugalmugle and Swain, "Sex Reassignment Surgery Market Size by Gender Transition", 1-81.

182 Safa et al., "Current Concepts in Masculinizing Gender Surgery", 858e–68; Safa et al., "Current Concepts in Feminizing Gender Surgery", 1082e–89.

183 Ibid.

184 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Ugalmugle and Swain, "Sex Reassignment Surgery Market Size by Gender Transition", 1-81.

185 Wiegmann et al., "The Affordable Care Act and Its Impact on Plastic and Gender-Affirmation Surgery", 135e.

186 Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery"; Bonnici and Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment".

187 Ibid.

188 Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567; Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540.

189 Fearne, "Transgender Healthcare", 1-40; Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery"; Bonnici and Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment".

190 European Commission. Directorate General for Justice and Consumers., *Trans and Intersex Equality Rights in Europe: A Comparative Analysis*, 1-113.

191 Ibid., 31-110.

192 Ibid.

193 Ibid.

194 Ibid.

195 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Ugalmugle and Swain, "Sex Reassignment Surgery Market Size by Gender Transition", 1-81.

196 Manuela Samek Lodovici, Flavia Pesce, and Daniela Loi, "The Use of Funds for Gender Equality in Selected Member States", *European Parliament*, 2016, 1–119.

trading agreements within and outside the transgender domains[197] and encourage medical tourism[198] for the generation of profitable circumstances which extend beyond the transgender cause.[199] In sum, granting transgender lobbyists boundless dominion and decision-making liberty, deceives them into trusting that efforts of the state are being directed at preserving their right to autonomy and personal welfare,[200] relieves the pressure exerted by international communities and transgender activists on governmental entities,[201] strengthens economic growth[202] and elevates medical standing,[203] whilst attracting international admiration and approval.[204]

The obstinate pursuit of political correctness once intended for the annihilation of bigotry and chauvinistic views, nowadays precludes sensible reasoning and impedes wisdom and impartiality in the confrontation of transgender affairs.[205] Indeed, the notion of political correctness has become synonymous with the oppression of liberal thinking, transforming a previously virtuous concept into a detrimental weapon which jeopardizes transgender welfare and rights.[206] The recent forced resignation of Kathleen Stock, an established philosophy professor at the University of Sussex, illustrates a strong case of obliteration of freedom of speech wherein views on gender identification and transgender rights yielded widespread harassment and bullying from transgender

197 Helena Dalli, "LGBTIQ Equality & Strategy Action Plan 2018-2022" (Malta: Ministry for European Affairs and Equality), accessed 11 December 2021, https://meae.gov.mt/en/Documents/LGBTIQ%20Action%20Plan/LGBTIQActionPlan_20182022.pdf.

198 Viktoriia Vovk, Lyudmila Beztelesna, and Olha Pliashko, "Identification of Factors for the Development of Medical Tourism in the World", *International Journal of Environmental Research and Public Health* 18, no. 21 (2021): 1–17.

199 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Ugalmugle and Swain, "Sex Reassignment Surgery Market Size by Gender Transition", 1-81.

200 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

201 European Commission. Directorate General for Justice and Consumers, *Trans and Intersex Equality Rights in Europe: A Comparative Analysis,* 31-110; Anderson, "Understanding and Responding to Our Transgender Moment", 21-24; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 22-23.

202 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Ugalmugle and Swain, "Sex Reassignment Surgery Market Size by Gender Transition", 1-81.

203 Safa et al., "Current Concepts in Masculinizing Gender Surgery", 858e–68; Safa et al., "Current Concepts in Feminizing Gender Surgery", 1082e–89.

204 European Commission. Directorate General for Justice and Consumers, *Trans and Intersex Equality Rights in Europe: A Comparative Analysis,* 31-110.

205 Kat Chow, "Politically Correct": The Phrase Has Gone From Wisdom To Weapon", *NPR*, 14 December 2016, https://www.npr.org/sections/codeswitch/2016/12/14/505324427/politically-correct-the-phrase-has-gone-from-wisdom-to-weapon.

206 Ibid.

activists and the resultant termination of a prominent academic career.[207] Comparably, the prohibition of 'When Harry Became Sally: Responding to the Transgender Moment' by Amazon in 2021,[208] in conformity with hate speech regulations enacted by the multinational,[209] denotes modern-day dictatorship strategies restricting freedom of expression pertaining to transgender debates.[210]

Legislators participating in the ratification of transgender-sustaining reforms may not wholeheartedly sanction the constitutional strategies proposed yet may feel compelled to conform with laws which contradict their personal moral standards, to circumvent accusations of prejudice and discrimination from pertinent stakeholders.[211] In the current socio-political climate, unorthodox stances are increasingly advocated through autonomy-promoting discourse whereas duty of care perspectives in conjunction with conservative approaches to healthcare and social support are dismissed as outdated and unpopular. Within the gender reassignment surgery debate, this implies the unquestioned[212] and permanent mutilation of physical,[213] sexual,[214] and reproductive[215] function for the highly improbable resolution of complex and multifaceted psychosocial states.[216]

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207 Richard Adams and Richard Adams Education editor, "Sussex Professor Resigns After Transgender Rights Row", *The Guardian*, 2021, sec. World News, https://www.theguardian.com/world/2021/oct/28/sussex-professor-kathleen-stock-resigns-after-transgender-rights-row.

208 Ryan T. Anderson, "When Amazon Erased My Book", *First Things*, 2021, https://www.firstthings.com/web-exclusives/2021/02/when-amazon-erased-my-book.

209 NCAC, "Statement on Amazon's Removal of When Harry Became Sally | Updated with Amazon's Response", *National Coalition Against Censorship*, 2021, https://ncac.org/news/amazon-book-removal.

210 Anderson, "When Amazon Erased My Book".

211 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 14-15.

212 Ibid., 15-17; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 28; McHugh, phone call cited in Lencki "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This""; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Rafferty et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents", 4.

213 O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345.

214 Ibid.

215 Anderson, "Understanding and Responding to Our Transgender Moment", 25.

216 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345; Anderson, "Understanding and Responding to Our Transgender Moment", 26.

The terminology "gender assigned at birth" is liberally utilized in transgender-concerning arguments, implying conditions of gender fluidity which are unrelated to biological and genetic foundations.[217] According to this perspective, gender is a social construct which can be modified at will and in agreement with personal preference.[218] This standpoint is especially problematic, particularly when taking into consideration that many transgender persons wishing to undergo gender-altering procedures are coming from extremely complicated psychosocial and familial backgrounds.[219] Driven by the perception of gender reassignment surgery as the ultimate solution to their problems,[220] transgender individuals embark on irreversible journeys towards transition,[221] rejecting psychotherapeutic and socially supportive interventions as plausible answers to inherent psychosocial discontent.[222] Comprehensive endorsement and promotion of gender-altering policies by governmental bodies[223] and healthcare organizations,[224] in conjunction with public funding initiatives of gender reassignment

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217 Anderson, "Understanding and Responding to Our Transgender Moment", 18.

218 Ibid., 17, 18.

219 Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 341-343; Giovanardi et al., "Attachment Patterns and Complex Trauma in a Sample of Adults Diagnosed with Gender Dysphoria", 1–13.

220 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 54-64; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3893–3894.

221 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Richard Fitzgibbons, Philip M. Sutton, and Dale O'Leary, "The Psychopathology of "Sex Reassignment" Surgery: Assessing its Medical, Psychological, and Ethical Appropriateness", *National Catholic Bioethics Quarterly* 9, no.1 (2009): 109–37, cited in Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345.

222 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Lencki, "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This"".

223 Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567; Government of the United States of America, *Patient Protection and Affordable Care Act*, Section 1557; European Commission - Directorate General for Justice and Consumers, *Trans and Intersex Equality Rights in Europe: A Comparative Analysis*, 1-110.

224 Fearne, "Transgender Healthcare", 1-40; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869–3903.

surgical procedures,[225] intensify sex-modifying desires and convictions,[226] compromising transsexual persons' potential for objective, vigilant and meaningful decision-making endeavours for the effective enhancement of existential quality and fulfilment.

Gender ideology indoctrination has become deeply embedded within modern sociocultural contexts, with influence from the media, scholastic environments, trans activism parties, the state, and familial contexts being the channels most utilized for the conveyance and advancement of novel theories of gender.[227] Strict monitoring by international governing bodies of respective nations' adherence to established transgender care standards and guidelines, exerts considerable pressure upon respective nations to accomplish predetermined transgender targets.[228] Moreover, admonishments of higher entities towards uncompliant countries negatively impact political strength and economic revenue, hence spawning the interest of member states in the manifestation and implementation of *avant garde* transgender options.[229] Markedly, the progressive infiltration of gender ideology within academic entities, familial nuclei, and constitutional agendas, shifts the focus from protecting the best interests of the most vulnerable towards the endorsement of a gender fluidity ethos in support of gender reassignment interventions for the hypothetical resolution of gender incongruity.[230] While there may be instances wherein intensity of gender dysphoric symptoms may diminish through gender reassignment surgical interventions,[231] liberal

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225 Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery"; Bonnici and Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment"; Laws of Malta, *Social Security Act*, Chapter 318 Legal Notice 44 of 2018; The Tavistock and Portman NHS Foundation Trust, "About Us"; NHS England, "Gender Identity Services for Adults (Surgical Interventions)".

226 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

227 Ibid; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 348; Littman, "Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria", 4-5; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 21-24.

228 European Commission - Directorate General for Justice and Consumers, *Trans and Intersex Equality Rights in Europe: A Comparative Analysis,* 1-113.

229 Ibid., 103-106.

230 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 348; Littman, "Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria", 4-5; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 21-24.

231 Tim C. van De Grift et al., "Effects of Medical Interventions on Gender Dysphoria and Body Image: A Follow-Up Study", *Psychosomatic Medicine* 79, no. 7 (2017): 815–23.

and unsupervised utilization of this practice irrevocably compromises psychosocial stability[232] and physical health.[233]

Notwithstanding the innovation and technology systems underlying transgender surgical and medical interventions,[234] transforming one's gender remains a scientifically unattainable mission,[235] and suggestions to the contrary remain devoid of scientific proof.[236] Indeed, even though several authors advocate surgical gender reassignment for the prospective betterment of gender dysphoria,[237] none can challenge the fact that DNA cannot be altered to correspond to acquired sexual characteristics, and that transgender people retain genetic traits related to their biological sex even after hormonal and surgical gender-affirming treatments. Instead, they distinguish between sex and gender, arguing that while there are only two sex categories, there can be numerous gender variants.[238]

Several concerns arise for those individuals suffering from gender dysphoria whose intent is not 'transitioning' but receiving professional assistance in the identification and

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[232] Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 337; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Centre: A Matched Retrospective Cohort Study", 2, 6.

[233] Bryson and Honig, "Genitourinary Complications of Gender-Affirming Surgery", 1, 5; Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", 4; O"Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345; Anderson, "Understanding and Responding to Our Transgender Moment", 25.

[234] Safa et al., "Current Concepts in Feminizing Gender Surgery", *Plastic & Reconstructive Surgery*, 1081e–91; Safa et al., "Current Concepts in Masculinizing Gender Surgery", 857e–71.

[235] Anderson, "Understanding and Responding to Our Transgender Moment", 24-25; Anderson, "Sex Change: Physically Impossible, Psychosocially Unhelpful, and Philosophically Misguided - Public Discourse"; McHugh, "Transgenderism: A Pathogenic Meme".

[236] Declaration of Lawrence S. Mayer, M.D., M.S., Ph.D, U.S. District Court, Middle District of North Carolina, Case 1:16-cv-00425-TDS-JEP, Exhibit K., cited in Anderson, "Understanding and Responding to Our Transgender Moment", 25; George, "Gnostic Liberalism", *First Things*; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, Foreword xxi; Hruz, "Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria", 34–42.

[237] Yildizhan et al., "Effects of Gender Reassignment on Quality of Life and Mental Health in People with Gender Dysphoria", 1–10; Masoumeh Simbar et al., "Quality of Life and Body Image of Individuals with Gender Dysphoria", *Journal of Sex & Marital Therapy* 44, no. 6 (2018): 523–32; Almazan and Keuroghlian, "Association Between Gender-Affirming Surgeries and Mental Health Outcomes", 611–18.

[238] Arnold De Loof, "Only Two Sex Forms but Multiple Gender Variants: How to Explain?", *Communicative & Integrative Biology* 11, no. 1 (2018): e1427399.

acceptance of their physical characteristics.[239] Unfortunately, the resurgence of gender reassignment interventions in recent years,[240] following the emblematic halting of gender reassignment surgery at the John Hopkins Hospital over three decades ago,[241] is a result of a growing international ideological movement.[242] Fundamental to the transgender controversy, gender ideology holds that human persons are what they claim to be irrespective of intrinsic biologic or genetic composition, and that gender identity is a matter of personal preference.[243] Unfortunately, there are several professional and governmental organizations which advocate their cause and hold their opinions as factual,[244] encouraging transgender healthcare protocols and legislations which are incompatible with conscientious gender dysphoria treatment prerogatives.[245]

The premises for the gender ideology arguments are that gender dysphoria does not qualify as a psychiatric pathology,[246] and that distinctions between sexes provoke discriminatory and unjust societal attitudes with respect to the transgender

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239 Anderson, "Understanding and Responding to Our Transgender Moment", 21-22.

240 Nolan, Kuhner, and Dy, "Demographic and Temporal Trends in Transgender Identities and Gender Confirming Surgery", 184, 185, 188; Canner et al., "Temporal Trends in Gender-Affirming Surgery Among Transgender Patients in the United States", 611–12; Dhejne et al., "An Analysis of All Applications for Sex Reassignment Surgery in Sweden, 1960-2010: Prevalence, Incidence, and Regrets", 1541; "Transgender People Face NHS Waiting List "Hell"", *BBC News*; Cheung et al., "Sociodemographic and Clinical Characteristics of Transgender Adults in Australia", 229–36; Delahunt et al., "Increasing Rates of People Identifying as Transgender Presenting to Endocrine Services in the Wellington Region", 33, 36, 38; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

241 Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 338.

242 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Anderson, "Understanding and Responding to Our Transgender Moment", 17, 22, 24; O"Leary and Sprigg, "Understanding and Responding to the Transgender Movement",1.

243 Anderson, "Understanding and Responding to Our Transgender Moment", 17, 30; Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 267.

244 American Psychological Association, "Answers to Your Questions About Transgender People, Gender Identity, and Gender Expression", *Https://Www.Apa.Org*, 2014, https://www.apa.org/topics/lgbtq/transgender.

245 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869–3903; Fearne, "Transgender Healthcare", 1-40; Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567; Government of the United States of America, *Patient Protection and Affordable Care Act*, Chapter 1557.

246 American Psychiatric Association, "Gender Dysphoria", 451–59; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 29-32.

population.[247] Largely operating upon an autonomy imperative, these assertions are equally erroneous and unfounded.[248] The de-classification of gender dysphoria as a psychiatric pathology[249] and the rejection of biological and genetic factors as undisputable determinants of gender and sexuality[250] have led to questionable transgender models of care which are reliant upon gender reassignment techniques for the prospective alleviation of gender-related psychosocial distress and for the realisation of patients' self-determination.[251] More specifically, existing transgender healthcare care strategies aspire to accomplish the impossible task of altering transgender persons' physical features to match their held feelings and perceptions regarding sexuality and gender, instilling serious misconceptions about the effectiveness of gender reassignment surgery in enhancing patients' life satisfaction.[252]

On the other hand, a duty of care approach, emphasizes the holistic and in-depth exploration of gender dysphoric symptoms, endorsing psychotherapeutic[253] and multidisciplinary initiatives,[254] that empower physical and personal acceptance,[255] foster sentiments of wellbeing, and improve quality of life. It is critical to underscore that the

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247 Diane Montagna, "Pope Francis: Gender Theory is a Threat to Society", *Aleteia.org*, 2015, http://aleteia.org/2015/06/09/pope-francis-gender-theory-is-a-threat-tosociety/, cited in Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 348-349.

248 McHugh, "Transgender Surgery Isn't the Solution"; Diane Montagna, "Pope Francis: Gender Theory is a Threat to Society", *Aleteia.org*, 2015, http://aleteia.org/2015/06/09/pope-francis-gender-theory-is-a-threat-tosociety/, cited in Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 348-349.

249 American Psychiatric Association, "Gender Dysphoria", 451–59; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 29-32.

250 Anderson, "Understanding and Responding to Our Transgender Moment", 17, 18, 23.

251 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869–3903; Rafferty et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents", 4, 6-7.

252 Ibid.

253 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults,* 1-258; Anastassis Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", *Metalogos Systemic Therapy Journal* 35 (2019): 1–16.

254 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults,* 74-75*;* Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 262; Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", 5; Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", 218-19.

255 Anderson, "Understanding and Responding to Our Transgender Moment", 21-22.

proposed duty of care approach is unrelated to conversion therapy. In contrast to conversion therapy, which attempts to change the gender identity or subdue gender expression,[256] a duty of care perspective focuses on the individuals involved and recognizes the impact that personal experiences and psychosocial circumstances can have on sexuality and gender, as well as the development of gender dysphoria.[257] In support of this viewpoint, literature advances the notion that explorative psychotherapy should be the treatment of choice for gender dysphoria, thus consenting for the elimination of affirmative and conversion therapeutic extremes, and curbing the requirements for invasive and irreversible medical procedures.[258] Regretfully, the effects of psychotherapy on gender dysphoria are still understudied.[259]

Further to contravening treatment protocols utilized in addressing other forms of body dysphoria like anorexia and body dysmorphic syndrome, and refuting the scientific grounds of gender and sexuality,[260] gender reassignment surgical interventions and associated hormonal therapeutic procedures violate the paramount principle of 'First, do no Harm' governing medical practice.[261] Modern cultural norms increasingly regard differences between sexes as problematic,[262] and consider quick fixes and patient-pleasing strategies[263] preferential to purposeful individual and societal wellbeing.[264] Similarly, prevailing parental responses to the requirements of gender confused children reflect trending gender ideology positions, notwithstanding the associated widespread

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256 "Memorandum of Understanding on Conversion Therapy in the UK", 2021, https://www.bacp.co.uk/media/13265/memorandum-of-understanding-on-conversion-therapy-in-the-uk-september-2021.pdf.

257 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults,* 7.

258 Roberto D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", *Archives of Sexual Behaviour* 50, no. 1 (2021): 7–16.

259 Ibid., 14.

260 Anderson, "Understanding and Responding to Our Transgender Moment", 17, 18, 23.

261 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 34; O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 32; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345.

262 Anderson, "Understanding and Responding to Our Transgender Moment", 22; O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 1, 8, 28.

263 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 33-34; Anderson, "Understanding and Responding to Our Transgender Moment", 30.

264 Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 269.

problematics and detrimental consequences.[265] These harmful repercussions can be surgical, medical, reproductive, psychological, and even psychosocial in nature, as discussed in greater detail in Section 2.2. Whilst gender theory activists advance the idea that the differences between sexes is problematic,[266] it is these differences which complement the beauty and perfection of human nature and influence the thriving and performance of people and cultures.[267]

The absurdity of gender theory lies in the proclamation of gender as a social construct whilst concurrently endorsing and promoting an understanding of gender which is surgically and therapeutically constructed.[268] Current gender ideologies attribute superior legitimacy to sexuality and gender statuses affirmed through surgical, hormonal, and legal interventions than to those procured by biological, psychological, and philosophical circumstances.[269] Furthermore, despite portraying a notion of the personal self which is disconnected from the physical body, transgender activists advocate sex-altering interventions for the attainment of sexual characteristics which represent their true selves.[270]

Mainstream transgender political and healthcare frameworks, alongside pertinent media narratives,[271] rely upon snapshot research undertakings to support their arguments for gender reassignment surgical interventions in effectively managing gender dysphoric symptoms.[272] Despite robust studies evidencing the ineffectiveness of gender reassignment surgery in improving transgender individuals' long-term functionality, wellbeing, and quality of life, as well as the associated incidence of depression, anxiety disorder, and suicidal tendencies among this population following

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265 Ibid., 264; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 346-348.

266 Anderson, "Understanding and Responding to Our Transgender Moment", 22; O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 1, 8, 28.

267 Diane Montagna, "Pope Francis: Gender Theory is a Threat to Society", *Aleteia.org*, 2015, http://aleteia.org/2015/06/09/pope-francis-gender-theory-is-a-threat-tosociety/, cited in Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 348-349.

268 Anderson, "Understanding and Responding to Our Transgender Moment", 18, 22.

269 Ibid., 22-23.

270 Ibid., 22.

271 Anderson, "Understanding and Responding to Our Transgender Moment", 28.

272 Ibid.

surgery,[273] these entities subvert the most vulnerable into self-destructive thoughts and actions, grievously endangering their already faltering psychological and physical health.[274] Depicting gender reassignment as an endeavour yielding longstanding benefits, gender dysphoric individuals are deceived into believing that surgery provides the definitive solution to their problems.[275] Yet, gender reassignment procedures can neither reassign sex biologically, nor do they contribute to the successful subjugation of associated psychosocial complexities.[276] Indeed, transgender individuals resorting to gender reassignment surgery in the pursuit of a better life may well be condemned to an existence established upon untruths and personal inauthenticity.[277]

In confronting gender reassignment surgery, a predominantly autonomous prerogative obfuscates the benefits of a duty of care imperative in successfully targeting transgender psychosocial and physical concerns. Present politico-legal and healthcare institutions enacted to promote transgender welfare and rights are clearly operating beyond their scope of practice and in complete disregard of the transgender community's best interests. The tragic psychosocial and physical outcomes documented in the literature[278]

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[273] Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Anderson, "Understanding and Responding to Our Transgender Moment", 26; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in, Cretella, "Gender Dysphoria in Children and Suppression of Debate", 52; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Centre: A Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734.

[274] Michael E. Newcomb et al., "High Burden of Mental Health Problems, Substance Abuse, Violence, and Related Psychosocial Factors in Transgender, Non-Binary, and Gender Diverse Youth and Young Adults", *Archives of Sexual Behaviour* 49, no. 2 (2020): 645–59; Edward McCann and Michael Brown, "Discrimination and Resilience and the Needs of People Who Identify as Transgender: A Narrative Review of Quantitative Research Studies", *Journal of Clinical Nursing* 26, no. 23–24 (2017): 4080–93.

[275] Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 54-64; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3893–3894.

[276] Anderson, "Understanding and Responding to Our Transgender Moment", 25.

[277] McHugh, "Transgenderism: A Pathogenic Meme"; McHugh, "Transgender Surgery Isn't the Solution"; Anderson, "Understanding and Responding to Our Transgender Moment", 30,31; O"Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 7.

[278] Anderson, "Understanding and Responding to Our Transgender Moment", 26, 28; Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in

as well as evidenced by important modern-day court cases on gender dysphoria ordeals, attest to this.[279]

Because scientific findings indicate that gender reassignment does not provide longstanding benefits for people suffering from gender dysphoria and may even worsen mental health and psychosocial outcomes for some,[280] radical shifts in existing socio-political, legal, and healthcare perspectives are urgently required to halt the widespread harm.[281] Relevant stakeholders ought to advocate for an ethos of social welfare and justice which targets the true demands of the transgender population.[282] Given the inadequacies shown by an autonomous methodology in healing profound transgender

Cretella, "Gender Dysphoria in Children and Suppression of Debate", 52; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Centre: A Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734.

279 The Lord Burnett of Maldon et al., "Bell and Others v The Tavistock and Portman NHS Foundation Trust and Others", Pub. L. No. [2021] EWCA Civ 1363 on appeal from [2020] EWHC 3274 (Admin), § Court of Appeal (Civil Division) Royal Courts of Justice (2021), https://www.judiciary.uk/wp-content/uploads/2021/09/Bell-v-Tavistock-judgment-170921.pdf; The President of the Queen's Bench Division, Lord Justice Lewis, and Mrs Justice Lieven, "R (On the Application of) Quincy Bell and A -v- Tavistock and Portman NHS Trust and Others", Pub. L. No. Neutral Citation Number: [2020] EWHC 3274 (Admin) Case No: CO/60/2020, § High Court of Justice Royal Courts of Justice (2020), https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf.

280 Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in, Cretella, "Gender Dysphoria in Children and Suppression of Debate", 52; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Centre: A Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734.

281 Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 269.

282 Ibid*;* Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", 219.

wounds thus far,[283] a multidisciplinary approach[284] underlined by a duty of care prerequisite represents the most feasible route towards the accomplishment and sustenance of holistic and meaningful transgender care initiatives for the amelioration and protection of transgender welfare and justice.[285]

2.4 Quality of Life

Prevailing transgender healthcare perspectives imbued with socio-political and legal manifestos promote gender reassignment surgical interventions and adjunct hormonal therapeutic pathways, believing that these lead to an improvement in the quality of life of individuals experiencing gender identity dissonance. Albeit extensively endorsed and firmly acclaimed by healthcare, legislative and academic bodies,[286] the durable efficacy of gender reassignment interventions in the amelioration of existential quality and comprehensive welfare amongst the gender dysphoric population remains unsubstantiated by the most rigorous research investigations undertaken hitherto.[287]

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283 Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in, Cretella, "Gender Dysphoria in Children and Suppression of Debate", 52; Anderson, "Understanding and Responding to Our Transgender Moment", 26; Syrek Jensen et al., "Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-109; Syrek Jensen et al., "Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-111; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xxi.

284 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 74-75; Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", 5; Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adolescents", 218-19.

285 Ibid.

286 Simbar et al., "Quality of Life and Body Image of Individuals with Gender Dysphoria", 523–32; Yildizhan et al., "Effects of Gender Reassignment on Quality of Life and Mental Health in People with Gender Dysphoria", 1–10; Gümüşsoy et al., "Quality of Life and Perceived Social Support Before and After Sex Reassignment Surgery", 523–32.

287 Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in, Cretella, "Gender Dysphoria in Children and Suppression of Debate", 52; Anderson, "Understanding and Responding to Our Transgender Moment", 26; Syrek Jensen et al., "Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-109; Syrek Jensen et al., "Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-111; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A

Furthermore, irrespective of the extent of technical and cosmetic success of interventions, and regardless of whether these occur within trans-accepting societal contexts, transgender individuals pursuing the transitioning route invariably endure detrimental psychosocial outcomes.[288]

Departing from an essentially dualistic premise, denoting the disengagement of the "I" or the "self" from the physical embodiment, relevant stakeholders convey the notion of wrong-body entrapment, wherein body modification practices are sanctioned for the rectification of experienced intellectual and emotional afflictions.[289] Although pragmatic for transgender activists,[290] and politico-legal and healthcare affiliations partaking the transgender movement, the wrong-body narrative denotes a major metaphysical untruth.[291] Just as the mind and body are inexorable engaged in the performance of quotidian tasks, perceptions of others as merely human organisms "hosting" their "true" selves are bereft of any logic.[292] Similarly, recipients of offensive or injurious actions discern these as harmful towards "them" rather than towards *either* their minds *or* their bodies.[293] Indeed, biological identity is fundamentally entrenched in personal identity, irrespective of gender incongruity sentiments which may transcend the human physical continuum.[294]

Another key point concerns the misconceptions pertaining to transgender identification and gender non-conformity.[295] While gender nonconformity is frequently linked with

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Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xxi.

288 Anderson, "Understanding and Responding to Our Transgender Moment", 26; Ryan Anderson, "New York Times Reveals Painful Truths About "Sex Change" Surgery", *The Heritage Foundation*, accessed 8 January 2022, https://www.heritage.org/gender/commentary/new-york-times-reveals-painful-truths-about-sex-change-surgery.

289 Melissa Moschella, "Trapped in the Wrong Body? Transgender Identity Claims, Body-Self Dualism, and the False Promise of Gender Reassignment Therapy", *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine* 46, no. 6 (2021): 782–804.

290 Anderson, "Understanding and Responding to Our Transgender Moment", 19-24.

291 Moschella, "Trapped in the Wrong Body? Transgender Identity Claims, Body-Self Dualism, and the False Promise of Gender Reassignment Therapy", 783, 786, 787, 788, 794, 795, 797.

292 Ibid., 787.

293 Ibid.

294 Ibid.

295 Ibid., 790.

transgender identity or gender dysphoria, it is not the cause of either, and not all gender nonconforming people are transgender.[296] Nonetheless, because of today's cultural environment and the increased visibility of the concept of trans identity and transgender discourse, many gender nonconforming individuals have chosen this path.[297] As Littman's work clearly demonstrates, social contagion plays a critical role in the development of trans identities, with transgender identification quickly becoming a popular choice amongst younger generations seeking to overcome social difficulties and fit in.[298] In this case as well, gender reassignment regimens instil the counterfeit promise of an improved future,[299] precipitating a succession of procedures involving extensive and permanent physical trauma,[300] whilst sabotaging meaningful efforts to address the fundamental psychological and social problems.[301]

Indeed, it is remarkably challenging to fathom how hormonal and surgical treatments may contribute to the accomplishment of longstanding desirable life outcomes. Within the context of an increasingly consumerist and perfunctory society, which seeks the provision of quick fixes and the attainment of materialistic success, and wherein human worth has conspicuously diminished, mastectomies, penectomies and metoidioplasties are relied upon for the realization of transgender contentment.[302] Yet, while surgical

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296 Ibid.

297 Ibid.

298 Lisa Littman, "Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria", 1–44.

299 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869–3903.

300 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345; Anderson, "Understanding and Responding to Our Transgender Moment", 25.

301 Sander Breiner, M.D., "Transsexuality Explained," National Association for Research and Therapy of Homosexuality, n.d., http://www.narth.org/docs/transexpl.html, cited in O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 2-3; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 341-342, 348; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; McHugh, phone call cited in Lencki, "Johns Hopkins Professor on Child Transgender Trend: "Many Will Regret This"".

302 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345.

interventions may afford ephemeral gender dysphoric relief,[303] prospects for the abiding resolution of psychological trauma and social maladaptation byway of drastic bodily modification practices remain dismal.[304] Even so, transgender activism parties,[305] pro-gender reassignment academics,[306] political entities and medical and pharmaceutical[307] industries place great emphasis upon the initial decline of gender dysphoric symptoms following the recommended hormonal and surgical interventions,[308] refraining from disclosing the grave repercussions which gender reassignment inflicts upon the longstanding physical and psychosocial welfare and quality of life of transgender individuals.[309]

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303 Simbar et al., "Quality of Life and Body Image of Individuals with Gender Dysphoria", 523–32; Yildizhan et al., "Effects of Gender Reassignment on Quality of Life and Mental Health in People with Gender Dysphoria", 1–10; Gümüşsoy et al., "Quality of Life and Perceived Social Support Before and After Sex Reassignment Surgery", 523–32.

304 Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in Cretella, "Gender Dysphoria in Children and Suppression of Debate", 52; Anderson, "Understanding and Responding to Our Transgender Moment", 26; Syrek Jensen et al., "Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-109; Syrek Jensen et al., "Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-111; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xxi; Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 269.

305 Anderson, "Understanding and Responding to Our Transgender Moment", 19-24.

306 Simbar et al., "Quality of Life and Body Image of Individuals with Gender Dysphoria", 523–32; Yildizhan et al., "Effects of Gender Reassignment on Quality of Life and Mental Health in People with Gender Dysphoria", 1–10; Gümüşsoy et al., "Quality of Life and Perceived Social Support Before and After Sex Reassignment Surgery", 523–32.

307 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

308 Anderson, "Understanding and Responding to Our Transgender Moment", 28.

309 Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in Cretella, "Gender Dysphoria in Children and Suppression of Debate", 52; Anderson, "Understanding and Responding to Our Transgender Moment", 26; Syrek Jensen et al., "Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-109; Syrek Jensen et al., "Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-111; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xxi; Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 269.

In the transgender debate, political ambitions,[310] economic wealth,[311] medico-pharmaceutical reputation,[312] and personal preferences[313] trump rational decision-making, with the best interests of relevant stakeholders intersecting with those of gender dysphoric individuals. These key stakeholders contend that gender-affirming therapies are the most beneficial to gender dysphoric people because their definition of best interests is based on autonomy rather than the duty of care principle presented in this thesis. While it is reasonable to assume that these decision-makers believe that gender reassignment is the gold standard therapy for gender dysphoria, it is unacceptable that less invasive and harmful routes to long-term psychosocial welfare such as exploratory psychotherapy,[314] are not adequately investigated and implemented.[315]

Similarly troubling, modern doctor-patient relationships have witnessed an alarming shift in roles, with patients emerging as the new professionals and physicians simply complying with their patients' wishes.[316] Quests for instantaneous gratification pursued by patient and professional factions,[317] have shifted the focus away from a duty of care prerequisite indispensable for the accomplishment and preservation of transgender

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310 Anderson, "Understanding and Responding to Our Transgender Moment", 21-24; Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery"; Bonnici and Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment"; Fearne, "Transgender Healthcare", 1-40; Government of the United States of America, "Patient Protection and Affordable Care Act", Section 1557.

311 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Ugalmugle and Swain, "Sex Reassignment Surgery Market Size by Gender Transition", 1-81.

312 Fearne, "Transgender Healthcare", 1-40; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869–3903; Wiegmann et al., "The Affordable Care Act and Its Impact on Plastic and Gender-Affirmation Surgery", 135e, 140e, 151e; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze".

313 Anderson, "Understanding and Responding to Our Transgender Moment", 17, 30; Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 267.

314 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults,* 1-258; Anastassis Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", *Metalogos Systemic Therapy Journal* 35 (18 July 2019): 1–16.

315 D"Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 13-14.

316 Anderson, "Understanding and Responding to Our Transgender Moment", 30; Leon R. Kass, "Neither for Love nor Money: Why Doctors Must Not Kill", *The Public Interest* 94, no. 50 (1989): 25–46.

317 Kass, "Neither Love nor Money: Why Doctors Must Not Kill", 28.

lifelong satisfaction and fulfilment, in favour of a promising autonomous rhetoric,[318] which nonetheless yields inept and destructive results akin to those outlined in Section 2.2.[319] Although there is a body of research that suggests that gender-reassignment interventions improve the psychological wellbeing and quality of life of transgender people,[320] the overall findings are inconsistent and temporary, and no precise conclusions regarding the assurance of satisfactory long-term outcomes following gender-affirmative forms of therapy can be drawn.[321]

The autonomous viewpoint currently governing transgender healthcare, legislative and political affairs, exhibits major shortcomings in addressing the authentic needs of anguished transgender populations.[322] Such needs can only be identified and fulfilled

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318 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869–3903.

319 Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in, Cretella, "Gender Dysphoria in Children and Suppression of Debate", 52; Anderson, "Understanding and Responding to Our Transgender Moment", 26; Syrek Jensen et al., "Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-109; Syrek Jensen et al., "Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-111; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xxi; Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 269.

320 Yildizhan et al., "Effects of Gender Reassignment on Quality of Life and Mental Health in People with Gender Dysphoria", 1–10; Jaime Swan et al., "Mental Health and Quality of Life Outcomes of Gender-Affirming Surgery: A Systematic Literature Review", *Journal of Gay & Lesbian Mental Health* 0, no. 0 (2022): 1–44; Diana M. Tordoff et al., "Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care", *JAMA Network Open* 5, no. 2 (2022): e220978.

321 Taciana Silveira Passos et al., "Quality of Life After Gender Affirmation Surgery: A Systematic Review and Network Meta-Analysis", *Sexuality Research & Social Policy* 17, no. 2 (2020): 252–62; Inga Becker-Hebly et al., "Psychosocial Health in Adolescents and Young Adults with Gender Dysphoria Before and After Gender-Affirming Medical Interventions: A Descriptive Study from the Hamburg Gender Identity Service", *European Child & Adolescent Psychiatry* 30, no. 11 (2021): 1755–67; Elizabeth Hisle-Gorman et al., "Mental Healthcare Utilization of Transgender Youth Before and After Affirming Treatment", *The Journal of Sexual Medicine* 18, no. 8 (2021): 1444–54.

322 Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in Cretella, "Gender Dysphoria in Children and Suppression of Debate", 52; Anderson, "Understanding and Responding to Our Transgender Moment", 26; Syrek Jensen et al., "Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-109; Syrek Jensen et al.,

through diligent and meaningful psychotherapeutic work.[323] In contrast to one-size- fits-all gender-affirming reassignment therapies,[324] psychotherapy considers the psychological, social, and familial contexts and experiences of individuals suffering from gender dysphoria to be central to the therapeutic progress, providing a valuable opportunity for insightful personal growth as well as assisting them in making informed and constructive choices that can contribute to a better future.[325] The advantages of psychotherapy will be examined in greater depth in Chapter Three.

Fostering aspirations of personal wholeness and healing through the gender reassignment trajectory, pertinent stakeholders advance an unfounded promise of lasting happiness and fulfilment of gender dysphoric persons through the eradication of primary and secondary sexual characteristics whilst facilitating the procurement of new ones, blatantly disregarding underlying psychosocial problematics and excluding *a priori* a duty of care-based approach grounded in psychological, psychiatric and social assistance for the steadfast amelioration of gender dysphoric conflicts.[326] Nonetheless, gender reassignment fails to satisfactorily target psychosocial difficulties encountered by transgender individuals, insofar as even within the most tolerant and progressive of cultures, positive outcomes for this population remain detrimental and extremely scarce.[327]

"Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-111; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xxi; Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 269.

323 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults,* 1-258; Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16.

324 Roberto et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 7–16.

325 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults,* 1-258; Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16.

326 Moschella, "Trapped in the Wrong Body? Transgender Identity Claims, Body-Self Dualism, and the False Promise of Gender Reassignment Therapy", 797.

327 Anderson, "Understanding and Responding to Our Transgender Moment", 26; Anderson, "New York Times Reveals Painful Truths About "Sex Change" Surgery".

Undeterred by unmistakable scientific-based knowledge concerning the immutability of sex,[328] healthcare, legislative and political campaigns propose questionable transgender pathways[329] as solutions to the annihilation of gender-associated turmoil.[330] Similarly tragic is the absence of evidence substantiating the effectiveness of gender reassignment protocols in enhancing the quality of life of transgender people,[331] with the most robust data on sex-reassignment demonstrating a heightened incidence of mortality by suicide and psychiatric morbidity, further attesting the futility of gender reassignment interventions in the mitigation of gender dysphoric suffering.[332] More precisely, during follow-up of 324 participants (191 male-to-female and 133 female-to-male) between 1973 and 2003, who had undergone gender reassignment, overall mortality was higher for sex-reassigned people than for controls of the same birth sex, particularly suicide. Suicide attempts and psychiatric inpatient care were also more likely in sex-reassigned people.[333] Since mortality amongst this patient population is not immediately discernible,[334] studies acclaiming sex-reassignment success contingent upon outcomes extrapolated from the initial few years following surgery, are not credible.[335]

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328 Hruz, "Deficiencies in Scientific Evidence for Medical Management of Gender Dysphoria", 35; Anderson, "Understanding and Responding to Our Transgender Moment", 24-25; Declaration of Lawrence S. Mayer, M.D., M.S., Ph.D, U.S. District Court, Middle District of North Carolina, Case 1:16-cv-00425-TDS-JEP, Exhibit K., cited in Anderson, "Understanding and Responding to Our Transgender Moment", 25; Anderson, "Sex Change: Physically Impossible, Psychosocially Unhelpful, and Philosophically Misguided - Public Discourse"; McHugh, "Transgenderism: A Pathogenic Meme"; George, "Gnostic Liberalism"; Byng et al., "Gender-Questioning Children Deserve Better Science", 2435; O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 1,7; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 338, 348.

329 Anderson, "Understanding and Responding to Our Transgender Moment", 24.

330 Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345.

331 Anderson, "Understanding and Responding to Our Transgender Moment", 26; McHugh, "Transgenderism: A Pathogenic Meme"; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xxi; Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 259, 268-269.

332 Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885.

333 Ibid.

334 Syrek Jensen et al., discussing Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885.

335 Anderson, "Understanding and Responding to Our Transgender Moment", 28.

Consequently, prevailing transgender healthcare strategies along with mainstream legislative and political praxis are operating in absolute defiance of the most compelling evidence.[336] Just how these interventions are expected to contribute towards transgender psychosocial welfare and quality of life lies beyond reasonable comprehension. Considering the catastrophic aftermaths yielded by the transgender era thus far,[337] sooner or later society is bound to profoundly regret the damage inflicted upon those most vulnerable.[338] Transgender agendas,[339] in addition to being responsible

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[336] Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in, Cretella "Gender Dysphoria in Children and Suppression of Debate", 52; Anderson, "Understanding and Responding to Our Transgender Moment", 26; Syrek Jensen et al., "Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-109; Syrek Jensen et al., "Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-111; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xxi.

[337] Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in Cretella, "Gender Dysphoria in Children and Suppression of Debate", 52; Anderson, "Understanding and Responding to Our Transgender Moment", 26; Syrek Jensen et al., "Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-109; Syrek Jensen et al., "Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-111; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xxi; Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 269; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345; Anderson, "Understanding and Responding to Our Transgender Moment", 25-29; Anderson, "New York Times Reveals Painful Truths About 'Sex Change' Surgery".

[338] McHugh, phone call cited in Lencki, "John Hopkins Professor on Child Transgender Trend: "Many Will Regret This"".

[339] Fearne, "Transgender Healthcare", 1-40; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869–3903; Laws of Malta, An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act, Chapter 540; Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567; Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, *Social Security Act*, Chapter 318 Legal Notice 44 of 2018; Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery"; Bonnici and Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment"; Government of

for the enactment and implementation of harmful therapeutic regimens on vulnerable populations, appear to suggest the weakening of social solidarity and justice standards underpinning contemporary social functioning.[340]

Thus, a purposeful and accountable transformation in transgender policy and practice is needed, premised on a collective duty of care to safeguard the holistic wellbeing of transgender populations and their families, whilst promoting societal integrity and cohesion.[341] Given the grave shortcomings of the current autonomy-based policy in confronting the transgender cause,[342] relevant stakeholders should engage in meaningful collaborative partnerships endorsing a transgender welfare prerogative free of financial and partisan constraints for the effective reinstation of sound professional, ethical, and moral ideals, which are critical for personal and societal prosperity and flourishing.[343]

2.5 Regretting Gender Reassignment Surgery

An unspecified segment of the transgender population who resort to medical and/or surgical transitional interventions to surmount gender dysphoric distress, subsequently

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the United States of America, *Patient Protection and Affordable Care Act*, Section 1557; European Commission - Directorate General for Justice and Consumers, *Trans and Intersex Equality Rights in Europe: A Comparative Analysis,* 1-110.

340 Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 259, 269.

341 Ibid., 269.

342 Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in Cretella, "Gender Dysphoria in Children and Suppression of Debate", 52; Anderson, "Understanding and Responding to Our Transgender Moment", 26; Syrek Jensen et al., "Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-109; Syrek Jensen et al., "Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-111; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xxi; Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze"; O'Leary and Sprigg, "Understanding and Responding to the Transgender Movement", 6; Fitzgibbons, "Transsexual Attractions and Sexual Reassignment Surgery: Risks and Potential Risks", 345; Anderson, "Understanding and Responding to Our Transgender Moment", 25-29; Anderson, "New York Times Reveals Painful Truths About 'Sex Change' Surgery".

343 Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 269.

undertake the process to detransition.[344] Detransition denotes the partial or complete discontinuation or reversal of social, legal, medical, and surgical aspects of gender transition.[345] Although a relatively new and insufficiently studied phenomenon,[346] its heightened prevalence in recent years has spurred greater visibility and recognition of transgender individuals' experiences of gender reassignment-associated regret and concomitant detransitioning endeavours.[347] Detransitioning communities started forming on social media, with self-identified detransitioners willingly disclosing personal testimonies of gender transition regret online via the utilization of media platforms such as YouTube and Reddit.[348] Moreover, interrelating organizational initiatives such as The Pique Resilience Project[349] and the Detransition Advocacy Network[350] were launched for the sensibilization of public awareness concerning detransitioning realities and for the purposeful enhancement of the overall wellbeing of detransitioned individuals worldwide.[351] This substantial shift in perspectives expedited the institution of the first official symposium for detransitioned individuals in 2020,[352] thereupon enticing demands for further research into the experiences of detransitioners from clinical stakeholders.[353]

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344 Lisa Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", *Archives of Sexual Behaviour* 50, no. 8 (2021): 3353–69; Jack L. Turban et al., "Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis", *LGBT Health* 8, no. 4 (2021): 273–80.

345 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3353; Turban et al., "Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis", 273.

346 Turban et al., "Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis", 273.

347 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3353.

348 Ibid.

349 "PIQUE RESILIENCE PROJECT", 2019, https://www.piqueresproject.com/.

350 "The Detransition Advocacy Network | Our Duty", 2020, https://ourduty.group/2020/04/29/the-detransition-advocacy-network/.

351 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3353-3354.

352 Liv Bridge, "Detransitioners Are Living Proof the Practices Surrounding "Trans Kids" Need to Be Questioned", *Feminist Current*, 9 January 2020, https://www.feministcurrent.com/2020/01/09/detransitioners-are-living-proof-the-practices-surrounding-trans-kids-need-be-questioned/.

353 Catherine Butler and Anna Hutchinson, "Debate: The Pressing Need for Research and Services for Gender Desisters/Detransitioners", *Child & Adolescent Mental Health* 25, no. 1 (2020): 45–47; Kirsty

Notwithstanding the upsurge of individuals pursuing the detransition route, obtaining accurate statistical data concerning the pervasiveness of this trend remains particularly problematic.[354] Research indicates that merely 24% of individuals who have detransitioned choose to inform the clinicians who initially facilitated their gender reassignment process of their decision, with the remaining population of detransitioners being left persistently unnoticed.[355] The present flaw in detransition-related analysis conveys the erroneous impression that gender reassignment provides longstanding favourable psychosocial outcomes in most circumstances, further alimenting the gender reassignment industry and propaganda, whilst denying self-identified detransitioning individuals opportunities for meaningful psychological, medical, legal, and social support.[356]

Transgender activist factions sternly ostracise those individuals who detransition or revert to a lifestyle which coincides with their natal sex.[357] Detransitioning narratives are especially upsetting for transgender communities because they portray gender as reliant on biological sex, instilling grave uncertainty in transgender judgments about perceived gender identity sentiments, and undermining transgender activists' arguments for a theoretical notion of gender that is entirely independent of biological sex.[358] By shunning detransitioners and the ensuing debate, transgender militants conceal and obfuscate detransition accounts in order to maintain exclusive dominion

Entwistle, "Debate: Reality Check – Detransitioner's Testimonies Require Us to Rethink Gender Dysphoria", *Child and Adolescent Mental Health* 26, no. 1 (2021): 15–16; "The Ranks of Gender Detransitioners Are Growing. We Need to Understand Why", *Quillette*, 2 January 2020, https://quillette.com/2020/01/02/the-ranks-of-gender-detransitioners-are-growing-we-need-to-understand-why/.

354 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3364.

355 Ibid.

356 Elie Vandenbussche, "Detransition-Related Needs and Support: A Cross-Sectional Online Survey", *Journal of Homosexuality*, 30 April 2021, 1–19, doi:10.1080/00918369.2021.1919479.

357 Ibid., 1, 14-15; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 22.

358 Turban et al., "Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis", 273–274.

over societal perspectives inherent in transgender culture, ideals, and politics, regardless of the detrimental impacts inflicted upon vulnerable populations.[359]

Invariably, decisions to detransition are prompted by sentiments of regret.[360] Self-identified detransitioners may discover that gender reassignment, despite its initial appeal, failed to resolve experienced psychosocial discontent, and to result in their authentic autonomy as well as their psychological and physical health.[361] Research inquiry pertaining to the detransitioning contention thus far poses two conflicting rationales for decisions to detransition.[362] Mainstream anecdotes of detransitioning maintain that individuals undertaking the detransitioning process are predominantly influenced by extraneous stressors, citing discrimination, pressure from others and nonbinary identification issues as the most culpable circumstances provoking the detransition phenomenon.[363] Conversely, alternative literature narrates an increasingly comprehensive interpretation of motivations leading to detransition, with the impact of trauma, declining mental health conditions after gender reassignment, spontaneous reidentification with natal sex and misperceptions in distinguishing sexual orientation from gender identity reputed as pivotal facets of the detransition process.[364] Additionally, persistent discrimination, apprehension regarding potential medical complications from transitioning and the realization that experienced gender dysphoric distress originated from trauma, abuse or mental health problems are progressively considered as powerful determinants of detransitioning pursuits.[365] Similarly, emerging testimonies of detransitioners underscoring the implications of trauma (sexual or

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359 Vandenbussche, "Detransition-Related Needs and Support: A Cross-Sectional Online Survey", *Journal of Homosexuality*, 1, 14-15; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 22.

360 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3353.

361 Ibid*.,* 3367.

362 Ibid*.,* 3354.

363 Turban et al., "Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis", 273.

364 Roberto D"Angelo, "Psychiatry's Ethical Involvement in Gender-Affirming Care", *Australasian Psychiatry* 26, no. 5 (2018): 460–63; Stephen B. Levine, "Transitioning Back to Maleness", *Archives of Sexual Behavior* 47, no. 4 (2018): 1295–1300; Mario Pazos Guerra et al., "Transexualidad: Transiciones, Detransiciones y Arrepentimientos en España", *Endocrinología, Diabetes y Nutrición* 67, no. 9 (2020): 562–67.

365 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3353.

otherwise),[366] mental health conditions antecedent to and evocative of trans-identification declarations,[367] internalized homophobia,[368] peer pressure, social media influences, online communities,[369] and sentiments of misogyny[370] upon the development of transgender affiliation and ensuing aspirations for gender transition, bolster the ROGD hypothesis, further strengthening the debate.[371] Briefly described, ROGD is the sudden onset of gender dysphoric symptoms in adolescents or young adults during or after puberty that is not preceded by gender-related distress in childhood, possibly induced by psychosocial factors such as trauma, mental health conditions, maladaptive coping mechanisms, internalized homophobia, and social pressure.[372]

As illustrated by these findings, the experiences of individuals who stop or reverse gender transition are complex and multifactorial.[373] Whilst outward constraints and therapeutic complications may foment decisions to detransition in some individuals,[374] the realization that gender reassignment interventions were ineffective in tackling

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366 C. Callahan, "Unheard Voices of Detransitioners", in *Transgender Children and Young People: Born in Your Own Body*, ed. Heather Brunskell-Evans and Michele Moore (Cambridge Scholars Publishing, 2018), 166–80; Katie Herzog, "The Detransitioners: They Were Transgender, Until They Weren't", *The Stranger*, accessed 25 January 2022, https://www.thestranger.com/features/2017/06/28/25252342/the-detransitioners-they-were-transgender-until-they-werent.

367 Ibid.

368 Bridge, "Detransitioners Are Living Proof the Practices Surrounding 'Trans Kids' Need to Be Questioned"; Callahan, "Unheard Voices of Detransitioners", 166–80; Jessie Mannisto, "Unapologetically Speaking His Mind: An Interview with Upperhand Mars", *Third Factor*, 23 July 2021, https://www.thirdfactor.org/mars-speaking-his-mind/.

369 "PIQUE RESILIENCE PROJECT"; Mannisto, "Unapologetically Speaking His Mind: An Interview with Upperhand Mars".

370 Herzog, "The Detransitioners: They Were Transgender, Until They Weren't".

371 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3365; Littman, "Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria", 1–41.

372 Littman, "Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria", 1–41.

373 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3353, 3367; D'Angelo, "Psychiatry's Ethical Involvement in Gender-Affirming Care", 460–63; Levine, "Transitioning Back to Maleness", 1295–1300; Pazos Guerra et al., "Transexualidad: Transiciones, Detransiciones y Arrepentimientos en España", 562–67; Callahan, "Unheard Voices of Detransitioners", 166–80; Herzog, "The Detransitioners: They Were Transgender, Until They Weren't"; Bridge, "Detransitioners Are Living Proof the Practices Surrounding 'Trans Kids' Need to Be Questioned"; Mannisto, "Unapologetically Speaking His Mind: An Interview with Upperhand Mars"; "PIQUE RESILIENCE PROJECT".

374 Turban et al., "Factors Leading to "Detransition" Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis", 273.

fundamental problems represents the actual reality of several others.[375] Not surprisingly, the prospects for resolving gender dysphoric distress deriving from profoundly complex issues such as those described above through gender reassignment procedures remain exceptionally dire, hence intensifying the contingency of detransition quests of disillusioned gender incongruent populations.[376] Regretfully, detransition trajectories offer tangible evidence of serious shortcomings within healthcare, legal and political structures that, based solely on an autonomous stance, fail to serve and preserve the best interests of self-proclaimed transgender people. Without an accurate assessment and evaluation of pertinent comorbidities and experienced psychosocial states, gender dysphoric individuals may suffer misdiagnosis and missed diagnoses,[377] propelled by healthcare, legislative and political authorities onto a ruinous path towards gender transitioning.

The paucity of painstaking psychosocial exploration is broadly sanctioned by the WPATH Standards of Care,[378] which remarkably regard a liberal, respect-for-autonomy approach as the paramount moral standard informing transgender affairs.[379] Through the depathologization of diverse gender expression, the underestimation of the function of mental health professionals in the identification and management of psychiatric comorbidities and the general overtone declaring patient's self-determination as the superseding ethical criterion for informed consent,[380] the WPATH guidelines advocate harmful patient-pleasing interventions premised on 'autonomy'. Paradoxically, despite a vehement disdain of professional involvement in personal issues of transgender

375 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3353, 3367.

376 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3364.

377 Ibid.

378 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112.

379 Stephen B. Levine, "Informed Consent for Transgendered Patients", *Journal of Sex & Marital Therapy* 45, no. 3 (2019): 218–29; Timothy Cavanaugh, Ruben Hopwood, and Cei Lambert, "Informed Consent in the Medical Care of Transgender and Gender-Nonconforming Patients", *AMA Journal of Ethics* 18, no. 11 (2016): 1147–55.

380 Levine, "Informed Consent for Transgendered Patients", 220; Cavanaugh, Hopwood, and Lambert, "Informed Consent in the Medical Care of Transgender and Gender-Nonconforming Patients", 1147.

persons,[381] the overmedicalization of gender dysphoria is increasing steadfastly, with individuals expressing diversity in the sexual orientation or gender expression domain, even though in possession of optimal physical health, coaxed into undertaking gender reassignment pathways which will not resolve gender dysphoric issues or the underlying psychosocial states.[382]

Indeed, the clinical approach to gender dysphoric patients has shifted considerably in recent years, with frames of reference defined by meticulous assessments and cautious utilization of medical and surgical transition practices in compliance with a duty of care outlook (the 'watchful waiting' or Dutch approach, the developmentally informed approach, and the medical model of care), replaced by methods involving curtailed or abolished patient evaluations, intended for an increasingly expansive and permissive use of gender reassignment interventions (the affirmative approach and the informed consent model of care) compatible with a predominantly autonomous standpoint.[383] This revolutionary change in clinical perspectives could be the reason behind the increasing detransition phenomenon, accentuating the relevance of stringent evaluation protocols by healthcare professionals prior to the initiation of gender transition practices, for the effective prevention of detrimental psychosocial and physical results.[384] Individuals contemplating gender transition practices ought to be knowledgeable about the relevant risks, benefits, and available treatment alternatives

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381 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 28; Levine, "Informed Consent for Transgendered Patients", 220.

382 Robert Withers, "Transgender Medicalization and the Attempt to Evade Psychological Distress", *Journal of Analytical Psychology* 65, no. 5 (2020): 865–89.

383 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3366; Cavanaugh, Hopwood, and Lambert, "Informed Consent in the Medical Care of Transgender and Gender-Nonconforming Patients", 1147–55; Annelou L. C. De Vries and Peggy T. Cohen-Kettenis, "Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach", *Journal of Homosexuality* 59, no. 3 (2012): 301–20; Walter Meyer et al., "The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version", *Journal of Psychology & Human Sexuality* 13, no. 1 (2002): 1–30; Rafferty et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents", e20182162; Sarah L. Schulz, "The Informed Consent Model of Transgender Care: An Alternative to the Diagnosis of Gender Dysphoria", *Journal of Humanistic Psychology* 58, no. 1 (2018): 72–92; Kenneth Zucker et al., "A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder", *Journal of Homosexuality* 59 (2012): 369–97.

384 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3366.

through the application of revised evaluation methods and focused psychotherapeutic interventions, both of which are indispensable for informing accountable decision-making endeavours.[385] Furthermore, emergent exploratory approaches akin to the therapeutic models proposed by Evans and Evans[386] and Spiliadis,[387] warrant greater consideration given their outstanding contribution towards the gender dysphoria debate.[388] These approaches will, in fact, be discussed in the next chapter.

Informed consent is a significant point of contention in transgender rhetoric.[389] Specifically, determining whether gender dysphoric patients accurately comprehend the magnitude of risks which the gender transition trajectory entails, and corroborating if the extent of understanding exhibited suffices for the diligent provision of informed consent, seem to be the most compelling ethical concerns.[390] Indeed, in addition to providing adequate information, ensuring comprehension of that information, volition that is independent of external influences that impede one's choices, and competence are critical components of actual consent. Whilst particularly pertinent to gender dysphoric children and their justifiably apprehensive parents pondering puberty suppression and social gender transition, the informed consent conundrum for transgender individuals perseveres into adolescence and adulthood.[391] Certainly, decision-making capabilities of individuals suffering from gender dysphoria for effectuating life-transforming choices are severely compromised, particularly when gender dysphoric anguish coexists with comorbidities such as autism spectrum disorder or profound psychological malaise.[392] Furthermore, inadequate knowledge about the

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385 Ibid*;* Levine, "Informed Consent for Transgendered Patients", 220-226.

386 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 1-258.

387 Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16.

388 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3366.

389 Levine, "Informed Consent for Transgendered Patients", 218.

390 Ibid*.,* 218, 220.

391 Ibid*.*, 218.

392 John F. Strang et al., "Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents", *Journal of Clinical Child & Adolescent Psychology* 47, no. 1 (2018): 105–15; Jarosław Stusiński and Michał Lew-Starowicz, "Gender Dysphoria Symptoms in Schizophrenia", *Psychiatria Polska* 52, no. 6 (2018): 1053–62; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults,* 133-185.

biological, societal, and psychological risks involved,[393] as well as age and maturity barriers common in younger gender dysphoric populations,[394] severely constrain individuals' capabilities of satisfactorily consenting for gender reassignment interventions.[395] All these factors might contribute to an increased possibility for gender reassignment regret and detransition, with all of the consequences that entails.[396]

In conclusion, individuals who choose to detransition require comprehensive medical and psychological assistance. Consequently, the enactment and implementation of appropriate protocols in conjunction with enhanced service provision as well as readily accessible modalities of care for this population is needed.[397] Moreover, considering the psychological, emotional, and physical damage suffered by people seeking to detransition – harm which was perpetrated upon them by stakeholder institutions – detransitioning costs and services should be entirely financed by the state. In fact, Stephen Levine, the clinical professor of psychiatry at Case Western Reserve University School of Medicine, even goes so far as to argue that legal provisions and healthcare entities which enable gender reassignment procedures devoid of evidence-based evaluation and therapeutic protocols should be held liable for psychosocial and physical damages inflicted via deceptive politico-legal tactics and healthcare malpractice, of which infertility, impaired sexual function, bodily disfigurement, employment redundancy, economic losses, social discrimination, and the annihilation of familial and sentimental relationships, constituting merely a few.[398]

This chapter has attempted to analyse gender reassignment surgery within its financial, political, professional, and consumeristic contexts, while outlining the repercussions of surgical transition on the quality of life and possible decisions to detransition. The

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393 Levine, "Informed Consent for Transgendered Patients", 218, 222-226; Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3366.

394 Levine, "Informed Consent for Transgendered Patients", 218.

395 Ibid; Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3366.

396 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3366.

397 R. Hall, L. Mitchell, and J. Sachdeva, "Access to Care and Frequency of Detransition Among a Cohort Discharged by a UK National Adult Gender Identity Clinic: Retrospective Case-Note Review", *BJPsych Open* 7, no. 6 (2021): e148, 1–8.

398 Levine, "Informed Consent for Transgendered Patients", 222-226.

predominant impression captures the striking perseverance of contemporary relevant stakeholders in advocating the gender transition route, despite the absence of robust evidence-based grounding and the myriad of negative repercussions, in pursuance of financial, political, and professional gain.

The next chapter will now present a comparative view of the autonomy and duty of care perspectives with respect to the ethical management of gender dysphoria and gender reassignment surgery.

Chapter 3 – Autonomy vs Duty of Care

Autonomous choice embodies the keystone of transgender political propaganda[1] and the ensuing momentous transformations within socio-political, healthcare, legislative and economic[2] spheres. Present-day management of gender dysphoria and gender reassignment surgery is steadfastly centred around the principle of autonomy, with affirmative and informed models of care[3] principally informing legislative, healthcare, and socio-political proceedings. While psychological assessment is recommended but not required for the WPATH standards of care,[4] an informed consent model of care extends this approach by advocating for gender-affirming therapy without any form of mental health evaluation or referral from a mental health professional on the premise

[1] Helena Dalli, "LGBTIQ Equality & Strategy Action Plan 2018-2022" (Malta: Ministry for European Affairs and Equality), accessed 11 December 2021, https://meae.gov.mt/en/Documents/LGBTIQ%20Action%20Plan/LGBTIQActionPlan_20182022.pdf; European Commission. Directorate General for Justice and Consumers., *Trans and Intersex Equality Rights in Europe: A Comparative Analysis* (LU: Publications Office, 2018), https://data.europa.eu/doi/10.2838/75428.

[2] Sumant Ugalmugle and Rupali Swain, "Sex Reassignment Surgery Market Size By Gender Transition, 2020, https://www.gminsights.com/industry-analysis/sex-reassignment-surgery-market; Viktoriia Vovk, Lyudmila Beztelesna, and Olha Pliashko, "Identification of Factors for the Development of Medical Tourism in the World", *International Journal of Environmental Research and Public Health* 18, no. 21 (2021): 1–17.

[3] Lisa Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", *Archives of Sexual Behaviour* 50, no. 8 (2021): 3353–69; Timothy Cavanaugh, Ruben Hopwood, and Cei Lambert, "Informed Consent in the Medical Care of Transgender and Gender-Nonconforming Patients", *AMA Journal of Ethics* 18, no. 11 (2016): 1147–55; Annelou L. C. de Vries and Peggy T. Cohen-Kettenis, "Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach", *Journal of Homosexuality* 59, no. 3 (2012): 301–20; Walter Meyer et al., "The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version", *Journal of Psychology & Human Sexuality* 13, no. 1 (2002): 1–30; Jason Rafferty et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents", *Paediatrics* 142, no. 4 (2018): e20182162; Sarah L. Schulz, "The Informed Consent Model of Transgender Care: An Alternative to the Diagnosis of Gender Dysphoria", *Journal of Humanistic Psychology* 58, no. 1 (2018): 72–92; Kenneth Zucker et al., "A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder", *Journal of Homosexuality* 59 (2012): 369–97.

[4] The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, vol. 7th Version, 2012, https://www.wpath.org/publications/soc.

of the right to personal autonomy.[5] This chapter will thus compare this 'autonomy' approach with one based on the duty of care, while also examining the context of gender dysphoric children. It will also debate whether affirmation is the only approach to dealing with gender dysphoria, or whether there are better and safer therapeutic alternatives.

3.1 Autonomy and Bodily Integrity

As the previous chapters have highlighted, predominant legislative, healthcare, and socio-political perspectives regard autonomy as a fundamental theme underpinning transgender policy and practice. Properly understood, autonomy is an intrinsically good ethical norm grounded in the respect for persons principle, and relevant stakeholders defend gender reassignment policies as respectful of the highest autonomy standards.[6] This ethical principle, however, is exploited to justify politico-legal[7] and economic[8] objectives (see section 2.1 above) that defy due diligence in practice, which is made possible by heightened levels of involvement, and consensus within medical, societal, electoral, and politico-legal spheres.[9]

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5 Cavanaugh, Hopwood, and Lambert, "Informed Consent in the Medical Care of Transgender and Gender-Nonconforming Patients", 1147; Schulz, "The Informed Consent Model of Transgender Care: An Alternative to the Diagnosis of Gender Dysphoria", 72.

6 Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540 (2016); Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540 (2015); Dalli, "LGBTIQ Equality & Strategy Action Plan 2018-2022", 26.

7 Tia Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery", *MaltaToday*, 2018, https://www.maltatoday.com.mt/news/national/84551/health_service_seeking_collaboration_with_foreign_hospitals_for_gender_reassignment_surgery#.YZ9RFE7MJPY; Julian Bonnici and Joanna Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment", *The Malta Independent*, 2017, https://www.independent.com.mt/articles/2017-03-10/local-news/PN-says-yes-to-state-funded-assistance-for-transgender-surgical-hormone-treatment-6736171445; European Commission - Directorate General for Justice and Consumers., *Trans and Intersex Equality Rights in Europe: A Comparative Analysis,* 1-113*;* Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, "Gender Identity, Gender Expression and Sex Characteristics Act", Chapter 540; Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567 (2016); Laws of Malta, *Social Security Act*, Chapter 318 Legal Notice 44 of 2018 as amending Article 23 (3) of (2012), https://deputyprimeminister.gov.mt/en/pharmaceutical/Documents/cap_318.pdf.

8 Ugalmugle and Swain, "Sex Reassignment Surgery Market Size by Gender Transition, 1-81; Vovk, Beztelesna, and Pliashko, "Identification of Factors for the Development of Medical Tourism in the World", 1–17; Dalli, "LGBTIQ Equality & Strategy Action Plan 2018-2022", 11.

9 Chris Fearne, "Transgender Healthcare" (Office of the Deputy Prime Minister Ministry for Health), accessed 3 October 2021, https://deputyprimeminister.gov.mt/en/Documents/National-Health-

The autonomous stance presently sanctioned by contemporary healthcare and legislative bodies portrays an oversimplified perspective of exceedingly complicated situations. Dominating the transgender rhetoric, autonomy assumes centre stage in the enactment and implementation of legislation and guidelines and is frequently utilized to substantiate transgender policies within healthcare and legal domains. Despite its widespread usage in defence of gender-affirming procedures, assertions of autonomy underlying transgender issues remain untrustworthy, ambiguous, and contentious. This is because the concept of autonomy proposed lacks the caring component, which is essential for meaningful self-determination to occur.[10] Mainstream policies prioritize autonomy over care, disregarding the significant influences that transgender people's psychosocial backgrounds may have in the development of gender dysphoric sentiments.[11] This interpretation of autonomy impedes person-centred and evidence-based decision-making, lacks clarity and reliability, and fails to foster purposeful personal self-determination and development.[12] The relational approach to transgender care shall be discussed in greater detail in Section 3.2.

Correspondingly, since informed consent cannot be obtained without sufficient information indicating the biological, social, and psychological ramifications of gender transitioning as well as competent psychological and psychiatric evaluation, autonomy

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Strategies/Transgender%20Healthcare.pdf; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Wylie C. Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", *The Journal of Clinical Endocrinology & Metabolism* 102, no. 11 (2017): 3869–3903; Dalli, "LGBTIQ Equality & Strategy Action Plan 2018-2022", 1-28; European Commission - Directorate General for Justice and Consumers, *Trans and Intersex Equality Rights in Europe: A Comparative Analysis*, 1-113; Reljic, "Updated | Health Service Seeking Collaboration with Foreign Hospitals for Gender Reassignment Surgery"; Bonnici and Demarco, "PN Says Yes to State-Funded Assistance for Transgender Surgical, Hormone Treatment"; Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*", Chapter 540; Laws of Malta, *The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567; Laws of Malta, *Social Security Act*, Chapter 318.

10 Laura Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", *Journal of the Theoretical Humanities* 24, no. 3 (2019): 101–14.

11 Susan Evans and Marcus Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults* (Oxfordshire: Phoenix Publishing House, 2021); Anastassis Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", *Metalogos Systemic Therapy Journal* 35 (18 July 2019): 1–16; Lisa Littman, "Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria", *The Public Library of Science ONE* 13, no. 8 (2018): 1–44.

12 Ibid.

cannot be respected in the absence of adequate informed consent.[13] In this regard, albeit issuing specifications in accordance with an informed consent model of care, the WPATH guidelines offer somewhat contradictory suggestions, encouraging the approval of hormonal and surgical interventions based on patient requests.[14] Ethical concepts like 'decision-making' and 'autonomy' are often utilized and idealized in this model of care as bringing about the best interests of the patients,[15] even though the model itself holds no evidence of efficacy and is unconducive to sound decision-making.[16] In fact, according to the findings of a systematic review conducted by Dahlen and colleagues, the WPATH Standards of Care are devoid of high-quality guidance for gender minority/trans people, particularly in terms of healthcare, mortality, and quality of life.[17] Even more significant was Finland's dissociation from the WPATH Standards of Care[18] following the publication of new guidelines in 2020.[19] For gender dysphoric youth, the Finnish Health Authority has declared that psychotherapy should be used instead of medical gender reassignment therapy.[20] The new guidelines highlight the findings of a Finnish study that found that giving cross-sex hormone treatments to adolescents with psychiatric comorbidities or social maladaptation did not alleviate their distress.[21] The guidelines also cite an 18-month study on puberty blockers that found no statistically significant

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13 Stephen B. Levine, "Informed Consent for Transgendered Patients", *Journal of Sex & Marital Therapy* 45, no. 3 (2019): 218–29.

14 Ibid*,* 218; Cavanaugh, Hopwood, and Lambert, "Informed Consent in the Medical Care of Transgender and Gender-Nonconforming Patients", 1147–55.

15 Karl Gerritse et al., "Decision-Making Approaches in Transgender Healthcare: Conceptual Analysis and Ethical Implications", *Medicine, Health Care and Philosophy* 24, no. 4 (2021): 687–99.

16 Ibid, 687; Levine, "Informed Consent for Transgendered Patients", 227*;* Lisa MacRichards, "Bias, Not Evidence Dominates WPATH Transgender Standard of Care", *CANADIAN GENDER REPORT*, 1 October 2019, https://genderreport.ca/bias-not-evidence-dominate-transgender-standard-of-care/.

17 Sara Dahlen et al., "International Clinical Practice Guidelines for Gender Minority/Trans People: Systematic Review and Quality Assessment", *BMJ Open* 11, no. 4 (2021): e048943.

18 "One Year Since Finland Broke with WPATH "Standards of Care"", *Society for Evidence Based Gender Medicine*, 2021, https://segm.org/Finland_deviates_from_WPATH_prioritizing_psychotherapy_no_surgery_for_minors.

19 Finnish Health Authority, "Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland); Medical Treatment Methods for Dysphoria Related to Gender Variance In Minors", 2020, https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf.

20 Ibid.

21 Riittakerttu Kaltiala et al., "Adolescent Development and Psychosocial Functioning After Starting Cross-Sex Hormones for Gender Dysphoria", *Nordic Journal of Psychiatry* 74, no. 3 (2020): 213–19.

differences between treated and untreated adolescents.[22] While the authors chose to highlight minor improvements in the puberty-blocked group at 12 months in the study abstract, no significant differences could be observed at 18 months.[23] Both Dahlen and colleagues' research[24] and the Finnish Health Authorities' decision to repeal the WPATH's Standards of Care guidelines[25] reflect the concerning uncertainty surrounding the effectiveness, safety, and reliability of prevalent transgender recommendations. Furthermore, legal interpretations of gender dysphoria prioritize patients' own preferences for treatment alternatives, ignoring the importance of proper informed consent and psychotherapy in the wellbeing of transgender people seeking treatment,[26] as well as the fact that physical mutilation should be used only as a last resort after less invasive procedures have been tried.[27]

The significance of rigorous psychological and psychosocial work in providing optimal care for gender dysphoric patients requesting therapy, in accordance with a duty of care imperative that engages in the profound and purposeful exploration of gender dysphoric distress and does not take manifestations of gender dissonance at face value, cannot be overstated.[28] Astoundingly, current healthcare and politico-legal standpoints consistently dismiss psychotherapeutic endeavours as discriminatory and superfluous

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22 Rosalia Costa et al., "Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria", *The Journal of Sexual Medicine* 12, no. 11 (2015): 2206–14.

23 Michael Biggs, "A Letter to the Editor Regarding the Original Article by Costa et al: Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria", *The Journal of Sexual Medicine* 16, no. 12 (2019): 2043.

24 Dahlen et al., "International Clinical Practice Guidelines for Gender Minority/Trans People: Systematic Review and Quality Assessment", e048943.

25 "One Year Since Finland Broke with WPATH "Standards of Care"".

26 Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, "Gender Identity, Gender Expression and Sex Characteristics Act", Chapter 540.

27 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 13; Finnish Health Authority, "Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland); Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors", 5,8.

28 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 1-258; Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16; D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 13; Finnish Health Authority, "Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland); Medical Treatment Methods for Dysphoria Related to Gender Variance In Minors", 5,9.

rather than compulsory and essential,[29] reflecting the pervasive stigmatization of gender dysphoria psychotherapy in modern culture.[30] The prevailing lack of requirements for psychotherapy initiatives in transgender care is especially troubling given the potential psychosocial and physical benefits of diligent psychotherapeutic practice. Henceforth, a radical transformation of existent strategies is indispensable to assure mandatory and painstaking psychotherapeutic exploration of transgender anguish, for the accomplishment of authentic autonomy and bodily integrity ideals favourable to self-determination and decision-making capabilities, and the comprehensive realization of personal, relational, and integratory potentials.[31] Authentic autonomy in transgender care, is the ability to participate in decision-making, which is informed and emotionally sustained through psychotherapy, as well as targeted at attaining longstanding quality of life and welfare objectives.

As seen in the preceding chapters, the pretext of autonomy is fundamental to contemporary understandings of transgender care. Yet, it is precisely because gender-affirmative interventions contravene autonomy and bodily integrity by mutilating the physical body and significantly altering personal lived experiences that they ought to be curtailed.[32] Indeed, gender reassignment that occurs in a dearth of psychotherapeutic exploration and is not fully informed,[33] and does not reflect the true autonomous judgements of gender dysphoric individuals, thus violating the autonomy principle. Moreover, because individuals' lived experiences are enabled by their physical bodies,

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29 Fearne, "Transgender Healthcare", 16; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 28; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869–3870; Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, "*The Affirmation of Sexual Orientation, Gender Identity and Gender Expressions Act*, Chapter 567; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 15-17.

30 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 14.

31 Levine, "Informed Consent for Transgendered Patients", 227; Monique Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", *The Linacre Quarterly* 88, no. 3 (2021): 259–71; Gerritse et al., "Decision-Making Approaches in Transgender Healthcare: Conceptual Analysis and Ethical Implications", 687, 697.

32 Jonathan Herring and Jesse Wall, "The Nature and Significance of the Right to Bodily Integrity", *The Cambridge Law Journal* 76, no. 3 (2017): 566–88.

33 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 14.

modifying gender disrupts life trajectories.[34] Only in cases where rigorous psychosocial and psychotherapeutic interventions have failed to alleviate gender dysphoric distress, poor mental health, and social maladaptation should gender reassignment techniques be considered.[35] Under these circumstances, such techniques can be employed to ameliorate or resolve difficulties that cannot be addressed through psychotherapy, in accordance with of duty of care tenets.

Regrettably, even though current transgender health autonomy concepts are neither authentic nor well-informed, they have been successfully incorporated into mainstream healthcare, political, and legal protocols. Even more concerning is the public's acceptance of contemporary transgender policies that imply a person's gender identity is unrelated to their anatomy, allowing them to permeate and influence personal, familial, societal, and cultural perceptions and attitudes.[36] Furthermore, given that those who choose to transition require a lifetime of medications and medical supervision to maintain consistent surgical and hormonal outcomes, the autonomy discourse that presently underpins the gender transition discussion is highly debatable.[37] While such a choice cannot be prevented because it is legally sanctioned by key stakeholders, it can be limited by providing appropriate psychosocial and psychotherapeutic support that alleviates or resolves gender dysphoria, thereby reducing the demand for and use of risky, invasive and irreversible interventions.[38]

Gender reassignment practices, in fact, violate bodily integrity.[39] Apart from the obvious corporeal mutilation and modifications involved, gender transition procedures have far-

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34 Herring and Wall, "The Nature and Significance of the Right to Bodily Integrity", 586.

35 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 13; Finnish Health Authority, "Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland); Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors", 5,8.

36 Joanna Williams, *The Corrosive Impact of Transgender Ideology* (London: Civitas, 2020).

37 Robert Bridge, "Doctors & Drugs FOR LIFE: Big Pharma's Profit on the Transgender Craze", *RT Question More*, 2019, https://www.rt.com/usa/469766-transgender-pharma-drugs-surgery/.

38 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 13; Finnish Health Authority, "Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland); Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors", 5,8.

39 Herring and Wall, "The Nature and Significance of the Right to Bodily Integrity", 586; David Albert Jones, "Gender Reassignment Surgery: A Catholic Bioethical Analysis", *Theological Studies* 79, no. 2 (2018): 314–38.

reaching implications for personal agency, welfare, dignity, and capabilities.[40] Particularly, gender reassignment efforts appear to imply that the human body is wrong and unworthy of honour and respect, seriously undermining human dignity. Moreover, when corporeal adjustments fail to reconcile exteriority with interiority, bodily integrity suffers severely, resulting in a significant impairment in the autonomous capabilities manifested through the physical body.[41]

Gender reassignment surgery, as well as adjunct hormonal transitioning practices, are also considered problematic by Principle of Totality standards.[42] In confronting the moral permissibility of gender reassignment surgery and related therapeutics, the source of gender dysphoria is unduly emphasized in "nature versus nurture" or "psychological versus physical" debates, making the advancement and application of entirely justified therapeutic pathways for gender dysphoric people significantly more difficult to discern.[43] Determining whether a pathway is justified necessitates in-depth psychotherapeutic exploration that clearly establishes the circumstances under which gender dysphoria developed, consenting transgender people and caregivers to make fully informed decisions about the best courses of action to be undertaken.[44] Continuous psychosocial assessment and evaluation of the gender dysphoric person seeking treatment must be assumed to monitor progress (or lack) thereof.[45] Furthermore, rigorous research comparing the effectiveness of psychotherapy with gender-affirming interventions on psychosocial, mental health, quality of life and welfare states of transgender individuals is essential for fully informed, evidence-based actions to be implemented and righteous transgender care strategies to be effectively and efficiently pursued.[46]

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40 Herring and Wall, "The Nature and Significance of the Right to Bodily Integrity", 586.

41 Iain Morland, "II. Intimate Violations: Intersex and the Ethics of Bodily Integrity", *Feminism & Psychology* 18, no. 3 (2008): 425–30.

42 Jones, "Gender Reassignment Surgery: A Catholic Bioethical Analysis", 314, 337; Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 259, 268.

43 Jones, "Gender Reassignment Surgery: A Catholic Bioethical Analysis", 321.

44 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria",7-16.

45 Finnish Health Authority, "Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland); Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors", 5,8, 9-10.

46 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 14.

On the other hand, the prevailing scientific consensus upholds a multifactorial aetiology for gender dysphoria, comprising a combination of biological, psychological, and social components, rebuffing exclusively mental and physical accounts of the condition.[47] Considering the complexities surrounding the nature and origin of gender dysphoria, greater focus should be directed at determining the clinical validity of gender reassignment surgery in eradicating gender identity anguish and enhancing quality of life of transgender individuals, and whether a change in sexual characteristics and function for the prospective amelioration of psychosocial suffering can be considered legitimate on the grounds of the Principle of Totality.[48]

Gender reassignment surgery, as well as hormonal and social transitioning procedures, may be considered incompatible with the principles of bodily integrity and totality, posing significant ethical challenges in current healthcare and politics.[49] Recognising the subordination of a part in the interest of the whole, the Principle of Totality allows the sacrificing of sick parts of the body to ensure the physical and psychological prosperity of the whole person.[50] Whilst in those cases where a particular body part is the *cause* of distress experienced by an individual and an amputation or alternative surgical modes of intervention are admissible and prudent insofar as they benefit the wellbeing of the whole person[51] (for instance, in the event of a gangrenous limb which may be life-threatening), in gender dysphoria, physical anatomy constitutes both the *object* and the *cause* of torment experienced by the gender dysphoric person, irrevocably disqualifying principle of totality and bodily integrity claims.[52] In fact, through gender reassignment surgery, physical integrity is compromised for the implausible resolution of afflictions

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47 Melissa Hines, "Human Gender Development", *Neuroscience and Biobehavioral Reviews* 118 (2020): 89–96; Melissa Hines, "Neuroscience and Sex/Gender: Looking Back and Forward", *Journal of Neuroscience* 40, no. 1 (2020): 37–43; Vasiliki Apeiranthitou, George Thomas, and Penelope Louka, "Gender Dysphoria: A Critical Discussion of the Understanding and Treatment of Gender Dysphoria", *Dialogues in Clinical Neuroscience & Mental Health* 2, no. 1 (2019): 72–80; Kenneth J. Zucker, Anne A. Lawrence, and Baudewijntje P. C. Kreukels, "Gender Dysphoria in Adults", *Annual Review of Clinical Psychology* 12 (2016): 217–47.

48 Jones, "Gender Reassignment Surgery: A Catholic Bioethical Analysis", 321.

49 Ibid., 314, 337; Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 259, 268.

50 Jones, "Gender Reassignment Surgery: A Catholic Bioethical Analysis", 329.

51 Ibid., 330-331.

52 Jones, "Gender Reassignment Surgery: A Catholic Bioethical Analysis", 314, 331, 337.

that are psychological or emotional in origin,[53] with the "offending" reproductive and sexual organs *causing* distress inasmuch as being themselves the *object* of distress.[54] Furthermore, the scarcity of well-founded data advocating sustained favourable outcomes of gender reassignment surgery for gender dysphoric persons together with evidence indicating the ineptitude of gender reassignment surgery to increase functionality, welfare and quality of life of the individuals involved, bolster arguments against this practice in conformity with bodily integrity and totality standards.[55]

Gender transition, on the other hand, does not always involve surgery, making the implications of social transitioning and hormonal therapy in relation to the Principle of Totality more ambiguous.[56] Arguably, since social transitioning endeavours to impersonate the opposite sex do not involve any form of physical mutilation, or

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53 Pontifical Council for Pastoral Assistance to Health Care Workers, *Charter for Health Care Workers* (1995), cited in, Jones, "Gender Reassignment Surgery: A Catholic Bioethical Analysis", 317.

54 Jones, "Gender Reassignment Surgery: A Catholic Bioethical Analysis", 331.

55 Ryan T. Anderson, "Understanding and Responding to Our Transgender Moment", Fellowship of Catholic Scholars Quarterly 41, no. 1 (2018): 17–31; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, xxi; Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", 259, 268-269; Paul McHugh, "Transgenderism: A Pathogenic Meme", Public Discourse, 10 June 2015, https://www.thepublicdiscourse.com/2015/06/15145/; Jon K. Meyer and Donna J. Reter, "Sex Reassignment: Follow-Up", Archives of General Psychiatry 36, no. 9 (1979): 1010–15; Cecilia Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", PLoS One 6, no. 2 (2011): e16885; David Batty, "Mistaken Identity", The Guardian, 30 July 2004, sec. Society, https://www.theguardian.com/society/2004/jul/31/health.socialcare; Winifred Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", in *Hayes Medical Technology Directory* (Lansdale PA: Hayes Inc, 2014), cited in Michelle A. Cretella, "Gender Dysphoria in Children and Suppression of Debate", *Journal of American Physicians and Surgeons* 21, no. 2 (2016): 50–54; Tamara Syrek Jensen et al., "Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery" (United States: Centres for Medicare & Medicaid Services, 2016), https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=Y&NCAId=282; Tamara Syrek Jensen et al., "Decision Memo for Gender Dysphoria and Gender Reassignment Surgery" (United States: Centres for Medicare & Medicaid Services, 2016), https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=282&bc; Sari L. Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Centre: A Matched Retrospective Cohort Study", The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine 56, no. 3 (2015): 274–79; Richard Bränström and John E. Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", *The American Journal of Psychiatry* 177, no. 8 (2020): 727–34; Ryan T. Anderson, "'Transitioning' Procedures Don't Help Mental Health, Largest Dataset Shows", The Heritage Foundation, 2020, https://www.heritage.org/gender/commentary/transitioning-procedures-dont-help-mental-health-largest-dataset-shows; "Correction to Bränström and Pachankis", *The American Journal of Psychiatry* 177, no. 8 (2020): 734.

56 Jones, "Gender Reassignment Surgery: A Catholic Bioethical Analysis", 336.

sterilisation, they do not violate the Principle of Totality.[57] In individuals experiencing severe gender dysphoric distress for whom psychotherapy does not alleviate symptoms, social transitioning might be considered as an ethically feasible solution to mitigate symptoms. This logic, however, is problematic in the case of children and adolescents. Consistent with a neuroplasticity narrative, since gender atypical behaviour is usually transient, encouraging young people to adopt behavioural patterns like those inherent to their experienced gender may irrevocably alter brain structure and function, destroying prospects of gender identity alignment with biological sex later in life.[58] Similarly, in line with current transgender politics, some educational institutions permit the use of students' preferred names or pronouns regardless of parental dissent or objection.[59] Enabling the negotiation of identities at such a tender age, gender-questioning sentiments of aggrieved youths are unwarrantedly commended and reinforced,[60] validating wrongful identification affirmations[61] and precluding the successful resolution of conceivably transient sexual and identity-correlated discontent.[62] Proponents of the affirmative approach are critical of parents who decline their children social and/or medical affirmation of their desired gender, rebuffing parental cautiousness as demeaning and inauspicious towards gender difficulties presenting in childhood and adolescence.[63] Advocating such protocols shifts the focus away from entrenched family dynamics and borne internal conflicts, impeding meaningful comprehension and appreciation of multifaceted and intricate issues, and

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57 Ibid.

58 Michelle Cretella, "Gender Dysphoria in Children", *Issues in Law & Medicine* 32, no. 2 (2017): 287–304.

59 Maya Yang, "Parents Sue Wisconsin School for Letting Children Change Pronouns Without Their Consent", *The Guardian*, 22 November 2021, sec. US news, https://www.theguardian.com/us-news/2021/nov/22/transgender-children-wisconsin-school-parents.

60 "Brief Statement on Transgenderism", *The National Catholic Bioethics Centre*, 2017, https://www.ncbcenter.org/resources-and-statements-cms/brief-statement-on-transgenderism.

61 Ibid.

62 Michael Laidlaw, Michelle Cretella, and G. Kevin Donovan, "The Right to Best Care for Children Does Not Include the Right to Medical Transition", *American Journal of Bioethics* 19, no. 2 (2019): 75–77; Michelle Cretella, "Gender Dysphoria in Children", *Issues in Law & Medicine* 32, no. 2 (2017): 287–304; Jiska Ristori and Thomas D. Steensma, "Gender Dysphoria in Childhood", *International Review of Psychiatry* 28, no. 1 (2016): 13–20; Thomas D. Steensma et al., "Desisting and Persisting Gender Dysphoria After Childhood: A Qualitative Follow-Up Study", *Clinical Child Psychology and Psychiatry* 16, no. 4 (2011).

63 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 17.

prompting youth alienation from sensible parental protection and assistance, whilst discouraging invaluable psychological, psychiatric, and social care in accordance with the highest principles of autonomy, bodily integrity, and totality.[64] In view of this, parental authority ought to take precedence over transgender policies enforced within socio-educational contexts and any opposing conduct, irrespective of its origin, should be considered unlawful.[65]

Indeed, the affirmative approach currently domineering the transgender mindset (see Section 2.4) poses a significant threat to meaningful bodily integrity and totality precepts. Aside from the implications for physical integrity, affirmative transgender methodologies pervade the depths of personhood, unmistakably modifying the essence of one's person.[66] The affirmative model of care accepts stated or expressed feelings of gender incongruence at face value, without questioning the possibility of underlying factors causing gender dysphoric distress. Gender affirmative care disregards the significance of psychosocial and psychotherapeutic interventions as paramount components of gender dysphoria treatment,[67] instead advocating for social, medical, and surgical practices that are solely based on patients' self-declarations of transgenderism. Sentiments of gender ambiguity, according to this model of care, exist independently of a person's psychosocial and psychological background, and are thus treated separately. Furthermore, the affirmative approach ignores individualized care plan strategies, in favour of one-size-fits-all, dangerous, invasive, and irreversible interventions that defy the psychosocial and psychological circumstances of affected people.[68]

Despite the prominence of autonomy in the transgender debate, this principle is seriously undermined by gender identity indoctrination and the politicization of transgender healthcare in modern culture.[69] When it comes to gender dysphoria, the

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64 Ibid.

65 Williams, *The Corrosive Impact of Transgender Ideology*, 88.

66 Herring and Wall, "The Nature and Significance of the Right to Bodily Integrity", 586.

67 D"Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 13; Finnish Health Authority, "Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland); Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors", 5,8.

68 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 7-16.

69 Ibid., 11.

prevailing consensus is that gender affirmation represents the best option. Alternative therapeutic possibilities, such as exploratory psychotherapy,[70] are regarded as 'optional' or ineffective endeavours, and the notion that self-determination of transgender people suffering from gender dysphoria can be successfully achieved through gender reassignment interventions is strongly promoted. Indeed, this is especially problematic because people suffering from gender dysphoria, who understandably want to take immediate action to relieve their distress, are being directed towards a specific course of action without being provided with the resources and information they require to make the best decisions for themselves. Transgender people seeking a solution to gender identity dissatisfaction are deprived of the opportunity to appropriately explore their feelings and evaluate potential treatment avenues, putting them at risk of pursuing irreversible and invasive therapeutic modalities of dubious efficacy,[71] which they may later regret (see Section 2.4). Remarkably, gender affirmation has become synonymous with autonomy, with mainstream healthcare, legislative, and political actors actively encouraging and facilitating self-actualization-based gender reassignment trajectories. Yet, in the absence of critical psychosocial and psychotherapeutic support, as well as information about different therapeutic pathways and the serious implications of gender transition, as those discussed in Section 2.2, this stakeholders' proposed notion of autonomy is highly debatable.[72]

Of considerable relevance is the impact of gender indoctrination and politicization of transgender people in modern culture on the authentic autonomy potentials of people suffering from gender dysphoria.[73] Within a cultural milieu in which transgender healthcare decisions are increasingly controlled by politicians,[74] authentic autonomous capabilities of transgender individuals have considerably diminished,[75] with established medical and surgical protocols superseding purposeful psychosocial and

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70 Ibid., 7-16; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 1-258; Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16.

71 D"Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 13.

72 Ibid., 12.

73 Ibid., 11.

74 Ibid.

75 Ibid., 12.

psychotherapeutic efforts at targeting the needs of gender dysphoric populations. In the same way that conversion therapy uses unethical coercive methods to induce a change in one's gender identity, affirmative agendas endorsed by pertinent bodies, exert unwarranted influence on people experiencing gender dysphoria to adopt roles and resemblances of the opposite sex, potentially jeopardizing patient autonomy.[76] Because of this, for true autonomous choice of transgender persons to be established, psychosocial and psychotherapeutic treatments which are neither affirmative nor conversionist in nature,[77] but that embrace therapeutic neutrality principles[78] are paramount for the longstanding wellbeing and quality of life of transgender individuals. While both conversion and affirmation therapeutic pathways may compromise patient autonomy,[79] an exploratory psychotherapeutic approach[80] founded on therapeutic neutrality principles[81] allows gender dysphoric individuals to gain a better understanding of their feelings and consider alternative therapeutic possibilities, while also being more conducive to obtaining informed consent, which is essential for exercising authentic autonomy.[82] The significance of exploratory psychotherapy in transgender healthcare will be discussed further in Section 3.4.

3.2 Duty of Care – A Relational Approach

Contemporary transgender culture espouses the "autonomy myth" consonant to a social fantasy wherein gender-questioning individuals independently navigate their ways through gender dysphoric distress and psychosocial challenges.[83] Self-determination and self-government are presented as crucial for the actualization of civil

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76 Ibid.

77 Ibid., 13.

78 R. I. Simon, "Treatment Boundary Violations: Clinical, Ethical, and Legal Considerations", *Bulletin of the American Academy of Psychiatry and the Law* 20, no. 3 (1992): 269–88; Levine, "Informed Consent for Transgendered Patients", 218–29.

79 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 12.

80 Ibid., 13; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 1-258; Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16.

81 Simon, "Treatment Boundary Violations: Clinical, Ethical, and Legal Considerations", 271, 273; Levine, "Informed Consent for Transgendered Patients", 218–29.

82 Levine, "Informed Consent for Transgendered Patients", 218–29.

83 Martha Fineman, *The Autonomy Myth: A Theory of Dependency* (New York: New Press, 2004).

rights and the abrogation of paternalism.[84] Within a liberal theoretical framework, transgender malaise is astutely presented within an imaginary autonomy pretext, whereby gender dysphoric "autonomous" persons are emancipated and urged to contend experienced difficulties disengaged from integral familial, interpersonal, societal, and cultural identifications and connections.[85]

Considering that dependency constitutes a primordial aspect of human essence,[86] the autonomous transgender narrative advanced by modern-day healthcare, legislative and political realms is profoundly contradictory and disconcerting.[87] It is contradictory because, while emphasizing autonomy, it fails to establish and uphold the conditions for meaningful autonomous choice, which are embedded in psychosocial and psychotherapeutic support,[88] as well as environmental and relational interactions.[89] Indeed, operative autonomous entitlements sustaining prevailing transgender debates wield disproportionate emphasis upon presumed privileges pertinent to individualism and self-governance, disdaining interdependence, social responsibility, solidarity, and duty of care morals indispensable for genuine human thriving and contentment.[90] Feminist interpretations of autonomous agency reject this liberal viewpoint, instead underscoring the impact of societal backgrounds and relational kinships on the successful accomplishment of self-determination ideals.[91] Indeed, not only is the self socially entrenched,[92] but even the integrity of the human person is inexorably reliant on the relational spectrum,[93] with nurturing environments and relationships regarded

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84 Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", 104.

85 Ibid.

86 Ibid.

87 Ibid.

88 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 13; Finnish Health Authority, "Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland); Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors", 5,8.

89 Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", 101-102, 104, 105.

90 Ibid.

91 Ibid.

92 Ibid.

93 Jennifer Nedelsky, *Law's Relations: A Relational Theory of Self, Autonomy, and Law* (New York: Oxford University Press, 2012).

as essential constituents underlying the development of meaningful self-governance and autonomous individuality traits.[94]

In the context of gender dysphoria, this has far-reaching implications. First, unlike an individualistic autonomous approach, a relational autonomous standpoint supported by duty of care precepts acknowledges the importance of socio-familial backgrounds and childhood experiences in the development of gender dysphoria.[95] Psychotherapy and psychosocial endeavours are pivotal in evaluating and addressing these factors.[96] Secondly, psychosocial and psychotherapeutic interventions foster nurturing environments and therapeutic relationships, that enable gender dysphoric people to genuinely enhance their personal autonomy and functionality as self-accomplished members of society.[97] This approach aligns with a duty of care perspective that is concerned with the holistic aspects of the transgender person and goes beyond first impressions. As a result, when applied to gender reassignment, a duty of care approach informed by relational autonomy precepts thoroughly investigates gender dysphoric distress and examines therapeutic approaches with the aim of developing constructive strategies that contribute to the betterment of those who are suffering. Psychosocial and psychotherapeutic interventions, it could be argued, are the most effective in promoting relational autonomy in transgender care.[98]

Within the ongoing transgender predicament, autonomy and individualistic disengagement are presumed, anticipated, and reinforced[99] through appositely enacted legal, healthcare, and political agendas. Influential institutional and societal factions exhibit conspicuous disregard towards transgender suffering as well as outright

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94 Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", 101-102, 104, 105.

95 Guido Giovanardi et al., "Attachment Patterns and Complex Trauma in a Sample of Adults Diagnosed with Gender Dysphoria", *Frontiers in Psychology* 9, no. 60 (2018): 1–13.

96 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 7-16; Finnish Health Authority, "Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland); Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors", 5,8; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 1-258; Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16.

97 Ibid.

98 Ibid.

99 Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", 105.

reluctance to shoulder accountability for the advancement and implementation of strategies realistically conducive to the sensible mitigation of transgender challenges.[100] These perspectives are justified through an incomplete notion of autonomy which perceives individual existence in isolation and entirely independent of surrounding societal circumstances, interactions, and support.[101] Consequently, prudent endeavours at alleviating gender dysphoric unrest and social maladaptation such as psychotherapy and "watchful waiting" approaches are devalued and condemned rather than sustained and reinforced, since they are perceived to interfere with self-sufficient autonomy standards.[102]

Contrary to the mainstream position in favour of gender reassignment medications and surgery, duty of care-based transgender assistance is broadly supported by relational autonomy precepts that robustly attest professional and social solidarity, accountability, and alliance.[103] Radical transformations of the present healthcare, legal and socio-political praxis are needed to reflect duty of care prerequisites for the creation of enabling environmental milieus in which gender dysphoric individuals can flourish and accomplish their utmost potentials.[104] Concrete action should be taken, in particular, to eliminate dichotomous discourse that propagates human dependency/relationality versus autonomy misconceptions, while steadfastly instituting healthcare and socio-political approaches that are dissociated from identity and personhood concepts that arise in a vacuum.[105] Indeed, conceptualizations of autonomy that emphasize the importance of relational spheres in upholding and enhancing personal self-advocacy capabilities should serve as the foundation for all transgender-related initiatives.[106] This is consistent with Alasdair MacIntyre's literary work, which maintains that both social dependence (relational or positive autonomy, in which relationships enable self-

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100 Ibid.

101 Ibid.

102 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 16.

103 Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", 101-114; Bruce Jennings, "Relational Ethics for Public Health: Interpreting Solidarity and Care", *Health Care Analysis* 27, no. 1 (2019): 4–12.

104 Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", 104, 105.

105 Ibid., 101, 108.

106 Ibid., 101-114; Jennings, "Relational Ethics for Public Health: Interpreting Solidarity and Care", 4–12.

determination) and independent practical reasoning (more aligned with the prevalent understanding of autonomy) are required for human flourishing.[107] In sum, in a relational autonomy approach autonomy and care coexist; indeed authentic autonomy cannot be attained without a judicious duty of care.[108] Because a duty of care outlook fosters true autonomous dispositions while not necessarily leading to paternalism,[109] healthcare and socio-political actors/professionals ought to ratify and incorporate a duty of care perspective for the realization of enduring transgender and socio-familial quality of life and welfare targets.

Western philosophy displays a severe collision between an individualistic/libertarian conception of autonomy accentuated by rights, liberty, and privacy on one hand, and a communitarian appreciation of autonomous values motivated by the common good in pursuance of holistic health and welfare objectives of entire societal establishments, on the other,[110] reflective of a modern mentality which grossly overestimates the implications of solitary autonomous choice.[111]

Indeed, as research demonstrating the shortcomings of gender reassignment surgery and associated social and hormonal therapy has shown, an autonomous stance applied in isolation of relationality constructs renders autonomy counterproductive and unsafe, negatively impacting both gender-questioning individuals as well as societal fundamentals.[112] In contrast, a duty of care approach substantiated by a relational

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107 Alisdair C. MacIntyre, *Dependent Rational Animals: Why Human Beings Need the Virtues* (Chicago: Open Court Publishing, 1999).

108 Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", 101, 102, 103, 107, 111.

109 Ibid., 101, 107.

110 Jennings, "Relational Ethics for Public Health: Interpreting Solidarity and Care", 5.

111 Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", 103-104.

112 Meyer and Reter, "Sex Reassignment. Follow-Up", 1010–15; Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden", e16885; Batty, "Mistaken Identity"; Hayes, "Sex Reassignment Surgery for the Treatment of Gender Dysphoria", cited in, Cretella, "Gender Dysphoria in Children and Suppression of Debate", 52; Anderson, "Understanding and Responding to Our Transgender Moment", 26; Syrek Jensen et al., "Proposed Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-109; Syrek Jensen et al., "Decision Memo for Gender Dysphoria and Gender Reassignment Surgery", 1-111; Reisner et al., "Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study", 274–79; Bränström and Pachankis, "Reduction in Mental Health Treatment Utilization Among Transgender Individuals After Gender-Affirming Surgeries: A Total Population Study", 727–34; "Correction to Bränström and Pachankis", 734; Evans and Evans,

autonomous prerequisite resolutely tied to solidarity, care, responsibility, and justice principles is central to the procurement of pragmatic conduct intended for the accomplishment and preservation of the best interests of all those concerned.[113] Notably, a duty of care approach to gender dysphoria, employs psychosocial and psychotherapeutic interventions for the comprehensive and integrated exploration of gender dysphoric sentiments and relevant socio-familial circumstances, so as to facilitate fully informed, evidence-based, and patient-focused decision-making practices that improve welfare and quality of life, while protecting involved individuals from unnecessary harm.[114]

The autonomous perspective presently endorsed by transgender healthcare, legal and socio-political proponents impedes social solidarity and interconnectivity, whilst operating in defiance of transparency and dependability standards crucial for successfully addressing transgender difficulties and ensuring the auspicious advancement and maturation of society.[115] While transparency standards, implying the attainment of informed consent that enables adequately informed decisions concerning transgender treatment modalities,[116] are challenged by contemporary praxis' disregard for psychosocial and psychotherapeutic interventions in transgender care,[117] dependability standards, referring to the development and implementation of research- and value-based transgender frameworks,[118] are compromised through their reliance on questionable research initiatives, and their disregard towards robust

Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults, Foreword xxi.

113 Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", 101-114; Jennings, "Relational Ethics for Public Health: Interpreting Solidarity and Care", 4–12.

114 D"Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 7-16; Finnish Health Authority, "Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland); Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors", 5,8; Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 1-258; Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16.

115 Adapted from, David Ian Jeffrey, "Relational Ethical Approaches to the COVID-19 Pandemic", *Journal of Medical Ethics* 46, no. 8 (2020): 495–98.

116 Levine, "Informed Consent for Transgendered Patients", 218–29; D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 13-14.

117 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 28.

118 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 14.

evidence discrediting this practice (see Sections 2.2, 2.3, 2.4, and 2.5). Furthermore, existing approaches overlook the efficacy of psychosocial and psychotherapeutic initiatives, despite the lack of studies comparing the effectiveness of these techniques in alleviating gender dysphoria to the invasive and permanent strategies currently in use.[119]

Conversely, a relational approach towards transgender concerns recognizes the function of a duty of care prerogative in securing judicious self-determination objectives, affording supportive personal and socio-legislative trajectories which sustain quality of life whilst strengthening personal and societal development and welfare.[120] Judicious self-determination goals are established with caution, and are achieved through non-coercive psychotherapeutic processes that engage in meaningful exploration of gender dysphoric feelings and the treatment possibilities available, while taking into account the advantages and disadvantages of the various approaches.[121] Considering the paucity of rigorous data demonstrating that the benefits of medical and surgical interventions outweigh the numerous risks,[122] judicious autonomous aspirations prioritize less invasive therapies for the relief of gender dysphoric symptoms over more dangerous and permanent treatment modalities.[123] Thus, a prudent approach to transgender healthcare, in keeping with a duty of care mindset, posits that if psychological treatments are sufficient to relieve gender dysphoria, physically invasive interventions should be avoided.[124] Furthermore, in the transgender debate, societal development and welfare are important because gender-affirming treatment decisions, even when made in good faith, can have serious consequences in multiple societal contexts, with shortened average lifespan, infertility, emotional detachment and alienation from family members, severed friendships and disrupted social connections, reduced

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119 Ibid.

120 Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", 101-114; Jennings, "Relational Ethics for Public Health: Interpreting Solidarity and Care", 4–12.

121 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 13.

122 Ibid; 12, 14; Carl Heneghan and Tom Jefferson, "Gender-Affirming Hormone in Children and Adolescents", *BMJ Evidence-Based Medicine*, 25 February 2019, https://blogs.bmj.com/bmjebmspotlight/2019/02/25/gender-affirming-hormone-in-children-and-adolescents-evidence-review/.

123 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 12.

124 Ibid.

opportunities for romantic relationships and raising a family, diminished employment prospects, and declining mental health being among the most significant factors impeding positive societal functioning and stability.[125] Therefore, in addition to attending to the distress of gender dysphoric people, stakeholders of the transgender cause must consider the wider perspective, bearing in mind that therapeutic decisions in the transgender domain profoundly undermine the familial institution at its core, impacting societal structure, productivity, and wellbeing.[126] Given these facts, relationality practices, rather than foregoing autonomy for a duty of care imperative, recognize the importance of a duty of care methodology in increasing and refining capabilities for autonomous choice.[127] Similarly, psychological interventions constitute responsible care, insofar as they enhance individual autonomy potentials, whilst empowering personal success and resilience, as well as stimulating societal prosperity and functioning.[128]

Henceforth, healthcare, legislative, and public policies harbouring genuine concern for transgender and societal wellbeing are urged to ratify meaningful strategies upholding a relational duty of care scope of practice comprehensive of robust social solidarity and care morals for the introduction and implementation of increasingly diligent and pragmatic transgender measures.[129] It is only through a profound transformation of current healthcare, legislative and socio-political methods that the suffering, needs, and vulnerabilities of gender dysphoric persons can be competently undertaken, and their dignity, wellbeing and best interests suitably guaranteed.[130]

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125 Levine, "Informed Consent for Transgendered Patients", 222–26.

126 Monique Robles, "The Bioethical Dilemma of Gender-Affirming Therapy in Children and Adolescents", *The Linacre Quarterly* 88, no. 3 (2021): 259–71.

127 Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", 101, 103; Gennaro Selvaggi and Simona Giordano, "The Role of Mental Health Professionals in Gender Reassignment Surgeries: Unjust Discrimination or Responsible Care?", *Aesthetic Plastic Surgery* 38, no. 6 (2014): 1177–83.

128 Selvaggi and Giordano, "The Role of Mental Health Professionals in Gender Reassignment Surgeries: Unjust Discrimination or Responsible Care?", 1177, 1182.

129 Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", 101-114; Jennings, "Relational Ethics for Public Health: Interpreting Solidarity and Care", 4–12.

130 Jennings, "Relational Ethics for Public Health: Interpreting Solidarity and Care", 4-12.

3.3 Duty of Care in Gender Dysphoric Children

3.3.1 Theories about Children's Rights Reflecting a Duty of Care Principle

The gender-affirmative model of care validates youth's asserted gender identity and supports them in pursuing medical interventions that affirm their asserted gender.[131] It primarily promotes gender-affirming interventions through three stages of irreversible progression, namely puberty suppression, gender-affirming hormones, and, in some cases, gender-affirming surgery.[132] Arguments for gender affirmation in minors often cite children's best interests and rights in sustaining their claims.[133] This section shall refer to some theories of children's rights which offer a contrasting perspective on the rights of transgender children to current mainstream thinking.

Joel Feinberg differentiates between adult rights (A-rights) or autonomy rights, rights that pertain to both adults and children (A-C-rights) such as welfare rights, and childhood-specific rights (C-rights) comprising dependency and rights in trust.[134] While dependency rights stem from a child's reliance on others for basic survival needs, trust rights, although analogous to the adult autonomous rights of class A, cannot be exercised by a child until adulthood. According to Feinberg, C-rights can only be implemented later in life if they are properly preserved.[135] Raymond Zammit refers to these rights as 'anticipatory autonomous rights'[136] while Feinberg calls them the 'right to an open future'.[137] Feinberg contends that this right, "sets limits to the way parents

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131 Jill Wagner et al., "Psychosocial Overview of Gender-Affirmative Care", *Journal of Paediatric and Adolescent Gynaecology* 32, no. 6 (2019): 567–73.

132 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Heneghan and Jefferson, "Gender-Affirming Hormone in Children and Adolescents".

133 Samuel Dubin et al., "Medically Assisted Gender Affirmation: When Children and Parents Disagree", *Journal of Medical Ethics* 46, no. 5 (2020): 295–99.

134 J FEINBERG, "A child's right to an open future", in W AIKEN – H LAFOLLETTE (eds), *Whose Child? Children's Rights, Parental Authority and State Power*, Totowa, New Jersey: Littlefield, Adams 1980, 124-153., cited in Raymond Zammit, *Children's Right to Participate in Medical Decision Making*, ThD Dissertation (Academia Alfonsiana, Rome 2005), 153-154.

135 Ibid.

136 Zammit, *Children's Right to Participate in Medical Decision Making*, 153.

137 J FEINBERG, "A child's right to an open future", 140, cited in Raymond Zammit, *Children's Right to Participate in Medical Decision Making*, 153.

raise their children and inspires duties on the state to enforce those limits."[138] Substantially, this viewpoint on children's rights maintains that rights that cannot be implemented during childhood, if properly taken care of can be utilized later in life when the person is in a better position to do so.[139] If these rights are violated before a child can exercise them, the child loses the right to an open future, limiting what the child who has reached adulthood can do.[140]

In the case of transgender children, gender-related 'rights' granted to minors by parental authority and the state may preclude autonomous choice and self-determination rights in adulthood. Given the progressive irreversibility of the various stages of gender transition,[141] the child who underwent gender transition as a minor and has now reached the age of maturity is confronted with severe limitations as an adult. Thus, in accordance with a duty of care principle, deferring gender transition until a child reaches adulthood, rather than violating autonomy, preserves the child's right to an open future and enhances possibilities for authentic autonomous choice later in life.

Michael Freeman advances a theory of 'liberal paternalism,' in which protection and self-determination are regarded as fundamental to children's rights.[142] While acknowledging the importance of present autonomy in children, Freeman emphasizes the importance of preserving the capacity for future autonomy.[143] According to Freeman, adequate protection of children's rights occurs through intervention in their autonomy, legitimized by the notion of a future-oriented consent, — specifically, the consent of the child once he or she has acquired the knowledge and capabilities of a rational adult.[144] This concept requires parents to engage in decision-making endeavours which maximize children's potential to decide on their own in adulthood, thus restricting parental authority to the representation of children's best interests and setting limitations unto

138 Ibid.
139 Ibid.
140 Ibid.
141 Heneghan and Jefferson, "Gender-Affirming Hormone in Children and Adolescents".
142 Michael Freeman, *The Rights and Wrongs of Children*, London: Francis Pinter 1983, 54-60, cited in Zammit, *Children's Right to Participate in Medical Decision Making*, 158.
143 Ibid.
144 Ibid.

what they can do at any moment, instead maintaining the focus upon the prospects of a future-oriented consent.[145]

When applied to gender dysphoria in childhood, Freeman's 'liberal paternalism'[146] posits that to create the most favourable conditions and opportunities for gender dysphoric children to lead the best possible lives in adulthood, some intervention in their autonomy must occur. The scope of parental power lies in ensuring their children's best interests in the long-term, with gender affirming medical or surgical interventions not regarded as providing the ideal conditions for an open future in later life. In accordance to a liberal paternalism approach, parents confronted by gender therapeutic dilemmas who are pressured by distressed children demanding affirmation of their desired gender on the one hand, and gender-affirmative therapeutic models promising to relieve their children's suffering on the other, choose psychosocial and psychotherapeutic interventions over invasive and irreversible medical therapies, postponing decisions pertaining to hormonal and surgical gender affirmation for when their children become rational adults. Though research seems to show that by the age of 14 or 15, young people have the same decision-making capacities as adults, there are noteworthy psychosocial differences in their thinking, such as their being more prone to take risks and the importance of peers.[147] Steinberg and Cauffman, for example, have argued that the "observed differences in risky decision making between adolescents and adults may well reflect differences in capabilities, …, but that the particular capabilities involved are not those which are assessed by measures of logical reasoning."[148] They therefore proposed a model of maturity of judgment emphasizing three broad categories of psychosocial factors which effect judgement, namely, responsibility, temperance and perspective.[149] Thus, since the developmental differences between adolescents and adults are to be found in non-cognitive factors, Steinberg and Cauffman prefer to speak

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145 Ibid.

146 Ibid.

147 Zammit, *Children's Right to Participate in Medical Decision Making*, 235-242,

148 L STEINBERG – E CAUFFMAN, "(Im)maturity of judgment in adolescence: Why adolescents may be less culpable than adults", in *Behavioral Sciences and the Law* 18/6 (2000) 741-760, 744.

149 E CAUFFMAN – L STEINBERG, "The cognitive and affective influences on adolescent decision-making", in *Temple Law Review* 68 (1995) 1763-1789; BB WHALEY, "Explaining illness to children: Advancing theory and research by determining message content", in *Health Communication* 11/2 (1999) 185-193.

about ‘maturity of judgment’ rather than ‘decision making’, for while the latter term emphasises a cognitive element, the former captures the complexity of the cognitive and social processes involved better.[150] This would lead one to conclude, therefore, that such life-changing and irreversible decisions should be taken later on in life.[151]

The feminist perspective on children's rights endorsed by Martha Minow maintains that “rights for children … epitomize feminist concerns about the importance of connection, care-taking, and social relationships; pursuing a theory of children’s rights holds promise for a wider feminist approach to new forms that rights could take.”[152] The Harvard Law School Professor identifies "appreciation of relationships, a commitment to a vision of the self forged in connection with – not just through separation from – others, and a preference for glimpses of complexity, contextual detail, and ongoing conversation" as essential feminist considerations for ensuring children's rights, whilst criticizing "simplistic conceptions of rights," and advocating for the development of "richer notions of rights."[153]

Minow's philosophy on children's rights is consistent with the duty of care premise advocated in this dissertation and is particularly pertinent to the relational approach to care discussed in Section 3.2. The Law Professor sustains the criticality of socio-relational and care aspects in championing children’s rights and in addressing their difficulties meaningfully and at the core. Following Minow's viewpoint, transgender children's rights can be sensibly achieved through family psychotherapy, which can provide a deeper and broader understanding of presenting issues and indicate constructive courses of action oriented towards serving "richer notions of rights."[154]

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150 L STEINBERG – E CAUFFMAN, “(Im)maturity of judgment in adolescence: Why adolescents may be less culpable than adults”, 743.

151 Zammit, *Children’s Right to Participate in Medical Decision Making*, 562-564.

152 M Minow, “Rights for the next generation: A feminist approach to children's rights”, in *Harvard Women's Law Journal* 9 (1986) 1-24, 3, cited in Zammit, *Children’s Right to Participate in Medical Decision Making*, 164-165.

153 Minow, Rights for the next generation”, 15, cited in Zammit, *Children’s Right to Participate in Medical Decision Making*, 165.

154 Ibid.

3.3.2 Puberty Suppressants, Cross-Sex Hormone Treatments, and Parental Approaches to Gender Dysphoric Children

Despite evidence demonstrating the negative effects of puberty suppressants and cross-sex hormone treatments on fertility and cognitive development (see Sections 1.4 and 2.2), as well as their ineffectiveness in managing gender dysphoric distress and improving mental health and quality of life outcomes of gender incongruent children and youths (see Section 3.1), several academics continue to advocate for this practice. Jack Turban, a Stanford University School of Medicine researcher on transgender and gender diverse youth mental health, is one of these.[155] The scholar presents a collection of sixteen academic publications claiming that their findings support gender-affirming medical care for transgender children and adolescents, even though many of them produce inconclusive results or have methodological and interpretation flaws.[156]

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[155] Jack Turban, "The Evidence for Trans Youth Gender-Affirming Medical Care | Psychology Today", 24 January 2022, https://www.psychologytoday.com/us/blog/political-minds/202201/the-evidence-trans-youth-gender-affirming-medical-care.

[156] Annelou L. C. de Vries et al., "Puberty Suppression in Adolescents with Gender Identity Disorder: A Prospective Follow-Up Study", *The Journal of Sexual Medicine* 8, no. 8 (2011): 2276–83; Annelou L. C. de Vries et al., "Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment", *Pediatrics* 134, no. 4 (2014): 696–704; Rosalia Costa et al., "Psychological Support, Puberty Suppression, and Psychosocial Functioning in Adolescents with Gender Dysphoria", *The Journal of Sexual Medicine* 12, no. 11 (2015): 2206–14; Luke Allen et al., "Well-Being and Suicidality Among Transgender Youth After Gender-Affirming Hormones", *Clinical Practice in Paediatric Psychology* 7, no. 3 (2019): 302–11; Riittakerttu Kaltiala et al., "Adolescent Development and Psychosocial Functioning After Starting Cross-Sex Hormones for Gender Dysphoria", *Nordic Journal of Psychiatry* 74, no. 3 (2020): 213–19; Diego López de Lara et al., "Psychosocial Assessment in Transgender Adolescents", *Anales De Pediatria* 93, no. 1 (2020): 41–48; Anna I.R. van der Miesen et al., "Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers", *Journal of Adolescent Health* 66, no. 6 (2020): 699–704; Christal Achille et al., "Longitudinal Impact of Gender-Affirming Endocrine Intervention on the Mental Health and Well-Being of Transgender Youths: Preliminary Results", *International Journal of Pediatric Endocrinology,* 2020, no. 8 (2020): 1–5; Laura E. Kuper et al., "Body Dissatisfaction and Mental Health Outcomes of Youth on Gender-Affirming Hormone Therapy", *Paediatrics* 145, no. 4 (2020): e20193006; Jack L. Turban et al., "Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation", *Paediatrics* 145, no. 2 (2020): e20191725; Polly Carmichael et al., "Short-Term Outcomes of Pubertal Suppression in a Selected Cohort of 12 to 15 Year Old Young People with Persistent Gender Dysphoria in the UK", *PLoS One* 16, no. 2 (2021): e0243894; Connor Grannis et al., "Testosterone Treatment, Internalizing Symptoms, and Body Image Dissatisfaction in Transgender Boys", *Psychoneuroendocrinology* 132 (2021): 105358; Elizabeth Hisle-Gorman et al., "Mental Healthcare Utilization of Transgender Youth Before and After Affirming Treatment", *The Journal of Sexual Medicine* 18, no. 8 (2021): 1444–54; Amy E. Green et al., "Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth", *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine* 70, no. 4 (2022): 643–49; Jack L. Turban et al., "Access to Gender-Affirming

Indeed, it is very concerning that academic data of questionable quality and rigor is being used to guide medical treatment of gender dysphoric symptoms in children and adolescents. Furthermore, key stakeholders' reliance on debatable research for the formulation of recommendations and the implementation of transgender minors and youth-focused strategies influences parents to make analogous decision choices, predisposing vulnerable populations to significant harm.

When confronted with the distress of a gender dysphoric child, parents invariably do everything in their power to manage the situation appropriately and limit their child's suffering. Although parents' primary objective is to alleviate their child's gender-related suffering, parental approaches towards accomplishing that goal vary greatly.[157] While one parental approach may endorse therapeutic modalities centred on psychological and psychosocial interventions, as well as exploration of underlying causes of gender dysphoria, and is wary of medical interventions, another approach may favour gender-affirming medical therapies, believing that psychological analyses and investigation of gender dysphoric emotions would not benefit their child.[158] Although the positions of the two therapeutic strategies differ significantly, it cannot be presumed that a cautious approach to trans identities in youth is subordinate to a liberal approach to medical intervention because, in the end, both operate in accordance with what the respective parental authority considers to be the best interests of the child.[159] Unfortunately, transgender activist groups tend to condemn parents who question prevalent therapeutic methods and prefer more conservative approaches to dealing with transgender children.[160] Littman's ROGD hypothesis is significant because it challenges this stance and suggests that sudden onset gender dysphoria in adolescence may be attributed to factors other than innate gender identity, and it supports parents who, rather than blindly accepting mainstream gender-affirming methods, take a more

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Hormones During Adolescence and Mental Health Outcomes Among Transgender Adults", *PLoS ONE* 17, no. 1 (2022): e0261039; Diana M. Tordoff et al., "Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care", *JAMA Network Open* 5, no. 2 (2022): e220978.

157 Lisa Littman, "Correction: Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria", *PLOS ONE* 14, no. 3 (2019): e0214157.

158 Ibid.

159 Ibid.

160 "Lisa Littman Study Is Republished by PLOS ONE", *Transgender Trend*, 20 March 2019, https://www.transgendertrend.com/lisa-littman-study-republished-plos-one/.

cautious and psychology-informed approach.[161] Furthermore, it implies that transgender activism narratives are more concerned with advancing transgender ideology than with protecting and preserving the rights and general welfare of gender dysphoric minors.[162]

3.4 Is 'Affirmation' the Only Way to Go?

In contrast to established gender affirmative approaches which pursue the prompt affirmation and validation of diverse gender identities, this dissertation upholds therapeutic models of care such as those endorsed by Evans and Evans,[163] Spiliadis[164] and D'Angelo and colleagues,[165] which are neither affirmative nor conversive, but which instead engage in impartial psychotherapeutic endeavours that strive to make meaning of gender dysphoric distress, without directing individuals towards therapeutic extremes.[166] This dissertation espouses the notion that "to the extent that psychological treatments can help an individual obtain relief from gender dysphoria without undergoing body-altering interventions, ensuring access to these interventions is not only ethical and prudent but also essential."[167] Indeed, psychotherapy is not only the safest option, but it is also the most likely to produce the best results since it might reveal issues pertaining to or potentially causing gender dysphoria, which can then be adequately addressed.[168] The argument here is why should one engage in invasive and irreversible gender-affirming strategies to relieve gender dysphoric distress when

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161 Ibid.

162 Ibid.

163 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults,* 1-258.

164 Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16.

165 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 7–16.

166 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 7-9; Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16; D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", *Archives of Sexual Behaviour*, 13.

167 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", *Archives of Sexual Behaviour*, 12.

168 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 1-258; Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16.

psychotherapy could achieve less damaging, more effective, and consistent results?[169] Certainly, more research into the efficacy of psychotherapy in comparison to medical and surgical gender reassignment practices is needed to support this argument,[170] but it is believed that psychotherapy is the least risky, most feasible, and open-minded approach to mitigating and tackling the suffering of gender dysphoric people.[171] This dissertation contends that, in addition to respecting a duty of care prerogative, exploratory psychotherapy and psychosocial support enhance the decision-making autonomy of gender dysphoric individuals and enable parents of gender incongruent minors and youths to take meaningful and responsible action that relieves their children's distress and effectively fulfils their needs, without causing them unnecessary harm.

Chapter Three proffered a comparative appraisal of autonomy and duty of care standpoints as regards to the virtuous management of gender dysphoria and gender reassignment interventions, with duty of care trajectories determined as yielding the most constructive results. Children's rights, puberty suppressants, cross-sex hormone treatments, and parental approaches to gender dysphoric children were also outlined, followed by a discussion of alternative therapeutic avenues to gender transition and reassignment.

The concluding part of this dissertation shall summarize the key bibliographical findings elucidating the implications of autonomy and duty of care standards for the ethical management of gender dysphoria and gender reassignment surgery. A set of recommendations motivated by a duty of care ideal for furthering the ethical management of gender dysphoria and gender reassignment surgery will be advanced.

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169 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", *Archives of Sexual Behaviour*, 12,13.

170 Ibid., 14.

171 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*, 1-258; Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16; D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", *Archives of Sexual Behaviour*, 12, 13.

Conclusion

"Individual autonomy without care, for most if not all of us, is tantamount to abandonment."[1]

This section will conclude the dissertation by summarizing the key research findings in relation to the implications of autonomy and duty of care standards for the ethical management of gender dysphoria and gender reassignment surgery. It will also discuss the significance and contribution of these findings to transgender policy and practice, as well as review the dissertation's limitations and suggest avenues for future research.

The purpose of this bibliographical dissertation was to investigate the suitability of autonomy and duty of care principles in the conscientious confrontation of gender dysphoria and gender reassignment surgery. The findings imply that the dominant autonomous stance currently underlying the transgender debate holds flawed and perilous ramifications for individuals experiencing gender dysphoria. Further research demonstrates that duty of care and relational autonomy precepts are more conducive to achieving consistent transgender personal and socio-familial quality of life and welfare goals.

This thesis contributes to an alternative understanding of the transgender phenomenon, as well as the associated healthcare,[2] legislative,[3] and political[4]

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1 Laura Davy, "Between an Ethic of Care and an Ethic of Autonomy: Negotiating Relational Autonomy, Disability, and Dependency", *Journal of the Theoretical Humanities* 24, no. 3 (2019): 101–14.

2 Chris Fearne, "Transgender Healthcare" (Office of the Deputy Prime Minister Ministry for Health), accessed 3 October 2021, https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Transgender%20Healthcare.pdf; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, vol. 7th Version, 2012, https://www.wpath.org/publications/soc; Wylie C. Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", *The Journal of Clinical Endocrinology & Metabolism* 102, no. 11 (2017): 3869–3903.

3 Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, 170 Chapter 540 (2016); Laws of Malta, *Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540 (2015); Laws of Malta, *Social Security Act*, Chapter 318 Legal Notice 44 of 2018 as amending Article 23 (3) of (2012), https://deputyprimeminister.gov.mt/en/pharmaceutical/Documents/cap_318.pdf; Laws of Malta, *Civil Code*, Chapter 16 (1870) Article 278 C.

4 Helena Dalli, "LGBTIQ Equality & Strategy Action Plan 2018-2022" (Malta: Ministry for European Affairs and Equality), accessed 11 December 2021,

autonomous positions. It demonstrates how a duty of care framework founded on psychoanalytic inquiry and social care fundamentals[5] outperforms an autonomous perspective established upon affirmative and informed consent models of care[6] in the long-term achievement of meaningful transgender objectives. These findings are significant because they posit that the autonomous imperative that currently governs healthcare, legislative, and political praxis is inadequate and detrimental, severely underserving transgender populations, their families, and society. Thus, the dissertation's conclusions advocate for a radical transformation of contemporary transgender healthcare, legislative, and political paradigms in conformance with a duty of care prerogative to mitigate the negative impacts of ongoing autonomous policies.

To the best of the author's knowledge, the precepts of autonomy and duty of care in relation to the transgender controversy have never been investigated. Significant gaps within existing research are reflected in presently endorsed autonomy-based

https://meae.gov.mt/en/Documents/LGBTIQ%20Action%20Plan/LGBTIQActionPlan_20182022.pdf; European Commission - Directorate General for Justice and Consumers., *Trans and Intersex Equality Rights in Europe: A Comparative Analysis* (LU: Publications Office, 2018), https://data.europa.eu/doi/10.2838/75428.

[5] Susan Evans and Marcus Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults* (Oxfordshire: Phoenix Publishing House, 2021); Anastassis Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", *Metalogos Systemic Therapy Journal* 35 (2019): 1–16; Roberto D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", *Archives of Sexual Behavior* 50, no. 1 (2021): 7–16; Marta R. Bizic et al., "Gender Dysphoria: Bioethical Aspects of Medical Treatment", *BioMed Research International* 2018, no. 3 (2018): 1–6.

[6] Lisa Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", *Archives of Sexual Behaviour* 50, no. 8 (2021): 3353–69; Timothy Cavanaugh, Ruben Hopwood, and Cei Lambert, "Informed Consent in the Medical Care of Transgender and Gender-Nonconforming Patients", *AMA Journal of Ethics* 18, no. 11 (2016): 1147–55; Annelou L. C. De Vries and Peggy T. Cohen-Kettenis, "Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach", *Journal of Homosexuality* 59, no. 3 (2012): 301–20; Walter Meyer et al., "The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version", *Journal of Psychology & Human Sexuality* 13, no. 1 (2002): 1–30; Jason Rafferty et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents", *Paediatrics* 142, no. 4 (2018): e20182162; Sarah L. Schulz, "The Informed Consent Model of Transgender Care: An Alternative to the Diagnosis of Gender Dysphoria", *Journal of Humanistic Psychology* 58, no. 1 (2018): 72–92; Kenneth Zucker et al., "A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder", *Journal of Homosexuality* 59 (2012): 369–97; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869-3903.

transgender healthcare,[7] legislative[8] and political[9] protocols. This dissertation offers an initial contribution towards addressing these research gaps whilst constructively challenging prevalent autonomous transgender theories.

In practical terms, it is proposed that relevant stakeholders endorse the following recommendations in compliance with the tenets of the duty of care:

1. Gender identity transitioning should take place in the context of appropriate psychological support and psychotherapy.
2. Psychological support should be strongly recommended for those experiencing gender dysphoric distress and made mandatory for those pursuing gender affirmation through legal, medical, and surgical routes. Such services should be made available to primary caregivers (in the case of minors) and immediate family members of affected individuals.
3. Psychotherapeutic interventions for gender-questioning persons and their families should be logistically and financially endorsed by the state. Government funds presently allocated towards the provision of free hormonal therapeutic regimens and gender reassignment surgery should instead be used to provide free psychotherapy and social services.
4. Transgender care should prioritize the psychological and social well-being of gender-incongruent people and their families, with timely and consistent psychosocial care at the forefront of therapeutic goals. Exploratory approaches

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7 Fearne, "Transgender Healthcare", 1-40; The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, 1-112; Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline", 3869–3903.

8 Laws of Malta, *An Act to Amend the Gender Identity, Gender Expression and Sex Characteristics Act*, Chapter 540; Laws of Malta, Gender Identity, Gender Expression and Sex Characteristics Act, Chapter 540; Laws of Malta, *Social Security Act*, Chapter 318; Laws of Malta, *Civil Code*, Chapter 16, Article 278 C.

9 Dalli, "LGBTIQ Equality & Strategy Action Plan 2018-2022", 1-28; European Commission - Directorate General for Justice and Consumers., *Trans and Intersex Equality Rights in Europe: A Comparative Analysis*, 1-113; Borg, "Labour's Election Manifesto at-a-Glance: What Is the Party Proposing?"; Abela, "Malta Flimkien", 183.

to care[10] should replace the affirmative and informed consent models of care[11] that currently govern clinical practice.

5. It is necessary to develop a multidisciplinary approach to transgender management that is dynamic, holistic, and purpose-driven, evidence- and value-based, and responsive to the authentic needs of the transgender community.[12]
6. The prescription of puberty suppression and cross-sex hormone treatments to anyone under the age of eighteen should be immediately prohibited,[13] on the grounds of the child's right to an open future,[14] irrespective of parental consent. The stipulated age must be raised in circumstances wherein the diagnosis of gender dysphoria is complicated by comorbid conditions like autism and schizophrenia, since overlapping of symptoms[15] may result in an incorrect or incomplete diagnosis and subsequent unnecessary and detrimental therapeutic strategies.[16]

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10 Evans and Evans, *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults,* 1-258; Spiliadis, "Towards a Gender Exploratory Model: Slowing Things Down, Opening Things Up and Exploring Identity Development", 1–16.

11 Littman, "Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners", 3366; Cavanaugh, Hopwood, and Lambert, "Informed Consent in the Medical Care of Transgender and Gender-Nonconforming Patients", 1147–55; De Vries and Cohen-Kettenis, "Clinical Management of Gender Dysphoria in Children and Adolescents: The Dutch Approach", 301–20; Meyer et al., "The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version", 1–30; Rafferty et al., "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents", e20182162; Schulz, "The Informed Consent Model of Transgender Care: An Alternative to the Diagnosis of Gender Dysphoria", 72–92; Zucker et al., "A Developmental, Biopsychosocial Model for the Treatment of Children with Gender Identity Disorder", 369–97.

12 Bernardette Wren, "Ethical Issues Arising in the Provision of Medical Interventions for Gender Diverse Children and Adoloscents", *Clinical Child Psychology and Psychiatry* 24, no. 2 (2019): 203–22.

13 Joanna Williams, The Corrosive Impact of Transgender Ideology (London: Civitas, 2020).

14 J FEINBERG, "A child's right to an open future", in W AIKEN – H LAFOLLETTE (eds), *Whose Child? Children's Rights, Parental Authority and State Power*, Totowa, New Jersey: Littlefield, Adams 1980, 124-153, cited in Raymond Zammit, *Children's Right to Participate in Medical Decision Making*, PhD Dissertation (Academia Alfonsiana, Rome 2005), 153-154.

15 Julia H. Meijer et al., "Gender Dysphoria and Co-Existing Psychosis: Review and Four Case Examples of Successful Gender Affirmative Treatment", *LGBT Health* 4, no. 2 (2017): 106–14; John F. Strang et al., "Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents", *Journal of Clinical Child & Adolescent Psychology* 47, no. 1 (2018): 105–15.

16 Emily Thrower et al., "Prevalence of Autism Spectrum Disorder and Attention-Deficit Hyperactivity Disorder Amongst Individuals with Gender Dysphoria: A Systematic Review", *Journal of Autism and Developmental Disorders* 50, no. 3 (2020): 695–706; William Byne et al., "Gender Dysphoria in Adults: An Overview and Primer for Psychiatrists", *Transgender Health* 3, no. 1 (2018): 57–70.

7. Gender reassignment surgery for anyone under the age of eighteen should be forbidden, also based on the child's right to an open future,[17] regardless of parental consent. Because surgery causes 'irreversible' damage and can always be done later, it should only be used as a last resort. Again, the specified age should be raised in cases where a gender dysphoria diagnosis is presented in conjunction with comorbid psychiatric states.
8. Children and youths who have not attained eighteen years of age must not be permitted to 'socially transition' at educational institutions (i.e. change name, pronouns, uniform, or use the changing facilities and restrooms intended for members of the opposite sex),[18] irrespective of parental consent.
9. Detransitioners' psychological, psychiatric, medical, and surgical needs should be fully funded by the state. Governments should be held accountable for the extensive psychological and physical harm inflicted on those most vulnerable.
10. Further research into the lived experiences and perspectives of detransitioners is required. More studies are also needed to determine the long-term effects of gender reassignment surgery, puberty blockers, and cross-sex hormone treatments. Before becoming the standard treatment, these therapeutic methods must be considered experimental until further research demonstrates otherwise. Furthermore, the efficacy of psychotherapy in the treatment of gender dysphoria should be examined and compared to the outcomes of medical and surgical treatments, so that evidence-based standards of care that allow patients and healthcare providers to make adequately informed choices about how to effectively treat gender dysphoria can be developed and implemented.[19]

Despite its diligence, this study bears limitations. To begin with, the author has no prior experience with transgender issues, nor do she have a psychology background. Academics retaining the necessary expertise would be better equipped to conduct research in this area. Secondly, this study is a bibliographical appreciation of existing

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17 J FEINBERG, "A child's right to an open future", in W AIKEN – H LAFOLLETTE (eds), *Whose Child? Children's Rights, Parental Authority and State Power*, Totowa, New Jersey: Littlefield, Adams 1980, 124-153, cited in Zammit, *Children's Right to Participate in Medical Decision Making*, 153-154.

18 Williams, *The Corrosive Impact of Transgender Ideology*, ix.

19 D'Angelo et al., "One Size Does Not Fit All: In Support of Psychotherapy for Gender Dysphoria", 14.

literature. Future research should use qualitative and quantitative research designs to capture more tangible implications of transgender autonomy and duty of care perspectives. Such research endeavours should comprise the consequences of autonomy and duty of care standpoints within the Maltese transgender milieu.

In conclusion, a duty of care approach towards the management of gender dysphoria and gender reassignment surgery seems to yield the most creditable results. A profound transformation of current transgender healthcare, legislative, and political procedures in support of psychotherapy as the first-line treatment for people suffering from gender dysphoria[20] is required for consequential change to occur in accordance with a duty of care imperative.

[20] Ibid., 13; Finnish Health Authority, "Recommendation of the Council for Choices in Health Care in Finland (PALKO / COHERE Finland); Medical Treatment Methods for Dysphoria Related to Gender Variance In Minors", 2020, https://segm.org/sites/default/files/Finnish_Guidelines_2020_Minors_Unofficial%20Translation.pdf .

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