Transsexualism: a medical perspective

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Author's abstract

Transsexualism, a condition in which from earliest recollection the individual is unshakeably convinced he or she has been endowed with the wrong physical sexual body presents one of the most difficult problems as regards management and treatment in clinical medicine.

The aetiology and treatment is discussed and the problems with which the medical practitioner may be faced in advising his transsexual patient which include change in social role and marriage and the difference between sex and gender.

A transsexual is an individual convinced from earliest recollection, usually age 5 years to 7 years, that he or she has been endowed with the wrong anatomical body but rarely seeks medical aid before puberty. Such persons may present physically as the normal sex opposite to that which they consider should be their own, or may also be cases of physical intersex. The management and treatment of transsexualism and the ethics thereof are among the most difficult problems in clinical medicine as such cases are wholly non-responsive to psychotherapy.

There is a distinction between what might be the criteria of the true sex of an individual and what is the gender to which he or she should be assigned as the sex most appropriate for social life. The latter is as a rule decided by the doctor whereas the former may have to be decided by the lawyer when the question, say, of marriage is to be considered.

The criteria of sex defined by Armstrong¹ and accepted as the criteria of sex no more, no less, in the two cases in which a court of law had to decide the sex of an individual and in which two cases the writer was a witness are:

- Chromosomal sex: female 46/XX and male 46/XY;
- Gonadal sex: the histological structure of the gonad, either ovary or testis;
- External genitalia and body form;
- Psychological sex.

Normally all four criteria are of the same sex and intersex should be defined when any of the four criteria are not of the same sex.

Some transsexuals are prepared to accept the situation and continue to live in what would appear

to be physically the correct sex but the majority are not prepared to do this and wish to assume the social role of the opposite sex and be registered as such. Some are not satisfied with this procedure and seek surgery which in the physical male amounts to emasculation and the construction of a vagina by plastic surgery and in the case of the physical female, mastectomy, hysterectomy, oophorectomy and phalloplasty. Whether or not to recommend surgery is a very serious clinical problem as it is an irreversible procedure and may later be regretted. Every case must be considered on its merits and all aspects carefully examined. In the writer's opinion surgery is justified if the patient finds life wholly intolerable and is deeply depressed, often having contemplated or attempted suicide, and so long as he or she is otherwise a mentally stable individual. In any case a period of at least one year of registration and living socially as the opposite sex should be experienced before more drastic measures are undertaken.

If a medical practitioner is of the opinion that for a patient, a transsexual with or without surgery, by assuming the social role of the opposite sex will be enabled to live a happier and more useful life, he would be justified in recommending

- enhancing the change by the administration of the appropriate sex hormone bearing in mind the consequences of this therapy, and
- re-registration by statutory declaration by two persons – his or her doctor and one parent or friend – (Births and Deaths Registration Act 1953 section 29 (3)).

This re-registration would cover employment and certain contractual relationships where sex is a relevant factor but it does not change the birth certificate. This is a difficulty because there are circumstances in which a person has to produce his or her birth certificate which in the case of a re-registered transsexual does not correspond to the registration and appearance and he or she is forced to reveal to third persons his or her medical history. There are also legal difficulties, eg. a female to male transsexual cannot be ordained in the Church of England and there could be dispute in regard to payment of retirement pension which begins at age 60 years for females and age 65 years for males. In order to change the sex on a birth certificate it has to be proved that it was incorrect.

at the time it was issued. A birth certificate is not a medical certificate of sex; the sex is usually registered on the external body appearance and mistakes are often made. In the case of transsexuals the first three criteria, chromosomes, gonads and external genitalia would be congruent so the certificate would appear to be correct but the fourth criterion, psychological sex, cannot necessarily be foreseen and the question arises whether the psychological sex develops as a result of the sex of upbringing or whether it is predetermined at birth.

In the writer's opinion psychological sex is pre-determined at birth, possibly as a consequence of sexual differentiation of the brain determined by the presence or absence of androgens acting on the brain. This has been proved in rats and guinea pigs by Harris and Levine,² by Barraclough³ and by Goy, Phoenix and Meidinger,⁴ and in monkeys by Goy⁵ which would suggest a similar mechanism might apply to man. There is some evidence to support this. Individuals with deficiency of dihydrotestosterone cytosol receptor, displaying testicular feminisation syndrome, have chromosomes 46/XY and male gonads, but do not respond to male hormones, have female external appearance and are psychologically female. Individuals who lack enzyme 5 alpha-reductase and in whom testosterone, responsible for the development of the epididymis, vas deferens and seminal vesicles, is not converted into dihydrotestosterone, responsible for the penis and prostate, have consequent deficient development of the penis, are regarded at birth as girls and are brought up as such, through at puberty they develop male characteristics, have male psychological sex and readily change sex to boys. This frequently happens in the Dominican Republic⁶ and the writer has published a case of hypospadias with a similar life history.⁷

For these reasons it could be argued that the birth certificate in such cases was erroneous and if change of sex on the certificate were allowed it would ease the problem of many re-registered transsexuals.

In regard to marriage the medical practitioner is faced with a much more difficult problem if asked regarding marriage of a transsexual who has assumed the social life of the opposite sex because in the *Corbett v. Corbett* (otherwise Ashley) case⁸ Mr Justice Ormrod made a distinction between gender – which he said means only that the doctors assign the gender, rather than the sex, in which a patient can best be managed – and sex, which is an essential determinant of the relationship called marriage because it is and always has been recognised as the union of man and woman. Thus for two persons to marry each has to be of opposite sex to the other and the sex is determined by the criteria of sex.

There is no legal or medical definition of sex but the law and the Church demand that a person must be male or female and no provision is made for intersex. The doctor may be asked to give an opinion as to which gender, male or female, should be assigned to the case but should bear in mind that the social gender in which an individual would be best fitted to live may not (as in the April Ashley case) be the correct sex for marriage. Such individuals are in a difficult situation because a male/female transsexual who has had hormone treatment and surgery and therefore in appearance is now female may not legally marry a male, yet although perhaps he could legally marry a female it would not be appropriate or desirable to do so. The same situation would apply to female/male transsexuals. Transsexuals are thus, it would appear, unable to marry.

If the view is taken that there are advantages in marriage other than purely for the procreation of children it would be justifiable not to advise against marriage in the gender assigned provided the other partner was fully aware of the situation and agreed. It is unlikely that society and the medical profession would in general wish to deny the comradeship and social benefits of marriage to such cases of transsexualism and there must be many cases of intersex persons who have married who would not meet the criteria of sex and whose marriage would not be declared void unless challenged in law.

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