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# Special Considerations for Transsexual Surgeries

## Ethical Issues in Considering Transsexual Surgeries as Aesthetic Plastic Surgery

by J.R. Latham, the Australian Research Centre for Sex, Health and Society, La Trobe University  
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Transsexuals are a 'special case' who need to be treated differently from 'normal' people who seek cosmetic surgery to 'enhance beauty'.

**I**n a recent letter to the editor published in the international journal *Aesthetic Plastic Surgery* "Ethical issues in considering transsexual surgeries as aesthetic plastic surgery", I raised the question of whether treating transsexual patients differently from cosmetic surgery patients was ethically just.

***Is cosmetic surgery only acceptable when it moves someone towards a culturally legible aesthetic of beauty?***

In Australia, and across many countries around the world that use the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (the D.S.M.), people who want to change the physical characteristics of their bodies towards the gender which does not match their genitals, are diagnosed with a mental disorder: recently renamed 'gender dysphoria', and more commonly known as transsexuality.

Transsexuals have long been sensationalised in the media, from American-born Christine Jorgensen who underwent genital reconstruction surgery in Denmark in 1952 to Australian army Captain Bridget Clinch who came out as transgendered in 2010. Transsexuality is fascinating, perhaps because the mere existence of such people calls into question our most fundamental beliefs: men are born boys with penises, and women are born girls with vaginas.

Not necessarily, say trans people. And feminist theorists, perhaps most famously Judith Butler, have used these people to argue that gender does not follow from sex. Being born a boy does not mean one will grow up to be a man. Or that one day that man might not begin to live as a woman, and desire to change her body to reflect this.

In order to acquire genital reconstructive surgery and/or hormones that will feminise the body, this person must first be assessed by a psychiatrist. This is because such a desire - to present one's body in a gender other than that suggested by one's genitals is considered a mental disorder.

But as cosmetic surgeries become increasingly more popular and even normalised, how can we continue to label as mentally disturbed people who wish to change their bodies?

Is cosmetic surgery only acceptable when it moves someone towards a culturally legible aesthetic of beauty? Is this impossible for trans people?

These are the questions my letter asked. For those people who seek cosmetic surgery or non-surgical procedures (such as Botox or liposuction), there is no requirement for psychiatric evaluation. It is acceptable to want less fat, fewer wrinkles, straighter teeth, ears that don't stick out so much, or a larger penis.

All of these requests are treated as routine. It is not standard for plastic surgeons (or orthodontists, or urologists, or ear, nose and throat specialists) to refer such patients for psychiatric assessment. And why would they? A barrier like that would surely dissuade people from seeking out these procedures, and it would certainly increase the cost associated with doing so.

But more off-putting to those who value their privacy is the intrusive nature of psychiatric assessment where one is questioned about one's puberty, body image, sexual encounters, childhood and relationship with one's parents. It certainly was for me. But as someone whose aesthetic desires were deemed to be 'of the wrong sex' - that is, male and not female - I didn't have a choice. It was psychiatric assessment or no surgery. What was the difference, I wondered, between my desire for a flat chest, and a woman's desire for larger, or differently shaped breasts? Mine moved me away from cultural aesthetics of beauty, which of course are gendered. Females have breasts. Females want breasts. And if anything, they want them to be bigger.

Men don't want to have breasts. Men may develop breasts - a hormonal condition called gynecomastia - and these men are routinely treated with cosmetic surgery to have their breasts removed. No psychiatric assessment required. The treatment is obvious.

To their credit, in the case of gynecomastia, the first treatment option suggested in clinical guidelines is for doctors to reassure men that

there is nothing wrong with them. Here, doctors seem to recognise a diversity of gendered bodies (some men have breasts), but this does not extend to people born female who wish to have their breasts removed.

The letter was a philosophical inquiry asking clinical practitioners if the basis of their continued discrimination against transsexual patients is viable. I had hoped to open a dialogue regarding the ethical treatment of transsexual patients. Indeed, I made this very argument in my cover letter accompanying my revised submission: in part in response to one reviewer whose comments, and I quote, were simply "In my opinion, avoiding the psychiatrist examination of these patients is an error, even if the authors [sic] have extensive experience in this field. I believe that this conclusion will not be a recommendation for aesthetic surgery clinics."

After the letter was printed in the journal, I received abusive emails, and was interviewed by the A.B.C. In the subsequent A.B.C. feature I was placed in conversation with Professor David Castle, chair of Psychiatry at St Vincent's Health and the University of Melbourne, who repeated the exact material I critique in my article: transsexuals are a 'special case' who need to be treated differently from 'normal' people who seek cosmetic surgery to 'enhance beauty'.

It seemed, and it still does, that even broaching the topic of discussing the possibility of treating transsexual people like other people who desire aesthetic alterations to their bodies is absurd. It is not even worth engaging with because there is a notion of the self-evident truth that transsexuals are not like 'us'.

**J.R. Latham is working on a PhD. at the Australian Research Centre for Sex, Health and Society, La Trobe University and can be contacted [through his Academia website](#) **

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