

Speaking of Genital Mutilation...

By Ross S. Olson MD, Retired Pediatrician

A recent opinion exchange (Star Tribune May 12, 2017) calls for an end to male circumcision alleging that the benefits are minimal and risks significant. But what about sex change surgery for “gender dysphoria?”

Now the common narrative is, “I have always felt this way.” Because age 1½ to 2½ is the usual age when a child says, “I am a girl,” or “I am a boy,” factors that may have interfered with identification to biologic gender will not be remembered. Yet there are many possibilities. What could do it? Young children are very good at picking up non-verbal cues and sense when the parents actually wanted a child of the other gender. Sometimes the appropriate adult gender model is absent or unattractive. For example, mother is always getting beaten up because she is a woman. Father may be chemically dependent. A girl may be sexually abused and feel that it would not happen if she were a boy. A boy feels that girls are more privileged or cherished.

And the dominant culture says, “You can choose your gender; you can change your gender.” So we have well-meaning parents advocating for hormonal therapy to block their child’s puberty and ease the transition to sex change.

Although this seems compassionate, the science is not supportive. 98% of gender confused boys and 88% of gender confused girls come to peace with their biologic gender after going through puberty. And delaying puberty, instead of increasing options, actually pushes the decisions towards sex change.

Is it really wise to move in the direction of a surgical therapy which in about 90% of cases is not necessary? Ominously, a 2011 study in Sweden showed a suicide rate **twenty times higher than expected** in long term follow-up (10 to 30 years) of adults who had undergone sex change – all this in liberal, supportive, affirming Sweden!

A principle of medicine is “First Do No Harm.” It is not wise to jump on a bandwagon when the science is disturbing. Affirming an identity also helps to solidify that identity. If a child believes himself or herself to be **stupid**, what do you do? You say, “No you aren’t!” and you do not allow it to become a fixed false belief. You even ask, “Why do you feel that way?” and try to identify and deal with what you find out or surmise.

Don’t the gender confused deserve the same consideration?

References

Gender Dysphoria in Children *American College of Pediatricians – August 2016*

<https://www.acped.org/the-college-speaks/position-statements/gender-dysphoria-in-children>

Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0016885>