Medicine for Managers

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Gender Dysphoria and Reassignment

In 1926 George Jorgensen was born. He joined the forces during the second world war. In 1952 the former GI travelled from the United States to Denmark and, following a series of operations, returned as Christine. She made headlines as one of the first to undergo gender reassignment. She was a trailblazer for the procedure. She worked as an actress and singer and had a nightclub act.

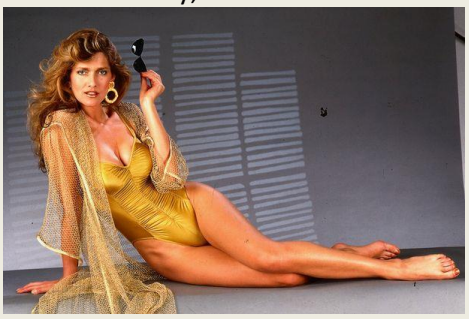
She is thought to have coined the phrase about

Christine Jorgensen

feeling like a woman stuck inside a man's body. She died in 1989.

Initially the publicity and comments about the procedure were offensive and often a source of ridicule but, as time has gone on, it has become acceptable and has acquired many high profile advocates.

Caroline Cossey, known as 'Tula' is an English



model and is one of the world's best known trans gender women. She was born in 1954 and appeared in the James Bond movie, *For Your Eyes Only*, and was the first to pose for *Playboy* magazine.

People who feel that they have a gender crisis, that is they feel that their physical sex is in conflict with their emotional gender identity, may struggle with the consequences from their early years often with profound effects. In such circumstances a child may feel more comfortable wearing clothes of the opposite sex or may prefer to enjoy toys or activities normally identified with their male or female counterpart. The outcomes are often distressing for, not only the child, but for other family members. The term used to describe the mismatch between the physical sex and the identity is known as ***gender dysphoria*** (or sometimes as ***gender identity disorder*** or, when there is a strong wish to live as the gender identity rather than the physical sex, as ***transgenderism***. Although anxiety or depression may be associated features and it was originally recognised as a psychiatric

condition, it is now believed that it may have a biological basis associated with genetic variation or hormonal effects.

Gender dysphoria in children may be recognised through features such as an insistence that they are of the opposite sex, wearing clothes of the opposite sex, involvement in activities or games associated with the opposite sex and behaving wherever possible as though they are of the opposite sex. Puberty may be a very difficult time for such a child. By adulthood, the individual will have found ways to behave in their preferred gender role, and to conceal the features which identify their physical gender.

The gender culturally assigned to any individual will of course be based on that person's physical characteristics. Some of those people will never publicly acknowledge their trans gender status and will continue to live in their designated status. Others may decide to take, what is often a courageous step, to live as their desired gender. In such circumstances a first step and probably a necessary action is to visit the GP so that, if necessary, the patient can be referred to a Gender Identity Clinic where support and assistance is available together with assessment for those people with gender dysphoria.

For the individual who wishes to live as a different gender, there is the process of transitioning which has two components:

1. Social transition. This includes changes to all the visible elements of gender identity such as clothing, hairstyle, name, activities and etiquette.
2. Medical transition. This will include the more intrusive medical and surgical procedures required to complete change.

Not all patients will complete the transition, some opting only for social transition perhaps with some aspects of medical transition.

The process of reassignment begins with a detailed specialist assessment which may involve prolonged sessions and include, not only the individual but family, friends and partner. Professional input will include that from counsellors, psychotherapists and pyschologists. The assessment must confirm that the individual has had persistent feelings that the birth sex does not accord with the gender identity and there is exploration of factors such as the wish and desire to be a different gender, the degree to which the outward gender differs from the the birth gender and how that is managed within society, the desire to eliminate the primary or secondary sex characteristics which define the birth gender and the wish to obtain or develop sexual characteristics of the other gender. If the transformation proceeds to physical changes, then every precaution must have been taken to ensure that the commitment is as strong as it can be and that there are no other factors such as chromosomal, hormonal or other abnormality that might be influencing decisions. The magnitude of change is huge and the support of family and friends may be crucial as the

individual undergoes the pain, discomfort and emotional disruption of transformation.

Once the procedure is agreed, the first step is hormone therapy to modify the secondary sex characteristics towards the desired gender prior to any interventionist surgery. The hormone therapy will alter the individual physically by enhancement of some characteristics, such as breast enlargement and suppression of others such as alteration of the distribution of body hair. Normally hormone therapy requires at least two years to achieve maximum results. For gender males who seek the transformation, they will notice reduction in size of the external genitalia, redistribution of fat, reduction in muscle bulk, some increase in breast size and reduced facial hair. For women seeking transformation to men, changes will include increased muscle, cessation of periods, enlargement of the clitoris, increased facial hair and increased sex drive.
During the hormonal phase the individual requires regular monitoring because the oestrogenic or testosterone hormones do have side effects including an increased risk of deep vein thrombosis and pulmonary embolism, gallstones, skin changes such as acne and weight gain.
Sometimes, people who have decided to embark on the hormonal change become irritated at the time that changes take to develop. They may also have expectations which exceed the capacity of the hormones; for example, in terms of change in physique. Hormones cannot alter height or skeletal structure.
Some individuals who undergo the hormonal therapy decide not to proceed with surgery (or only to undergo limited surgery) and are content with the results achieved.

For many patients, surgery to permanently alter the bodily appearance and to fully equip them for being of the opposite sex, may proceed after the other treatments.

For women transforming to men the surgery may involve removal of the complete genital organs with hysterectomy (removal of the uterus), bilateral oophorectomy (removal of both ovaries and tubes), vaginectomy (removal of the vagina) and the construction of a penis (phalloplasty) and scrotum (scrotoplasty) with the insertion of testicular and penile implants. The results of surgery result in change of appearance and to have a penis through which urine can be passed and which allows sexual sensation.

For men transforming to women, removal of the penis and testes (penectomy and orchidectomy) and the creation of a vagina, vulva and clitoris (vaginoplasty, vulvoplasty and clitoroplasty) will produce the structural sex change but further surgery to increase feminisation such as breast implants, facial cosmetic surgery and fat removal to improve the figure may also be necessary. The vagina and vulva are constructed from tissue harvested from the penis and scrotum.

The large majority of the people who undergo transition are happy and comfortable with the change. However they do often have to face prejudice or discrimination following surgery

Legislation covers men and women whohave transitioned.

Gender recognition Act 2004 enables men and women who have undergone transition to:

- Obtain recognition of the new gender
- Have new passport, driving licence, etc.
- Marry in the new gender

Equality Act 2010 protects transsexual people against discrimination, victimisation and harassment.

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