

Analysis of gender dysphoria in the pediatric setting

Análisis de la disforia de género en el ámbito pediátrico

Francisco José Ballesta*

Faculty of Bioethics, Pontifical Athenaeum Regina Apostolorum,
Rome, Italy

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Gender ideology and its feet of clay.

Ideological castles may seem impregnable fortresses, built on solid truths, but history gives us abundant examples of their crumbling, simply because they do not respond to what man and the world really are, to the objective truth of things.

Let us think of the Marxist utopia or the myth of the risks of overpopulation, announced by Malthusianism. Both have already been overcome when, at the time, it seemed that they would be the key to the solution of so many problems.

The main issue is not the emergence of an ideology that will eventually disappear. The problem is the damage that this current of thought causes during the time it is accepted, until it becomes

* Professor at the Faculty of Bioethics, Ateneo Pontificio Regina Apostolorum, Rome, Italy. E-mail: fballesta@arcol.org <https://orcid.org/0000-0001-7795-2892>
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evident that it should be abandoned. Returning to the examples mentioned above, let us think of the damage of all kinds derived from Marxism, or the crises of population aging in so many societies, derived from anti-natalist campaigns, connected, in one way or another, with Malthusianism.

When they begin to appear, the damage lights up a red light, warning that not everything is so clear and that it is necessary to react. A small and very recent example is the issue of vaccines. News spreads about a possible connection between vaccination and autism in children. This provokes that some families decide to stop vaccinating their children, that public vaccination policies are reconsidered, and so on. Consequently, cases of diseases considered to be already overcome appear and this makes people reflect and take measures, but, although the reaction, in this case, has been quick, the damage done remains there. The issue of vaccines is simple to understand, but there are other more complicated issues, in which we are immersed, about which it is necessary to discern and clarify.

One of these issues that permeates today, in an invasive and contaminating way, is the issue of gender ideology. The strength of this ideology is such that it leads to truly alarming situations.

What this book presents us with is an aspect of the impact of this ideology in the strictly medical-scientific field. The strength of the ideology is such that it affects scientific rigor itself and makes us lose our bearings when evaluating therapeutic alternatives.

Furthermore, the findings presented in the volume help us to distinguish healthy bioethics from unhealthy bioethics. As Potter described it, bioethics tries to establish itself as a bridge between the humanities and science, between values and the use of technology. In this sense, it is a kind of compass that guides so that scientific-technical development responds to the truth of the human being. If this compass works well, it helps us to correct deviations and keep us in the right direction. This would be the case of a healthy bioethics, built, so to speak, on the truth of the human being. On the contrary, if the compass does not work well, what it does is to orient inadequately and maintain deviations. This is the case of so many

bioethical currents that are sick, ideologized, incapable of fulfilling their guiding role because they themselves are contaminated and no longer respond to objective truth.

This volume gives us a glimpse into this complicated world, presenting us with an example. Science and medical practice are conditioned by gender ideology. Conditioning favored by unhealthy bioethical currents.

In the words of the author, a pediatrician: “from the utmost respect for people with gender dysphoria and in the search for the truth in order to improve the professional care of so many children and adolescents who face this problem of sexual identity, a rigorous investigation has been carried out on the current hormonal and surgical treatment of gender dysphoria, defended by the main international medical organizations, and which has been used in pediatric practice as an effective solution to the problem of gender incongruence. Avoiding arguments of a philosophical and theological nature, this study has stuck exclusively to scientific, medical, and psychosocial arguments to refute the acclaimed efficacy and scientificity of the therapeutic protocol in the pediatric setting. In the second part of the research, the sociocultural, legal, and bioethical bases that are allowing the international diffusion of this treatment are identified and refuted. Moreover, as sex reassignment surgery is the therapeutic horizon of these adolescents, the work is completed with a scientific, medical and bioethical assessment of such surgery.”

The work at hand derives from research carried out within the doctoral program in bioethics at the Ateneo Pontificio Regina Apostolorum in Rome. After the introductory considerations typical of a work of this nature (objectives, research questions, methodology and justification), the work is structured in four chapters and some general conclusions.

The first chapter, entitled “Generalities and controversies”, begins with a detailed clarification of terminology, which is appreciated in view of the existing confusion. The slide from the consideration of a gender identity disorder to a depathologization is evident. The incongruence between this slippage and the fact that the use of medical and

surgical treatment for this problem is claimed. The etiopathogenesis and the existing controversies on the subject are reviewed. The prevalence and associated comorbidities are then discussed. The chapter ends with a description of the evolution of children and adolescents with this disorder (natural history, persistence of the condition and homosexuality-transsexuality relationship).

In the second chapter, “Treatment and arguments in favor”, the historical evolution of the treatment of gender dysphoria up to the Dutch protocol (puberty suppression, cross-sex hormone treatment and sex reassignment surgery) and other accompanying measures (social transition and psychotherapy for reaffirmation of the desired gender) are presented. The second part presents the arguments put forward to justify this approach to the problem (refutation of the arguments of the detractors, main benefits of hormone treatment, scientific evidence of therapeutic efficacy and safety of hormone treatment).

The third chapter, “Arguments against treatment”, provides an extensive critical analysis of the scientific rigor of the therapeutic triad and the recommended psychosocial measures. It is shown that the scientific evidence on which the hormonal and surgical triad is based is low. It is shown that this reality is recognized by the promoters of the triad themselves. It is also shown that field studies in the field of this disorder lack rigor. It is shown that, despite these shortcomings, support for this triad comes from a consensus that few dare to break. Each of the elements of the triad is then analyzed from a medical point of view, questioning its supposed safety. This analysis is made from the psycho-social point of view, concluding that it should be postponed in favor of “working with the mind rather than carrying out bodily corrections” as is done with analogous disorders. The chapter presents an evaluation of the line of psychotherapy that should be followed. The discussion of the criticisms that so-called “curative” psychotherapy has received is addressed. The chapter concludes with an analysis of the psychosocial measures accompanying the triad. It highlights how the promotion of early social transition is based on studies of low scientific evidence,

does not consider the brain plasticity of the child, and may interfere in the development of their psychosexual identity, increasing cases of persistent gender dysphoria.

The fourth chapter, “Cultural, legal and bioethical bases”, is dedicated to answering the following question: why, despite the low scientific evidence of the therapeutic proposal analyzed, there is a progressive acceptance of it? Sociocultural (anthropological conception based on gender theories), legal (legal and political protection, under the umbrella of human rights) and bioethical (diffusion of the principled bioethical model whose fundamental principles are used to defend this proposal) factors are detected, analyzed and criticized. The chapter concludes with a radical refutation, from the point of view of medical deontology, of surgical interventions in gender dysphoria for the following reasons: 1) low quality of the scientific evidence of the results obtained, 2) sexual identity is established thanks to the mutual intervention of the physical and psychic dimensions, so that sex reassignment surgery involves a rupture of the person’s identity, 3) they are mutilating interventions, 4) they are not therapeutic interventions, at most they could be considered as palliative, 5) the principle of totality cannot be applied and 6) they create a false identity based on the mere modification of genitality.

The conclusions postulate the “need for a Copernican turn in gender dysphoria” based on 1) clear identification of the theoretical bases on which any therapy is based, 2) new legislative formulation that reconsiders its scientific bases on gender identity, 3) adequate training of researchers in the philosophy of science, 4) adequate bioethical training of health professionals, given the inadequacy of the principalist model.

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