Case Study #1 Transsexuality / Gender Identity Disorder

Alex, a 16-year-old white male, was referred to a mental health specialist by his pediatrician for evaluation, because of his persistent desire to be like a woman and take female hormones.

During his childhood, he preferred to play with dolls, wear women's clothing, and keep his hair long. He began having homosexual relationships when he was 12 years of age. During sexual acts, he always imagined himself as a woman and did not allow his partners to touch his genitals. By the age of 15 years, he wore nothing but women's clothing and adopted a new name in accordance with his feminine appearance.

His mother has never accepted her son's behavior and has denied the gender dysphoria. His father has been mostly absent during his upbringing and suffers from alcohol abuse.

Alex tells the psychotherapist, Dr. Guerra, that his desire to take female hormones is so strong that until recently, he had resorted to prostitution to obtain money to buy hormonal medications through his friends and other sex workers. Dr. Guerra recommends regular psychotherapy and prescribes antidepressants to treat Alex’s anxiety. Alex refuses to adhere to this treatment, and again asks for hormonal drugs. During the period in which Alex does not take hormones, his facial and body hair reappears, which upsets him terribly.

Dr. Guerra then refers Alex to an endocrinologist, who recommends hormonal therapy, but his mother refuses to consent to the treatment. Because of this, Alex is again engaging in prostitution to procure hormones from street vendors.¹

Questions for discussion:

1) Should the endocrinologist prescribe hormones to Alex without his mother’s consent? If so, what justifications – moral and legal – support that decision?
2) How might our understanding of adolescent decision-making in other contexts (e.g., terminal and chronic illness or addiction and mental health treatment) inform our views of whether adolescents or their parent(s) should make treatment decisions relating to their gender dysphoria?
3) A key diagnostic criterion of Gender Identity Disorder is “persistent discomfort” in one’s assigned gender. How should physicians conceptualize “persistent” in adolescent sexuality? Is that approach consistent with new developments in cognitive neuroscience?

Case Study #2 – Race-Based Surgery

Dr. James and Ashley Martin were thrilled to adopt a second child after being unable to conceive. They very much wanted to raise another child and have a sibling for their first child, Aidan. The Martins believed they could provide an excellent home, since they live in an affluent community outside of Chicago and Dr. Martin is a successful plastic surgeon.

The child that the Martins were matched with was a healthy, if rotund, one year old girl whom they named Lindsey. Lindsey’s appearance is racially ambiguous. Her file says that her background includes Native American, African American, and possibly native South American (Indio) ancestry. As Lindsey grew into a young girl, she had high, wide cheek bones, eyes with a smooth, single lid, a nose with a wide, soft tip – and a propensity to put on weight very quickly.

Although happy as a young child, Lindsey increasingly feels “out of place.” At age 14, she is increasingly withdrawn. She obsessively compares herself to girls in magazines, and recently shouted “I hate myself!” in a department store dressing room. Her brother feels Lindsey “just doesn’t fit in with us.” Lindsey refuses to appear in family photos.

The Martins feel Lindsey is suffering because of her weight and physical differences. Dr. Martin has seen his patients blossom socially after rhinoplasty, liposuction or other procedures. While valuing inner beauty, he believes outer beauty enhances self-esteem, social relationships, and even earning potential.

Dr. Martin suggests to Lindsey that it would be possible to perform treatments to give her eyes an epicanthic fold, narrow her nose, and give her a moderate amount of liposuction.

Scenario one

Lindsey is elated! She makes a scrap book of faces and bodies she would like to resemble and comes up with additional procedures she would like to have. “My life is going to be just like my favorite show,” she exclaims, “The Swan!” She particularly hopes to look like Beyonce.

1) Given that the parents and the adolescent enthusiastically consent, are there ethical or legal obligations that a treating physician or hospital would have relative to this case?
2) Would a psychological consultation discharge the ethical and legal obligations – or do concerns with permitting procedures under these circumstances stretch beyond concerns for any individual patient’s psychological health or maturity?
3) Should a guardian (or guardian ad litem) be appointed in this case to represent the interests of the child?
4) Are there any grounds for considering the performance of these surgeries as child abuse?

Scenario two

Lindsey is tentatively acquiescent. Having the procedures would be “okay, I guess. I mean, if you think it’s a good idea.” Dr. Martin’s colleague, who is going to perform the procedures, assesses Lindsey. His conclusion is that Lindsey is reluctant, and is consenting to please her parents.
1) Given that the parents and the adolescent consent, are there any ethical or legal obligations that a treating physician or hospital would have relative to this case?

2) Would a psychological consultation discharge the ethical and legal obligations – or do the concerns with permitting procedures under these circumstances stretch beyond concerns for Lindsey’s personal psychological health or maturity?

3) Should a guardian (or guardian ad litem) be appointed in this case to represent the interests of the child?

4) Are there any grounds for considering the performance of these surgeries as child abuse?