



la scapigliata @lascapigliata8

24 Feb 18 · 29 tweets · [lascapigliata8/status/967346215087169536](https://twitter.com/lascapigliata8/status/967346215087169536)



I often hear trans activists claim that they are so special, the entire field medicine "knows nothing about them" and on that account they dismiss all medical opinion that doesn't validate their demands. As a doctor, I disagree.

Humans are largely the same, medically speaking. There are some more or less obvious and important differences in anatomy and physiology of individuals. Sometimes a large group of individuals can be recognised based on those differences, other times differences are individual.

Say your heart points to the wrong side of your chest (dextrocardia) - rare but important. Or ulnar nerve runs in the wrong position - rare and not very important unless you throw a ball a lot. Or your body becomes resistant to insulin (diabetes) - common and very important.

Sometimes 99% of humans can be divided into two groups based on one important difference, for example whether they contribute to reproduction by producing ova (women) or sperm (men). This function is like any other important function, like producing insulin to manage blood sugar.

The fact something went wrong in an individual human so they don't produce gametes, for example, is analogous with someone's pancreatic cells failing to produce insulin. These are abnormalities, and medicine studies them in order to help, if possible.

Abnormalities aren't "variations of normal" because they prevent or limit normal function. Diabetics don't have "alternative yet normal metabolisms", nor can they think their way into managing glucose without insulin. Some abnormalities interfere with life more than others.

For example, not being able to conceive a child isn't life threatening to anyone other than that potential child, whose existence isn't assured anyway due to incredible complexity of conception, gene combination and development. Which doesn't mean people won't be upset about it.

I like to think about body and mind as a continuum, except body can exist without the mind but so far, it's not possible for it to be the other way around. Literally everything that happens to our body registers in the mind somehow, whether we are aware of it at the time or not.

This is why I love psychiatry, we focus on the mind while being mindful of the body, while a lot of traditional medicine and especially surgery focuses almost myopically

on the body alone. "Refer to psych" is the throwaway comment often applied to difficult patients.

Some of the most notoriously difficult patients from a doctor's PoV are those who are paranoid or deluded or have personality disorders, all of which can not only make their medical problem worse, they can create the problem, or an appearance of it.

Depression is sometimes reported as a headache, a delusion as desperate need to amputate body parts, a hallucination as repeated attempts to remove alien micro chip from one's abdomen, anxiety as hypochondria, panic attack as heart attack.

Medical doctors naturally pursue physical diagnosis at first, but at some point it becomes clear it's psychological. If they are seeing these people over time, they can start to feel "heart-sink" because of patient's distress and their inability to help them.

What a lot of people don't know is that most doctors are terrible optimists. We are reluctant to give bad prognosis or simply give up. This is why we keep referring these patients to each other, hoping the expert in a different field of medicine might have a cure. Often they do.

But when they don't the patients inevitably end up being psychiatry's problem. And that's ok, that's what we're here for, it's why we are trained as doctors first, so we can keep looking after the mind, while remaining mindful of the body.

It's not rare for a psychiatrist diagnose a medical illness, especially if it's rare and the patient hasn't been to too many other specialists. For medicine to work like this, there have to be many more similarities between individuals who present with symptoms, than differences.

We don't learn many unique medicines. I don't swap between huge bodies of knowledge depending on whether a man or a woman or a trans person walks through the door. Learning myriad small, more or less important ways our bodies can be different IS medicine.

Sometimes tiny differences can be incompatible with life. Often much bigger ones, like a limb missing, can be managed a lot more easily. What you see isn't always what you get. Ideas and treatments change, but bodies have been the same for millions of years.

Doctors and vets speak about mammals with comparable knowledge, this is how much all mammalian bodies resemble each other, let alone within the same species. In fact, vets are incredible, they have to learn so much more, although their patients don't have the same expectations 😊

Human medicine is often about managing expectations, and this is where approach that largely ignores the mind, met with unwarranted optimism, can struggle. Transgender surgery, for example. I heard many surgeons say that they "construct genitals".

Truth is, they'd fail an exam in med school if they claimed that surgical cavity is the same as embryonologically developed vagina. That artificially created phallus that has

to be inflated through a pump and lacks urethra is the same as penis. And yet they say it all the time.

They also claim that they are changing people's sex, knowing that they aren't making men capable of producing ova, and vice versa. They say it because they are enamoured with their own skills, a bit narcissistic, and they genuinely want to help their patients.

Even most blunt and practical doctors are very emphatic, and sometimes this manifests in downplaying negative outcomes, and saying things in a way that won't upset the patients. They don't like confrontation and have an irrational belief that all will be well.

When things go wrong, they tend to blame, hide or refer elsewhere. This is broadly speaking how it came 2 b that healthy bodies are mutilated medically in order to cure feelings, and how the evidence that outcomes don't justify the risks didn't stop the practice, it expanded it.

To children. "If we could only get to them young enough, the outcomes would be better" they say, swayed by how "passable" an androgynous teenager looks in gender non-conforming presentation. It's a bit like the power of advertising.

But that teen will grow up, and if their bodies were medically and surgically mutilated, they'll also have chronic medical conditions as a consequence. They can do more treatments to make it look or work better they say. But do they stop to think what they are doing?

Conclusion

This study found substantially higher rates of overall mortality, death from cardiovascular disease and suicide, suicide attempts, and psychiatric hospitalisations in sex-reassigned transsexual individuals compared to a healthy control population. This highlights that post surgical transsexuals are a risk group that need long-term psychiatric and somatic follow-up. Even though surgery and hormonal therapy alleviates gender dysphoria, it is apparently not sufficient to remedy the high rates of morbidity and mortality found among transsexual persons. Improved care for the transsexual group after the sex reassignment should therefore be considered.

I can't imagine how hard it is for someone who is desperately unhappy and confused about their body, to decide to live with all the consequences of doctors trying to make their bodies look like something they are not. To think they're not being told the whole truth is terrifying

It's not that trans people are so different, it's that they are being failed by medicine that encourages treatments with poor outcomes, like unquestioning affirmation of inner feelings and ever faster and earlier access to drugs and surgery.

There may not be a cure. Or the cure might lie in curing society of its prejudices first. Or we'll find a cure in the future, meanwhile we must try to alleviate suffering. Patients may not be happy with us, and we need 2 b there for them anyway. Without causing additional harm.

And before you repeat a mindless phrase, ask yourself: Is a schizophrenic born "in the wrong body"? A child with leukemia? A woman struggling with body dysphoria in a pornified world? If you pull that thread, the whole yarn unravels.

...