

Case Report

Transexuality: A Case of Futility in Human Gender Reassignment Surgery

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Paleohistory

Ever since humans appeared on the face of the Earth they had to confront oddities needing urgent solutions. Most of them dealt with the pressing need to concoct a vast array of complicated hunting techniques in order to feed their community, some others with the hardships of understanding the vast manifestations of a Universe affecting their everyday living. Furthermore, they had to keep pace obeying a barrage of rules that needed to be implanted in the clan, just to be able to simply survive one more day, not to mention the precarious birth-death rates of their offspring.

It has been said that ideas, emotions and codes in mankind began surfacing in the Cambrian Period, around 500 million years ago [1]. Perhaps the questions about identity also began their different, particular inceptions within the clans just about this Era.

Premises

Amidst human development issues, history has shown us that none is more vexing than those relating to sexual identity. No area of human knowledge has been really able to fulfill the study, comprehension, definition, diagnosis and ultimate solution of these clinical entities. Philosophy, Theology, Law, Psychology, Psychiatry, Anthropology, Logic, Sociology and Education, all have been insufficient in eliciting common sense trying to study and understand such clinical syndromes. Medicine and Surgery have tried -much more boldly- to provide these patients with so-called "Treatments", trying to approach all the aspects they need to deal with, but have also fallen short [2]. This article makes a case

of studying and analyzing the philosophical, psychological, psychiatric, legal, medical and surgical aspects of transexuality as a present-day public health issue, one that is more and more demanded by patients affected by this problem. It also tries to establish some much needed clarity over the ethical aspects of the so-called "Gender Reassignment" surgeries, considering the human person as our first and foremost ultimate goal.

Introduction

Transexuality, as a syndrome, occurs in people having a genetically-defined normal male or female gender since conception, who express a dystonic abnormality of the sexual identity area of the brain -early or late in life- (maybe originated at the polar disjunction post-metaphase) and feel they belong in a different sex or body as opposed to the one they have been born with. This clinical entity has long been diagnosed as "gender dysphoria" by the majority of scholars around the world and stated as such in several DSM editions [2]. Revision of the worldwide bibliography immediately confronts us with obvious extremes, and they will be offered and discussed later in this paper.

Early data and modern approaches

The earliest historical mention regarding a surgical sex change was that of Sporus, a Roman slave, who was transformed so he could serve as Nero's spouse [2]. The first case of surgery for a male transexual patient was performed by Abraham, in 1931, but not much is revealed about it. It was in the Netherlands, in 1953, that Fogh-Andersen performed the first modern operation for gender reassignment, reporting the results that same year in JAMA, stirring a great deal of scientific and ethical criticism worldwide [2,3]. The patient -formerly George Jorgensen- did write his visions, some time after, as Christina Jorgensen [4,5] in a paper known as "Conundrum", a term that portrays exactly what this

syndrome is all about [2]. Benjamin is credited with the first serious investigations and said to have 87% in patient postoperative “Satisfaction” (¿?). Lothstein concluded, in 1968, that “A greater sociability and emotional stability” was evident in all operated patients [6].

A perplexing tendency in recent years is to make believe that we are not dealing with an obvious pathology of the sexual identity area of the brain. This is why we have seen strong efforts to eliminate the notion of pathology related to transexuality, even in the DSM archives. It appears someone is very interested in sending psychiatric diagnoses to oblivion in this area of human medical knowledge.

Perhaps this is the reason why Scheler said, 87 years ago in Bonn; “In History... this is the first time that Man has turned problematic to himself... he doesn’t know who he is, and realizes that he no longer knows it... this context of loss of identity... turns itself one of the most urgent tasks of our time” [7]. Chesterton, another great mind, also wrote on this matter: “the mad man is not he who has lost reason, but he who has lost everything but reason” [2]. This is why some of us are wondering if we can still talk about human identity.

As stated before, transexuality has always been diagnosed as “Gender dysphoria”, existing as a continuum of pathological states in an otherwise physically normal person, but not as a bundle of discreet diagnostic entities, as some pretend to instruct. They live the conviction of being in a wrongfully mistaken body, and seek the ablation of the sexual attributes typical of their birth genitalia as the only way in which they believe to be at ease with themselves.

The term was introduced by Cauldwell in 1949, stating that these cases should be more properly diagnosed under the term of “psychopathia transexualis” due to the fact that these patients live centered in the intense and continuous desire to be of the opposite sex, thus exhibiting an antinatural behavior not well accepted in society [6].

The DSM-IV-R stated years ago that approximately 1:30,000 men and 1: 100,000 women would be looking for sex reassignment [8], so the pathology is not that uncommon either. To further study our premises claiming the futility of operating transexuals under the false pretension of “Reassigning their sexes” we will have to consider several aspects of human selves. The most vital one refers to the person we as doctors swore to care for.

The Human Person

The word person derives from the greek root “Proson”, meaning mask. Soon after, it entered the roman world as “Pheruna” and progressed further through romance-latin languages and declinations to finally be used as person. But this is not a simple pronoun. Never before in human history a tiny word came to have such an enormous significance. Any human living in society under

its rules and rights is considered a person, even when dealing with law infractors. This fact is a tacit recognition to the identity of a human being similar to others. This is a virtue of human relation that comes to being since we are born and that is a fact nobody dares to doubt. This is the first reality with which we develop in life: being conceived, born, having a definite sexual identity, accept and develop our roles and build ourselves, remodel, relate and decay [2]. Everything in life impacts our existence, because we will certainly spend our lives looking for a certain “What for?” [9].

Thomas Aquinas used to say: “What the notion of person adds to man is the notation of dignity”. In fact, this was a feature of roman law that the slaves lacked [10]. Dignity comes also from greek: “Axios” -meaning value-, but not as price or cost, but as a status of respect. It is what makes us be and preside as special and unique self, separating us from things [11]. Kant said that: “An absolute value... and end in itself... can fundament laws... a categoric imperative,... man exists as and end to himself and not only as a mean... that having price can be substituted for something equivalent... what is above all price... has dignity” [12]. All persons should be respected as unique and treated not as means for, but as ends [2].

The Body

It is the material dimension conferring unicity and unique limits to existence. It is the outer, physical appearance as well as the inner organic function; the visible evidence of the self that provides each individual with a unique personal expression in the world. It is the link humans have to feel, relate, work, move, communicate love and self-realize (a reality that can not exist by itself). Merleau-Ponty put it brightly: “The body is in the world as the heart in the organism... animates and feeds it internally, establishing a system with it... it is our means to have the world” [13]. Along with our psyche and soul, it incarnates the possibility to dominate the universe [2].

All medical acts, as critical interventions upon the body, should never stop considering this treasure of human reality, for it means an act of one person over another having a body in between. Sgreccia said it clearly: “Exercising medicine does not put us in front of bodies and machines, but before persons in all of their majesty and moral grandeur” [14].

The Human Psyche

It is the innermost as well as external manifestation of our personal intimacy (or interiority) and quintessential expression of our minds; it is best to be considered in three different areas: intelligence, will and affectivity, three aspects of a same reality, always acting together in a complete sytonic whole with the body. In human experimental psychology, the term “psyche” also denotes, more commonly, the vital expressions indicating the sensorial and emotional aspects humans share with animal life; sometimes, it is also indicative of the spiritual and superior aspects of spirit on a

functional profile. It is then when we use such terms as “Mind”, “Intelligence” and “Psychology”.

Actually, psychology centers on the study of the emotional-sensitive dimension that roots itself on the soma as well as the self: “the constitutive principles of man are still two, which diversify in: nature and spirit or soul” [15]. But the authentic, ontological truth of the person is considered to be multiple:

- a) Capacity for language (communication),
- b) Capacity for ethics (autoconstruction),
- c) Capacity for manual arts,
- d) Capacity for intellection (abstraction),
- e) Capacity for relations (affection),
- f) Capacity for action (will, volition),
- g) Capacity for artistic expressions,
- h) Capacity for physical activity (cinestetic, psicomotor),
- i) Capacity for physiological functioning (organic).

The Soul

It is the vivifying, totalizing and unifying force of the body as well as the psyche, acting in unison through the discerning conscience. Hebrews knew it as “Ruah”, greeks as “Pneuma” and latins as “Anima”. The classical proof of soul’s spirituality and, thus, of the self, is based upon the principle of proportionality between cause and effect; that is, between man’s activities and the principle they emanate from. Perhaps better explained as: “in man there are biological and organic activities... of inmaterial character... that, although provoked by sensitivity... at a superior level -intellection, reflection, liberty and love-... are not explained if not by a principle... of superior spiritual order...” [15].

All along my curricular studies of ethical education, there were always some discussions concerning which bioethical current better expressed the real self of human beings and their care in the medical profession. Those studies were very hardly based, more so when confronted by the theories of great polemicists such as Singer, Chomsky [2] or Lonergan [16] but the end result, for me, confirmed my medical ideas into the Personalistic Ethics current.

Principles of Personalistic Ethics

Life as a fundamental value: it is the first value of the human being; without it any reasoning about values would be superfluous, abstract, empty. There is no person and no full posterior development in humans without human life. Life should never be violated in any way; any action disposing of human life in a subjective, utilitarian mean in any stage of development should be radically condemned and rejected. Respect to personal dignity: it derives from the previous principle. Because the person is an end in itself

and never a mean for anything, instrumenting persons at surgical interventions seeking to alter, deform or dis-respect the body and dignity of patients are also to be condemned.

Liberty/responsability: also derives from the previous one. A person must respect personal free, conscious elections in other persons, as well as their values. Doctors frequently perform surgeries offering “solutions” that compromise their patients values, based on false premises and completely out of reality in the outcome.

Therapeutic: applied to human persons, it states that removing a part of the body in order to save the whole -or being the only true way to save it- is for the good or benefit of the patient.

Subsidiary: encompasses all of the above; relates to the sworn duty doctors have to do the maximum good where it is most needed, be it as a sanitary point of view or as a personal effort. Organ donations, sanitary and assistance politics, are good examples of such principle [2]. These concepts or principles are very seldomly considered in our post-modern society, be it in everyday life, cultural developments, family relations or, worse yet, in hospitals or clinics and the pharmaceutical industry. It is some kind of a tribute to relativity and/or subjectivity regarding humans and their realization, education and general medical treatment. It seems as if humans could be seen as numbers, machines or means to a higher income or social position looking for power and recognition.

This human reality is seen daily in our post-modern society and perceived as “Emptiness” in psychiatric consultations by more and more patients and doctors. This emptiness is translated to everyday life as a lack of will to live, lack of motivation or a self-conceded attitude with no substance whatsoever to back it up. This is also the foundation of an ill-conceived libertarian complex that makes almost all of the patients to demand their surgeons for what they are paying (and they pay very dearly, mostly if a bold, cocky surgeon seizes the opportunity).

This is further complicated by the ever-present Biomedicine, instilled with the motto of “if it can be done, it shall be done”: a complex, pride, arrogant presumption of doing whatever it takes to position their stakes and earnings, without considering the human being benefit. Such is the case for transexual surgery, not the ones related to simple minor procedures that do not alter vital organs -or anatomy- in extent, but mostly the ones that will require vast, extensive and multiple surgical procedures that try to provide males or females with an abnormal, physiologically non-functioning, medically unjustified alterations of their bodies, just to be complacent with someone’s idea to look as they think they should.

There is also the aspect of the astronomical fees surgeons charge when they operate on one of these patients. It is absolutely normal and healthy that surgeons should charge for their expertise and management of cases, but only when dealing with normal surgeries: general surgery, trauma and orthopaedic, brain and cardiac surgery, etc., but the kind of alterations and surgeries needed to

“reassign” genders are not, by any means, normal or needed. They are not even considered neither plastic nor reconstructive. They are done only after months or years of engaging in severe, continuous pharmacological alterations of male/female hormonal production, function and metabolism, until reaching the forced, radical, abnormal masculinization/feminization effect desired [2].

Thanks to expert views in microvascular techniques and the availability of better long-term immunosuppressors, previously unthinkable vast, meritable reconstructions have taken place by the use of composite, delicate tissues like hand/arm/finger replantations [17,18], reconstruction of mandibles with bone, neurovascular and skin coverage in one surgical time [19,20] or the delicate, complicated cases we recently have seen in the evergrowing total facial transplantation field [21-25]. But again, this is clearly not the case with surgeries for gender reassignment patients.

After such unjustified hormonal aggressions to an otherwise normal body, patients are instructed to live in their new, social opposite sex-role -for at least two years-, before being considered to engage in any programmed “reassignment” surgery. It is clear that this cornucopia of disparate proceedings conspire against every aspect of normalcy in these matters, whichever pretexts one will invoke [2].

Social consequences of an ill-conceived Autonomy:

The actual tendency to enforce autonomy as the paramount right humans have is thrusting the sexual realm into the social one and modified several concepts, increasing the confusion about all aspects of identity. Given that all social aspects are imported to the political field, it is common to find the lobbying for vindictive motivations around the so-called gender reassignment movement linked to violent groups who seek to separate both sexuality and sexual identities from nature and knowledge (biology, psychology, medicine and psychiatry) and radicatetheir ideologized-based agendas in the social field and common law [2].

Then comes this evident, imperative desire to validate different approaches to sexuality and, through this, also different forms of being, integrating, perceiving and possessing our self identity. These new tendencies proudly affirm “To have been the real objective of the gay-lesbian theory and movement since the 70’s as a strategy to seize power. What is at stake here is who has the authority to say who constitutes a subject of enunciation or knowledge” [26]. As an example, a quote from Althusser: “Once sexual identity has ceased to be... a data of Nature... the ideological operation... generates the illusion of... a sexual and gender identity over the illusion of... an interiority that was there before” [27].

No one can deny that the sexual or gender identity is a Nature’s fact, because only in Nature can it be inscribed and known on the self; the natural belonging to a genetic reality cannot be questioned. On the other hand, trying to be or exist as an onto-

logically different reality (as something other than what one really is) is not feasible or plausible.

The fashionable “Medicine of Desire”:

This is the second most-wanted issue in modern society. It has been based, since the 60’s, on the specific weight society gives to the autonomy of the patients through liberal, principialist and contractualist ethical positions or currents. It does not mean that patients can refuse a specific therapy, but to claim the right to ask for any modification over their bodies, which they claim as their own and willing to dispose of as they see fit [28].

Beneath this concept lies the utilitarian idea regarding the term “Quality of life”, implying that every intervention will validate itself inasmuch the operation fulfills all the subjective qualities considered desirable, imperative for their lives. This is a truly vexing problem in daily consultations for plastic surgeons, where several distortions of judgement are dealt with, from a simple wrongly conceived idea about what can be done to major psychotic distortions that can not be solved in any way. Too many abominable results have already been seen on naive patients whose only mistake was to try to improve their appearance.

There is also the inconvenient of the strong international efforts to present as normal, healthy and defendable a fiction of the human mind in regards to the sexual or gender identity of transexual patients. Citing Lonergan: “Interpretations of being or the absolute objectivity in terms of space and time, are mere intrusions of imagination” [29].

The link between acting autonomously and responsibly means that the autonomous act “Responds to a different standard as opposed to egotistic desires... more than pointing to the self-centered consistency or the permanence between them... conduct oneself in the light of truth... and rule oneself according to it” [30].

The real “Conundrum”

The word conundrum means a riddle of difficult solution. Transexuality really comes to terms with such a word, because patients affected with this syndrome deal -either early in life or later in development- with an unbearable personal situation in which they feel to live in the ultimate of wrongful situations: feeling and believing to belong to a certain sex but living in a body they hate and is not desirable to have, a body that precludes them to live and function in society. Thus, transexual patients desperately seek to build and live in a certain, precise alterity that by no means follows any natural essence or criteria and offers no real, normal reciprocity in their every day life, a relation based in an huge ontological deceiving clinical situation that is never properly explained to them.

This has been an always difficult field to work with, because several theories have been said to explain the transexual pathology, but to no avail: biological, genetic, chromosomal, enzymatic

substrata; also neurotransmitter, neurohormonal, prenatal hormonal or H-Y antigenic factors affecting the masculine differentiation of embryos. Others seem to favor the idea that no organic causes transexuality, but the role in which one is brought up [2,31-40].

It has been known that, thanks to psychiatric treatment, some cases of homosexuality have been known to return to normalcy without any posterior problems [2, 41]. This is not the case with the transexual patient; this clinical syndrome, as a separate and unique situation, does not have any possible psychiatric treatment due to the strong psychosis that is always in command of their psyche and leads them to stress the concept that the only way to achieve their true, complete self is through radical amputative surgery of their genitalia, embarking in a series of gruesome surgical techniques that will not be brought up to consideration here in detail due to lack of space. The only psychiatric approach to them is trying to control and sedate their psychotic states whenever they arise.

The Anthropology of Human Sexuality

Sexuality has always been known to be a dimension of man's essence, comprising the whole of his/her existence since conception and all through life. It is a direct result of actualizing the genetic message inscribed in each of their cells. It is the fundamentalation of female and male biologic uniqueness which, by means of hormones, makes all structures and functions, including those of cognition and behavior, to function accordingly. Although the physical aspects do not encompass the whole sexuality, they do express it.

Sexuality also includes the psychological, social and transcendent dimensions of human beings. Differences in female or male sexual expressions are direct results of such an interaction. They not only do not induce unevennes among them, but confer each person those characteristics that are indispensable as conditions for harmony and development:

“Knowledge clearly express that biological components have an important part in the origin, maturation and expression of sexuality... that must integrate and harmonize with other more specifically human components in order to... achieve a constructive -not dissociative-force of the person” [42]. This brings to mind that: “The kind of anthropology you cherish will be the kind of ethics you will invoke in your everyday judgements” [2].

The socioculturaldimension of human behavior should have a moral orientation, because ethics seek to find the good in any human act as a means to reaching ontological auto-perfection, although some authors rudely state that the only ethical rule is the social statistical one. The notion of “Sex” is so relative today that for the actual social, personal de-constructing movement “There would not be two sexes, but a multiplicity of sexual orientations” (Ibid.).

The transexual social collective has long since embraced such concepts, thus protecting themselves from any logical, medi-

calquestions, nonetheless demanding that medical science should provide them with the life coherence they do not possess. This is why they crave for social, economical and political backup, channeled through mass media, so they can generate strong sympathies and social power. Ultimately, they are more interested in reaching the media to validate and impose their views through legal manipulations.

So important are these thoughts of new identities that huge added problems are foreseen for the near future: “Homosexuality and heterosexuality, the same institution of sexual relations in which man and woman play a well defined role, will disappear. Humanity could revert, finally, to its natural, perverse, poliform sexuality... the destruction of biological family... will permit the emergence of new women and men, different from all who have-existed previously” [43].

If these completely mad, delusional concepts do not flash the signal that the real approach to transexuality is wrong, and that other sorts of sexual identities -popular and accepted in Law as normal- are really precluding a full-flinged reach for social and political power, then we, as doctors, have been blinded by medical and social pressures and do not deserve to be considered as such.

Bio-legal Issues already transpiring

Social mass media are actually pressing hard over all areas of Law but, mostly, over Jurisprudence. That is why, when dealing with legislating over acts pertaining Life and Health, they seem to avoid considering the vast amount of scientific data in depth, prioritizing personal wishes, politico-social vindications and the utmost belief that “The human body is nothing more than a new object in Law” [44], arriving to a dangerous oscillation between the concepts of a “Subjective and objective body” [45]. Thomas agrees with this, stating: “There is a metaphisic opposition between object and subjectthat is the foundation of our vision of Law” [46].

There is a tendency to a general permissive way, seeing it as “The right to think and do whatever seems right in a given stance”, as well as the self-arrogation of multiple rights, forcing the scale of values to confusion and relaxation about a vast amount of aspects in human life [2]. That is how society has managed to migrate from the appalling horror for the nazi “final solution” and experimentation in prisoner camps to accepting these same methods for the managing of human offspring, mental patients, etc.

For instance, abortion has long been legislated as being a “Plain, deserving right” of women, without seeing that the ones always dying and never considered in the process are the unborn humans, who are massacred with the 3 instances law invokes for plain murder: planning, premeditation, advantage and, should we add one more?: subject defenseless. What's more: their offspring is not part of their body, as they loudly claim. This is a bluntaberration, because it is a known scientific fact that the human offspring

is a different, unique reality with a unique genetic message and he/she forms the cord and placenta.

Society tends to live in a radical liberalism, in which the natural limits of human sexuality are pushed aside altering, diminishing, twisting, refocusing their real meaning, allowing the use and introduction of medical and surgical procedures in order to take the sense of abnormality away from the true pathological, psychotic state of mind that typifies the transexual syndrome and the need to amputate their true genital self identity immersing themselves in what I have defined as “Autopoiesis” [2], that is: the illusion of remodelling oneself successively until reaching a specifically designed external sexual identity and soma.

Rodotà edited an encore of the human body from the point of view of law (“Sub specie juris”) which considered that transexuality -and all the means designed to alter their bodies- does not confer plausibility to any of the sort [47]. Law has kept a common sense conception about mental and physical capabilities, with notions of identity, understanding and loving widely immune to science [48]. That is why the actual tendency to intervene decisively in matters that are not directly incumbent to law is so scandalous and paramount, eliciting opinions such as this: “Every person has a patrimony, however, it can be said that the individual is the holder of his patrimony, not the owner of such, for patrimony, in a certain way, is himself” [49].

Now, much more than ever, we have to state and settle firmly that Law can not arrogate itself the power of legislating over life-situations representing, *per se*, evident ridiculous jurisprudent stances. In other words, it should not play legislating over anomalies as being normal, perversion as being virtue, clinical ambiguity as life director, fiction as identity or psychotic delirium/delusion as a complete faculty. All these inventions endorse maniac inventions of the self, decide what is acceptable regarding natural and artificial, define scientific entities

and inadvertently slip to the prostitution of the essence of Law as regulator, protector and guarantor of social moral; therefore, depriving itself of moral-ethical authority on these matters. Law should not succumb to the lobbying efforts of social-pressure entities and give them the assumption that surreal is reality homologizing a state of sexual identity alteration with a different legal individual identity. Law is the depository of a vast, direct responsibility that apparently has not worked for a society that entrusted it with the faculty to safekeep. Not all of Ethics can be managed by the Law, but law can protect all the fundamental values or virtues necessary to guarantee the common order and wellbeing. If this is not the case, it can be objected in consciousness.

The futility of surgery for transexual patients:

Having revised the actual “State of the art” of interpretations about the sexual identity of human persons, I perceived that there is a series of elements anchoring subjects to a determined person-

al identity, although in a very problematic, conflicting way: “The modern human subject is being de-constructed in its known identity, self sufficiency, congruency and ultimate stability, now appearing as a fiction” [50]; “As if the human person would be in a continuous race in search for his/her identity” [2].

Most of these surgeries are mere amputations of the internal and external genitalia with some “Aesthetic” configurations that are truly light-years away from providing them with normally functional organs and constitute awful imitations that lead patients to suicide in 22-25% of postoperative cases [2]. I still can remember a patient I saw several times in surgical procedures; a patient I thought to be “a fair beautiful woman” by the looks she always had at the OR. I knew she had had: blefaroplasty, rhinoplasty-mentoplasty, otoplasty and mammary implants on a 6-month period. One day, I witnessed a transfer of a sartorius muscle to encircle her anal outlet; weeks after I was ordered to perform a dressing change on her. Then I saw the anatomical disaster a surgery for “sex or gender reassignment” really is: the patient was female indeed, having had previously a penile construction by means of 2 myocutaneous flaps and a neo-urethra, grafting skin around a silicone catheter to the bladder. It was a terrible, traumatic anatomic experience -although I knew of those surgeries long before- and have never forgotten such a terrible outcome for life and function. I am absolutely convinced of the futility to operate in these cases, and strongly do not recommend to engage in such procedures, in which a hefty financial retribution will surely be gained, but absolutely no normal function or anatomy should be expected.

I wonder: what kind of surgeon would be so inethical as to recommend such surgeries to patients, knowing there will be such a high rate of failure regarding the fenotipical results as well as an unjustifiable high rate of deaths by means of suicide?

Epilogue:

Independently from the ethical analysis of these human, social problems, providing a “Tailored biological disguise” through medical/surgical means to sedate ill-conceived psychotic delusions, would give the floor to fulfilling fictional “Realities” by accepting that fictions should be granted whenever the rights of these patients are played and the “Obligation” of our *ars medica* is compromised by law [2]. Helping these patients to achieve a complete bodily disguise is nothing more than reinforcing their dissociative psychosis and covering their ontological true self. Zimbardo saw it: “what exists outside the ego only has value if the ego can make it its own or exploit it... they remain frozen in a self-imposed prison, where the prisoner and the jailman are fused in an egocentric reality” [51].

Medicine and Surgery, as is the case with Law, should abstain from falling in the sordid net prepared for them in a social environment of vindictive rights designed to empower certain radical collectives. Helping these patients achieve a complete body disguise is by no means a medical/surgical good, because those

procedures do reinforce their dissociative psychosis and alter their true ontological self. It also does not mean improving diagnoses nor social reinsertion for these patients, but providing grotesque, dysfunctionally scarred organs through a vast series of violations of our mission to care and protect human life as we have always claimed, praised and known.

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