

Transsexual Surgery  
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# Sex-Change Operations To Continue at Stanford

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Sex-change surgery will continue at Stanford University Medical Center despite the decision announced this week by prestigious Johns Hopkins Hospital in Baltimore to abandon such operations.

Stanford psychiatrist Dr. Norman Fisk, a director of Stanford's Gender Dysphoria Clinic, said yesterday that "gender reassignment" surgery was highly beneficial in "carefully selected cases."

His analysis runs counter to the decision at Johns Hopkins, which helped pioneer the procedure in the United States in 1966. More than 180 sex-change operations have been performed at Johns Hopkins, but staff psychiatrist Dr. Jon Meyer concluded in a recent paper that the surgery has little benefit in long-term psychiatric improvement of patients unhappy with their biological gender.

Fisk, however, said the experience at Stanford has been "considerably different."

"We have an ample body of evidence that in selected cases — and that is the key word, 'selected' — gender reassignment is the preferred treatment."

Of every ten persons who go to the Stanford clinic, he said, only one ever gets surgery. The minimum waiting time, he added, is now two years, with extensive counseling, hormone treatment, and "gender role" behavior training required before the surgery is performed.

Since the program's birth about 11 years ago, 220 persons, mostly men wanting to become women, have undergone surgery.

"Two years ago we reached almost all of our post-operative patients to do a followup," Fisk said. The consensus was

that none had been harmed, not a single one expressed regret, and most described a high improvement in their sexual functioning and subjective happiness."

He said that most persons in his field "have known for years" that the Johns Hopkins program was phasing out surgery in favor of psychological counseling alone. Dissatisfaction with the program at Johns Hopkins, he said, may date from several years ago, before screening programs to select qualified patients were fully refined.

"In the mid-1960s precious little was known about gender problems. One thing we know for sure now is whom to avoid. They are very difficult patients to deal with, and oftentimes the outcome can be poor."

In recent years, Fisk said, Stanford's program has generally restricted surgery only to persons who, other than their dissatisfaction with their sex, appear psychologically balanced and successful in life. Persons with a wide range of psychological difficulties, he said, are poor candidates for a sex change.

In the Johns Hopkins study, psychological changes in 24 patients who underwent surgery were compared with those in 26 similar patients who were not operated on.

"What we found," said Meyer in a report published in the August issue of the Archives of General Psychiatry, "is that both operated and nonoperated transsexuals improved roughly to an equal extent and that, in fact, the nonoperated group's improvement was statistically more significant."

Meyer said that "surgical intervention has done nothing objective beyond what time and psychotherapy can do" to rehabilitate transsexuals in their home life, social life, jobs, and emotional stability.