

Sunday, January 29. 2017

Sex Science Self

A friend lent me this book to read over the New Year,

Sex Science Self by Bob Ostertag

A Social History of Estrogen, Testosterone and Identity

I will confess to coming to this book with somewhat conventional views on Sex Hormones and a healthy skepticism about the wisdom of endocrinologists and doctors. The well written book served to both reshape my beliefs about HRT and re-enforce my distrust of "medical opinion".

I strongly recommend that anyone considering HRT read the book with an open mind. Many of issues the book covers are quite disturbing and thought provoking. But I came away feeling better informed about the choices we make. After describing in some detail the history of "sex hormones" Bob Ostertag then reflects on our contemporary search for transgender identity. The following extract from the final chapter summarises the challenges we all need to confront.

From Page 163:

My point is not whether to take drugs or not, but to be aware that the bargain we enter into when we do is a very large and complex one, and knowing this history will help understanding all the implications of the bargain.

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Anyone who is considering taking estrogen or testosterone should know that the major clinical studies of both long-term estrogen use (which was huge, one of the biggest clinical trials in history) and long-term testosterone use (which was tiny) were suspended when the side effects of the drugs was deemed so harmful that continuing the trial to conclusion was judged unethical.

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Anyone who is considering taking estrogen or testosterone to either transition their gender (transgender) or amplify their gender, or reclaim their gender (aging people) should know that the idea that testosterone is the chemical essence of maleness and estrogen the chemical essence of femaleness comes from research done in the earliest days of endocrinology, which was thoroughly debunked nearly a hundred years ago but has lived on through massive advertising campaigns run by the most powerful pharmaceutical companies.

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Anyone who feels entirely confident of the set of beliefs and medical practices that have recently become the medical standard for transgender care should at least be aware that these same chemical substances have been at the centre of previous beliefs and medical practices that had spectacular ascents fueled at least in part by the demands of potential patients who fervently believed these new practices were medical necessities which they required in the most urgent way. These beliefs and practices then crashed and burned in an equally spectacular way, often with the same population who formally viewed them as medical necessity later viewing them as harm inflicted on them at great cost.

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Anyone who advocates for health insurance coverage for gender "transitioning" should at least be aware of the acute tension and bitter disagreement over whether transgender people are "sick". Think it through. Are you arguing that transgender people are sick in the same way that someone fighting to get coverage for a kidney transplant is sick? If yes, then do you consider homosexuals to be sick? If not, can you articulate why the L. G. and B. are not sick yet the T. are?

Conversely if you don't want to argue that transgender people are sick but you still want to advocate for coverage of transgender care can you articulate why? Have you thought through the implications of the idea that there are people who are somehow "less than sick" yet should still have the medical procedures they want covered.

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Posted by Adrian in Being transgender at 08:10