Sex Reassignment Surgery and the Catholic Moral Tradition: Insight from Pope Pius XII on the Principle of Totality

Becket Gremmels, Ph.D.
System Director, Ethics
CHRISTUS Health
Irving, Texas
becket.gremmels@christushealth.org

A common argument among Catholic theologians and ethicists against sex reassignment surgery (SRS) is that it either violates the principle of totality or constitutes a direct sterilization. These procedures generally fall into one of three categories: breast (augmentation mammoplasty, subcutaneous mastectomy), genital (vaginectomy, hysterectomy, scrotoplasty, phalloplasty, penectomy, castration, vaginoplasty, etc.), and nongenital/nonbreast (liposuction, lipofilling, lowering or raising the voice pitch, chondroplasty, hair reconstruction, etc.).

Some of these procedures are also done outside the context of SRS for cosmetic reasons and others for therapeutic purposes. These can certainly considered morally licit in that context.

Within the context of SRS, however, many arguments hold that procedures related to SRS are unjustified because the excised tissues and organs are healthy and the principle of totality only allows for the destruction or removal of body parts that are diseased or pathological. After all, the threat that the pathology poses to the health or life of the body as a whole is what justifies the violation of bodily integrity, and without a pathology there is no threat. With regard to genital procedures, without an underlying pathology, any removal or restructuring of genital organs involved in SRS would likely constitute a direct sterilization, which is always unjustified. Thus, so the argument goes, SRS is morally impermissible.

However, several authors (myself included) have noted that Pope Pius XII taught that it is not necessary for a body part to be pathological in order to justify its removal or alteration. He gives three criteria for justifying any procedure that results in anatomic or functional mutilation:

1. The retention or function of a particular organ within the whole organism is causing serious damage or constitutes a threat to it;
2. The damage or threat cannot be avoided, or even notably diminished, except by a mutilation in question and whose efficacy is well-assured; and
3. It is reasonable to expect that the negative effect will be compensated for by the positive effect.

Yet Pius XII recognizes that in some cases, a healthy organ’s normal, natural functioning might threaten...
the health or life of the whole body. He says that “the
decisive point here is not that the organ which is
amputated or rendered incapable of functioning be
itself diseased, but that its retention or functioning
either directly or indirectly brings about a serious
threat to the whole body.”6 He illustrates this with the
example of a bilateral orchiectomy (removal of both
testicles) in a patient with prostate cancer; the testicles
produce hormones that can increase the cancer’s
spread.7 Thus, according to Pius XII, the principle of
totality in fact does not require a body part to be
diseased or pathological to justify its amputation,
removal, suppression, or destruction if its normal
functioning exacerbates a pathology in another part of
the body.

Furthermore, Pius XII’s example shows that this is
even true when the healthy body part is a
reproductive organ. If it results in sterilization, this
could be justified as an indirect, unintended, but
foreseen side effect that is justified by the positive
effect of treating, eliminating, or diminishing the
pathology elsewhere in the body. Unlike a tubal
ligation to prevent problems with a future pregnancy,
sterility does not prevent the spread of prostate cancer
but the accompanying lack of hormones does.

Given these points, it appears that SRS could be
justified from a Catholic moral perspective. For the
first criterion, the continued presence and normal
functioning of the various body parts involved
contributes to and exacerbates another illness, namely
gender identity disorder, which was recently renamed
gender dysphoria. For the first part of the second
criterion, patients typically undergo months if not
years of counseling and hormone therapy before
turning to SRS as a last resort.8 These less-invasive
interventions would have to be required in order for
SRS to meet this criterion. However, it is not clear if
SRS meets the last part of the second criterion or any
of the third.

The second half of the second criterion relates to the
efficacy of the proposed procedure. Unfortunately, it
is still unclear if SRS is effective at relieving the
distress of gender dysphoria. Several studies report
that people who undergo SRS are largely satisfied
with the results, while only about 1-3% experience
serious regret.9 Yet, most of these studies are known
to be of poor quality.10 More importantly, self-
reported satisfaction does not appear to be a sufficient
measure for success, especially since many of those
who undergo SRS continue to have related mental
health problems.11 At the very least, the evidence
cannot support the claim that “the efficacy of SRS is
well-assured” to relieve the mental health concerns
associated with gender dysphoria.

Pius XII’s third criterion is a compensation of bad
effects by good effects, which I read as a description of
proportionate reasoning. Even if further research
shows that SRS is an effective long-term treatment for
gender dysphoria, it is not at all clear that SRS
compensates for the negative effects of sterilization
and mutilation. For example, Pius XII’s example of
orchiectomy in prostate cancer is an effective
treatment, but the positive effect is quite significant; it
extends the patient’s lifespan which could allow direct
treatment of the cancer to eliminate the disease
altogether. With SRS, the patient’s life is not at stake;
the positive effect improves the quality of life but does
not save or extend life. Yet, Pius XII states the
principle of totality allows a patient to destroy body
parts “to ensure his existence, or to avoid, and,
naturally, to repair grave and lasting damage, that
could not otherwise be prevented or repaired.”12 The
greater the alteration, the graver the condition needed
to justify it.13 This does not necessarily mean that
every alteration must prevent or diminish a fatal
illness, but one as substantial and invasive as SRS
likely should. If the illness is not fatal, like gender
dysphoria is not, then the condition must be grave
(which gender dysphoria certainly can be), all other
measures must have been tried and failed, and the intervention must be known to have high efficacy. As stated before, SRS does not meet this last requirement.

However, another comment from Pius XII reveals a possible avenue for morally justifying SRS. Conceptually, the principle of totality stems from the metaphysical understanding of the part-whole relationship; a part exists for the sake of the whole, thus removing the part can be justified if it benefits the whole. When applying the principle of totality to medical interventions, “whole” is typically understood to mean the patient’s body. Yet, Pius XII states that a patient “may use individual parts, destroy them or mutilate them, when and to the extent necessary for the good of his being as a whole.” The phrase “being as a whole” implies more than just a benefit to the physical body. It acknowledges our obligation to care for the whole person, and that health care should embrace “the physical, psychological, social, and spiritual dimensions of the human person” because Jesus sought ‘physical, mental, and spiritual healing.”

If Pius XII’s phrase “being as a whole” is interpreted as the whole person, it sheds new light on the principle of totality than the typical understanding that deals only with benefit to the physical body. This is especially interesting if gender dysphoria is understood as a disconnect between the soul and the body, i.e. an inability of the form to properly manifest itself due to a defect in the matter. That being said, much study remains to be done on the causes of gender dysphoria and the efficacy of SRS at relieving the symptoms before such a justification could occur.

This conclusion might concern some because it does not reject SRS necessarily, as an inherently unjustified mutilation or direct sterilization, and instead rejects it conditionally, i.e., only if empirical evidence shows that the burdens outweigh the benefits.

For example, one could argue that the different intention between a woman requesting an augmentation mammoplasty for cosmetic purposes and a man requesting it as part of SRS means the two procedures necessarily have different objects. This would allow for a different moral evaluation of each one, and could justify permitting it for cosmetic purposes in women but prohibiting it for SRS in men. While this might be sufficient to avoid accusations of discrimination and cisgenderism, exploring this question is beyond the scope of this paper. However, I see this conclusion as one that recognizes the limits of human knowledge and is open to the possibility of error. Just as ethics must be based on metaphysics, so too bioethics must be based (in part) on empirically verified facts. Unfortunately, despite numerous theories regarding the origin of gender dysphoria, its cause is still unclear, and good evidence on the effectiveness of SRS (measured by something other than patient satisfaction) is lacking.

Consequently, in my judgment, procedures required for SRS that are not morally justified could be justified depending on the outcome of further research. Ultimately, if SRS procedures are determined to be morally justified, one must still ask whether this is an appropriate use of limited resources, especially given the many demands on the health care system and the amount of capital it would require to create a center large enough to provide SRS with sufficient standards of clinical quality and safety. In the meantime, we can at least be confident that Pope Pius XII’s insights on the principle of totality show that simply because SRS removes healthy, non-pathological body parts and results in sterility does not mean it is unjustified. These are morally relevant
but not morally determinative factors when assessing SRS.

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2 For example, mastectomy and augmentation mammoplasty are regularly done for breast cancer patients, penectomy for penile cancer, phalloplasty after severe trauma to the groin, vulvoplasty after a vulvectomy for vulvar cancer, or chondroplasty for those who want to reduce the size of the Adam’s apple.


5 “le maintien ou le fonctionnement - d’un organe particulier dans l’ensemble de l’organisme provoque en celui-ci un dommage sérieux ou constitue une menace. Ensuite que ce dommage ne puisse être évité, ou du moins notablement diminué que par la mutilation en question et que l’efficacité de celle-ci soit bien assurée. Finalement, qu’on puisse raisonnablement escompter que l’effet négatif, c’est-à-dire la mutilation et ses conséquences, sera compensé par l’effet positif.”, Pope Pius XII, “Address to the Participants of the 26th Congress of the International Society of Urology,” October 8, 1953. All English translations of Pius XII’s allocations in this article are my own, from the original French.

6 "Le point décisif ici n’est pas que l’organe amputé ou rendu incapable de fonctionner soit malade lui-même, mais que son maintien ou son fonctionnement entraîne directement ou indirectement pour tout le corps une menace sérieuse.” Pope Pius XII, “Address to the Congress of Urology,” 1953.


11 Cecilia Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," *PLoS One* 6, no. 2

12 “pour assurer son existence, ou pour éviter, et, naturellement, pour réparer des dommages graves et durables, qui ne pourraient être autrement ni écartés ni réparés.” Pope Pius XII, “Address to the Participants of the International Congress of Histopathology of the Nervous System,” September 13, 1952.


14 Note that gender dysphoria is not always a grave condition as the majority of cases in children do not persist into adulthood. See Byne et al., "Report of the American Psychiatric Association," 763.


16 “il peut disposer des parties individuelles pour les détruire ou les mutiler, lorsque et dans la mesure où c’est nécessaire pour le bien de l’être dans son ensemble,” Pope Pius XII, “Address to the Congress of Histopathology,” September 13, 1952.


19 Even a cursory review of gender dysphoria itself and its origins are outside the scope of this article, as its focus is only on SRS and the principle of totality. Personally, I believe an amalgam of causes is at work, but I find the psychological origin theories to be particularly compelling. See Fitzgibbons, “Psychopathology.” Theories of biological origin are also plausible. See Daniel Klink and Martin Den Heijer, "Genetic Aspects of Gender Identity Development and Gender Dysphoria," in *Gender Dysphoria and Disorders of Sex Development*, ed. Baudewijntje P.C. Kreukels, Thomas D. Steensma, and Annelou L.C. de Vries (Springer, 2014).