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OPINION

Transgender Surgery Isn't the Solution

A drastic physical change doesn't address underlying psycho-social troubles.

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By PAUL MCHUGH

June 12, 2014 7:19 p.m. ET

The government and media alliance advancing the transgender cause has gone into overdrive in recent weeks. On May 30, a U.S. Department of Health and Human Services review board ruled that Medicare can pay for the "reassignment" surgery sought by the transgendered—those who say that they don't identify with their biological sex. Earlier last month Defense Secretary Chuck Hagel said that he was "open" to lifting a ban on transgender individuals serving in the military. Time magazine, seeing the trend, ran a cover story for its June 9 issue called "The Transgender Tipping Point: America's next civil rights frontier."

Yet policy makers and the media are doing no favors either to the public or the transgendered by treating their confusions as a right in need of defending rather than as a mental disorder that deserves understanding, treatment and prevention. This intensely felt sense of being transgendered constitutes a mental disorder in two respects. The first is that the idea of sex misalignment is simply mistaken—it does not correspond with physical reality. The second is that it can lead to grim psychological outcomes.

The transgendered suffer a disorder of "assumption" like those in other disorders familiar to psychiatrists. With the transgendered, the disordered assumption is that the individual differs from what seems given in nature—namely one's maleness or femaleness. Other kinds of disordered assumptions are held by those who suffer from anorexia and bulimia nervosa, where the assumption that departs from physical reality is the belief by the

that they are overweight.

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Enlarge Image

A man who looks into the mirror and sees himself as a woman Getty Images

With body dysmorphic disorder, an often socially crippling condition, the individual is consumed by the assumption "I'm ugly." These disorders occur in subjects who have come to believe that some of their psycho-social conflicts or problems will be resolved if they can change the way that they appear to others. Such ideas work like ruling passions in their subjects' minds and tend to be accompanied by a solipsistic argument.

For the transgendered, this argument holds that one's feeling of "gender" is a conscious, subjective sense that, being in one's mind, cannot be questioned by others. The individual often seeks not just society's tolerance of this "personal truth" but affirmation of it. Here rests the support for "transgender equality," the demands for government payment for medical and surgical treatments, and for access to all sex-based public roles and privileges.

With this argument, advocates for the transgendered have persuaded several states—including California, New Jersey and Massachusetts—to pass laws barring psychiatrists,

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even with parental permission, from striving to restore natural gender feelings to a transgender minor. That government can intrude into parents' rights to seek help in guiding their children indicates how powerful these advocates have become.

How to respond? Psychiatrists obviously must challenge the solipsistic concept that what is in the mind cannot be questioned. Disorders of consciousness, after all, represent psychiatry's domain; declaring them off-limits would eliminate the field. Many will recall how, in the 1990s, an accusation of parental sex abuse of children was deemed unquestionable by the solipsists of the "recovered memory" craze.

You won't hear it from those championing transgender equality, but controlled and follow-up studies reveal fundamental problems with this movement. When children who reported transgender feelings were tracked without medical or surgical treatment at both Vanderbilt University and London's Portman Clinic, 70%-80% of them spontaneously lost those feelings. Some 25% did have persisting feelings; what differentiates those individuals remains to be discerned.

We at Johns Hopkins University—which in the 1960s was the first American medical center to venture into "sex-reassignment surgery"—launched a study in the 1970s comparing the outcomes of transgendered people who had the surgery with the outcomes of those who did not. Most of the surgically treated patients described themselves as "satisfied" by the results, but their subsequent psycho-social adjustments were no better than those who didn't have the surgery. And so at Hopkins we stopped doing sex-reassignment surgery, since producing a "satisfied" but still troubled patient seemed an inadequate reason for surgically amputating normal organs.

It now appears that our long-ago decision was a wise one. A 2011 study at the Karolinska Institute in Sweden produced the most illuminating results yet regarding the transgendered, evidence that should give advocates pause. The long-term study—up to 30 years—followed 324 people who had sex-reassignment surgery. The study revealed that beginning about 10 years after having the surgery, the transgendered began to experience increasing mental difficulties. Most shockingly, their suicide mortality rose almost 20-fold above the comparable nontransgender population. This disturbing result has as yet no explanation but probably reflects the growing sense of isolation reported by the aging transgendered after surgery. The high suicide rate certainly challenges the surgery prescription.

There are subgroups of the transgendered, and for none does "reassignment" seem apt. One group includes male prisoners like Pvt. [Bradley Manning](#), the convicted national-security leaker who now wishes to be called Chelsea. Facing long sentences and the rigors of a men's prison, they have an obvious motive for wanting to change their sex and hence their prison. Given that they committed their crimes as males, they should be punished as such; after serving their time, they will be free to reconsider their gender.

Another subgroup consists of young men and women susceptible to suggestion from "everything is normal" sex education, amplified by Internet chat groups. These are the transgender subjects most like anorexia nervosa patients: They become persuaded that seeking a drastic physical change will banish their psycho-social problems. "Diversity" counselors in their schools, rather like cult leaders, may encourage these young people to distance themselves from their families and offer advice on rebutting arguments against having transgender surgery. Treatments here must begin with removing the young person from the suggestive environment and offering a counter-message in family therapy.

Then there is the subgroup of very young, often prepubescent children who notice distinct sex roles in the culture and, exploring how they fit in, begin imitating the opposite sex. Misguided doctors at medical centers including Boston's Children's Hospital have begun trying to treat this behavior by administering puberty-delaying hormones to render later sex-change surgeries less onerous—even though the drugs stunt the children's growth and risk causing sterility. Given that close to 80% of such children would abandon their confusion and grow naturally into adult life if untreated, these medical interventions come close to child abuse. A better way to help these children: with devoted parenting.

At the heart of the problem is confusion over the nature of the transgendered. "Sex change" is biologically impossible. People who undergo sex-reassignment surgery do not

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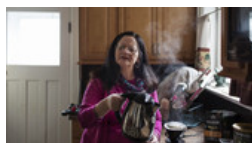


change from men to women or vice versa. Rather, they become feminized men or masculinized women. Claiming that this is civil-rights matter and encouraging surgical intervention is in reality to collaborate with and promote a mental disorder.

Dr. McHugh, former psychiatrist in chief at Johns Hopkins Hospital, is the author of "Try to Remember: Psychiatry's Clash Over Meaning, Memory, and Mind" (Dana Press, 2008).

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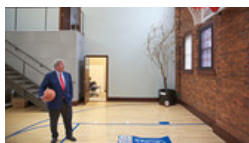
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Steve Turner

And so begins another character assassination of a person daring to disagree with politically correct orthodoxy. Neither Dr. McHugh's views on misdeeds within the Catholic church, nor his lack of alignment with today's opinions of various medical associations, has any bearing on the central question: does gender reassignment surgery benefit the patient? Dr. McHugh presents statistics which strongly suggest that the answer is no. The dissenting commentary below does not address this question and is therefore is specious and unpersuasive. But its appearance in this forum was 100% predictable based on past performance of self-anointed curators of acceptable thinking.

35 minutes ago

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Zoe Brain

It is unfortunate that the WSJ omitted a number of relevant facts about the author.

1) Dr McHugh's views differ markedly from those of the American Medical Association, the American Psychological Association, the American College of Obstetrics and Gynecology, the American Psychiatric Society, the American Public Health Association, the World Professional Association for Transgender Health, and indeed every other professional medical organisation. This should have been at least mentioned.

2) Until recently, he was the Vatican's advisor on sexual matters, and is on record as saying that there is no pedophilia problem in the Church, all the victims are lying. To portray him as anything other than extremely partisan is lying by omission.

3) He proudly boasts that it was his intention to shut down the gender centre in Johns Hopkins before he even joined it. On religious grounds. See his article "Psychiatric Misadventures".

11 hours ago



Nonya Malvo

For those who are interested in actually learning about the topic:

Here is an hour long presentation by the American Medical Association titled "Origins of Diversity of Sexual Orientation & Gender Identity and How Discrimination Impacts Health"

http://media01.commpartners.com/AMA/sexual_identity_jan_2011/

They explain how sexual orientation and gender identity are developed during fetal development, which is when the human brain is organized. Everything is cited with sources. It is very informational and very interesting.

On the left hand side you are able to click through the table of contents. Feel free to skip through to what you wish.

1 day ago



Nonya Malvo

Also, some cross dressers (transvestites) have gone as far as having the actual surgery. That is often when you will hear of people regretting sex reassignment surgery. Then the media gets a hold of stuff like that and they say "See he got surgery and regretted it!! Transgenders are confused and crazy!! Surgery does not work and is not the solution!" They don't bother to explain that the person who regretted it was not actually a transsexual. Not that most people would be able to understand the difference. There have been cases where gay men have gone through that dreadful process as well. They get it in their head that "Well I'm attracted to other men, so that must mean that I am a woman." When you hear about surgery regrets, stuff like that is often the cause.

1 day ago



Nonya Malvo

For example, some cross dressers experience gender dysphoria and they just enjoy dressing up because it makes them feel good. There have been cases of cross dressers deciding to transition and then realizing it was a mistake because their gender identity is male. Transsexuals KNOW themselves to be the opposite gender. A transgender WOMAN would not go back to living as a man, because she knows she

is a woman. It is hard to explain. Anyways, I'm sorry I was not trying to be rude. I was just expressing my opinion.

1 day ago



Nonya Malvo

It was too late to edit my comment, but I just wanted to clarify that a transgender woman wouldn't necessarily *never* go back to living as a man. However, the only way a transgender woman *would* ever go back to living as a man, is if she was not able deal with the issues that come with being trans. In which case she would go back to being miserable to avoid having to deal with people. Either that or they are borderline on the gender spectrum and they feel as though it would be easier.

To better help those who don't understand:

A transgender woman is a woman whether she is living as one or not. No one "becomes" transgender. They are what they are. If a biological man is really a woman, then he is a woman regardless of whether or not he transitions or has surgery. Without transitioning, he is a woman who is living as a man.

1 day ago



Hannah Scaer

@Nonya Malvo

"So again, please enlighten us as to why exactly you detransitioned, and how you could possibly agree with some idiot who has no idea what he is talking about?"

Please demonstrate your statistics. You indicate that you have information which refutes this author and shows him to be an idiot, and you suggest that Andie McGrath is a borderline case who should not be agreeing with him for whatever reason. Also you assume that simply because he agrees that transitioning is insufficient treatment, then he must regret being a woman, which he claims he does not. In what way is your perception of his personal experience and regrets superior to his?

1 day ago



Nonya Malvo

@Hannah Scaer There is a lot of information out there. If you really care, then I urge you to actually research it, because people who disagree with and condemn the topic post articles either with bad information, or they leave stuff out and only tell you things that will make you think their way. I wrote both of those responses to Andie prior to him responding. And that was before he said he didn't regret it. My perception of his personal experience is reflected from his original comment. And even more so now that I read his response.

1 day ago



Nonya Malvo

@Hannah Scaer "Transgender" is a broad term. "Transsexuals" are ones who seek to transition and have surgery. Andie does not sound like a transsexual. He sounds like someone who transitioned for the wrong reasons. He said he detransitioned because he identified the causes of his gender dysphoria. Causes?? I have never heard of such a thing. Transsexuals do not have "causes." They know themselves to be the opposite sex, and they can recall feeling that way from when they were a child. True transsexuals will tell you "I could never go back to the way things were." However some of them are

borderline (like in the middle of the gender spectrum) and they could go either way if they wanted to. All I am saying is that it is highly unusual for a transsexual to say "I identified the causes of my gender dysphoria so I detransitioned" and for them to then agree with an article that condemns transgender people.

1 day ago



Andie McGrath

as someone who suffered with gender dysphoria for my whole life, transitioned and then detransitioned i kinda agree with him, the only problem is i don't think i'd have been able to deal with the psych issues if i hadn't transitioned. fortunately my detransition came before surgery, not after. if i had gone through with it i don't doubt that i'd have had to spend the rest of my life justifying what i'd done to myself and those around me (kinda like zoe brain does on every fricking trans story that gets posted anywhere in the world ever)

2 days ago



Nonya Malvo

[@Andie McGrath](#) Please enlighten us with why exactly you decided to de-transition.

2 days ago



Andie McGrath

[@Nonya Malvo](#) [@Andie McGrath](#) because therapy helped me identify many of the causes of my dysphoria. to be clear - i don't regret having transitioned at all, it was a real 'privilege' to get to experience some of the things women are expected to deal with.

2 days ago



Nonya Malvo

[@Andie McGrath](#) FYI many transsexuals live long happy lives after surgery. Then there are others who decide "trans life isn't for me" and they detransition because they can't deal with people and the problems that come along with it. And then there's some people who are just a borderline case. If you are trying to say that transitioning is not a sufficient treatment then you are a part of the 1% that regrets it. So again, please enlighten us as to why exactly you detransitioned, and how you could possibly agree with some idiot who has no idea what he is talking about?

2 days ago



Zoe Brain

Let's look at this guy's record:

"McHugh, after all, is the man whose report to the court in one case stated that a defendant's harassing phone calls were not obscene -- including the call that detailed a fantasy of a 4-year-old sex slave locked in a dog cage and fed human waste. At least eight men have been convicted of sexually abusing Maryland children while under treatment at the "sex disorders" clinic McHugh runs at Johns Hopkins University School of Medicine -- abuse the doctors did not report, citing client confidentiality. When Maryland law was changed to require that doctors report child molestation, the clinic fought it and advised patients on how to get around the law. The memo to patients suggested that molesters report their pedophilic activities to their lawyers,

who could in turn tell staff; attorney-client privilege would then protect the molesters from being reported. This memo was fully approved by the boss -- Dr. Paul McHugh"

3 days ago



REBECCA GREMORE

[@Zoe Brain](#) Zoe, Tried to verify all that with documents, but was unable to find source documents. Only hearsay. Hearsay can miss much of the complexity of treating the pedophile population. Laws often conflict with ethical considerations in mental health cases and present Catch -22 situations. ARE we talking groupthink here or did legal obligations tie their hands, or have this reports repeated a misconception. If this is true, various licensing bodies have an obligation to discipline.

2 days ago



Zoe Brain

[@REBECCA GREMORE](#)

His testimony in various cases is on the public record, in court transcripts.

In 2007 he was ordered by Kansas Attorney General Paul Morrison to stop making public statements about physician George Tiller's work. McHugh disapproved of Tiller's work providing abortion services. Tiller was later murdered by a fanatic who was influenced by public statements made about Tiller.

12 hours ago



Andrew Clearfield

Begging your pardon, but what do most of you know about this condition? How many of you with such strong opinions have had patients with Gender Identity Dysphoria? How many of you have had close relatives or friends with it? Theoretical talk is cheap when one has neither personal involvement nor experience with a syndrome, condition, or phenomenon. And, like education, one seldom meets anyone, no matter how ignorant, who does not claim to be an expert when it comes to gender or social issues.

In the case of transgenderism, either the great bulk of psychiatric and professional psychological opinion is deluded, or you are. I'd put my money on the latter.

3 days ago



Leonard Miles

This author is an OLD advisor to the vatican. He is an unemployed hack who wants a seat on faux news.

3 days ago



Mike German

[@Leonard Miles](#) "Ageist" much?

3 days ago

Darlie Brewster



@Mike German Homophobe much ?

2 days ago



Peter Kurilecz

@Leonard Miles ah yes classic ad hominem, don't disprove what he wrote instead attack the individual.

2 days ago



Robert Eisenhauer

I'm not a pastor or a psychologist...I'm an engineer. It's this simple: whosoever hires a monster to spill their own blood and mutilate and disfigure their own healthy human tissue is either spiritually or mentally ill, or both. And whosoever IS the monster that spills the blood and mutilates healthy human tissue of others is a ghoul in need of life imprisonment or capital punishment.

3 days ago



Zoe Brain

@Robert Eisenhauer

As an engineer, you should appreciate this then:

"Treatment aimed at trying to change a person's gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success (Gelder & Marks, 1969; Greenson, 1964), particularly in the long term (Cohen-Kettenis & Kuiper, 1984; Pauly, 1965). Such treatment is no longer considered ethical. "

And this:

The 2007 study, Gijs & Brewaeys, which examined the results of 18 studies published between 1990 and 2006, states that sex reassignment "is the most appropriate treatment to alleviate the suffering of extremely gender dysphoric individuals" and that "96% of the persons who underwent [surgery] were satisfied and regret was rare."

0% success vs 96%. With most of those untreated dying prematurely.

As an engineer, used to dealing with "what works" rather than ignoring facts in favour of theory... what would your conclusion be?

3 days ago



Robert Eisenhauer

@Zoe Brain The day that spilling blood and mutilating healthy flesh "alleviates suffering" is the day the temporary ruler of this world goes by the name "Mengele."

2 days ago



Robert Eisenhauer

@Zoe Brain You're a British secular humanist; I'm an American Christian. The day grotesquely mutilating healthy flesh "alleviates suffering" is the day the temporary ruler of this world goes by the name "Mengele."

2 days ago



REBECCA GREMORE

@Zoe Brain I think that citing studies is a good way to begin, but I really wish the APA made all this research more accessible to the public. I prefer to wade through papers myself and hear the critiques and rebutals. Often there are biases that neither side can see. Truth is always an approximation, and a lot of work, but it is better to continue the dialogue than being frozen in a mindset.

2 days ago



Darlie Brewster

@Robert Eisenhower " whosoever hires a monster to spill their own blood and mutilate and disfigure their own healthy human tissue"

You mean like the millions of surgeries on regular patients every year? Thanks for practicing medicine without a license. We will call you at your Westboro Baptist number if we need you.

2 days ago



Acco Hengst

Transgender and gay are two unrelated topics. I have no idea why you are all so confused. Gays hate trannies.

3 days ago



Darlie Brewster

@Acco Hengst That's why 350 LGBT organizations protested excluding transgenders, why every single action has been brought by LGBT organization and law firms.

3 days ago



Acco Hengst

Why argue with something that is very fundamental to some people? If this is what provides value and meaning, why argue with it?

An alternative is to tell people what is good for them. The author is pushing that line. Some people have not been buying that for years. Let their reality prevail. People should be allowed the live the lives they want without hurting others. Looks like just that to me.

3 days ago



Kaeil Jun

@Acco Hengst "People should be allowed to live their lives they want without hurting others". That is such a childish view. There are certain morals that need to be upheld.

3 days ago



craig brenner

It only makes sense that you can not reverse human distinction by opening a discovery of lost value. If you want a human life, bring yourself to humanity. Cutting and pasting is not human attribute. If we continue a culture where the easy to please is changed into the worry free resolve by the anxiety of self-modification of very serious decisions, one must consider that reality is not soft and that honor is not met.

Versus real human trust, this culture is very poor.

And though we should have sensitivity for human feelings, one must acknowledge that a young person's mind and afflictions are not always lifelong, that favor is not developed by self-hate and that honor is found not in discrimination of human trust but rather human trust against discrimination.

I would not want to see a child harm him or herself because his day was not yet understood by all of his years.

Too bad that the passion patrol is too easily pleased by simplistic decisions.

Never Again.

3 days ago



craig brenner

Its too bad that no one really discusses the longevity of a feeling of inadequacy to young minds. Ultimately, we live in a world where the easy to view and the easy to see is a decision that the poorer to run and the poorer to think run better than lost value. If you are a doctor and think that a body modification of human reasoning is a good concept, ask yourself this. Would you put a bullet in someone's arm just because they think this is a possible outcome that might bring them happiness? Clearly we do not have a G-d that brought us into this world to modify our very nature as human beings.

If you think that you can win your emotional outtake on your simple world by removing appendages or reshaping your voracious appetite for your own body modifications, what are you considering for a better redemption. If there is a G-d, why would you even consider removing body parts to make yourself a different person. G-d is not a god of applying hate to reasoning.

3 days ago



Hyun Smith

Being gay has always been a lifestyle, as has been noted 98% of gay men are not monogamous, have open relationship with numerous partners which last less than 2 years if not a few days. being gay is about sex not relationships.

Gays have tons more sex and sexual partners than straight men, and thus why their STD rate (CDC numbers) is astronomically higher than straights, despite liberals propaganda, women are still not inclined to have random hookups, while gays are.

People who don't realize this are just sexually naive and live in hollywoods gay marketing fantasyland.

3 days ago



Acco Hengst

[@Hyun Smith](#) This article is not about gay anything.

3 days ago



Darlie Brewster

[@Hyun Smith](#) Thats bigoted nonsense . Gay is not a lifestyle.

3 days ago



Brian Grant

Thanks Dr. McHugh. He is one of the great eminences in Psychiatry, and is not afraid to take positions that challenge the some of the softer minds in my profession who try to couch their politics in a scientific veneer.

It is troublesome to take a knife to a body, to address dysphoric feelings about one's sexual identity. Sexuality is a continuum. One can have masculine identity with a female body and vice versa. Is surgery a logical approach or is tolerance and acceptance? Chromosomes may define anatomy, but not identity.

For those who are mixing up surgery and sexual identity, there is a world of difference between homosexuality in practice and identity, vs. surgical sex reassignment. The former is a natural order in my view, for the majority of gays. The latter is a procedure that is significant, irreversible and a medical intervention that deserves far more scrutiny on an individual and collective basis for those considering it and for those being asked to pay.

3 days ago



Darlie Brewster

[@Brian Grant](#) Oh please " in Psychiatry, and is not afraid to take positions that challenge the s". He is decried as a religious bigot who bullies anyone who disagrees with him. <http://www.tsroadmap.com/info/paul-mchugh.html>

3 days ago



Zoe Brain

[@Brian Grant](#) "Thanks Dr. McHugh. He is one of the great eminences in Psychiatry, and is not afraid to take positions that challenge the some of the softer minds in my profession who try to couch their politics in a scientific veneer."

Because he frequently testifies on behalf of accused molesters, doubts may be raised about the council's desire to truly solve the problem. McHugh, after all, is the man whose report to the court in one case stated that a defendant's harassing phone calls were not obscene -- including the call that detailed a fantasy of a 4-year-old sex slave locked in a dog cage and fed human waste.

Challenging to softer minds in the profession - yes.

The memo to patients suggested that molesters report their pedophilic activities to their lawyers, who could in turn tell staff; attorney-client privilege would then protect the molesters from being reported. This memo was fully approved by the boss -- Dr. Paul McHugh"

Very challenging, in fact.

3 days ago



William Sweeney

Ad hominum attacks do not resolve a question. They only create an emotional fog. One must look at the objective facts found in science and human reasoning. The biological reality about sex is that either the XX chromosome or the XY chromosome* is present in the DNA in every cell of the body. Taking away one or two parts of the body expressing the male sex or the female sex does not change the person into the opposite sex but only into a deficient form of the sex the person has always been and will always be. Since the mind and body are a personal unity, creating a sexual identity in the mind different from the body only leads to a lack of integration in the person. A person will never find peace in this lack of integration. A more merciful approach is to provide healing counsel that helps a person achieve integration of mind and body.

*There are rare abnormalities in the sex chromosomes, but these are not sources of a transgender mentality.

3 days ago



Darlie Brewster

@William Sweeney The brain is a biological organ, attraction is in the brain so you are claiming that gay people are lying about attraction. And you obviously know nothing about genetics or transgenders. Your opinion is as an ignorant bigot holds as little sway as the unemployed McHugh in cases of medical outcomes for others.

3 days ago



Zoe Brain

@William Sweeney

J Clin Endocrinol Metab. 2008 Jan;93(1):182-9

A 46,XY mother who developed as a normal woman underwent spontaneous puberty, reached menarche, menstruated regularly, experienced two unassisted pregnancies, and gave birth to a 46,XY daughter with complete gonadal dysgenesis.

The idea that chromosomes "define" sex is provably false. As for "rare abnormalities" of sex chromosomes, 1 in 300 men aren't 46,XY. That's half a million in the US alone.

3 days ago



Hyun Smith

Liberals, my sexual fetish needs to be protected and has rights and you need to pay for it.

Guess what everyone has fetishes, but we're not forcing everyone to have to hear about them and pay for them.

Liberals are basically grown up emo, goths, who never got attention as teenagers

3 days ago



Darlie Brewster

[@Hyun Smith](#) Yes , like their fetish about the environment, Iraq, the economy. Frankly , you have been right about nothing.

3 days ago



Thomas Collins

Thank you Dr. McHugh for providing important light, and data, to what has been heretofore apparently, a totally mindless "debate." It strikes me that medical intervention to block normal puberty in children, when clear medical data contraindicate this, constitutes child abuse, for which practitioners and parents could be held criminally liable, as well as, of course, very bad medical advice. We need to apply more sense and sanity to the discussion of this sensitive topic.

3 days ago



Darlie Brewster

[@Thomas Collins](#) Yes more lies about a subject you are ignorant of.

http://www.huffingtonpost.com/brynn-tannehill/dispelling-myths-misconceptions-and-lies-about-gender-nonconforming-children_b_5472189.html

3 days ago



Zoe Brain

[@Thomas Collins](#) Which "clear medical data"?

Perhaps this might help:

The treatment of adolescent transsexuals: changing insights. Cohen-Ketternis et al, *J Sex Med.* 2008 Aug;5(8):1892-7.

McHugh writes for religious journals, not medical ones. He doesn't believe in this "science" stuff.

3 days ago



Chris Petruzzi

In the end we always find that the laws of God are better for people than what people believe to be best for themselves.

3 days ago



Victor Myers

[@Chris Petruzzi](#)

Which "God" are you alluding to, Allah, Buddha, Zeus, Jesus, Huitzilopochtli?

3 days ago



Chris Petruzzi

[@Victor Myers](#) Your question is well-taken. There is no theoretical or

philosophical answer. Fortunately, there is an empirical answer. Try praying. I believe (and have experienced) that if you sincerely ask God to show Himself to you, and that if Jesus is His Son who died for you, that He will show that as well, that you will receive His answer.

3 days ago



Darlie Brewster

@Chris Petruzzi Yes, replacing medical knowledge with religious nonsense.

3 days ago

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- Contact Us
- WSJ Weekend
- Contact Directory
- Corrections

Policy

- Privacy Policy
- Cookie Policy
- Data Policy
- Copyright Policy
- Subscriber Agreement & Terms of Use
- Your Ad Choices

Ads

- Advertise
- Place a Classified Ad
- Sell Your Home
- Sell Your Business
- Commercial Real Estate Ads
- Recruitment & Career Ads
- Franchising
- Advertise Locally

Tools & Features

- Apps
- Emails & Alerts
- Graphics & Photos
- Columns
- Topics
- Guides
- Portfolio
- Old Portfolio

More

- Register for Free
- Reprints
- Content Partnerships
- Conferences
- SafeHouse
- Mobile Site
- News Archive

Jobs at WSJ

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