



TRANSSEXUALISM: THERAPEUTIC NECESSITY OR PSYCHOLOGICAL DISORDER?

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Abstract:

Medical progress has profoundly influenced social realities, leading to greater involvement of legal professionals in complex and sensitive matters. Among these issues is transsexualism “Sex change”, a phenomenon that has gained global attention, including in Arab and Islamic societies.

The reasons for undergoing sex-related surgery differ across individuals. In some cases, it stems from gender identity disorder, where a person seeks physical change to match their psychological identity. In other situations, medical necessity justifies intervention, particularly for intersex individuals requiring corrective procedures to ensure biological and physical consistency.

Keywords: sex, intersex, surgery, change, correction.

Introduction:

It was in the wisdom of God Almighty that human creation be composed of two sexes: male and female, each of which He endowed with specific organs and distinguishing characteristics. God, Exalted be He, referred to them in numerous verses of the Holy Qur'an, in which only the male and the female are mentioned, with no reference whatsoever to a third sex¹. Among these verses is His saying: «O mankind, indeed We have created you from a male and a female and made you peoples and tribes that you may know one another...»², And also His saying: «And that He created the two mates, the male and the female»³.

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TRANSSEXUALISM: THERAPEUTIC NECESSITY OR PSYCHOLOGICAL DISORDER?

Accordingly, the human species consists of two sexes: male and female. Each of them is distinct and differentiated from the other by a specific reproductive system, in addition to other physical traits and characteristics that distinguish one from the other; thus, the male differs from the female⁴. However, the scientific development achieved by contemporary societies in the medical and biological fields has rendered the process of sex change “Transsexualisme” apparently possible. Consequently, a person may transition from the sex into which they were born to the opposite sex through medical interventions known as sex reassignment surgeries⁵. These procedures have spread noticeably in many countries around the world, particularly Western countries, to the extent that it has become possible to transform a male, in outward appearance, into a female, or vice versa, whenever the individual seeking the change becomes convinced that they belong to the opposite sex⁶.

In reality, there are males who have transitioned into females and females who have transitioned into males following medical surgical procedures. This implies the existence of another category of persons — similar to hermaphrodites — namely, those who change their sex “Transsexuel”, or what some legal jurists refer to as “those who sever their sex” Unlike the hermaphrodite, whose condition is based on congenital sexual ambiguity, the person who changes their sex, by contrast, possesses a clear and defined morphological sex. Nevertheless, such a person psychologically feels that they belong to the sex opposite to their natural and original sex, thus experiencing the feeling of being a woman in a man’s body or a man in a woman’s body⁷.

From this standpoint, it becomes legitimate to raise questions regarding the motives that lead some individuals to resort to sex reassignment surgeries. Is this attributable to a psychological disorder associated with a desire to transition to the opposite sex, or are there other motives that necessitate such procedures? Furthermore, what is the extent of the legitimacy of these surgeries from both a religious (Sharia) and legal perspective?

In order to examine this issue, we divided the research paper into two sections. In the first section, we addressed sex change undertaken due to therapeutic necessity, while the second section was devoted to sex change motivated by psychological factors. Throughout this study, we relied on both the descriptive and analytical methods, depending on the nature of the case.

SECTION ONE: SEX CHANGE DUE TO



THERAPEUTIC NECESSITY

Despite the fact that each sex is characterized by a specific reproductive organ that distinguishes it from the opposite sex, and which should correspond to the individual's internal reproductive system, there are cases in which a defect occurs in the formation of male or female genital organs. Such defects may include the presence of only one testicle, penile atrophy, or the simultaneous presence of both male and female genital organs. This disorder constitutes a state of sexual ambiguity, making it difficult to attribute the newborn to a specific sex based on their apparent anatomical sex. Consequently, the affected individual becomes a case of therapeutic necessity that requires the performance of medical surgery on their reproductive organs.

Accordingly, it is necessary to begin by addressing the concept of the state of necessity that permits medical and surgical intervention on the reproductive organs of a person suffering from sexual ambiguity (Subsection One). This is primarily related to the condition of the hermaphrodite, considered a physical sexual disorder, whereby surgery is most often performed on the hermaphrodite's body with the aim of correcting their condition (Subsection Two).

FIRST REQUIREMENT: THERAPEUTIC NECESSITY

In order to fully grasp the concept of therapeutic necessity, it is essential to first define the concept of necessity in general terms. This is for the purpose of providing an accurate definition of therapeutic necessity, which many legal systems require to be present in the individual as a condition for permitting sex reassignment surgery.

Branch One: The State of Necessity

Necessity, in general, is a condition that arises when a person is confronted with danger or hardship, such that there is a fear of the occurrence of harm or injury affecting life, body, or property. In such circumstances, it becomes permissible to commit a prohibited act, or to omit or delay a mandatory obligation, in order to avert a potential harm, provided that this is done within the limits prescribed by Sharia⁸. There are those who define necessity as those matters that are indispensable for the preservation of the interests of religion and worldly life. This state is predicated on the existence of a present and imminent danger. Such an imminent danger arises only when one of these matters — namely, the essential necessities — is exposed to a specific risk that may lead to its partial damage or its



complete and permanent loss⁹. Accordingly, the state of necessity in law refers to a situation in which the law requires the use of a certain means, even if it is unlawful, in order to preserve the lives and safety of individuals.

Branch Two: The Meaning of Therapeutic Necessity

Therapeutic or medical necessity refers to a condition in which a patient is suffering from a medical state that requires medical intervention for the purpose of saving their life and preserving their bodily integrity. The assessment of the existence of such an urgent condition is entrusted to the opinion of the competent and treating physician. This means that there must be a physical ailment and not merely a psychological one. Moreover, in such cases, the patient is required to have exhausted all prior stages of treatment, particularly psychological therapy and hormonal treatment.

Therapeutic necessity, therefore, denotes the urgent need to provide medical or psychological treatment to a sick or injured person. This necessity is determined on the basis of a comprehensive assessment of the patient's condition and the potential risks that may arise from refraining from providing treatment. This approach appears to be consistent with corrective sex surgery performed on an intersex newborn, since surgical intervention on the reproductive organs constitutes the most appropriate solution for saving the individual and correcting their physical condition.

SECOND REQUIREMENT: INTERSEXUALITY AS A RESULT

OFA PHYSICAL SEXUAL DISORDER

The intersex person is an individual who suffers from a form of organic ambiguity or confusion regarding sex, and is therefore not naturally typical. Such a person may be born with the sexual organs of both sexes simultaneously, or may be born without sexual organs — neither male nor female — or may be born with external sexual organs that differ from the internal sexual organs¹⁰.

An intersex person thus differs from a naturally typical individual who is born with a clearly defined male or female sex and who may be inclined toward the



opposite sex or seek to transition to it due to a disorder in gender identity¹¹. On this basis, Sex correction surgery may be performed for congenital reproductive abnormalities in intersex individuals, who are classified as true (vrai) or pseudo-hermaphrodites (faux hermaphrodite) based on gonadal and genital characteristics. True hermaphroditism refers to a condition in which an individual possesses two complete reproductive systems: one female, represented by ovaries, and the other male, represented by testes. This condition is rare in practice¹². As for pseudo-hermaphroditism, it is more common. In this case, the gonads belong to one sex, while the external reproductive organs differ from the sex of the internal gonads¹³.

Branch One: Female Pseudo-Intersex

Female pseudo-intersex refers to an intersex individual whose original sex is female but whose external appearance is male; It means that the external reproductive organs are male, whereas the internal reproductive organs are female, such as hypertrophy of the clitoris to a size approaching that of the penis, or the fusion of the labia majora in a manner resembling the scrotum that contains the testes. In such cases, the newborn appears to be male when considering their anatomical and external appearance, until signs of femininity emerge at puberty, such as breast development and a softer voice. Accordingly, early medical surgery is considered the most appropriate means of correcting the newborn's condition and revealing their true sex¹⁴.

Branch Two: Male Pseudo-Intersex

Male pseudo-intersex refers to an intersex individual whose original sex is male but whose external appearance is female. In this case, the person is male in terms of chromosomes and the gonad represented by the testes; however, the visible external reproductive organs are female¹⁵.

Thanks to advancements in the field of medicine in particular, it has become possible to determine the type of intersex condition through precise analyses that provide almost conclusive indicators to distinguish between the sexes in suspected cases. These include: chromosomal composition (sexe chromosomique)¹⁶, the type of gonads¹⁷, the type of external and internal reproductive organs (sexe gonadique)¹⁸, in addition to body morphology (sexe corporel)¹⁹. Therefore, the



TRANSSEXUALISM: THERAPEUTIC NECESSITY OR PSYCHOLOGICAL DISORDER?

Management of an intersex individual involves psychological and biological evaluation to determine familial and social tendencies before surgery. Treatment begins with psychological care, possibly including hormonal therapy, followed by surgical intervention to align anatomical sex with external organs, with better outcomes before puberty²⁰.

However, a problem arises when the individual's reproductive organs are unclear and cannot be definitively determined, thus preventing the predominance of one sex over the other. In such cases, the individual is classified as a true intersex (hermaphrodite), whose sex can only be determined after performing surgical intervention on the reproductive organs to reveal the dominant organ. It should be noted that such surgery cannot be performed without first conducting a thorough medical examination to accurately determine the person's sex and subsequently correct their reproductive organs²¹.

Regarding this matter, both Islamic jurisprudence and legal doctrine have established specific positions on the permissibility of such surgeries whenever a state of therapeutic necessity exists. As for the position of Islamic jurisprudence on this issue, which was not known to classical jurists, modern scholars have distinguished between two cases: the first involves a person undergoing surgery for congenital physical reasons, as is the case with intersex individuals; the second involves a person who changes their sex not for physical reasons but solely due to a personal desire or psychological feeling.

Accordingly, the majority of contemporary jurists have deemed it permissible for physicians to perform sex correction surgery out of necessity, so that the individual's external organs correspond to their internal organs. In this case, surgery is considered a confirmation of sex rather than a change of it²². This position was issued by the Fiqh Council of the Muslim World League in its eleventh session, which was held in Mecca from 13 to 20/7/1409 AH. The sixth resolution of this session stated: "...As for a person whose organs exhibit characteristics of both men and women, the predominant condition shall be considered. If maleness predominates, medical treatment is permissible to eliminate doubt regarding their maleness; and if femaleness predominates, medical treatment is permissible to eliminate doubt regarding their femaleness, whether the treatment involves surgery or hormones, because this is a disease and treatment aims at healing, not at altering the creation of God, Almighty"²³.

Concerning the position of legal systems on sex reassignment, most Western countries permit and recognize such surgeries. Since these legal systems allow sex change even in the absence of physical indications — that is, for personal desire



alone to transition to the opposite sex — then, a fortiori, they also recognize corrective or confirmatory surgery²⁴. In contrast, surgery is medically justified for intersex individuals to align internal and external organs, but some seek sex reassignment without any therapeutic need, driven solely by personal desire, This will be discussed next.

SECTION TWO: SEX CHANGE

FOR PSYCHOLOGICAL MOTIVATION

Most sex reassignment cases are driven by personal motives, such as avoiding responsibilities, gaining advantages, concealing identity, or seeking fame, especially among transgender individuals active on social media (Subsection One). Others undergo surgery without any medical necessity, unlike intersex cases, to transition and emulate the opposite sex due to gender identity disorder, whether in their home country or abroad (Subsection Two).

FIRST REQUIREMENT: REASONS AND MOTIVATIONS FOR RESORTING TO SEX REASSIGNMENT SURGERY

In addition to gender identity disorder affecting transsexual individuals, there exist other causes and factors that may serve as motivations for sex reassignment, some of which are outlined below:

Branch One: Sex Change to Evade Responsibilities or to Pursue Certain Gains

Evading familial and social duties and responsibilities can be a reason for sex change. For example, some males may refuse to bear the responsibilities of family life and reject the burdens of daily obligations. In such cases, they may choose to change their sex and appearance to present as a woman, thereby living under the care of another man who provides for them, instead of assuming the burden of financial responsibility themselves. Conversely, some females who are frustrated by the dominance or control of their husbands may resort to surgery to appear as men, thereby gaining authority in their actions similar to that exercised by men.



Some females may also desire to transition to male sex as a means of avoidance or evasion of their familial and spousal responsibilities²⁵.

Similarly, for the purpose of circumventing Sharia or legal restrictions, an individual may change their sex to obtain gains that would otherwise be unattainable in their natural sex. Such gains may include acquiring a prestigious position, attaining a high social status with associated benefits, or securing inheritance rights²⁶. For instance, a fully female individual may undergo sex reassignment in order to receive a larger portion of inheritance, thereby acquiring the share of a male heir or excluding others from the inheritance²⁷.

Branch Two: Sex Change Motivated by Fame, Concealment, or Revenge

The pursuit of fame may drive an individual to change their sex, motivated by the desire to achieve notoriety and attract attention. This is exemplified by the case of Alan KINSAID, a 22 year old from the United States, who changed his sex in order to preserve the memory of his fiancée, Nancy, who died on their wedding night. He transformed himself into a woman resembling his late fiancée to keep her memory alive, while simultaneously becoming a focal point of attention and gaining fame in the eyes of the world²⁸. Similarly, another motivation for undergoing these surgeries is the desire to escape or hide, as in the case of a person who has committed a crime. The fear of the penalties that may be imposed upon them may drive the individual to change their sex in order to evade justice²⁹.

Driven by revenge, a person can change their sex to target others, like Eddie James Mendel, who transitioned into Erica Sandraki, married four men simultaneously, extorted money and property from them, and eventually surrendered to the Florida police, declaring: “I underwent a sex change to a woman to take revenge on men, and I did it”³⁰.

In summary, the primary motivations behind sex reassignment surgery stem from personal desires rather than legal or religious justification. Jurisprudential, legal, and judicial opinions are divided: some authorities consider the procedure permissible, while others oppose it due to legal concerns. Ultimately, the main reason individuals undergo such surgery is the presence of transsexualism, also referred to by psychologists as “gender identity disorder,” with many believing that transitioning to the opposite sex is the only way to achieve their goals.



SECOND REQUIREMENT: SEX CHANGE AS TREATMENT FOR GENDER IDENTITY DISORDER

It is well established that an individual is shaped by their society and environment, with the family playing a particularly influential role in forming a child's personality and habits. This environment can contribute to a person's desire to undergo sex reassignment during puberty, especially in cases of transsexualism, or "Gender Identity Disorder" (Branch One). Opinions in jurisprudence and law regarding such surgery vary: some legal systems recognize it as a legitimate medical procedure, even without therapeutic necessity, as seen in the context of intersex individuals (Branch Two).

Branch One: Gender Identity Disorder

Gender identity disorder involves intense discomfort and anxiety regarding one's birth-assigned sex, often leading individuals to pursue sex reassignment surgery to alleviate feelings of distress and alienation from their natural sex. Social influences, such as parental abuse — particularly from a father — or sexual assault by family members or others, can profoundly affect a child's development. Such experiences may disrupt core values, create psychological conflicts, and result in isolation, low self-esteem, and a sense of inadequacy³¹.

A transsexual individual often experiences a persistent feeling, starting in childhood, of being born into the wrong sex. This sense of mismatch intensifies during puberty, causing anxiety, distress, and even disgust toward their body, name, and clothing. The desire to transition to the opposite sex becomes central to their identity, leading them to strongly resist any psychological or medical treatment³². It is noteworthy that the intense desire of the individual to transition to the opposite sex, arising from their revulsion and disgust toward their reproductive organs, does not constitute a mental illness. The transsexual individual generally possesses full mental faculties, insofar as the feelings they experience do not impair their cognitive or intellectual abilities; rather, the condition represents a disorder of gender identity³³.

Gender identity disorder can drive individuals to undergo sex reassignment surgery, not for medical necessity, but to align their body with their psychological sense of sex. Biologically male individuals may transition to female through



procedures such as castration, construction of female genitalia, and post-operative feminizing hormone therapy to develop breasts and soften the voice. Biologically female individuals may transition to male through removal of female reproductive organs, construction of a penis from a skin graft, and masculinizing hormone therapy to promote body hair growth and voice deepening³⁴.

Branch Two: The Religious and Legal Perspective on Transsexualism

While sex reassignment surgery is permitted for intersex individuals to correct physical discrepancies, Islamic jurisprudence opposes such surgery when no medical necessity exists. Changing one's sex without therapeutic reasons is considered a distortion of God's creation and violates Sharia law³⁵.

As for the position of legal systems, some countries — particularly Western ones — have legislated to permit sex reassignment surgery, establishing specific conditions and regulations for its performance. Additionally, certain Western legal systems have implicitly allowed this type of surgery. Conversely, some Arab and Islamic legislations have prohibited such procedures and included legal provisions criminalizing their performance, as is the case with the United Arab Emirates³⁶ and Jordan³⁷. Other Arab legislations do not provide explicit statutory provisions regarding sex reassignment but leave the matter to jurisprudence and judicial interpretation, as is the case in most Islamic countries, including Algeria.

Sex reassignment is permissible when medically necessary, such as in cases of congenital defects or reproductive abnormalities, to align internal and external organs. In these situations, the procedure is legitimate under both Sharia and law. However, changing one's sex solely based on personal desire, without any physical or medical reason, is neither considered valid treatment nor permissible under Sharia, as it alters God's creation

Conclusion:

In summary, sex reassignment represents a complex and highly specific issue emerging from modern medical advancements. Despite its intricacy, such surgeries have become increasingly prevalent worldwide, particularly in Western countries. Surgical procedures now allow, at least superficially, the transformation of an individual from male to female or vice versa, based on the person's identification with a gender different from their biological sex.



TRANSSEXUALISM: THERAPEUTIC NECESSITY OR PSYCHOLOGICAL DISORDER?

Rather than addressing underlying psychological conditions through therapeutic interventions, physicians frequently resort to surgical solutions to align the patient's physical body with their perceived gender, often without critically evaluating the legitimacy or seriousness of the individual's motivations.

The phenomenon's expansion — including in Islamic countries, where individuals may undergo surgery abroad and later seek corresponding changes to official documents — necessitates careful attention from medical professionals. Priority should be given to psychological care over surgical intervention, which is prohibited by both law and Sharia, especially given the considerable post-operative risks, including death or permanent sexual dysfunction, due to the inability of artificial reproductive organs to fully replicate natural biological functions. Moreover, it is essential for legal authorities to establish and enforce effective regulations to address this phenomenon, protect public order, and prevent moral corruption within society.

¹ Ibrahim Al Shihabi Al Sharkawi, *Sex Confirmation and Its Effects – A Comparative Study in Islamic Jurisprudence and Positive Law*, Dar Al Kutub Al Kanuniya, Al Majalla Al Kubra, Egypt, 2003, p.34.

² Surah Al Hujurat, verse 13.

³ Surah An Najm, verse 45.

⁴ Khaled Mustapha Fahmi, *The Legal System for Conducting Medical Experiments and Sex Reassignment, and the Criminal and Civil Liability of the Physician*, 1st Edition, Dar Al Fikr Al Jamiai, Alexandria, Egypt, 2014, p.164.

⁵ Medical professionals define sex reassignment as a surgical procedure performed on the individual's body, aiming to alter the external sexual organs to resemble those of the opposite sex. In males, this involves the surgical removal of the penis and testes and the creation of a vulva. Other external traits, such as the chest or voice, are treated with specific feminizing hormones to soften the voice. In females, the procedure includes the removal of the breasts, uterus, and ovaries, closure of the vagina, and construction of an artificial penis. Masculinizing hormones are administered to modify secondary sexual characteristics, including facial and body hair growth and deepening of the voice; See: El Cheikh Omar Abdellah Hassan Al Chihabi, *Researches and Issues / Fiqh of New Cases on the Omar Site, Sex Reassignment:Therapeutic Necessity or Natural Relapse*, 30/10/2004

<https://ketabonline.com/ar/books/91720/read?part=1&page=30&index=631581> , accessed on 23/11/2024 at 20:00.

⁶ “Identification with the opposite sex, with conviction of belonging and desire for morphologic sex change”, *Dictionnaire médical*, 6th edition, Elsevier Masson, France, 2009, p.940.

⁷ Djilali Tchouar, *Marriage and Divorce in Light of Recent Discoveries in Medical and Biological Sciences*, Diwan of University Publications, Algeria, 2001, pp.18-19.

⁸ Hosni Mahmoud Abd El Dayem, *Necessity and Its Impact on Civil Liability – A Comparative Study*, Dar Al Fikr Al Jamiai, Alexandria, Egypt, 2007, p.25

⁹ Youcef Kacem, *The Theory of Necessity in Islamic Criminal Jurisprudence and Positive Criminal Law*, Dar Al Nahda Al Arabiya, Cairo, Egypt, 1993, p.75.

¹⁰ Frédéric-Jérôme Pansier et Alain Garay, *Le médecin, le patient et le droit*, Éditions de l'École nationale de la santé publique, Rennes, 1999, p.133.



TRANSSEXUALISM: THERAPEUTIC NECESSITY OR PSYCHOLOGICAL DISORDER?

¹¹ Anas Abdel Fattah Abou Shadi, Correction of True Hermaphroditism in Light of Modern Medicine, Journal of the College of Islamic and Arabic Studies for Girls – Damanhour, Egypt, Volume 3, n°2, 2017, p.271.

¹² Djilali Tchouar, Marriage and Divorce in Light of Recent Discoveries in Medical and Biological Sciences, Diwan of University Publications, Algeria, 2001, p.17.

¹³ Asma bint Abd El Rahman bbn Nacer Al Rashid, The Effect of Sex Reassignment Surgery on Annulment of Marriage – A Jurisprudential Study, Journal of the Saudi Fiqh Society, Imam Mohamed ben Saoud Islamic University, n°48, 2019, pp.308-309.

¹⁴ Ghada Ali Hamed Abd El Rahmane Al Amrousi, Physician's Assault on the Self and Others in Light of Sharia Objectives and Medical Ethics, 1st Edition, Dar Al Fikr Al Jamiai, Alexandria, Egypt, 2010, pp. 406-407; Mohamed Sami Al Shawa, Physicians' Liability and Its Applications in Criminal Law, Dar Al Nahda Al Arabiya, Cairo, Egypt, 2003, p.184; Anas Abdel Fattah Abou Shadi, op.cit., pp.273-274.

¹⁵ Makrelouf, Wahiba, Legal Provisions of the Sex Reassignment System – A Comparative Study, PhD Thesis in Private Law, Faculty of law and political science, Abou Bekr Belkaid University, Tlemcen, Algeria, 2016, p.33; Dictionary of Medical Terms, 4th ed, A & C Black Publishers Limited, London, UK, 2004, p.176

¹⁶ It is scientifically established that each human cell contains 23 pairs of chromosomes carrying human genetic information: 22 pairs determine the body structure and traits, and one pair determines the sex male or female. Male cells contain XY chromosomes, whereas female cells contain XX chromosomes.

¹⁷ The sex gland in males is the testis, and in females it is the ovary.

¹⁸ Male internal organs include the vas deferens, seminal vesicles, prostate, and Cowper's glands. Female internal organs include the ovaries, fallopian tubes, uterus, and vagina. Male external organs include the penis, testes, epididymis, seminal ducts, and scrotum. Female external organs include the labia minora, labia majora, clitoris, and vulva.

¹⁹ Males have a physical composition differing from females in skeletal and muscular structure, fat distribution, and hair growth in various body regions.

²⁰ Ghada Ali Hamed Abd El Rahmane Al Amrousi, op.cit., pp.406-407; Mohamed Sami Al Shawa, op.cit., p.184.

²¹ Djilali Tchouar, op. cit., pp.16-17.

²² Ibrahim Al Shihabi Al Sharkawi, op.cit., p.215

²³ Ousama Abd El Alim El Cheikh, The Principle of No Harm and No Reprisal in Financial Transactions and Contemporary Medical Practices in Islamic Jurisprudence and Positive Law, 1st Edition, Dar Al Jamia Al Jadida, Alexandria, Egypt, 2007, p.84.

²⁴ Ibrahim Al Shihabi Al Sharkawi, op.cit., p.233.

²⁵ Ibrahim Al Shihabi Al Sharkawi, op.cit., p.173.

²⁶ Mohamed Shafiai Meftah Boucheh, Masculinization and Feminization Surgeries in Light of Medicine and Islamic Jurisprudence, Dar Al Falah, Jordan, 2003, p.481; Said Ibrahim Dweikat and Wafiya Al Masri, Sex Reassignment Operations: A Scientific and Jurisprudential Perspective, A paper submitted to the academic conference "Contemporary Medical Issues in Islamic Jurisprudence", Faculty of Sharia, Al Najah National University, Palestine, 2019, p.06.

²⁷ Ghada Ali Hamed Abd El Rahmane Al Amrousi, op.cit., pp.407-408.

²⁸ Ibrahim Al Shihabi Al Sharkawi, op.cit., p.174.

²⁹ Mohamed Shafiai Meftah Boucheh, op.cit., p.480.

³⁰ Ibrahim Al Shihabi Al Sharkawi, op.cit., pp.173-174.

³¹ Said Ibrahim Dweikat and Wafiya Al Masri, op.cit., p.05.

³² Hichem Abd El Hamid Faraj, Sexual Crime, 1st Edition, Modern Walaa Press, Cairo, Egypt, 2005, pp. 31-32.



TRANSSEXUALISM: THERAPEUTIC NECESSITY OR PSYCHOLOGICAL DISORDER?

³³ Ghada Ali Hamed Abd El Rahmane Al Amrousi, op.cit., p.408.

³⁴ Hatem Ahmed Abbas, Human Sex Change and Its Position in Islamic Law, Diyala Journal, University of Tikrit, Iraq, n° 52, 2011, p.170

³⁵ Ibrahim Al Shihabi Al Sharkawi, op.cit., p.215.

³⁶ Federal Decree Law n° 4 of 2016 on Medical Liability, Official Gazette 15/08/2016, n° 601.

³⁷ Medical and Health Liability Law n°. 25 of 2018, Official Gazette, 31/05/2018, n° 5517.

Bibliography List setting:

First: Legal texts

1. Federal Decree Law (United Arab Emirates) n° 4 of 2016 on Medical Liability, Official Gazette 15/08/2016, n° 601.
2. Medical and Health Liability Law (Jordan) n° 25 of 2018, Official Gazette, 31/05/2018, n° 5517.

Second: Books

1. Dictionary of Medical Terms, 4th Edition, A & C Black Publishers Limited, London, UK, 2004.
2. Dictionnaire médical, 6th edition, Elsevier Masson, France, 2009.
3. Djilali Tchouar, Marriage and Divorce in Light of Recent Discoveries in Medical and Biological Sciences, Diwan of University Publications, Algeria, 2001.
4. Frédéric-Jérôme Pansier et Alain Garay, Le médecin, le patient et le droit, Éditions de l'École nationale de la santé publique, Rennes, 1999.
5. Ghada Ali Hamed Abd El Rahmane Al Amrousi, Physician's Assault on the Self and Others in Light of Sharia Objectives and Medical Ethics, 1st Edition, Dar Al Fikr Al Jamiai, Alexandria, Egypt, 2010.
6. Hichem Abd El Hamid Faraj, Sexual Crime, 1st Edition, Modern Walaa Press, Cairo, Egypt, 2005.
7. Hosni Mahmoud Abd El Dayem, Necessity and Its Impact on Civil Liability – A Comparative Study, Dar Al Fikr Al Jamiai, Alexandria, Egypt, 2007.
8. Ibrahim Al Shihabi Al Sharkawi, Sex Confirmation and Its Effects – A Comparative Study in Islamic Jurisprudence and Positive Law, Dar Al Kutub Al Kanuniya, Al Majalla Al Kubra, Egypt, 2003.
9. Khaled Mustapha Fahmi, The Legal System for Conducting Medical Experiments and Sex Reassignment, and the Criminal and Civil Liability of the Physician, 1st Edition, Dar Al Fikr Al Jamiai, Alexandria, Egypt, 2014.
10. Mohamed Sami Al Shawa, Physicians' Liability and Its Applications in Criminal Law, Dar Al Nahda Al Arabiya, Cairo, Egypt, 2003.
11. Mohamed Shafiai Meftah Boucheh, Masculinization and Feminization Surgeries in Light of Medicine and Islamic Jurisprudence, Dar Al Falah, Jordan, 2003.
12. Ousama Abd El Alim El Cheikh, The Principle of No Harm and No Reprisal in Financial Transactions and Contemporary Medical Practices in Islamic Jurisprudence and Positive Law, 1st Edition, Dar Al Jamia Al Jadida, Alexandria, Egypt, 2007.
13. Youcef Kacem, The Theory of Necessity in Islamic Criminal Jurisprudence and Positive Criminal Law, Dar Al Nahda Al Arabiya, Cairo, Egypt, 1993.



Third: Memory

1. Makrelouf, Wahiba, Legal Provisions of the Sex Reassignment System – A Comparative Study, PhD Thesis in Private Law, Faculty of law and political science, Abou Bekr Belkaid University, Tlemcen, Algeria, 2016.

Fourth: Articles

1. Anas Abdel Fattah Abou Shadi, Correction of True Hermaphroditism in Light of Modern Medicine, Journal of the College of Islamic and Arabic Studies for Girls – Damanhour, Egypt, Volume 3, n°2, 2017.
2. Asma bint Abd El Rahman bbn Nacer Al Rashid, The Effect of Sex Reassignment Surgery on Annulment of Marriage – A Jurisprudential Study, Journal of the Saudi Fiqh Society, Imam Mohamed ben Saoud Islamic University, n°48, 2019.
3. Hatem Ahmed Abbas, Human Sex Change and Its Position in Islamic Law, Diyala Journal, University of Tikrit, Iraq, n° 52, 2011.
4. Said Ibrahim Dweikat and Wafiya Al Masri, Sex Reassignment Operations: A Scientific and Jurisprudential Perspective, A paper submitted to the academic conference "Contemporary Medical Issues in Islamic Jurisprudence", Faculty of Sharia, Al Najah National University, Palestine, 2019.

Fifth: Websites

- El Cheikh Omar Abdellah Hassan Al Chihabi, Researches and Issues / Fiqh of New Cases on the Omar Site, Sex Reassignment:Therapeutic Necessity or Natural Relapse, 30/10/2004
<https://ketabonline.com/ar/books/91720/read?part=1&page=30&index=631581>, accessed on 23/11/2024.