**Surgery for Body Integrity Dysphoria: Evidential Limitations, Functional Retrievability and Autonomy amid Severe Suffering**

*The limited evidence base for BID Surgery (BID-S) generates the Objection from Evidential Insufficiency (OFEI): that current data are inadequate to justify intervention. However, the OFEI's own proportionality principle, that evidential requirements should scale with invasiveness, undermines a categorical prohibition. Resultingly, I generate a risk-proportionate, incremental framework governed by two criteria without dismissing evidential limitations.*

*The first, risk proportionality, distinguishes acute surgical harm from chronic functional impairment, grounding the latter in functional retrievability. For lower-risk, high-retrievability procedures, a consistent directional signal of therapeutic benefit satisfies the proportionate evidential threshold under current constraints. The second restricts permissibility to patients with severe, enduring dysphoria for whom conventional treatments have been exhausted.*

*This severity criterion triggers two autonomy objections: severe suffering compromises decisional capacity, and surgical preferences formed under chronic distress are non-authentically autonomous. Longitudinal capacity assessment across dysphoria-intensity cycles tests whether preferences persist when distress is reduced. I argue that current evidence suggests that BID-S desires are irreducible to the need for dysphoria relief – the two act independently, showing that BID-S desires for severely dysphoric patients remain authentically held despite adaptive preference concerns.*

*The framework thus converts evidential uncertainty into structured clinical engagement rather than paralysis.*