

Cosmetic Surgery and the Practice of Medicine

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Abstract

In this post-modern world, there is a recognisable bent in the media to promote the idea of youth (read as synonymous with beauty and power) to the fullest. The result is that public perceptions of the normal bodily processes of aging are viewed as detrimental or unattractive. Since we are “social creatures”, as Aristotle put it, the mediatization, for example, in magazines, TV, film, fashion, music, etc. of youth as ideal is bound to impact upon our individual ideas of ‘what-is-good-for-me’. Since youth is viewed by society as a good, it is possible to understand an individual’s desire to take advantage, when it is possible, of the cosmetic procedures that fortify this ideal. Moreover, since medical practitioners are part of the public, and no more or less swayed by such ideologies, it is also reasonable to assume that some will advantage themselves and take up the gauntlet of promoting youth, although perhaps in the more medical guise of ‘remedying the ills of aging’ in other words, enter the practice of cosmetic surgery.

Ⓟ This article has been peer reviewed. Full text available at www.safpj.co.za

SA Fam Pract 2008;50(1):50-52

Discussion

While the mediatization of youth and beauty may be recognisable as part of our daily lives, and setting aside the question of *why* it is so and why we as society feed this frenzy, there is something unsettling in this phenomenon. This is particularly so if one considers the idea that, at one stage in most societies, older or elderly individuals were considered ‘persons of respect’ – most likely because of their wisdom gained through life experiences. Then we might think about how and why this change occurred. In this discussion, however, we will set such issues aside and rather focus on two different aspects concerning the ethics of cosmetic surgery:

1. holding it to the goals of medicine
2. an interrogation of the terms ‘patient’ and ‘consumer’

We will discuss each of these points and conclude that cosmetic surgery, as we use the term, does not fit into the currently accepted goals of medicine, but lies more on the periphery. That being said, we will suggest that those persons who practice cosmetic surgery are nonetheless bound by the same ethical guidelines as other, more traditionally-located medical practitioners.

The four goals of medicine, as articulated by the Hastings Center, are:

1. the prevention of disease and injury and promotion and maintenance of health
2. the relief of pain and suffering caused by maladies
3. the care and cure of those with a malady and the care of those who cannot be cured
4. the avoidance of premature death and the pursuit of a peaceful death.¹ Mainstream medical practice falls within and defines these goals. However, cosmetic surgery fails to meet this normative concept.

The parameters of this term are broadly set out as ‘cosmetic surgery’. In using this term we refer to all procedures “performed to reshape normal structures of the body or to adorn parts of the body, with the aim of improving the consumer’s appearance and self-esteem; as initiated by the consumer and excluding reconstructive surgery which is generally performed to improve functions or done to approximate a normal appearance”.²

Referring to this definition, we intend to highlight two of possibly more rising ethical issues in this article. The first is the replacement of the classic term *patient* with that of *consumer*. The second is the reliance on the initiation of a procedure *from* a consumer as opposed to that of a professional medical judgment based on necessity or need. Together they have relevance to the doctor-patient relationship, which is directly linked to the goals of medicine. In the cosmetic surgery industry, the notion of being a ‘patient’ is unsettled. Holding to the goals of medicine – a consensus reached by those practicing in the field and which reflects the ideals, current state of knowledge, technology and the norms of society – we can see that cosmetic surgery falls short. One major reason that it does so is because the goals of medicine do not support *desire*. By desire, we refer to a patient-initiated procedure that has no medical indication, as opposed to that of a judgment based on medical necessity or need. That being said, one is obliged to recognise that the goals of medicine are not stagnant, they have changed and will change over time, but which is not to trivialise them as moral ideals. Simply because, at this particular time and place, cosmetic surgery does not fit into the parameters of medicine does not mean that it never will.

The distinction between the terms ‘patient’ and ‘consumer’ are important when we contrast the practice of medicine and the practice

of business. The idea that consumers are sovereign is fundamental to a market economy. This is because personal preference and capital largely determine access to a product or service. Concerning the use of the term 'consumer', this conceptual shift may represent the way in which society views the practice of medicine. Should this be the case, then the medical profession should take heed. Indeed, the supplanting of the term is ethically tenuous. To regard patients as consumers is ill conceived. Deeper reflection requires us to interrogate the meaning of the term 'consumer'.

Let us suppose you decide that you want an espresso machine. You go to a store and initiate a purchase. Unfortunately, when you return home and plug it in, it fails to function. You have 30 days in which to return it to the shop for a refund or repair (keeping with all the requirements necessary for its return). In the notion of consumer sovereignty, the objective of the business is to make you, the consumer (or customer), satisfied. So the business has a motive for promoting your satisfaction, in this case accepting the return of the espresso machine. If you are a satisfied customer, then you will return the machine to that store and consume more goods. Generally, we could say that the consumption of goods ensures that a business makes a profit; the more goods consumed, the greater the profit. Simply put, making you happy, fulfilling your desires as a consumer, becomes a business goal in as much as a business enterprise needs you to ensure its continued prosperity. Of course, the notion of consumer sovereignty also presupposes a society in which there are embedded means by which consumers' rights (their justified claims to a thing) can be fulfilled.

Is it then correct to equate 'consumers' of cosmetic surgery with those purchasing espresso machines? From a business stance, to have one's products consumed and to have satisfied consumers are pivotal to business success.³ Is the practice of cosmetic surgery the same? Certainly, to satisfy one's customers with a new nose shape or lack of wrinkles does equal a bonus to the cosmetic surgeon. So they may be considered similar. Moreover, both are fed by the media in the creation of desire for a thing, and both purchases are initiated by an individual (as opposed to a recommendation by a medical practitioner). While business practices are assuredly open to ethical scrutiny, for example through the hypothetical social contract between business and society, the idea that medical practice is somehow fundamentally different has its roots dating back to (at least) the Ancient Greeks.

Personal intimacy or patient-as-person-centeredness is intrinsic to the practice of medicine. For doctor and patient, it is morally bound by trust. Trust in one's doctor includes reliance upon his or her scientific knowledge and experience. In this framework, although patients may insist on special medical interventions, their demands are ultimately held, for example, to medical indications, diagnostic criteria, evidence-based therapies, and professional judgment. In other words, whereas patients may ask or even demand certain procedures, they are not given *carte blanche* for the treatment or procedure, even if they indicate a willingness to pay for such.⁴

The practice of medicine has always been regarded as a moral enterprise, as it is born and nurtured in a personal relationship between a doctor and a patient. This is in stark contrast to the relationship between a business and a consumer. There is no question of our life being in jeopardy or of how we view our physical appearance involved in the purchase of, for example, an appliance. The salesperson and you are morally distanced, you do not impart your anxieties, fears or needs to him or her; he or she is not the guardian of any of your stories. But the cosmetic surgeon is privy to such intimate information

and as such is not removed from the ethical requirements of medical practice.

Moreover, missing in the business-consumer relationship is the ethical notion of vulnerability. Central to medical practice is the idea that persons seeking medical services, that is, persons in need of medical intervention in a disease process when in pain or for preventive knowledge, are particularly vulnerable because of the intrinsic asymmetrical power relationship that exists between doctors and patients. Of course, the level and extent of a patient's vulnerability are not carved in stone. Admittedly, in cases where a patient may consult his or her doctor for a routine check-up or seek advice, the medical, as well as psychological, circumstances of the patient do not necessarily feed into the doctor's powerbase. Yet they can, and because of the recognition of patient vulnerability, ethical notions such as informed consent, truth telling and confidentiality all are in a moral sense inexorably bound to the practice of medicine.


The idea of patient vulnerability is apparent in cosmetic surgery, as the reasons that motivate a person to seek cosmetic interventions may be largely psychosocial. This links to our own autonomy or what it means for each of us to be our own person. What it means to be a person for each of us includes our personal world-views, ways of life and the reasons we give to justify our actions. Such reasons are part of our own life story, part of our personal identity, and we are shaped, for good or ill, by the mediatization of certain ideologies aimed largely at the ideal of youthfulness. This results in the anomaly of the appearance of aging being regarded as undesirable and the desire to meet a socially determined concept of 'beautiful youth'. In keeping, it is important to note that cosmetic surgery goes beyond questions concerning explanations and understandings by the patient about 'what may go wrong'. Because consultation comes from a patient's desire, whatever the motivation, the cosmetic surgeon is morally obliged to consider the cost-benefit burden with particular care. The reason for this is that cosmetic surgery involves a delicate balance between the psychosocial aspects (what is good for me) of one's life as experienced through one's own personal identity (who I am in the world).

Cosmetic surgery, although (arguably) not included in mainstream medical practice, is obliged to adhere to the same ethical principles and guidelines that govern all medical disciplines. It too is held to the rules, duties and principles that underlie the moral practice of medicine, e.g. professionalism, advertising, respect for the patient's autonomous choices, avoiding doing unnecessary harm, actively to do good, and to fully inform the patients concerning benefits and burdens.^{5,6} And here we have purposely used the term 'patient' as we suggest it should remain: 'one who bears a burden'.

"The sick person is a patient, not a consumer, client, or customer. A patient, as the etymology of the word indicates, is one who bears a burden, one who suffers. The patient brings his burden to the physician, asks for help, is offered help, and expects to be helped and not injured. In this vulnerable state, patients are morally entitled to protection from exploitation by the person who invites their trust."⁷

Conclusions

From a few of the many issues involved in cosmetic surgery we have tried to show that it is more complex than perhaps is thought, particularly in that it involves how individuals view themselves in relation to socially created constructs. We have pointed out that cosmetic surgery, when held to the goals of medicine, falls short

in that it emanates from the desire of the patient. Finally, we have set out some problems in the shift in terminology from 'patient' to 'consumer', suggesting that it is worrisome in relation to medicine as a moral enterprise. Finally, we have shown some ways in which those who practice cosmetic surgery are bound to the same ethical rules, guidelines and principles that govern all medical practice: patient trust and professional integrity define the parameters of morality in medicine – including in cosmetic surgery. 

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