



There is Ethical Cosmetic Surgery



By James P. Hamill, MD

The author rejects the notion that cosmetic surgery falls outside the "internal morality" of medicine, and contends its critics reflect pre-World War II attitudes.

Reading "Cosmetic Surgery and the Internal Morality of Medicine"¹ angered me.

Its authors have taken upon themselves the task of passing judgment on the morality of cosmetic surgery and have concluded that cosmetic surgery falls outside their definition of ethical and moral medical practice ~ but not "totally outside the bounds of allowable medical activity." Their position is that cosmetic surgery does not treat a malady or disease and does not heal. Therefore, it lies outside the core of medicine.

They hold that unscrupulous practitioners of cosmetic surgery, for the sole purpose of financial gain, lure susceptible patients into dangerous, unnecessary procedures fraught with potential complications.

The authors have developed their own lexicon for categorizing acceptable medicine. Mainstream practice is "legitimate" and "normative." Interestingly, non-disease treating surgical sterilization is "acceptable" but "peripheral" and "borderline," and vasectomy "acceptable" because it is a "life-style" procedure.

Sadly, they do not grant cosmetic surgery similar gratuitous acceptability.

The 11-page justification for banishing cosmetic surgery reveals that the authors are out of touch with the totality of present day cosmetic surgery. They seem trapped in a pre-WWII "morality" wherein any desire to change an unattractive physical feature is considered frivolous, sinful or immoral.

They appear unaware of the psychological healing that can come from cosmetic surgery. They condemn the entire field because of the misleading advertisements and unethical practice of the few.

The authors seem unaware of the motives of patients seeking cosmetic surgery, the qualifications of those performing the surgery, the intensive doctor-patient communication required before the surgical procedure, and the possible benefits of the surgery.

They have failed to recognize that abnormal, unusual, deformed or inadequate features can produce significant anxiety and stress, feelings of inadequacy and unattractiveness, and depression sufficient to interfere with one's normal relationships with others. These symptoms would certainly qualify as sufficient disease to seek help in the mainstream medical field of psychiatry.

Let's say that a teenage girl with a huge humped nose, totally out of proportion with her

face, is so socially withdrawn that her parents seek psychiatric help for her. Medically acceptable "normative" psychiatric treatment fails to solve the problem and a surgical rhinoplasty is finally performed. It yields a pleasing nose, and the patient is free of her symptoms.

The authors, failing to recognize that cosmetic surgery can correct an emotional "malady," consider the successful treatment of this patient to be unacceptable, outside the "internal morality" of medicine.

Another anxiety-filled and stressful malady occurs frequently in the modern workplace. Looking "youthful" may make the difference between being kept on or let go, between being hired or passed over.

In the male-dominated workplace that can be critical for the older self-supporting woman. She is performing well, but "looking old." She has a real employment crisis; her anxiety and stress are real, and cosmetic surgery can provide a cure.

Surgeons who perform cosmetic surgery come from several disciplines and most represent the creative cream of moral, ethical board-certified surgical specialists. The technical advances in present day cosmetic surgery have evolved from years of experience in reconstructive surgery. Quite remarkable outcomes with minimal risk of complication are now routine in the most frequently performed cosmetic operations.

The critical moral playing field in cosmetic surgery has always been the doctor-patient consultation. Here, the physician honestly appraises the patient's motives and expectations, the presence or absence of a surgically correctable problem, risks of the procedure, chances for a satisfactory result, and the patient's physical and mental health.

All must be evaluated, explained, and agreed to. Many surgeons performing cosmetic surgery require at least two sessions for this. A surgeon who fails to perform this consultation adequately or who attempts to deceive the prospective patient, fails the morality standard. The authors would have us believe that the entire specialty fails to meet the standard.

Of course, there are "bad apples" doing cosmetic surgery. With its independence from third-party payers, cosmetic surgery has attracted partially trained, untrained and marginally moral practitioners. Many have wreaked havoc on their patients. Likewise, misleading and truly seductive advertising does appear in publications. We have certainly had this experience in California.

For at least 15 years, the California Society of Plastic Surgeons has countered this by promulgating guidelines for ethical advertising by its members. Similarly, the American Society of Plastic Surgeons and the American Society for Aesthetic Plastic Surgery, the two national bodies representing board certified plastic surgeons, have followed suit.

Despite these efforts and the efforts of other specialty society boards, as well as the Medical Board of California, we still find examples of misleading and unethical advertisements by the "bad apples." The authors of the article object to physicians listing their qualifications in an ad, but it is precisely to advise patients of the physician's true qualifications that reputable surgeons do so.

This unfortunate article is just another reminder that cosmetic surgery is still widely misunderstood in general medical circles. Perhaps only personal or family experience with cosmetic surgery will bring understanding to a specialty that brings so much comfort to patients.

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1. Miller, FG, Brody, H. and Chung, KC. Cosmetic Surgery and the Internal Morality of Medicine, Cambridge Quarterly of Healthcare Ethics, Summer 2000. p353-364.

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