

Chapter 11

Surgeon, Media, Society, Patient: Four Factors in Determining the Ethics of Cosmetic Surgery

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ABSTRACT

For many, cosmetic surgery holds the promise that one can reshape his or her body to remove perceived defects and thus have a more perfect body. However, the decision to undergo elective cosmetic surgery is not made in a vacuum, and it is easy to overlook the full range of ethical considerations surrounding cosmetic surgery. Many medical ethicists subscribe to an ethical code that centers mainly on the relationship between the doctor and patient, with a focus on respect for autonomy, nonmaleficence, beneficence, and justice. This chapter builds on this framework by extending the scope of actors to include not only the surgeon and the patient but also the media and the overall society. To illustrate this framework, the author uses the example of actress Heidi Montag, who underwent 10 different plastic surgery procedures in one day. The chapter concludes with a discussion of potential correctives for ethical failures in each of these areas.

INTRODUCTION

For most of human existence, biology has been destiny. However, with the advent of cosmetic surgery, this is no longer the case. Jordan (2004) observes that “over the course of the last century, plastic surgery advocates have engaged in a concerted, commercial effort to redefine the human body as a plastic, malleable substance which surgeons can alter and people should want to alter in order to realize their body image ideals” (p. 328). If anything can be corrected, there is now the possibility that one can truly have the perfect body. This shift in technological possibilities raises questions concerning what lines should be drawn concerning body modification; as Clemens (1985) observes, “Technology forces us to deal with complex ethical questions that arise only because the technology creates the situation” (p. 164).

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Even in cases where the ethics may seem clear, there can be controversy. For example, some portions of the deaf community have fought vehemently against cochlear implants in deaf children (for more on this controversy, see Balkany, Hodges, & Goodman, 1996; Lane & Bahan, 1998). As such, one must proceed with caution when considering the ethics of body modification and enhancement. One thing seems clear: the question of what *can* be accomplished through medical technology may be outpacing our ability as a society to answer what *should* be done. Technoethics provides an entrée into this discussion because, as Luppigini (2009b) explains, “technoethics is techno- and bio-centric (biotechno-centric)” (p. 3). In other words, technoethics allows us to consider the technological aspects of the situation as well as the lived experience of the individuals who would be impacted by the action in question.

Beauchamp and Childress (2001) propose the following biomedical ethical framework that has become widely adopted:

1. *Respect for autonomy* (a norm of respecting the decision-making capacities of autonomous persons)
2. *Nonmaleficence* (a norm of avoiding the causation of harm)
3. *Beneficence* (a group of norms for providing benefits and balancing benefits against risks and costs)
4. *Justice* (a group of norms for distributing benefits, risks, and costs fairly). (p. 12)

However, even these seemingly clear-cut issues can seem at odds sometimes. For example, Beauchamp and Childress (2001) observe that beneficence can sometimes conflict with the principle of autonomy in the case of paternalism (p. 176). Still, Gillon (1994) adds the dimension of scope to this framework and observes that “I have not found anyone who seriously argues that he or she cannot accept any of these *prima facie* principles or found plausible examples of concerns about health care ethics that require additional moral principles” (p. 188). Nor do I have any issues with these principles, but I do not think that they go far enough in considering the ethics of a given situation because they maintain the focus on the interaction between the patient and physician. In our media saturated world, we must shift the frame to also consider the environment in which we live. In this chapter I will examine the case of cosmetic surgery in particular and propose that we consider: the ethics of the medical professionals who perform and advertise these procedures; the ethics of the media structures that promote a homogenous ideal of beauty; the ethics of those within society who tacitly approve of such procedures; and the ethics of the individual making the decision. I will use the case of actress Heidi Montag to illustrate this framework.

Although many have gone under the knife in the pursuit of beauty, Montag stands out as an exemplar of this trend. Montag underwent ten different plastic surgery procedures in one day, stating, “I had a little bit of Botox, an eyebrow lift, my ears tucked, I had my nose re-aligned, fat injections put into my cheeks, my lips done and I had my chin shaved down” (Berman, 2010, p. C4). Of course, there is more to be done, as she heaps plastic surgery upon plastic surgery: “I would like to get my breasts redone. Because I couldn’t get them the size I wanted because they couldn’t fit” (“Heidi Says,” 2010, p. 31). After her barrage of surgeries, she told *People* magazine: “I see an upgraded version of me. It’s a new face and a new energy. It’s a new person and I feel like almost all of the things I didn’t want to be and who I turned into kind of got chiseled away” (Garcia, 2010, p. 84). The only way that Montag could be herself, it seems, was by removing parts of her flesh. But Montag had no intention of resting on her surgically-enhanced laurels. Says Montag, “Let’s just say there’s a lot of maintenance. Nobody ages perfectly, so I plan to keep using surgery to make me as perfect as I can be. Because, for me, the surgery

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