

## **COSMETIC PROCEDURES: ETHICAL ISSUES**

### **NUFFIELD COUNCIL ON BIOETHICS**

1. The National Bioethics Commission of Mexico (CONBIOETICA) is honored to participate in the call for evidence *Cosmetic procedures: ethical issues* organized by the Nuffield Council on Bioethics.

2. CONBIOETICA convened a panel of eminent persons from the leading institutions in cosmetic procedures and reconstructive surgery in the country, like the Academia Nacional de Medicina de México, Academia Mexicana de Cirugía, Consejo Mexicano de Cirugía Plástica, Estética y Reconstructiva A.C.



### **Methodology**

The methodology for the analysis of the subject matter started with the selection of experts in the field, who received the questionnaire sent by the Nuffield Council on Bioethics along with an invitation to participate in a workshop to discuss these topics. The meeting was recorded in full, with prior authorization of the participants, and afterwards they received the final document to make adjustments. In this final review, the opinions expressed in this document were validated by the participants and specialists in reconstructive and cosmetic plastic surgery who took part in the meeting.



### **Group of guest experts**

#### **Manuel H Ruiz de Chávez**

National Bioethics Commission of Mexico President of the Council

President of experts group

#### **Erika Salinas de la Torre**

Coordinator of group of experts of the National Bioethics Commission of Mexico

#### **Alfonso Vallarta Rodríguez**

President of the Fundación para la asistencia e investigación en Cirugía Plástica y Reconstructiva A.C.

### **Antonio Fuente del Campo**

Representative of the department of the plastic and reconstructive surgery of the Academia Nacional de Medicina de México and head of the department of plastic and reconstructive surgery at Hospital General. Dr. Manuel Gea González.

### **Martín Iglesias Morales**

Representative of the Academia Mexicana de Cirugía y head of the department of plastic, reconstructive and hand surgery at Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán.

### **Juan Antonio Domínguez Zambrano**

Counselor of the Consejo Mexicano de Cirugía Plástica, Estética y Reconstructiva A.C.

### **Rogelio Martínez Wagner**

Counselor of the Consejo Mexicano de Cirugía Plástica, Estética y Reconstructiva A.C.

### **Karla Sánchez Villanueva**

Department of vulnerable groups National Bioethics Commission of Mexico

### **Karen Aguirre Albrech**

Surgeon M.D. Department of Bioethical Hospital Committees National Bioethics Commission of Mexico

## **General comments**

### 1. Definitions

Cosmetic and aesthetic procedures aim to change the appearance. These can be non-invasive — which have to do with the hairstyle, and make up to beautify oneself— or they can be invasive - such as laser application or subdermal injections of various substance to surgical procedures-. The main difference being that the latter may have adverse health effects and even cause death.

The line that draws the difference between cosmetic procedure and aesthetic surgery can certainly be established. The former can be provided by a surgeon or a cosmetologist. Ideally a surgeon should perform such cosmetic procedures, since even Botox injections can cause death and medical doctors are adequately prepared to treat any type of complications. A cosmetologist, although ideally has cosmetology studies, is not always doctor. As for latter, these can only be performed by a professional plastic surgeon with years of study and preparation. Furthermore, in the case of Mexico plastic surgeons are backed/certified by medical associations such as the Mexican Academy of Surgery, the Mexican Academy of Aesthetic, Plastic and Reconstructive Surgery, and the Mexican Council of Plastic and Reconstructive Surgery. In Mexico, the difference between cosmetology and cosmetic surgery is relative because in many cases it is surgeons who have

broadened their line of work. However, is very common for people without any preparation or ethics to perform such treatments.

## 2. Demand for cosmetic procedures

Today, the pursuit of beauty is a global phenomenon across all social sectors and in all genders and age groups. In recent years the demand for both surgical and non-surgical cosmetic procedures has increased due to marketing, social aspirations and job competition. Due to an increase in life expectancy the productive years of individuals increase accordingly creating the need to maintain a youthful and healthy appearance.

## 3. Regulation of cosmetic procedures

The aforementioned increased demand stresses the urgency to regulate various areas involved in the supply of cosmetic treatments (surgical and nonsurgical), such as: restricting fraudulent advertising and the promotion of "miracle products" and controlling the buying-selling of cosmetic materials and apparatus. Only in this way can it be ensured that one procedure is "better" than other. In addition, poor regulation, or the lack of it, creates added costs to the health system due to inadequate cosmetic procedures resulting in an increase in modeling diseases, which are becoming a problem in Mexico.

There should be regulation in place, not only for providing/performing non-surgical cosmetic procedures, but also for the supplies used in them. Such procedures should be provided by a certified surgeon, or at least by a health professional and not by improvised personnel at unregulated facilities with uncertified equipment and doubtful hygiene.

Design of such regulations should be a joint collaboration between health and legal authorities. Moreover, patients should also take responsibility, because the consequences of medical malpractice are occurring in all social and cultural levels.

Mexico has norms and rules regarding non-surgical cosmetic procedures but there are still aspects of it to be regulated. However, the main problem is not in the legal vacuum but in the application and enforcement the law.

## 4. Ethical consideration

Following WHO's definition of health as the "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", the pursuit of beauty could be included and it could even be considered a right. Nevertheless, like many other aspects of health, it is not available to everyone for economic reasons. The access to such procedures is not equitable since it is not available for all that need them. Furthermore it poses dilemmas as is the case in breast cancer, where it becomes difficult to determine to what extent a mastoplasty is reconstructive or aesthetic.

All this certainly has ethical implications since bioethical principles are involved such as non-maleficence, distributive justice and autonomy to mention a few.

Persons applying or requesting cosmetic procedures (surgical and nonsurgical) are by definition "patients", since these procedures must be done by health professionals. Similarly, as in any doctor-patient relationship, where the medical professional performs any action on the patient, this must include full disclosure about the procedure, with the obligation by physician to explain clearly what

the procedure entails, and what will be done to the patient's body, without creating false expectations (informed consent).

In generally it could be said that cosmetic procedures should be a right, however, it is advisable for doctors/surgeons to assess patients' motivations case by case in order to establish a relation between causes of demand and options offered.

In the case of under aged and children there are certain procedures that are functional, such as cleft lip and cleft palate repair, both of which relate to aesthetics as well. In some cases aesthetic surgery respond to emotional and psychological needs in children, to modify certain features that can cause discrimination as hemangiomas or certain facial features of Down Syndrome. However, when the purpose of the transformation is solely to achieve a "socially acceptable ideal of beauty", it is best to persuade the parents and the child to wait until the child is of age and then he/she can choose freely and autonomously.

A special case of surgery in children is the allocation of sex in cases where the intersex birth occurs. In such cases it should be the patient who makes a choice, which takes place by taking hormones.

The general parameter for the cosmetic procedures should be the principle of beneficence and the avoidance of maleficence. Therefore, if the procedure has a negative effect on the person, either physically and/or psychologically, it should not be performed. However if such procedure has both an esthetic and functional purpose/improvement, it could be justifiable.

In regards to the excision or mutilation of genitalia in girls [women] labia majora, inner labia or clitoris: genital surgery -basically genitals rejuvenation-, is a cosmetic procedure that can be performed under the same canons as other cosmetic procedures. For example, as women get older sometimes labia become prominent and this causes some discomfort to some women. However, genital mutilation is a whole different issue, because it is usually performed based on religious or cultural dogmas that must be analysed in context.

Also, gender reassignment surgery and feminisation require careful additional ethical analysis and require interdisciplinary work for its execution. The interdisciplinary group should include not only the plastic surgeon, the gynaecologist or urologist, but also expert jurists, psychologists, and psychiatrists. Furthermore such a procedure should follow well-defined and regulated protocols. The ethical analysis is key in such a context and calls for analysis to answer: Why?, with whom?, for what purpose? and what is its consequence?. Besides that the group should provide the patient with the information regarding all kinds of consequences, whether positive or negative, related to the procedure.