

This response was submitted to the call for evidence issued by the Nuffield Council on Bioethics' Working Party on Cosmetic procedures. Responses were gathered from 11 January to 18 March 2017. The views expressed are solely those of the respondent(s) and not those of the Council.

## **Merryl Willis**

### Questions

#### **1. What, in your view, counts as a 'cosmetic procedure'?**

In my view, a cosmetic procedure is one which is not necessary for the physical health of the patient, rather it is a procedure undertaken by the patient to address a perceived body image issue. For example, breast augmentation, nose reshaping, changing shapes of eyes, etc.

Where the nose is reshaped to help patient to breathe and the added bonus is that it looks "prettier" then that is an added bonus. The same with blepharoplasty, if it is required because eyesight is being hampered and the added bonus is a better look, also an added bonus. I would not classify these as cosmetic surgery.

#### **2. What do you see as the underlying aim of cosmetic procedures (a) from the perspective of those seeking a procedure and (b) from the perspective of those providing procedures? How does this differ for different social groups?**

The underlying aim from the perspective of people seeking a cosmetic procedure is one of, generally speaking, improving the way they look – in their minds. To look younger, to "fix" some part of themselves which they think makes them look ugly or different. The underlying aim is to have a better life. They think that by improving their appearance their lives will be more fulfilled or happier.

The underlying aim of those providing the procedures, well, I think they probably fall into two broad categories – one where they see a dollar to be made and one where they do want to help people "fix" their appearance. If we look at the practitioners who operated on people like the pop star Michael Jackson, some must have been in it for the money or the social standing it gave them. I am guessing there were practitioners who did say no – and I admire them, but the ones who just kept tinkering to the ultimate detriment of the patient were negligent in my view. Mr Jackson seemed, from the outside looking in, to have mental health issues and these should have been addressed before more cosmetic surgery.

As to social groups, there does appear to be more cosmetic surgery required by those with more money. However, this does not mean that those without money don't want cosmetic surgery, it is more likely just beyond their financial means.

Obviously, celebrity has an impact on people wanting cosmetic surgery – they see celebrity's having it done and seeming to say that it is necessary to get work, stay relevant, etc, and want it for themselves.

#### **3. Most people use their clothes, hairstyle, and make up to beautify themselves. Does it make a difference when appearance is altered through biomedical or surgical procedures?**

It does make a difference when appearance is altered through biomedical/surgical procedures as it is often not easily reversible. For example, the pop singer Michael Jackson, every procedure he had made it more difficult for any mistakes or issues or changes he wanted to be subsequently performed. And with him in particular, he became a parody of himself. It was very sad. Clothes, hairstyle and makeup are reversible.

**4. What do you think are the main drivers generating the increasing demand for cosmetic procedures, both surgical and non-surgical?**

I think the main drivers generating increasing demand for surgical and non-surgical cosmetic surgery is related to media exposure of availability and celebrity worship. There seems to be pressure from somewhere within society that we need to look a certain way to be considered acceptable. There is an homogenisation of society in general which seems to be occurring and looks is part of that.

**5. Do you think it is becoming more routine to undertake cosmetic procedures? If so, in your view, does this raise any ethical issues?**

Yes, it has become more routine for people to undertake cosmetic procedures. And, yes, this does raise a myriad of ethical issues. It is quite unclear to me as a lay person as to when should a practitioner say no to a patient's request for cosmetic surgery. If the patient has the money and their health allows it, does anyone have the right to say that they cannot have that particular cosmetic procedure? But on the other hand, if the practitioner feels that the cosmetic surgery is not going to improve the person's look or that the person has unreal expectations, or that there are mental health issues, then there is an ethical question as to whether he/she should perform that procedure, regardless of whether the patient will just go elsewhere.

Who, and how, do we protect the individual who wants the cosmetic procedure?

**6. How (if at all) does the increasing availability and use of cosmetic procedures affect social norms generally: for example with respect to assumptions about age, gender, race, disability etc (see above)?**

I think the increasing ease of availability and use of cosmetic procedures is placing an unreal and unnecessary burden on people vis a vis expectations. Many layers of issues here, for example, who dictates what is currently acceptable, what if you use cosmetic procedures to change your appearance and then the fashion changes, do you then undergo more cosmetic surgery? Is the patient thinking that "if only I looked a certain way, I would be happy?" What happens if after they have the surgery, they are then not happy? More surgery? Sue the practitioner? Misery?

As previously mentioned, I think it is a real worry the homogenising of society. Will someone who chooses not to have cosmetic surgery be marginalised or discriminated against? Will we cease to celebrate differences?

I worry that whilst we are saying that people are equal regardless of age, gender, race, ability, etc, we are not backing that up vis a vis cosmetic surgery – you are equal but you would be more equal if you had these procedures to make you fit in better.

Assumptions as to whether you are male/female, how old you are, etc, will, obviously be affected – not sure if this is good, bad or indifferent.

**7. Are some motivations for having a cosmetic procedure 'better' than others? If so, what are they, and who should judge?**

Certainly, I think some motivations are "better" than others for having cosmetic procedures, particularly if having the surgery alleviates a medical problem, eg, broken

nose – problems breathing, cosmetic surgery to fix and breathing improves. Things like that.

However, I am not clear where the line is, ie, when does it become less “better”. So, for example, a lady with significantly asymmetrical breasts, feels different, feels she can't be intimate with someone easily, wants to have breast augmentation to even things up – is that acceptable? It is not for health reasons, well not physical health, but I would argue that it is acceptable surgery. But someone who wants their C cup breasts to be enlarged to a J cup – I would question why? What is happening in her life that she feel this would improve their life?

Who would judge? In real life, I guess the General Practitioner first who would then refer the patient to a cosmetic surgeon and, if in their opinion it was not medically indicated, then a psychologist needs to be involved, along with the cosmetic surgeon to ensure the patient is fully cognizant of the issues surrounding what they are asking for.

I am very loathe to say, though, that the patient does not have the right to change their appearance if they so desire. I just think there needs to be plenty of rigorous consultation prior to patient receiving the surgery.

WorkCover in Australia has a fairly rigorous system for deciding percentages of disability with regards workplace injury. Perhaps a similar sliding scale type of system needs to be set up to “grade” different procedures and the requirements needed for cooling off periods, psychology appointments, etc.

#### **8. Do you have any thoughts about, or experience of, the ways in which cosmetic procedures are advertised, marketed or promoted in the UK?**

Not in the UK, no. I don't know anything about it.

In Australia, we have reasonably strict marketing/advertising laws re medical procedures. However, from personal experience, even then they can be so persuasive. I had to see a Dermatologist for sun damaged skin and whilst I was waiting (about 45 minutes) I had forgotten to bring a book, so I watched the television screen that was in the waiting room explaining all the cosmetic procedures the Dermatologist could do to help with damaged skin. I had never really thought of myself as susceptible to advertising, but, I have to tell you, after the Dermatologist had done the medical bit of the consultation, eg, liq n2 to the solar keratosis, etc, I did make a cosmetic appointment for treatment on other sun damage, eg, redness, broken capillaries, other funny little lumps and bumps.

Why did I do it? I am not really sure. I think it was because it was sold as being reasonably easy and safe. I did it, and I am happy with it – all sorts of weird lasers and liq N2 and things. No idea what they were doing really.... But the end product was that my skin was much improved.

So, from my point of view, I would not like this sort of advertising to be out in the public domain as it is so persuasive. Now, I was in a Dermatology clinic where I was very sure of the Practitioners credentials. I, personally, would never have this sort of thing done by a lay person, even a General Practitioner. Too scary if something went wrong.

The trouble is with the internet and, in Australia, the ease of people being able to Google cosmetic surgery holidays and being targeted with advertising which is not strictly monitored. Consumers know about this sort of thing by the media being ever so helpful and doing stories on it in current affairs type shows. It must be said that the current affairs type shows are usually telling us all the bad things about it, complications, Practitioners not qualified, etc. But even a negative story tells people that it is available and so then they Google it to see what else there is.

**9 Do you think that people seeking cosmetic procedures are 'patients' or 'consumers', neither, or both?**

Depends on the situation. If a person is seeking to modify their appearance because they want to look different, then they are consumers. If a person has had an injury or an illness or something along those lines and is looking to repair the injury, then they are a patient.

Perhaps a better question is to ask is cosmetic surgery a health related procedure or a commodity.

**10. What information should be made available to those considering a procedure?**

As with all surgery – expected outcomes, side effects, cost, after care

**11. Are there (a) any people or groups of people who should not have access to cosmetic procedures or (b) any circumstances in which procedures should not be offered?**

If it is solely cosmetic surgery, then I do think people under 18 should not be operated on.

If the child has a deformity, such as hair lip, then I would consider this reconstructive surgery in the best interest of the child, so acceptable.

I think if the practitioner thinks that the patient has unreal expectations or choices put the patients' health at risk, then it behoves the practitioner to deny treatment.

**12. To what extent should parents be allowed to make decisions about cosmetic procedures for their children?**

If the cosmetic surgery is in the best interest of the child, where if any person would, on the balance of probability make the same decision, then the parent should be able to make decisions for the child. Or, alternatively, if the child on the balance of probability would make the same decision, then parent should be allowed to make a decision on behalf of their child

**13. Should there be any guidelines or regulation on who can provide non-surgical cosmetic procedures?**

Yes, absolutely. It must be strictly licenced and regulated.

**14. What are the responsibilities of those who develop, market, or supply cosmetic procedures?**

All cosmetic procedures need to be tested and trialled. Based on evidence. Need to be made as safe as possible. You get money back guarantee with furniture, etc, same should apply to cosmetic procedures. Needs to be regulated and licenced so that a set of standards is developed and all cosmetic procedures, practitioners, etc must comply. Accreditation.

**15. Do you believe that current regulatory measures for cosmetic procedures are appropriate, too lax, or too restrictive?**

In Australia, too lax.

**16. Thinking of cosmetic procedures, are there some parts of the body that are more problematic than others? If so, can you explain why?**

No, all parts are problematic.

**17. The Female Genital Mutilation Act 2003 prohibits the excision or mutilation of “any part of a girl’s [or woman’s] labia majora, labia minora or clitoris”, unless this is held to be necessary for her physical or mental health. What are the implications of the Act for female genital cosmetic surgery?**

Hopefully, this will protect vulnerable children/women. I think it is important that women who wish to have surgery to make their labia’s/clitoris more attractive are counselled and/or have psychological assessment before they have such drastic, most likely, unnecessary surgery. This is one of those surgeries that cannot be reversed.

I think we need to be exceedingly careful as to how cosmetic surgery to labia/clitoris can be necessary to a patient’s mental health.

**18. Thinking of genital procedures more broadly, are there any distinctive ethical issues, including gender issues, that do not apply to other parts of the body?**

Yes. Our gender identification is tied up with our sex organs, the visible organs being the ones which people with gender issues find they need addressed.

I was born a woman and I am happy being a woman. So, I really don’t understand how it must be for someone with gender issues. But, I do think that as it is such a major decision to have the surgery, then the patient must seriously want that gender reassignment. But, again, I would think there needs to be very strict guidelines, regulations, etc as to how this occurs. Not the least would be the requirement of the patient to live as the opposite sex for a period of time, accompanied by rigorous counselling, etc. Again, this type of surgery is pretty much irreversible, so if the patient makes a mistake, it is not easily remedied.

### **General Thoughts**

I trawled through my resource books looking for inspiration on ethical theories which would apply to cosmetic surgery. We can’t really use utilitarianism as cosmetic surgery in no way can be considered as contributing to the greatest good for the greatest number. Nor can we really base our thought processes on deontology as there are so many contradictory issues with regards cosmetic surgery that there is no way you can say that a particular approach to a surgery can be thought of as a universal law. We could perhaps apply virtue theory as perhaps cosmetic surgery for some people does allow them to flourish.

Is the main theory that we need to apply to cosmetic surgery that of a respect for a person’s right to autonomy? Where when a person who has the reason or the intellect to think about their choices, can decide how to act and then be able to act on that decision, all without hindrance or undue pressure from other people. It does, however, imply rationality and perhaps that is sometimes questionable?

I am, at heart, a casuist – I am very sceptical about setting rules and regulations around cosmetic surgery divorced from the individual circumstances of the patient. Can we really come up with a universal concept which can apply to every person?

But if we take into account the law of beneficence, health professionals are obligated to not only refrain from harming people but also contribute to their welfare. From there, how do we think about obligatory beneficence, eg, practitioners are obliged to protect and

defend the rights of others, prevent harm from occurring to others and remove conditions that will cause harm to others? In my opinion, beneficence, particularly obligatory beneficence is a law containing contradictory statements all bound together with regards cosmetic surgery. How does cosmetic surgery fit into these parameters?

We generally accept that we should respect the person's right to autonomy, ie, where a capable individual can act freely in accordance with a self-chosen plan. So, when does someone become incapable of acting on their own behalf?

Is there an issue with people who want cosmetic surgery having a false belief – that belief being that cosmetic surgery will make their life better?

How does the Practitioner reconcile his/her obligation to do no harm when it comes to cosmetic surgery? How does he establish this when deciding to perform cosmetic surgery?

Do we need to look at intent? Patient's intent, practitioner's intent? How does this relate to intended consequences?

Does having cosmetic surgery improve the patient's quality of life? Who determines this?

Do we have an obligation to rescue people from unnecessary cosmetic surgery?

All of this leads us to question whether interfering with someone's wish for cosmetic surgery, particularly unnecessary surgery is in fact a form of paternalism

Body modification has been around forever, eg, foot binding, head binding, tattoo's, etc

Should we respect the choice of the patient even if it is irrational when the patient cannot be persuaded to change their mind?

Is cosmetic surgery health related or is it a commodity?

What is meant by "in the best interests of the patient" or "what is good for the patient"? Who says and measured against what?

Can we compare a patient's right to refuse end of life treatment, eg, terminally ill patient who opts for palliative care, which is debatably, universally acceptable now, to the patient's right to modify their body as they see fit, even if we think the body modification is irrational?

Is giving in to a patient's wish to have cosmetic surgery, if the Practitioner feels, on balance, that it is inappropriate, a breach of duty of care?

We need a clear definition of what constitutes cosmetic surgery and what constitutes reconstructive surgery needs to be established.

When patients want cosmetic surgery, which the Practitioner feels is inappropriate, there needs to be processes put in place for that patient to go through before they have that surgery

Perhaps an established ethics committee in all hospitals (or available to day surgery centres) for Practitioners to access with regards patients whose cosmetic surgery sits outside an established "norm"

Clear guidelines for Practitioners who feel that a previous practitioner has operated inappropriately to follow. Perhaps even the ability to contact the registration board to talk to someone anonymously re concerns