

ARE AESTHETIC MEDICINE AND SURGERY IMMORAL?



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Whatever the definition of beauty, cosmetology - the art of beautifying the body - has been practiced historically mainly by women, hairdressers or barbers, rarely by physicians.

Improving the appearance of a person by a physician is neither included nor condemned in the Hippocratic oath. However, if a few doctors have practiced aesthetic medicine and surgery since antiquity, many have considered that the prime duty of medicine is to cure diseases or relieve suffering and that doctors should not use their knowledge and spend their time for cosmetic care which increases the vanity of some patients who can afford it and the fortune of the medical practitioners. As plastic surgeons, we have all received one day or another open or hidden criticism by colleagues who would praise our reconstructive work but make fun of or consider trivial the cosmetic aspect of our specialty.

In 2002, following an editorial in *Plastic and Reconstructive Surgery* by Robert Goldwyn, J. Scott Isenberg wrote a provocative letter: "... the aesthetic surgeon, as a physician, has an ethical mandate to cure disease and relieve suffering and the alteration of otherwise normal physical features (minor deformations or senescence) does not meet these criteria. Equally problematic, by his own activities (including aggressive marketing disguised as patient education) the aesthetic surgeon contributes to the community-wide dissatisfaction and anxiety centered on physical appearance, he claims to relieve..." As could be expected, Goldwyn reacted by presenting his own experience, implemented by a number of studies showing that the psychological and social well-being of most patients improved following aesthetic procedures, and although these treatments do not cure a disease, they help individuals who feel ill at ease in their environment.

CLEOPATRA, CRITON AND GALEN

The dispute over cosmetology, practiced by physicians, dates back to the beginning of our era. The ancient Egyptians were famous for their lavish use of cosmetics and perfume and Cleopatra, the Queen of Egypt and trend-setter of the Mediterranean, was doubly so. She was rarely seen in public without a face made up of blush, lipstick, multicolored eye shadow, darkened eyebrows and flattened eyelashes (Fig 1). Her recipes to improve beauty were assembled in a book entitled *Kosmeticon*.



Figure 1 - Egyptian beauty.

Criton, a Greek physician and surgeon practicing in Rome during Nero's reign (first century AD), wrote a treatise on embellishment in four volumes, describing methods and precepts inspired by Cleopatra and another doctor, Heraclides of Taranto. Although this treatise has been lost, we know that it contained

multiple precepts for hair growth and hair removal, erasing wrinkles, changing the complexion, drawing the eyebrows, removing bad smells, whitening of scars, removing face marks and pigmented spots during pregnancy, embellishing the breasts as well as multiple other treatments for skin and other external diseases like hernia, ulcers, anal prolapse, and paraphimosis, to name a few.

Some years later, the famous Galen (129-200 AD), whose writings became the mainstay of physicians' university curricula up to the 19th century, did not hesitate to analyze Criton's books. According to him, embellishment should be divided into two categories: either to improve the brilliance of a natural beauty, or to hide a real ugliness under the deceiving mask of a sophisticated beauty. The first part really belongs to surgery as it is the cosmetic art (*ars ornatrix*) derived from the Greek words κοσμοτική τέχνη, in good order, clearness, adornment, ornament; but for the second part, Criton should be blamed, according to Galen, because it is a moral prejudice and may harm health. It is called the commotic (*ars fucatrix*) from κομμηωτική (τεχνη), fake ornament, make-up. This belongs to women employed in the baths (*paiatrices*, commotrices, comptrices) and is not done to improve health, but to increase personal seduction. On the other hand, for Galen, the purpose of medical cosmetic is not to mask ugliness, but to give back to the well-born persons what is consistent with their nature, a natural and authentic beauty that had been altered by the vicissitudes of a hard life. The objects of cosmetic medicine and surgery include everything that tarnishes or erases natural beauty: straighten bent limbs, correct scratched eyelids, remove a supernumerary digit, treat obesity as it may impair the essential functions of health. Making this subtle distinction between commotic and cosmetic allowed Galen to accept treating for embellishment high ranked people without infringing the moral code of physicians.

RELIGIONS

Prohibition of medical or surgical cosmetology is not clearly specified in the Bible, although a few verses mention that women should not put too much importance on physical appearance¹. During the second century AC, Tertullian, a presbyter in Carthage, deals with appropriate apparel for women. They should abandon ornaments and cosmetics. He reasons that the sex that brought sin into the world should wear humble garb and renounce the skills of adornment that were taught by the angels of darkness. He also reminds women that such attire tempts men and betrays impure impulses within their own souls.

Islamic precepts are probably less permissive than Judeo-Christian ones. Atiyeh and collaborators have made a review of the literature on this subject. They conclude that according to Islamic principles, individuals should be satisfied with the way Allah has created them. But even if "changing the creation of Allah" is considered unlawful, Islamic law remains ambiguous regarding cosmetic surgery. It rather objects to exaggeration and extremism, according to these authors. However, for the Institute of Islamic Jurisprudence (Darul

¹ "likewise also that women should adorn themselves in respectable apparel, with modesty and self-control, not with braided hair and gold or pearls or costly attire. 1 Timothy 2:9. You shall not make any cuts on your body or tattoo yourselves: I am the Lord. Leviticus 19 :28

lftaa), cosmetic surgery for the purpose of beautifying oneself is impermissible. The body given to us by our creator is a trust (amanah), thus it is unlawful to interfere with it in any way. If one does so, one will be committing the sin of "changing the nature created by Allah" (taghyir khalq Allah).

LATE MIDDLE AGES

In spite of these recommendations, a few doctors of Christian or Muslim



Figure 2 - The women doctors of Salerno.



Figure 3 - Trotula's compendium 14th century.

faith did not hesitate to provide care for embellishing the body of women, sometimes referring themselves to Galen. Since the 10th century, the city of Salerno (south of Naples, Italy) acquired a wide medical and surgical reputation, in particular thanks to a series of women doctors (Fig. 2), the most famous being Trotula or Magister Trota (Fig. 3), who wrote in the middle of the 11th century three books: *On the Conditions of Women*, *On Treatments for Women* and *On Women's Cosmetics*. This last treatise is a compendium of recipes and surgical methods for the embellishment of women, particularly in the post partum period. Examples of chapter titles include: For removing wrinkles, On freckles of the face, On removing redness of the face, For veins in the face, On fissures of the lips, On warts, On Prolapse and Constrictives of the vagina, On lesions of the breasts, and several

buccal problems, including: Stench of the mouth,

Black or loosening of the teeth, and Fall of the uvula. The Trotula texts soon became the most influential compendium on these matters and have been copied and reproduced many times during several centuries in Latin and in various vernacular languages.

During the late Middle Ages, Arabs of Islamic faith and Christians, often doctors and clerics, wrote the most important medical and surgical treatises. Most of these include one or two chapters on cosmetic treatments.

Avicenne or Ibn Sina (980-1037). *The Canon of Medicine* is a medical encyclopedia that became a standard medical text at many medieval universities. The seventh and last art mentioned in the fourth book of the *Canon* is assigned to the topic of "zina" (ornament and ornamentation), that is physical appearance. It consists of four articles dealing with appearance, beauty, hair and body care, as well as skin diseases and their treatment. Subjects such as obesity and emaciation that affect the appearance and preventive methods and measures for all of these are also discussed.

Henry de Mondeville (1260-1320) spent fourteen years writing *Cyurgia*, a medico-surgical treatise that he was not able to finish before his death. Several chapters are concerned with the embellishment of men and women by various methods such as dermabrasion and epilation. Mondeville is however somewhat ambiguous about this practice: "This embellishment is against God and Justice and most often is not the treatment of a disease but is made to falsify and commit fraud, besides that this subject does not please me. However, a surgeon who lives in provinces or cities where there would be many women of the court and he is renowned as a good operator in this art, he could receive a considerable advantage and the favor of the ladies, which is not a small thing nowadays."

Guy de Chauliac (1300-1368) was a teacher and cleric at the University of Montpellier and in Lyon, France. He served as a physician for three Popes in Avignon and completed in 1363 his *Chirurgia Magna*, the most complete encyclopedia of medicine and surgery of his era, quoting extensively Galen and Avicenne. One chapter is devoted solely to the embellishment of the face in general (*De universali faciei decoratione*). In the introduction, he refers himself to the moral principles of Galen, making a subtle difference between the requests of women who want to embellish themselves for pleasure of the senses (*les femmes fardeuses*) (Fig. 4), that he refuses to treat, and the more honest women who want to erase the marks of old age or ugliness, to avoid the criticism of their husbands. These can be advised or treated by a physician.



Figure 4 - Society women (medieval illumination).

RENAISSANCE

Although Galen and Guy de Chauliac were abundantly read and quoted in most medical and surgical textbooks of the Renaissance, it seems that university doctors were no longer in favor of cosmetic medicine after the 16th or 17th century. Beauty of the bodies was discussed mainly from a theoretical

point of view, with the gold numbers of Fibonacci or disclosed in the superb anatomical drawings of Vesalius. The field of cosmetology was the domain of midwives, barbers, charlatans, medicasters or quacks. However, as if physicians were either ashamed or embarrassed to publish a book on embellishment, some of them produced very detailed cosmetic treatises under the cover of fake copies or translations. For example, *Gli ornamenti delle Donna, Trattati dalle Scritture di una Reina Greca* (The Ornaments of Women, Treatise Written by a Greek Queen), (Fig. 5) printed in four volumes in 1562 by a gynecologist, Giovanni Marinello, is one of the most copious works entirely dedicated to the subject of cosmetology. Marinello from Padova (Italy) attributed the texts to an imaginary Greek Queen. Two centuries later, the French doctor Antoine Le Camus, published a similar treatise in English with the title: *Abdecker or the Art of Preserving Beauty*, Translated from an Arabic Manuscript. (Figure 6) It is written in the form of a novel relating the love and the recommendations given by the young physician, Abdecker, to the beautiful wife of the Sultan of Constantinople, with whom he was in love. The so called Arabic Manuscript never existed. Needless to say, these two treatises had large popular success.



Figure 5 - Gli ornamenti delle donne



Figure 6 - Abdecker or the art of preserving beauty

MODERN ERA

If most local flaps and skin grafts used in plastic surgery were described during the 19th century, serious surgeons were often reluctant to operate for purely cosmetic reasons. Praise was given for extensive operations and quickness of procedures. It is at the turn of the 20th century that aesthetic surgery became fashionable again with pioneers like Charles C. Miller in Chicago, Jacques Joseph in Berlin, Susanne Noël in Paris and many others who did

not hesitate to write articles and books exclusively concerned with cosmetic surgery, that is embellishment of the face and breasts. The fact that Madame Noël had been involved in the treatment of severely mutilated soldiers during the Great War, with her teacher Hyppolyte Morestin, has certainly contributed to the acceptance of aesthetic surgery by the medical community up to the present time. Raymond Passot, another pupil of Morestin, published in 1931 a book entirely dedicated to aesthetic surgery: *Chirurgie esthétique pure*, to inform general practitioners about this new specialty. He recalls that when he had made his first presentation on rhytidectomy in 1919, several eminent colleagues had tried to dissuade him from engaging in this very uncertain and frivolous field for a serious surgeon.

FEMALE GENITAL COSMETIC SURGERY (FGCS)

Female genital cosmetic surgery, designed to improve appearance subjectively, and potentially providing psychological and functional improvement in sexual seduction and satisfaction, is not new, but it has recently developed extensively. In the last two decades, hundreds of articles have tackled medical, ethical, psychological and commercial aspects of these operations. In 2008, Leonore Tiefer, a psychiatrist involved in feminine scholarly activism, asks: "Freakish or inevitable?" concerning the medical marketing and bioethics accompanying these procedures which are considered by some feminist theories as horrific, preposterous, self-evidently dangerous, and extreme examples of harmful medicalization. "I believe we have an ethical obligation to question technological bodily interventions that have inadequate evidence bases behind them and from which surgeons earn considerable income," writes sociologist Virginia Braun in 2010 after reviewing 153 publications on FGCS. These critics were mainly addressing the intense advertisements produced by some doctors and clinics encouraging women to request and undergo these types of "beauty" treatments. In 2011, Julie Dobbeleir, Koenraad Van Landuyt and Stan Monstrey published a comprehensive overview of the indications for and the methods of FGCS. They indicated that there was an urgent need for guidelines on indications and standardization of procedures and that long-term follow up

studies will be necessary to evaluate the outcome of genital aesthetic surgery. To prevent the criticisms mentioned above, they made a plea for ethical auto-regulation of the plastic surgeons: "Patients should be over 18 years old, psychologically stable, and fully informed on the risks and expected results. Operations should never result in genital or sexual dysfunction, surgeons should have enough expertise to perform the best possible surgery, and correction should not be performed at the expense of social security."

CONCLUSIONS

Aesthetic surgery and medicine belong to what is now called "enhancement medicine," which means that a physician is not treating a diseased patient but helps to improve his comfort, his appearance, his well-being, his performance (sportive or sexual); his integration into society. Nevertheless, it is illusory to consider that most of these cosmetic treatments are performed for the noble purpose of a medical act, as it is traditionally defined. As with the industry of cosmetics, aesthetic medicine and surgery are most often linked to a commercial contract between a professional (technician, artisan, artist) and a client who is willing to pay for the modifications that he undergoes, whether or not this is necessary. They are neither more nor less immoral than the care of hairdressers, cosmeticians or tattoo artists, unless we accept Galen's problematic distinction between "commotic" and "cosmetic" cases and his questionable reference to the morality of the patients.

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