



The Ethics of Facial Plastic Surgery

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Authors' contributions

This work was carried out in collaboration between all authors. Author MN managed the literature searches. Author AN wrote the first draft of the manuscript. Author SKA modified the paper into the final draft. All authors read and approved the final manuscript.

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ABSTRACT

In a modern world of aesthesis, the role of surgery is ever broadening and with this healthcare professionals must be in constant vigilance of ethical values. We discuss the role of facial plastic surgery in modern society and the ethical standpoint of the field in the context of aesthetics.

Keywords: Facial plastic; plastic surgery; ethics; identity; principles approach; history; aesthetics; aesthetic surgery.

1. INTRODUCTION

The roots of facial plastic surgery date back to 2500-3000 BC, founded within the ancient Egyptian papyrus by Edwin Smith in 1862, including within it nasal surgery [1]. Through the centuries global strides, such as Celsus' island pedicle flaps in the first century and Gaspare Tagliacozzi's cross-arm flap a millennium later,

brought us into a modern era of plastic surgery [2].

The 20th Century saw the most dramatic advances within the field, with the rapid development of reconstructive techniques to repair traumatic injuries sustained by service personnel in First and Second World Wars. In parallel came the development of plastic surgery

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as a discreet speciality, solidified through the birth of multiple plastic surgery societies. Recruitment of medical professionals during the Second World War increased clinical research, enhancing both aptitude and educational references. In the early 1970s Paul Tessier successfully treated craniofacial deformities previously deemed untreatable, opening reconstructive doors to the treatment of congenital and non-congenital abnormalities. Through all these advances, the demand for plastic surgeons in latter half of the 20th Century tripled, but the rise of reconstructive surgery also gave way to the world of aesthetic surgery [3]. The numbers of individuals seeking cosmetic surgery are increasing, with BAAPS (British Association of Aesthetic Plastic Surgeons) reporting over 50,000 cosmetic operations performed in the United Kingdom in 2013. With modern facial plastic surgery culminating in both reconstructive and aesthetic surgery, there are some ethical considerations worthy of review. Increasing public scrutiny in the conduct of our profession, in addition to the professions struggle to perfect ethical viewpoints in the face of technological advances makes this a highly topical subject [4]. For the purposes of this essay we will mainly consider the ethical standpoint of cosmetic surgery.

2. THE HUMAN BODY AND MIND

To begin with we must consider what the human body and mind are. The 17th Century philosopher and physician Rene Descartes presented distinctions between mind and matter, claiming the latter to be a container for the individuality of humans [4]. This implies ones individuality is not based upon physical appearance, but in the unseen depth of the mind. Yet it is now clear that distortions in physical appearance can disrupt both social acceptance and reduce self-confidence, leading to psychological adjustment problems [5,6]. Modern cultural attitudes portray beauty as a purchasable product, embellished to current day opinions and fashion dictations. Female body shape has changed to promote thinner frames while racial prejudice associated with nasal shape continues, highlighting a world where beauty is in constant flux [4]. It is these perceptions of self-image and resultant placement within society which drive patients to cosmetic surgery as a so-called 'cure' [7].

3. THE 'PRINCIPLES' APPROACH

The philosophical enquiry into the nature of morality is the definition of ethics. There are two

broad theories; teleology and deontology. Teleology assesses right and wrong through consideration of action consequences. With respect to facial plastic surgery, it means if no adverse effects result from surgery then it is a morally acceptable to perform. Deontology identifies behaviours which are intrinsically wrong, regardless of their consequences [8]. These would include individuals who believe cosmetic surgery on the background of normal facial variation is intrinsically wrong. The controversies and discrepancies within each theory have never been settled. As a result, Beauchamp and Childress described the practical approach of 'Principlism'. This ethical process involves beneficence, non-maleficence, justice and autonomy which form the foundations of this analysis [9].

The benefits of any surgical intervention must be balanced against potential hazards. However, surgeons rarely hesitate when discussing life-saving and morbidity improving operations, with minimal influences on external appearance. In contrast, facial plastic surgery is not life-saving, as well as carrying operative risks. These risks are outside the scope of this essay; sufficed to say all operations have the capacity to increase patient morbidity and even mortality. In response to this, there are potential improvements in quality of life post-operatively, due to a dynamic relationship between psychology and cosmetic surgery, if targeted at appropriate patients.¹⁰ Improvements are highly subjective however, with varying levels of benefit based on individuality [10,11]. As a result, it is argued by some that the risks cannot be justified by unquantifiable benefits.

At this point let us consider the concepts of beneficence and non-maleficence. Beneficence is action performed to benefit the patient, to act in their best interests. Non-maleficence requires that one should not intentionally harm patients, either through acts of omission or commission. The balance of these in facial plastic surgery seem clearly opposed. One perspective highlights improved self-image and social interaction, whilst another counters with operative risks, including the risk of failure, leading to potential harm [5,6]. Additionally, patients personal opinions are the most profound influence on success, emphasizing varying benefits between individuals. This variability in psychological improvement improves when prototypicality, sexual dimorphism, youthfulness and symmetry were involved in surgical planning

[12]. In addition to this, various psychological tools have been produced to effectively screen patients and collaborate with mental health providers, ultimately achieving a larger quantity of satisfactory surgical outcomes [11,13]. Despite this there remains an unquantifiable nature to patient benefit. Coupling this with minimal research, it becomes difficult to demonstrate benefits outweighing the risks.

As mentioned earlier, the modern world has produced numerous technological advances, including those relevant to facial plastic surgery. There are numerous operations being adapted from traditional open surgery to minimally invasive surgery, resulting in increased interest within soft tissue augmentation and tissue filling agents [14]. These interventions produce cosmetic enhancement with shorter operating times, quicker recovery, reduction in pain and overall minimised morbidity. Due to reduced risk, the introduction of minimally invasive surgery acts in favour of cosmetic surgery. However, it also plays as a double-edged sword; interventions become cheaper, leading to greater quantities seeking cosmetic enhancement [14].

The next cornerstone of Principialism we must recognize is justice. This addresses the distribution of healthcare resources already under scrutiny, in addition to respecting individuals' social liberties. In relation to the former, the current practice involves a majority of aesthetic facial plastic surgery to be conducted in private practice. The minority funded by the NHS involves patients with psychological difficulties secondary to facial features, with strict criteria already in place. In the face of this, one could argue that the costs of providing such care are supported privately by the recipient of surgery, and as a result do not affect the financial situation of the wider population. As resultant supporters of facial plastic surgery will use this cornerstone in favour of our current topic of discussion. We will discuss social liberties and autonomy shortly to cover the entirety of justice.

Thus far, one could argue that avoidance of facial plastic surgery is in the patient's best interests when considering non-maleficence, to do least harm. Yet it is important to consider who the determinant of benefit within this scenario is? If it were purely the surgeons' choice, one might encounter a rather paternalistic approach, an approach becoming less favourable in the face of increasing patient autonomy.

It is here that we must consider, possibly the strongest argument for the proponents of cosmetic facial surgery; autonomy. This pivotal point stipulates a patient with capacity has a right, with the aid of informed decision-making, to determine what happens to their body. Literature suggests that facial plastic surgery increases patient self-esteem and confidence. However it is difficult to measure comparable groups, since distress created through the perception of disfigurement or inadequacy is not always in proportion to the physical presence of deformity [10,11]. Opponents would argue that the basis of autonomy is informed consent, with cosmetic surgery outcomes limited to cross-sectional and cohort studies. These studies attract particular sub-sets of patients, potentially producing data that is difficult to generalise to the wider population. Researchers attempted to overcome this by highlighting that body image dissatisfaction surveys within the study cohort were comparable to a normative sample. However, a systematic review demonstrated narcissistic and histrionic personality disorders, as well as body dysmorphic disorder as the three most common psychiatric conditions encountered in patients seeking cosmetic surgery [15,16]. There is even some data indicating despite improvement in body image post-operatively, psychological problems remained, inhibiting the positive effects of cosmetic surgery [11]. Despite small studies, and minimal literature regarding psychosocial effects of cosmetic surgery, the potential risks of operating are well documented and medical device use stringently monitored [14]. This results in appropriate levels of information potentially provided to a patient with capacity. In consideration of informed decision making and autonomy, cosmetic surgery would be favourable for patients who meet the psychological standards to achieve best results. However, whilst autonomy is a principle pillar, surgeons have a responsibility not only to the patient but also society, and while they may be presented with autonomous, capable patients who would like to look non-human, a surgeon is governed by personal ethical principles and societies understanding as a whole.

At this point let us consider the double effect, another ethical principle which outweighs paternalism. It balances the principles of gain and harm, concluding that as long as the primary intention is good then one can proceed. In view of this, the overall aim of surgery is in search of patient satisfaction, with potential surgical

consequences not intentional. Therefore, cosmetic operations become justifiable. As mentioned previously, distress varies uniquely between patients, and equally benefits are different, therefore patients must be assessed individually, with multiple psychological evaluations currently available. Despite this, there is minimal long term patient follow up information. This lack of long term information may appease some patients, but would not be sufficient to justify operating on others. This is gradually becoming less of a hurdle with greater numbers of operations nationwide and increased demands for audit creating larger quantities of available information. With a greater reservoir of information, as a profession we can facilitate patient autonomy and informed consent more aptly, in addition to appeasing the double effect.

We must now introduce a new ethical consideration which has gradually emerged, the concept of identity. Most surgical interventions are not on public display every hour of the day, with less stigma attached. However, our faces become a part of our identity and how we are uniquely recognized, which has the potential to create serious psychological issues. It is these very distressing concerns which lead patients to seek cosmetic surgery, but if results cause individuals the inability to assimilate the changes created, we potentially could cause more harm than good. This leads to psychological rejection of the operation results. This has been demonstrated particularly in patients with body dysmorphic syndrome, with no level of cosmetic surgery tending to their psychological distress [16]. The concept of identity has led opponents to question whether changes to facial identity will lead to long term psychological struggles with acceptance. Would they view themselves as different people? Ultimately would this affect their mental health? The answer is unclear, secondary to minimal work into identity post facial cosmetic surgery, however with the recent introduction of facial transplant surgery, this is sure to be an interesting discussion in the future.

4. ARE THERE LIMITATIONS TO AESTHETIC FACIAL PLASTIC SURGERY?

We have now considered the ethical principles related to facial plastic surgery, including intermittent references to potential limitations. The most important aspects of addressing limitations include the patient and surgeon

involved. As surgeons, we must always consider patients as individuals and address them thusly. We must consider on a case by case basis which principle is relevant, weigh up the arguments for the individual patient and provide appropriate advice in their best interests. More importantly than this, patients must be aware of the ethical principles. They must be aware of the reasoning behind why they wish to undertake surgery and understand the risks involved with such decisions. The consideration of the principles mentioned in our article would be helpful with patients when making decisions. If indeed both parties involved understand the risks, rewards and realistic outcome, whether good or bad, in addition to ensuring most paramount the safety of the patient, other limitations related to surgical procedure should be addressed with relevant and appropriate research over time.

5. RECONSTRUCTIVE VS. COSMETIC FACIAL SURGERY

As mentioned previously, there has been no mention of the ethics of reconstructive facial surgery. While the pillars of ethics can be applied to any medical setting, what needs to be appreciated is that reconstructive and aesthetic surgery involve differing interpretations of the ethics. Whilst reconstructive surgery aims to repair or restore body parts to look normal, cosmetic surgery enhances anatomy which is already considered normal to meet patient expectations. The key distinguishing factor between these is that reconstructive surgery patients are seen as victims subjected to forces outside of personal control, and as a result may be argued as more socially and ethically acceptable to receive surgical intervention.

6. SUMMARY

The future of facial plastic surgery is finely balanced. Whilst admittedly there are psychological benefits of the operation, there are hazards relatedly to surgical complications and patient selection. In addition to this, the concept of beauty is in constant flux bringing into question long term results of cemented facial alterations. The tipping scales ethically lay in favour of facial plastic surgery using the 'Principles' approach. In addition to this, there are greater quantities of research in relation to selection of ideal candidates and improvement in surgical technique, increasing surgical understanding.

The only thing clear is that what the ancient Egyptians started over 4 millennia ago has become part of everyday existence, with increasing levels of service providers within our field. In conjunction with this, we must also develop, accumulating greater quantities of information regarding outcome, facilitating patient autonomy and decision making. The ethical corner stones must be considered at all times by all health professionals. It is our duty to develop continually along this path, in order to maintain both the integrity of our profession, as well as the safety of our patients. In doing so, we will forever be reaching the standards which we vowed to uphold at the start of our medical careers.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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