

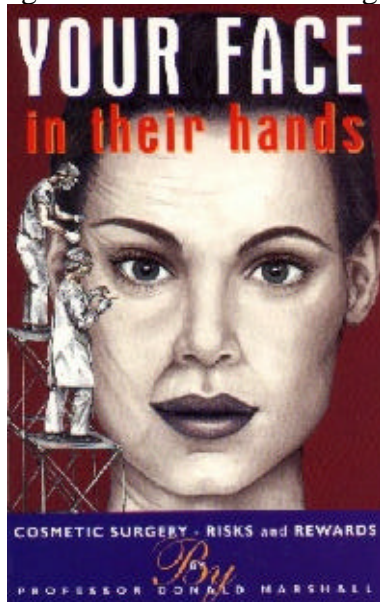
## PLASTIC SURGERY: Cosmetic surgery and ethical issues

### INTRODUCTION

*“The problem with beauty is that it’s like being born rich and getting poorer.”*

By Joan Collins

So what if John doesn’t like me because I’m not as pretty as Jane and like I care if that lady with bigger breast got the leading role in the play. Its what’s in the inside that count, right? One can repeat this to him or herself as many times as he or she likes, but the denial will somehow carry one right back to the harsh reality. Talent is good, but it’s great if it comes along with beauty. In a society where appearance is everything, times can be one’s worst enemy. Who will save them from the evil signs of ageing? It’s a bird! It’s a plane! No, it’s a plastic surgeon. Because of the rising economy, cosmetic surgery



and is now more affordable—which creates great demand for such services. In return, creates a great wave of several different health care providers to become plastic surgeons. Because many are demanding services concerning the enhancement of appearances, cosmetic surgery is widely performed by plastic surgeons. Over the years, cosmetic procedures became more safe and quick which creates an even greater reason for all ages to rush under the knife, not even considering who might be performing the procedure and risks. Many doctors can easily pick up the mantel of “plastic surgeon” without the proper credential and training. Because of this, ethical issues arise concerning the risks behind private clinics and false advertisement.

### WHAT ARE THE PROS AND CONS OF COSMETIC SURGERY?

[members.ozemail.com.au/~eandp/](http://members.ozemail.com.au/~eandp/)

#### PROS

Cosmetic surgery is considered the method of choice for many when it comes to the common problem of aging. The reason for cosmetic surgery is plain and simple; to enhance beauty. It is the result of this enhancement that many decide to choose cosmetic surgery. Recipients can choose to do it to please love ones or their peers, or just for their own satisfaction. Once the procedure is successful and the recipient is happy with the results, his or her self-esteem increases dramatically. Fear and depression will most likely reduce, which makes it easier for the recipient to conform to society. In a way, it helps them feel ‘normal’. Another result that can come out of this procedure is the improvement of job prospects. Men and women, mostly men, in many instances, choose to have cosmetic surgery for professional reasons. “A work culture which often equates youth with energy and ambition, and maturity with irrelevance and lack of innovation, has encouraged the use of cosmetic surgery by men and women to reduce signs of ageing and so improve their job prospects” (Fracassini, 2000, pg. 6).

#### CONS

Although the cosmetic procedure may lead to an “ideal look”, it does not come without risks. Most operations have side effects, many of which are serious and even permanent.

Although statistics are not kept, list of complications accompanying cosmetic operations is long. For starters, infections, wound disruption, and erosion of overlying skin are a routine byproduct of any operation. Scar tissue can harden or darken. (Davis, pg.27)

Each operation has its own specific dangers. Liposuction can lead to “pain, numbness, bruising, discoloration, and depigmentation. Facelifts can damage nerves, leaving the person’s face permanently numb...while breast augmentation can cause encapsulation, whereby the body reacts to the presence of foreign matter by developing and enclosing capsule of fibrous tissues around the implant” (Davis, pg.27). An even more serious matter with breast augmentation is the probability of leakage of silicone into the body, “gel- bleed”. Even if the recipient went through surgery and came out satisfied, he or she still must endure swelling and discomfort before weeks of healing. There are many other permanent risks that are most likely to occur after an unsuccessful cosmetic surgery such as disfigurement. The recipient would have to live with it or go through many more surgeries to try to fix the problem. There are many risks that can happen after an operation, but many consumers seem to focus on the benefits rather than the risks.

After understanding the risks behind cosmetic surgery, the common ethical question asked is why do people continue to get cosmetic surgery, when there is a possibility of failure? One of the answers to that is the lack of information given to recipients by cosmetic surgeons. Most cosmetic surgeons often place money before ethics. They would speak more of the benefits rather than highlight the potential risks that can occur. These types of surgeons often would not turn away unqualified recipients. Dr. Dolsky, a cosmetic surgeon states that “you don’t want someone who will operate on everyone...like a doctor who will do a rhinoplasty on anyone who has a nose” (Kleinman, 1995). Often times, doctors would try to avoid giving information of risks.

The surgeon seemed to have spent more time ridiculing women’s reasons for wanting surgery than in providing them with information which would enable them to evaluate the risks against the benefits of the operation (Davis, pg. 131).

### **ETHICAL CONCERNS BEHIND PRIVATE CLINICS AND FALSE ADVERTISEMENT**

One of the main justifications for deficient results is the lack of competence among most plastic surgeons. “Competency in plastic surgery implies a special combination of basic knowledge, surgical judgement, technical expertise, ethics, and interpersonal skills in order to achieve satisfactory patient relationships and problem resolution” (Flagg, 2002). Unfortunately, without any law prohibiting doctors to practice plastic surgery, any person with a medical degree can label himself or herself a plastic surgeon. To acquire the credentials of a plastic surgeon one must complete the following:

1. At least (3) years of progressive clinical training in general surgery after receiving his or her medical degree.
2. An accredited 2-3 years of program in plastic surgery.
3. Following a comprehensive written and oral examination in plastic surgery.

Some doctors, in contrast, may not have the same strong foundation of his or her skill. Cosmetic procedures are sometimes learned through “workshops, official sounding ‘fellowships’, or videotapes” (Flaggs, 2002). Regardless of training or lack of training, doctors can advertise themselves any way and list themselves under any specialty heading they like. In most states, there are no regulations that prohibit this type of misleading advertising by doctors.

The phrase “board-certified” is often seen in cosmetic surgery advertisements, but is highly understated. It is important to know what it really means and what board certified that individual. “The American Board of Plastic Surgery is the only certifying board for plastic surgery recognized by the American Board of Medical Specialties (ABMS)” (Vinnik). The American Board of Medical Specialties certifies individuals in their chosen specialties. However, there are “more than 100 other so-called “certifying boards” that are not recognized by ABMS nor approved by the Council of Medical Education of the American Medical Association” (Vinnik). Thus, makes it more difficult for consumers to determine a false advertisement, unless a rigorous investigation is done to insure the best results.

It is difficult for consumers to check a surgeon’s background if the doctor is working outside of the traditional hospital setting. In other words, doctors who perform cosmetic procedures in private clinics can easily mislead a consumer by giving titles and certifications, which really provide no assurance of quality training. Meanwhile, “Hospital credentialing committees have strict standards which serve to limit the performance of specific procedures to those who are qualified by virtue of their medical training” (Vinnik). The issue of private clinics performing cosmetic procedures has been widely debated due to the many complaints from surgical failures. The same problem is seen in the UK with private clinics consisting of surgeons with the lack of training and experience. One recent case that occurred in the UK is the complaints about the cosmetic surgeon, David Herbert.

### **THE CASE OF DAVID HERBERT**

David Herbert, a 62 year old, of Newark, Nottinghamshire, is a cosmetic surgeon was accused of botching surgery on dozens of former patients. Mr. Herbert worked privately in Nottingham and Preston, but he worked mainly from the private Cromwell Clinic in Huntingdon. According to his colleagues in the Cromwell Clinic, Mr. Herbert is nicknamed the “flying doctor” because of how fast he carried out his procedures. “He was said to carry out facelifts, which colleagues said would normally take four hours, in about 40 minutes” (Chapman). Allegations against Mr. Herbert included “one women allegedly nearly died after a bowel infection following a tummy tuck... a number of women have had to have corrective surgery after he performed breast surgery and he performed a facelift without using enough anaesthetic” (bbc). The list of complaints is long and gruesome. Mr. Herbert is the first doctor ever to be suspended by the General Medical Council (GMC) during investigation. “Under the current law, the (GMC) are not able to impose interim suspension on doctors who are being

considered under the performance procedure” (Horsnell). However, the issue was raised with the Department of Health who gave permission to impose an interim ban on David Herbert.

### *Ethical Decision-making Worksheet*

<p><b>CASE:</b> Ethical issues behind private clinics.</p>
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#### **Relevant Facts:**

The use of technology and great demand of cosmetic surgery across the world has created a wide road for many health care providers to pursue the field of cosmetic surgery. The great amount of cosmetic surgeons out there will give recipients the opportunity to select the surgeon of their choice. However, ethical issues concerning private clinics arises as the recipient leaves the clinic feeling distressed and unsatisfied. In this case, the issue of David Herbert, gave the consumers of cosmetic surgery a startling ‘wake up call’. Private clinics have been known to have surgeons who lack training and proper credentials, which creates a big problem for those who could, most likely, be misled by false advertisements.

#### **Professional Issues:**

- Any Doctor with a medical degree can pick up the mantel of “cosmetic surgeon”, advertise those services, and perform them.
  - A doctor specializing in facelifts can also do lipsuction. Basically, a doctor can perform any cosmetic operation as long as he or she has little knowledge about it.
- Doctors have an ethical obligation not to misrepresent their training.
- Doctors have an obligation to evaluate the benefits and risks of the procedure with the recipient.

#### **Legal/Policy Issues:**

- Currently, there is no law or regulations against Surgeons who wants to use their skills to perform a cosmetic procedure, regardless of the lack of knowledge in the field. Doctors can open a private cosmetic surgery clinic, call themselves a consultant, advertise to patients and operate on them.
- In the UK, “David Herbert was the first doctor to be dealt with under new powers which enabled the General Medical Council to impose interim bans while complaints were dealt with” (The Herald, 2000).

#### **Ethical Issues:**

- False advertising—in other words, lying—is morally wrong.
- It is the surgeon’s duty to fully inform the consumers of the possible risks involved.
- Doctors should turn patients away if he or she is not qualified for the operation (i.e. if the patient has certain medical problems or if the patient is building an unrealistic expectation)

#### **Stakeholders:**

- Cosmetic surgeons- may have to take longer to get license to prove he or she is acknowledgeable in field of cosmetic surgery.
- American Board of Plastic Surgery- they certify qualified surgeons
- In the UK, the (GMC)- have to create new regulations to insure less or no complaints from consumers.
- Private Clinics- may have to follow a strict standard and be monitored to show they have relevant qualifications to practice.
- Consumers-are the ones to be affected the most if new regulations are not given to insure their safety.

#### **Possible Actions:**

- Ban private clinics and force the surgeons to perform procedures in hospitals.
- Leave private clinics alone and give them the right to conduct any operation in cosmetic surgery, as long as the surgeon has gone through the programs and training and has a medical degree.
- Continue the right to open private clinics, but must be centrally registered and monitored by the National Care Standards Commission. The surgeon must also meet the rigorous qualifications before becoming a licensed cosmetic surgeon.

- Continue the right to have private clinics, but surgeons must be limited to practicing one or two types of operations, rather than having multiples of specialties.

### **Consequences:**

The option that produces the most good and least harm would be to have private clinic, but it must be centrally registered and monitored. This would help consumers to feel safer knowing that the surgeon is qualified to operate and that he or she is experienced with the procedures and the GMC would not have to go through many complaints (although, that does not mean there will be no mistakes in future operations). This option would eliminate false advertisements. Since surgeons are qualified with enough training, he or she will not have to lie about their credentials.

### **Individual rights/fairness:**

The consumers have the right to know what type of quality of service they are getting when choosing to be operated on, and its only fair for consumers to receive honest information that is necessary for patients to know. So having the clinics monitored would create strict standards for private clinics and surgeons, which create an obligation to give the best service possible. In return, private clinics would get a better reputation and a band of trust is created between consumers and his or her surgeon. Although, being monitored would intrude the rights of privacy.

--By taking away private clinics, that would take away the rights for all medical care providers who wants to open their own clinics. That would force them to seek jobs in hospitals or public clinics.

### **Common Good:**

This option would definitely be virtuous, compared with other options listed above. The greatest common good would come to consumers, the GMC, and also surgeons—since they would gain better recognition from satisfied consumers.

### **Final decision:**

I believe that private clinics should follow strict standards and be monitored. That way, it would insure safety for consumers that want cosmetic surgery, and end the false information placed on advertisements. If David Herbert had to be monitored, he wouldn't be given the freedom to perform surgery on patients the way he wants it (i.e. performing a facelift in 40 minutes).

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Good paper. The topic is a bit off of the technical mark, and deals mostly with the certification of medical professionals. This is really more along the Business Ethics line than the Technology line.  
Grade: 88