

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.

## **Anonymous**

### **Response to the Nuffield Council on Bioethics' Call for evidence on cosmetic procedures**

The below is not a response to any single question in the call for evidence. Rather, it briefly describes and explores a number of matters that would benefit from the Council's insight and analysis.

The questions included in the call for evidence skirt the issue of why people feel cosmetic procedures are normatively freighted in a way that other procedures are not. Because the Council is conducting the call for evidence, and the project to which it is attached, it seems obvious the Council believes there are at least some properties associated with cosmetic procedures that require unique ethical evaluation and that these properties will be explored in the final outputs of the project.

Risk of physical harm should not be a significant element of this evaluation. Risk is a generic moral concern not linked sufficiently to the concept of cosmetic procedures to make it worth considering as a specific element of the ethical evaluation. It may matter insofar as the risk vs. reward calculation differs when compared to other less elective, more healthcare-related surgery, but that simply draws more attention to the fact it is the *other* half of the equation that really matters. For example, one might argue that significant physical risk is inappropriate in procedures marketed at enhancing sexual desirability, but the interesting moral work in that example is performed by judgements about the morality of pursuing or marketing sexual desirability, not the possibility of physical harm.

Other possible reasons to invest in cosmetic procedures a moral weight not found in other physically similar procedures are listed below. The Council has an opportunity to explore these and explain to multiple audiences what they mean and why they are, or are not, relevant.

#### Violation of prevailing sexual morality

Threat/jealousy: Enhanced physical sexuality (per the norms of the relevant society – youthful looking skin or large breasts, for example) could be interpreted as threatening the sexual desirability of those criticising the procedure, or perhaps sparking within them a desire that they find shameful or inappropriate and so necessary to control 'at source'. This is thematically similar to the idea of covering up parts of the body considered sexually alluring or impure, such as genitals, buttocks, and breasts in Western society. There must be strong ethical reasons for criticising decisions to change one's own body, and the attendant threat to the agency of the individual that those criticisms entail. This applies to the choices those under 18 may wish to make.

Moral failing: The pursuit of characteristics linked with sexuality might be considered intrinsically morally problematic simply by linking the individual with the concept of sexuality (continuing the previous example, a woman failing to be appropriately chaste by seeking a breast enlargement.)

#### Rejection of the primacy of mental attributes

The belief that mental attributes are inherently more valuable than physical attributes – intelligence over beauty, wisdom over strength. Cosmetic procedures implicitly or explicitly reject, or at least fail to sufficiently abide by, this belief. That mental characteristics are more valuable than physical is a frequently encountered belief but it is not self-evidently true, certainly not if the justification for the primacy of the form is couched in instrumental terms.

The prevalence of this belief runs counter to the more commonly discussed and criticised narrative that (Western society in particular) values too strongly the physical over the mental. This narrative is too simplistic – society entertains a number of often contradictory beliefs and practices, and beliefs about the value of physical and mental attributes are no exception. Individuals can hold contradictory beliefs, and society has a number of subgroups with radically different value systems. Many academic elites for example pay at least lip service to the idea that the physical is less important than the mental; educational establishments (generally) formally emphasise the mental over the physical. The countervailing pressures are well known moral bugbears – 'the media' tends to emphasise beauty and children are bullied for being too ugly or too clever. But the society we live in is complex and supports a number of different conceptions of the good life, with corresponding pressures

to obtain that life; children are *also* bullied for being unintelligent. This underlies one of the larger failings of the debate on cosmetic procedures: the unspoken assumption that the pursuit of the physical (often in terms of sexual desirability) is inappropriate, somehow crass. Why not read a good book instead of worrying about your weight? Why not study another language instead of working extra hours to afford liposuction? What is breast size next to academic attainment? In certain segments of society, these sentiments are exceptionally common, even endemic.

The collective desire for the perfect physical appearance is decried – we fear for our children and the pressure they may feel to live up to this, the dangerous lengths they will go to have the beach-ready body, the thigh gap, the washboard stomach. We are aware of the undeniable social pressure to conform to a certain physical standard. But at the same time, even within the same breath used to bemoan this attitude, we frequently express an equally strongly held but opposed view that the mind is what matters, that character is better than appearance, that mental acuity is to be preferred to aesthetics. How often do we ask ourselves on what basis do we think this? How often do we stop and worry about the effect that has on children who cannot attain those mental characteristics but who can achieve the physical?

These value judgments act as the foundation for this thinking and suffuse the debate about cosmetic procedure, but are rarely if ever fully articulated. If one instinctively recoils from the thought of a cosmetic procedure, it is helpful to transparently assess the reasons for that response. The Council could helpfully contribute to the debate by clearly and simply stating the arguments and moral assumptions that underlie so much of the discussion about cosmetic procedures, especially those that so often remain hidden.

## Acceptance

There is another strand to some arguments against cosmetic procedures: that one should accept, and learn to value, the attributes one has 'naturally'. This is linked to the prioritisation of mental characteristics and, again, the reasoning is usually unarticulated.

A strong argument could be made that it is useful and sensible to learn to accept the qualities we each have simply because we are likely to be happier if we learn to accept and value ourselves for what we are, not what we would wish to be or what we are told we should be. This is a fine argument, but rarely applied consistently. Are we to accept that mantra with respect to our minds? Our moral character? It is widely regarded as an unalloyed good to seek to improve one's mental faculties and one's moral character. Rarely would we support a person that simply accepts that they are selfish or that they are profoundly ignorant. Those qualities are usually treated as by definition things that can and ought to be changed, and that there is value in doing so – and in attempting to do so. But physical characteristics are subject to change also. For what reason should someone *not* seek to physically improve themselves? Is it too instrumental? Mere vanity? What distinguishes those activities from activities that instrumentally improve the mental characteristics? Do we encourage our children to learn new things, to improve their critical reasoning, simply because it will improve their life chances? Is that the only reason to value mental faculties? If so, then challenging the primacy of those characteristics becomes trivially easy – beauty is almost always instrumentally useful in our society. If it is not simply instrumentality, then what is it? Is it an intrinsic quality in these characteristics that make it morally justifiable to pursue them and if so, what is it? It may be that there are clear, strong, and well-rehearsed arguments that easily end this line of thought. The Council would do the public a service by working through any such arguments them simply and boldly, as they are not immediately obvious to the lay person.

## Other matters to take into account:

Beauty norms: A number of the concerns mentioned in the call for evidence seemed to relate to restrictive beauty norms, their enforcement (explicit or otherwise), and the relationship they may have with cosmetic procedures. For example, judgments based on those norms tacitly encouraging people to pursue cosmetic procedures in order to better physically reflect those norms.

The Council could usefully discuss whether restrictive beauty norms are morally problematic in themselves and whether it is possible to have a norm in society without there being at least some pressure to conform?

The consultation itself: a number of comments and claims made in the consultation suggest a particular standpoint is already held by the authors. This is natural – everyone has views – but they bear examination.

*“...hope that changes in appearance will lead to greater happiness, or greater success”.*

This section implies, but does not explicitly state, not so much disbelief that this may be possible but sadness that it is so. And these things are possible: happiness – or at least partial happiness – may be derived from cosmetic procedures whether reconstructive or elective. The fact reconstructive surgery exists and is seen generally as a more acceptable alternative is a strong argument in favour of this position – if it were not generally accepted that surgery to effect a change in physical appearance was capable of helping to bring about happiness, reconstructive surgery probably would not exist.

Personal success may also follow from cosmetic procedures, especially within narrow professional or vocational boundaries: breast augmentation may be a professional requirement for actresses appearing in some kinds of pornography; rhinoplasty may be strongly correlated with success in Hollywood films. This is unsurprising. What would be contested is whether it ought to be so. Those who undergo those procedures may or may not be aware of the societal pressure to conform to beauty standards. They may or may not be aware of the changeability of those standards and the resulting conclusion that they are for the most part subjective. And they may or may not care; one can rationally accept that societal pressure to conform to 'unrealistic' beauty standards is psychologically damaging to some people, and still feel morally justified in electing to enhance one's breast size in order to improve one's chances of making money by starring in pornographic films, or being more likely to be selected for the starring role in a film because one's nose is now deemed acceptable.

*“Research exploring the factors that motivate people to undertake a cosmetic procedure has highlighted both societal factors (such as the pressure to look young, media and celebrity influence, and seeking to conform to cultural or social ideals) and interpersonal factors (such as body dissatisfaction and impact on self-esteem, teasing, and experience of family and friends)”*

Following on from the above, the way this claim is couched seems to leave no room for the possibility of morally justified self-improvement: the listed societal drivers suggest frippery, manipulation, and pressure. The listed interpersonal factors are equally negative and imply, but do not state, a failure of character in the dissatisfaction and self-esteem, and emotional trauma as an origin for the desire to change. It is not clear to what the 'experience of family and friends' refers. Another way of phrasing the social could be “a desire to look young and attractive in line with current trends (as defined and conveyed by the media and famous individuals).” The interpersonal might be recast as “a desire to improve one's physical appearance to improve one's self esteem”.

It may be that this list fairly and simply reflects the nature of the research. But that in itself raises another series of questions: has no research found instrumental grounds for cosmetic procedures (“I want to look good to get that acting role”)? If that is the case, it is worth reporting. Are the reasons listed, if they are true, actually morally relevant? Is it bad to be dissatisfied with one's body?