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DEFINITIONS OF 'COSMETIC PROCEDURES', AND THE AIM OF SUCH PROCEDURES

The Australian Inter-Jurisdictional Cosmetic Surgery Working Group (2011) (http://www.health.nsw.gov.au/pubs/2012/cosmetic_surgery.html) defined cosmetic medical and surgical procedures as:

"operations and other procedures that revise or change the appearance, colour, texture, structure or position of normal bodily features with the sole intention of achieving what the patient perceives to be a more desirable appearance or boosting the patient's self-esteem".

The working group also stated that:
"cosmetic surgery [can be understood] as a procedure performed to reshape normal structures of the body or to adorn parts of the body, with the aim of improving the consumer's appearance and self-esteem"

According to the State of Queensland "Amendment Bill 2008 Restriction on Use of Cosmetic Surgery for Children and Another Measure", "a cosmetic procedure is a procedure involving the removal of excess skin or fat from, or the reshaping of, a part of the human body, including the following: abdominoplasty, also known as a tummy tuck; blepharoplasty, also known as eyelid surgery; brachioplasty, also known as an arm lift; foreheadplasty, also known as a brow lift; liposuction or liposculpture; rhytidectomy, also known as a face lift; thighplasty, also known as a thigh lift; and torsoplasty, also known as a body lift."

According to the "Cosmetic Surgical Practice Working Party; The Royal College of Surgeons of England" cosmetic surgeries are "Operations and all other invasive medical procedures where the primary aim is the change, the restoration, normalisation or improvement of the appearance, the function, the well-being at the request of an individual"

The Danish *Statutory Order regarding Cosmetic Treatment* at articles 1 and 2 reads that " **Article 1.** Cosmetic treatment in this statutory order refers to any corrective procedure where cosmetic consideration is the main clinical indication, or any treatment which, as its chief aim, intends to change or improve the appearance (…) **Article 2.** The term surgery (…) is to be understood as operational procedures which break through skin or tissue, or procedures involving the introduction of apparatus into the natural apertures of the body".

Cosmetic procedures are hence all procedures that aim at enhancing the appearance of individuals not because such interventions and body modifications could improve the functions of individuals who undergo such treatments but because of the possible (and foreseen) positive psychological effects of such procedures on the individual's wellbeing, body image (which is the subjective perception of the body as it is seen through the mind's eye[1]) and self-esteem.

Some interventions are at the boundary between cosmetic and reconstructive surgery, as for instance some of these interventions aim at giving a certain feature a "normal" appearance even though the abnormal feature does not cause any malfunctioning of the body part being modofied. This would be the case of some breast deformities, for instance, which don't cause the woman to be unable to breastfeed after pregnancy, but can cause severe distress and lack of self-esteem because of the abnormal appearance of the breasts.

Moreover, the very same intervention, for instance a breast enlargement, can have a purely enhancing/cosmetic goal when the woman already has an average sized breasts but can be considered a reconstructive treatment when the woman has an extremely small breast (outside the bell curve). So the difference between cosmetic and reconstructive surgeries can sometimes be blurred and not as clear as one might think- although there certainly are treatments than clearly qualify as purely cosmetic ones.

ISSUES SURROUNDING INCREASING DEMAND FOR COSMETIC PROCEDURES

[1] McGrath, Mary H., and Sanjay Mukerji. "Plastic surgery and the teenage patient." *Journal of pediatric and adolescent gynecology* 13.3 (2000): 105-118.

It is well known that demand for cosmetic procedures has been increasing exponentially over the last decades. For instance, according to the last data released by the American Society for Aesthetic Plastic Surgery[2] in 2014 in the US more than 10 million cosmetic treatments were performed, for a total cost of more than 12 billion dollars. Women had more than 9.6 million cosmetic procedures, a 429% increase from 1997.

The increasing demand for cosmetic procedures is not, per se, a bad thing, and it is definitely not a new phenomenon. People have tried to improve their looks for millennia, through means which were much less effective and way less safe than the ones provided by current cosmetic treatments. However, there are some specific aspects related to the current increasing demand for cosmetic procedure that raise special concerns.

One issue I consider to be extremely important is the one related to the narrow standard of beauty society currently enforces. The prevalence of a certain paradigm of beauty is very often the by-product of social, economic and cultural dynamics. As Nancy Etcoff put it "Beauty judgments are sensitive barometers of social status. In all countries the economically dominant group has put forward its own ethnic features as the standard of beauty, and in widespread dominance mimicry, other groups tend to follow the group's lead"[3]

But human perception of beauty is also, to a large extent, a by-product of evolution. For instance, a preference for symmetrical features, certain facial proportions (for instance, the distance between the nose and the lips, or the eyes and the nose) and body parts (hips to waist ratio), smooth skin and averageness are hard-wired in our brain because they have a heuristic function

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[2] http://www.surgery.org/media/news-releases/the-american-society-for-aesthetic-plastic-surgery-reports-americans-spent-more-than-12-billion-in-2014--pro(Last accessed 29/12/2015).

[3]Etcoff, N.; *Survival of the Prettiest: the Science of Beauty*, New York: Anchor Books, 1999, p.117

in signalling that a person is healthy[4]. That such preferences are not influenced by cultural or social influences is also suggested by experiments on children just a few weeks old, in which they show to stare for longer at faces considered attractive by adults[5].

However, preferences for some facial or body features are also largely influenced by environmental factors. People, for instance, tend to like better the features they are more heavily exposed to, especially during their childhood. We are not born with a precise beauty paradigm in our brain bu, although evolution may shaped a "canvas" for what we can consider beautiful (for instance, we are hard-wired by evolution to like symmetrical features, but within symmetrical faces we can like very different facial features). Here is when environmental influences- and mainly exposure to some characteristics- enter the scene and complete the picture of the ideal beauty model we have in our brain. For instance, a person who is mainly exposed to people matching the current most widespread paradigm of female beauty (low BMI, Caucasian, tall, straight blonde hair, etc.) will very likely assimilate that paradigm of beauty. Exposure seems to work also in the case of reverse experiments like when people are exposed to a wider range of facial features and different kinds of bodies, and they tend to find attractive these features more attractive than people who are not exposed to them[6][7].

There are at least two cases in which the increase of demand for cosmetic surgery raises questions about the importance of nudging societal beauty standards so that they are more inclusive.

One case is the request for treatments aiming at changing features which are not unattractive according to biological or evolutionary standards (such as lack of symmetry or unhealthy skins), but merely according to social standards. For

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[4] M. L. Glocker, D.D. Langleben et al. Baby Schema in Infant Faces Induces Cuteness Perception and Motivation for Caretaking in Adults, *Ethology*, 115 (2009) 257–263.

[5] Langlois, J. H., Ritter, J. M., Roggman, L. A., &Vaughn, L. S. (1991). Facial diversity and infant preferences for attractive faces. Developmental Psychology, 27, 79-84.

[6] Becker, A. E., Burwell, R. A., Herzog, D. B., Hamburg, P., & Gilman, S. E. (2002). Eating behaviours and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls. The British Journal of Psychiatry, 180(6), 509-514.

[7] Halliwell, E., Easun, A., & Harcourt, D. (2011). Body dissatisfaction: Can a short media literacy message reduce negative media exposure effects amongst adolescent girls? British journal of health psychology, 16(2), 396-403.

instance, the increase of request of eyelid surgery from Asian people, in order to have eyes that look less Asian and more Caucasian is not due to anything like an objective higher degree of attractiveness of the Caucasian eye-shape over the Asian eye-shape, but (most likely) to the fact that Caucasian features dominate the media and are commonly portrayed as more attractive in magazine, movies and in general in the media. Given the fact that the widespread preference for Caucasian features (also by non Caucasian people) is (most likely) just a by-product of political, economic and cultural dominance, the increased request for cosmetic treatments aiming at the "caucasization" of people from other ethnical backgrounds should make us think about the negative influence of media on non Caucasian populations. Portraying people from different ethnical background would come at no cost or very little cost for the fashion industry and for the media, but such shift toward a more varied and inclusive standard of beauty could have a very positive impact on people who are currently unsatisfied with their appearance not because they are objectively unattractive but because they don't fit with the current paradigm of beauty.

Another factor that is probably causing an increase in requests for cosmetic surgery -for reasons which are not connected to genuine issues related to lack of attractiveness is the (ab)use of Photoshop and similar apps. Although women in magazines have always been more good looking than the average (Marilyn Monroe did not look like the average woman in the 50s- she was an above average good looking woman), and although media have always set beauty standards that were not matchable by the majority of the population- they were still within the normal human variation. Because of Photoshop, this is no longer the case: women portrayed in magazine are not just very attractive, but their pictures are skilfully photoshopped so to show flawless images- so flawless that it can be difficult for the same person who is photographed to recognize herself in the picture. The increasing demand of cosmetic treatments can be caused - I am not saying it is, or that it is in the majority of cases- by the spreading of pictures of incredibly attractive women whose perfection cannot be reached by human beings, and indeed, cannot be matched by the same subjects of such pictures. We are exposed to pictures of incredibly attractive, flawless women who have smooth skins, long tapered legs, flat stomachs, round derrieres, perfectly sized and shaped breasts, long and luscious hair and never wrinkle, never have dark circles around their eyes or grey hair. Setting

such impossibly high standards, actually standards that cannot be matched even with a number of cosmetic interventions, makes people feel constantly below the standard, hence unhappy with their appearance, no matter how attractive they are. France recently passed a law that prohibits the use of Photoshopped pictures in commercials. I do think that such a measure should be taken by other countries too, and that the magazines and the media in general should make the effort of representing more often average and normal looking women. A few years ago the cosmetic company Dove has started to portray in their commercial women from different ethnic groups and of different sizes and shapes. The underwear brand Aerie announced they won't Photoshop pictures of their models. I think that if such policies spread among other companies and brands, they could quite significantly contribute to set more realistic standards of beauty. Taking into account the best evidence available and the fact that images we are exposed to can tilt both our aesthetic preferences and our self-image, it seems plausible that exposure to non photoshopped and more varied types of body and face features could have very positive effect on people, especially on the ones who are particularly sensitive to social pressure.

In sum, although the increasing demand in cosmetic surgery is not, per se, worrisome- surgeons should make sure that patients requesting cosmetic interventions are not doing so because they have unrealistic standards of beauty and unrealistic expectations with respects to the results of the surgeries. Likewise, patients requesting treatments aiming at changing ethnic features that are not objectively unattractive but just don't fit with the most widespread standards of attractiveness should be assessed more carefully than standard requests for cosmetic surgery. As a society, we should make sure that unrealistic standards of beauty are no longer supported and spread by the media, and that standards of beauty become more inclusive and more open to variations within the same ethnic group and among different ethnic groups (the ban of Photoshop should be the first step in this direction).

HOW COSMETIC PROCEDURES ARE PROVIDED, AND REGULATED

In 2013 the UK Department of Health issued a "Review of the Regulation of Cosmetic Interventions". In the document the reviewer committee expressed their serious concerns about the lack of legislation surrounding non- surgical cosmetic procedures "In fact, a person having a non-surgical cosmetic

intervention has no more protection and redress than someone buying a ballpoint pen or a toothbrush".

The aforementioned Australian Inter-Jurisdictional Cosmetic Surgery Working Group (2011) report highlighted similar issues "While cosmetic medical and surgical procedures are undertaken by some medical practitioners who have completed advanced specialist surgical or medical training, current regulatory provisions allow any registered medical practitioner to set up in practice and call themselves a cosmetic surgeon or physician, conveying the impression that they are specifically qualified or specialise in the area". The working group suggested that "[T]here should be a national framework covering cosmetic medical and surgical procedures, which includes a baseline of requirements. The national framework should be based on five interdependent elements – the procedures, the promotion of the procedures, the practitioner, the patient and the place"
It seems that in general the lack of data about the number of cosmetic procedures performed in Europe (and Australia) and the competences of people who perform these procedures are urgent issue to address.

Apart from the dangers related to non surgical interventions, it is important to notice that in most countries, any surgeon can perform cosmetic surgeries, without having to be trained in cosmetic surgery. In general, then, both surgical and non surgical cosmetic treatments are under-regulated and often performed by people who don't have the skills, competences and training to administrate such treatments. This lack of specific regulation puts in danger the increasing number of people who choose to undergo cosmetic treatments- hence, stricter rules about the kind of treatments people with different competencies can administer should be implemented.

Another important and urgent change in the current regulations has to do with the lack of specific rules governing cosmetic treatments (including cosmetic surgery) on underage people. There are relevant differences between cosmetic surgery on children and cosmetic surgery on adults. However, most legislations seem not to take these differences into account and to solely rely on the fact that parents give consent to perform the treatment does not guarantee that the treatment is in the best interest of the minor. Unfortunately, this is not always the case, and parents can sometimes choose treatments which are not in the best interest of their child or can even damage the child.

Some countries have adopted special legal measures to govern cosmetic surgery on children: in 2008 the State of Queensland passed a restrictive law regulating purely cosmetic surgery on children, Germany was about to pass a similar legislation in 2013, and in Italy an underage person cannot undergo breast enlargement surgery (law 22 May 2012) for purely cosmetic reasons. However, the European legislation on the matter is currently lacking specific rules to protect children whose parents may be willing to go to great extents in order to achieve certain aesthetic results.

An interesting aspect of the Queensland legislation is that parental rights are overridden by the medical decision to refuse to perform the treatment. This means that, if the surgeons don't agree with the parents that a certain cosmetic treatment is in the best interest of the minor, then the treatment cannot be performed.

Very young children are usually not capable of forming their own ideas about what kind of feature they like or dislike in themselves. In general, the law should make sure that decisions about cosmetic surgery are postponed to a moment when the child's preferences can be expressed- and such preferences should be taken into account.

In general, when cosmetic surgery aims at changing children's features, questions around informed consent tend to be more difficult. For instance, how do we know how much a child understands about the possible risks involved in the treatment? How do we assess whether the child has realistic expectations about the possible outcomes, both in terms of aesthetic results and psychological relief? Cosmetic surgeries on children should involve mandatory meeting with a team of experts, including a psychiatrist and a psychologist.

Moreover, it is important to consider that children's facial and body feature change quite dramatically up to the age of 20, so it is possible that a characteristic that looks unattractive at a younger age, does not look so when the child grows up (for instance, a nose that looks extremely big when one is 6 year old may look just average sized when the same person is 18).

When children themselves insist on getting a certain treatment, is also important to take into account the fact that children tend to be less shielded to peer and social pressure, so also in this case, waiting for the child to grow up and develop resistance to social pressure is a good strategy.

However, waiting for the child to be involved in the decision about cosmetic surgery can have bad consequences. For instance: some interventions are best performed when the child is very young, either for medical or for psychological

reasons. Some interventions are medically more successful if the person is very young (this is the case of ootoplasty, which should be performed around the 6 years of age). Moreover, there are cases where the psychological benefit of the cosmetic surgery is best achieved if the treatment is performed when the child is very young. For instance, if the physical disfigurement or abnormality is so evident to trigger extremely negative responses from people who interact with the child, then it may be that the child would benefit from having the surgery performed on her as soon as possible.

In sum, legislations governing cosmetic surgery in general should be more restrictive and make sure that only highly qualified personnel performs cosmetic treatments. The patient should also undergo psychological examination proving that they have realistic expectations about the outcomes of the surgeries.

More strict rules should govern cosmetic surgery on children. In general, it would be best to wait for the child to be involved in the decision, and to be able to express their preferences. Parental consent to cosmetic treatments on children does not guarantee that the treatment is in the best interest of the child, and in some cases, if doctors agree a certain cosmetic treatment goes against the best interest of a child, parental rights should be overridden.

In some cases cosmetic surgery should be performed at a very early age so to spare the child psychological trauma, but these cases should be assessed case by case by a team of cosmetic surgeons, psychiatrists, ethicisists, together with the parents.