

An Ethical Analysis of the Rise of Female Cosmetic Surgery in Nigeria

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Abstract

A significant number of Academics have over the years dealt with diverse ethical concerns regarding the correct or right choices humans make; especially as it pertains to the influence of globalization, made possible by the significant advancement made in the natural sciences and technology. Today, issues like abortion, organ transplantation, cloning, artificial insemination, amongst others, have preoccupied most bioethical researches. This is based on the fact that the disadvantages of opting for such biological procedures are far-reaching, and except on extreme cases, are violations of human dignity. The frequencies of these hitherto act and practice becomes a source of concern to every well-meaning person. This research examines the ethical concern brought about by the rise in cosmetic surgery with special recourse to its prevalence in a country like Nigeria. Despite all concerted effort globally, at mitigating the practice, the preponderance of these within the Nigerian context induces us to proffer solutions that are founded on the ethical values and principles advanced by sages and academics of great repute. It is hoped that analysis and the solutions advanced in this research becomes a potent weapon to combat the wave of this supposedly 'unethical' practice in the Land.

Keywords: Ethical. Analysis, Philosophy, Cosmetic Surgery, Bioethics.

Introduction

Bioethics is the philosophical study of the Ethical controversies brought about by advances in biology and medicine. Humanity is presently celebrating the progress and achievement of science, especially in technological development. The life of mankind has been greatly improved by man's ability to subdue and control nature, predict and manage hazards, devise and utilize sophisticated technological gadgets that are even helping man to expand his horizon beyond the planet Earth. In the realm of Medical sciences, life expectancy has improved tremendously because of the discovery of new means of therapy and longevity. The possibility of duplicating human beings scientifically by the process of cloning has brought to the fore, the notion that man is playing God (Uduigwomen et.al, 1); this has also raised moral questions concerning the rightness or wrongness of such developments. What is more trending recently amongst others is the progress and different turn taken in plastic or reconstructive surgery to cosmetic surgery. Our unprecedented ability to manipulate human physiognomy raises new questions about the nature and limits of altering the body for purposes other than curing disease. Bioethical analysis of cosmetic surgery considers a number of other problematic elements as well. Critics question the ethics of undergoing surgical risk to alter appearance rather than to cure infirmity. Again, they are concerned with the social and cultural aspects of cosmetic surgery. By pursuing some cultural ideal of beauty, they argue, cosmetic surgery is complicit with social messages of inadequacy, of need to conform, and of the blurring of the individual in relationship to the larger social group. Pursuing media-generated ideals of beauty, cosmetic surgery, critics argue, contributes to the oppression of women and minority groups.

The field of bioethics tries to identify, edify, and make prescriptive judgments about ethical issues in medicine. In so doing, it draws upon a history of philosophical analysis of ethical principles, case studies, empirical research, and historical precedent. Bioethical dilemmas are often conceptualized upon foundational principles such as respect for autonomy, beneficence, non-maleficence, and justice. Do persons who undergo such practice understand the fact that their choices are temporary (pleasure) as against lasting choices (happiness)? When one opts for a cosmetic surgery, certainly, you should expect that the practice, as have been proven, might satisfy the individual momentarily; but what happens with the person's perpetual happiness. More so, what happens when the process becomes unsuccessful? In addition, there is every possibility that most surgeons do conceal the actual truths of the aftermath of the practice, thus focusing mostly on the instrumental advantage it yields to them and their clients. With this, the dignity of the human person

is violated, human freedom is twisted and most Ethical principles and laws of nature are violated. This is worrisome; when one considers the dimension it has taken today and the complex procedures taken during the process and the pains that accompany it for months or years after the process, one will understand that it is a questionable venture. This digression has long-lasting psychological effects on the patient when the procedure is unsuccessful. This paper explores the growing concern about the ethical principles and considerations in cosmetic surgery. It apparently argues that cosmetic surgery presents a lot of risks for the patients. It shows how innovative we can be in aiding to our self-destruction.

Blurring Distinction between Plastic Surgery and Cosmetic Surgery

(A). Plastic Surgery

The word 'plastic' comes from a Greek adjective "plastikos," derived from the verb "plassein" meaning to mould or form (<https://www.polyplastics.com/en/pavilion/beginners/01-03.html>). It is found in the Latin of the first century A.D. as 'plasticus', and by the time of the Renaissance, it was common to use in French (plastique) and English (Wallace 7). From here, it is plain that from the etymology of the word, plastic operations are basically meant to mould or form parts of the body which are either deformed or unacceptable by the individual. Panfilov averred that Plastic operation is the reconstruction or improvement of forms or functions by resection, transplantation, or implantation (1). Panfilov's position is acceptable on the basis that the form of surgery in question is specifically reduced to the reconstruction of defects and congenital malformations, for example in the region of the skull and face, after injuries to the hand, and after burn injuries; one major components of plastic surgery is the aesthetic/cosmetic surgery.

(B). Aesthetic/Cosmetic Surgery

The term aesthetic is derived from the ancient Greek verb *Aisthánomai* (to feel, to perceive) (Douglas). So, with the emphasis on perception, aesthetic can be interpreted as a feeling for beauty. The widely used term cosmetic surgery is a synonym to Aesthetic, Anaplastic, and Beauty surgery (Panfilov 1). Aesthetics plastic surgery is seen as the ultimate symbol of the invasion of the human body for the sake of physical beauty; from her experience, Panfilov was of the opinion that "Cosmetic surgery is that surgery which is done to revise or change the texture, configuration, or relationship with contiguous structures of any feature of the human body" (2). Unlike reconstructive surgery, there is no medical justification for cosmetic surgery (Ricciardelli and White 953). Such surgeries can be invasive, performed by a doctor and involving a surgical operation, or non-invasive, procedures such as laser hair removal or 'microdermabrasion' that are performed in beauty salons.

The Practice and Surgical Procedures for Cosmetic Surgery

Most of the ground work for the growth and development of cosmetic surgery was laid down in the 20th century where professional groups in the medical field were developed, with most surgeons specializing in specific aspects of reconstructive surgery (Panfilov 6). To a large extent, the broadening and intense commercialization of reconstructive surgery into cosmetic and aesthetic surgery comes from the continued embrace of the culture of beauty in the contemporary society (Blum 2). McInnes et al. observed that the development of reconstructive surgery has set the ground for the development and intense embrace of cosmetic surgery (163). This reiterates the change in the scope of plastic surgery. Cosmetic surgery is largely portrayed as a powerful magic that can transform the physical look of people. "Most surgeons tell me about the technical aspects and the logical desire to improve your appearance..." (Blum 4). The most popular aesthetic/cosmetic procedures include:

1. Breast Enhancement

It is also called Mammoplasty, mammoplasty or mastoplasty, which refers to a group of surgical procedures performed to reshape or modify the appearance of the breast which is considered abnormal.

a. Breast Augmentation (Breast Enlargement)

This is one of the most common procedures in cosmetic surgery. This is done to enlarge the breasts either with fat grafting, or with saline or silicone gel prosthetics, manufactured in France in 1964. The procedures are usually carried out because the woman feels her breasts are too small (micromastia), or if one breast is larger than the other, or if the breasts have changed after pregnancy

and/or breast feeding (Rinzler 21).

b. Breast Reduction

Through this procedure the skin and glandular tissue is removed to make the breasts smaller. This may also apply for women who suffer from shoulder or back pain because their breasts are too large and considered abnormal, which is a rare syndrome call *gigantomastia* (Rinzler 25).

c. Mastopexy (Breast Lift)

The need for this procedure arises from natural factors like weight loss, pregnancy and breastfeeding causes skin to lose its elasticity and alter the shape and firmness of the breasts (Rinzler 23). This procedure raises sagging breasts by repositioning the nipples higher on the chest wall, correcting and modifying the size, contour, and elevation of the breasts.

2. Facial Contouring

Facial contouring brings balance and better proportion to the structural appearance of your face.

a. Rhinoplasty (Nose Job)

This procedure of reshaping the nose is usually done by an otolaryngologist (head and neck surgeon, ear/nose and throat specialist), maxillofacial surgeon or plastic surgeon. It aims to improve the appearance of the nose (Rinzler 165).

b. Chin Augmentation

The aim of this procedure is usually to give the patient a more prominent chin and a better balance of facial features. A patient who has a nose job (rhinoplasty) may include chin augmentation surgery in the same session. It is also possible for a surgeon to manipulate the jaw bone without using a prosthetic implant (Rinzler 35). However, chin augmentation with implants is the more popular option for patients with normally functioning teeth and jaw development.

c. Cheek Augmentation

This surgical procedure is intended to emphasize the cheeks on a person's face. A solid silicone implant is placed at the top of the cheekbones. As a person ages, cheeks may lose their fullness. Cheek implants can be used to add definition back to areas of the face where bone structure has become less prominent. Injectable fillers can also be used to instantly lift a person's cheeks and restore lost volume. Fat transfer is probably the most popular option at the moment for long-term cheek fullness, but using your own fat requires an additional liposuction-like procedure to be performed (Rinzler 32).

3. Facial Rejuvenation

Facial rejuvenation aims to give the face a more youthful look by reversing aging tissues.

a. Blepharoplasty (Eyelid Surgery)

This surgical procedure involves reshaping the eyelids or applying permanent eyeliner. The aim is to reshape the upper or lower eyelid by removing or repositioning excess tissue. This procedure may be either functional or cosmetic, and both. It may also involve reinforcing surrounding muscles and tendons. According to studies, this surgery can improve vision for people with drooping eyelids (Rinzler 63).

b. Facelift (Rhytidectomy)

The aim of this surgical procedure is to remove the wrinkles to give a more youthful facial appearance. This procedure tightens wrinkles and sagging skin on the face and neck caused by aging or weight loss (Rinzler). Excess facial skin is removed without tightening underlying tissue and the skin is then red-raped on the patient's face or neck.

c. Brow or Forehead Lift (Browplasty) This procedure aims to raise drooping eyebrows and/or remove forehead wrinkles caused by aging. It is often performed in conjunction with other cosmetic procedures aimed at achieving a more harmonious facial appearance.

4. Body Contouring

Body contouring is performed on other parts of the body aside from the face, also with the objective of improving structural appearance.

a. Abdominoplasty (Tummy Tuck) In this procedure, the abdomen is reshaped to become

firm. Excess skin and fat is removed from the middle and lower abdomen that do not respond to diet, with the aim of tightening the muscle and fascia of the abdominal wall (Rinzler 1). Tummy tucks are more popular among women after pregnancy and people who have lost a great deal of weight and do not like the sagging skin. Sometimes the sagging skin occurs for genetic reasons. This procedure may also improve the appearance of stretch marks, especially those located below the navel.

b. Liposuction (Suction-Assisted Lipectomy) This surgical procedure is also known as fat modeling, liposculpture suction lipectomy, or simply *lipo*. Fat is surgically removed from various parts of the body - usually the abdomen, thighs, buttocks, hips, backs of the arms, and neck (Rinzler 116). Liposuction is not a weight loss method. If there is too much fat, the surgeon cannot remove all the fat in one session. The amount of fat removed depends on the method used, as well as certain aspects relating to the patient. The maximum amount of fat that can be taken out is about 5 kg or 10 lbs. If too much fat is removed, there is a greater risk of the patient having complications (117).

The Rise and Prevalence of Cosmetic Surgery in Nigeria

Since the beginning of human history, we as a species have made concerted efforts to change our outward appearances for the better. Scarification, tattooing, and piercing have existed longer than agriculture. Perhaps the most violent and shocking form of human self-beautification is cosmetic surgery: snipping, ripping, stitching, and injecting your body parts to make them bigger, smaller or smoother. The modern day practice of cosmetic surgery, which is mostly confused with reconstructive surgery, is more elective and dwells on the aesthetic reasons rather than the real medical reasons. This is spearheaded by the extreme transformation in the global culture and the intense emphasis on improvement of appearance through surgery and medicine. In Nigeria, when 27-year-old Modupe Ozolua introduced her plastic surgery company, Body Enhancement in 2001, she promised that her introduced business held the secret to a youthful appearance with offerings of plastic surgeries, facelift, Botox, tummy tuck, breast augmentation, laser liposuction among others. Despite the criticism from members of the public, her expensive service attracted the bourgeoisie of the society. Among the bourgeoisie who embraced this new method is the self-confessed liposuction doer, Senator Florence Ita-Giwa. This service gained momentum (to reaffirm their suspicions) when the former first lady of Nigeria, Stella Obasanjo reportedly died of a tummy tuck (<https://m.guardian.ng/life/the-rise-of-cosmetic-surgery-in-nigeria/>). Hinging on the reveal of her death, Nigerians decried this new method.

Again, in December 2017, the Nigerian social media space was abuzz with information that seemed alien to the conservative Nigerian culture. Linda Ikeji TV aired a trailer of Nigerian actress, Tonto Dikeh showing her enhancement procedure. From all indications, Tonto Dikeh was happy with the new enhancement and had even posted pictures of her new body. While some of the divided Nigerians accused her of not appreciating her natural body, some praised her for telling the truth about her new physique and looking more appealing and a lot of people looked forward to the yet-to-be-seen video (<https://m.guardian.ng/life/the-rise-of-cosmetic-surgery-in-nigeria/>). While there are various reasons why people have adopted this service, cosmetic surgery is becoming a fast-rising favorite. There is a sudden decrease in the number of people seeking to have slim frames. (Rather, there is a surge in seeking wider hips, bigger bottoms and contoured breasts). It is not surprising how quick the world is changing their idea of how the perfect body type should be. With the varying and increasing preference of women with bigger endearments, research finds that people felt more confident after doing it thereby encouraging cosmetic companies to introduce non-surgical drugs and creams as substitutes. Yet, cases of ruptured silicon, deaths during surgery and disfigured bodies abound. However, caution should be taken before undergoing surgery. More so, whatever you do, evaluate yourself on your level of self-love before making this life-altering decision (<https://m.guardian.ng/life/the-rise-of-cosmetic-surgery-in-nigeria/>).

The Relevance of Ethical Principles and Values in Advancing a Way Forward

Since ancient times, human beings have attempted to modify their physical appearances to conform to cultural ideals of beauty. However, Academics have tried to explain the absurdity of such, while some advanced reasons as to why the modification is justifiable. The controversies revolve around the issue of rights, ethics, and vulnerability. "It is a source of conflict and controversy globally because the benefit and harm of offering these procedures raise concerns about harmful cultural views, education, and social vulnerability of women with regard to both ethics and human

rights” (Cain et. al. 169). Can the patients who demand and go for cosmetic surgery be fully protected?

Plato (428-348BC), in his *Republic*, states that “when a person is 'just' they are in harmony with themselves” (327a-328b). One can assume that by this a person is in harmony with themselves when they can accept how they look and that their actions justify them as humans and not their appearance. In addition to this, he says that “temperance suggests the idea of harmony” (585d11). Temperance, or moderation, is needed so those material things are kept in perspective. By this, we are to appreciate what we have and to be able to resist the temptation of the things that we do not have, and not to go extra miles to get those things which naturally, and moderately, are not needed. Plato suggests that most of our focus should be on bettering the state rather than ourselves; he stated that “the philosopher's pleasures are more substantial than the pleasures of the flesh” (583b6-7); thus aesthetic procedures are not going to better society as a whole this further explains why he equates beauty with morality.

Aristotle (384-323 BC) in the *Nicomachean Ethics* insists that “Every art and every inquiry, and similarly every action and choice, is thought to aim at some good” (1094a1-2). If this is so, the question of ethics is “what is good at which human behavior aims? And in this case, what good is aimed at by opting for cosmetic surgery? Aristotle discusses pleasure in two separate parts of the *Nicomachean Ethics* (book 7 chapters 11-14 and book 10 chapters 1-5). Plato had discussed similar themes in several dialogues, including the *Republic* and the *Philebus* and *Gorgias*. Contrary to Plato, Aristotle thought that the principle of good and right was embedded within each person, he writes: “Hence it is incumbent on us to control the character of our activities, since on the quality of this depends the quality of our dispositions” (1103a-1103b). By these patients choosing that they want to have the cosmetic procedures performed can achieve happiness within themselves. If the procedure will be able to increase their 'overall' self-worth then it should be right that they can have the procedure performed; in the same vein, they should not, if it does not increase their overall self-worth (inner and external).

“Act only in accordance with that maxim through which you can at the same time will that it [should] [SIC] become a universal law” (Kant 421). In this first formulation, Immanuel Kant (1724-1804) in his *Groundwork for the Metaphysics of Morals* probably applies most to the doctors that perform these procedures. They should be able to treat their patients in such a way that they would only want others to treat them and to be comfortable with themselves or close relations carrying out such artificial procedure. If they are using improperly sterilized tools or putting their patients through painful procedures, they are not setting a standard of action. Moreover, Kant's second formulation can be directly applied to the doctors of cosmetic procedures. “Act so that you use humanity, whether in thy person or the person of any other, in every case as an end withal, never as a means only” (430). Even if performing the action is justifiable, the doctors who do not perform the procedures properly, or up to the standard that they should be, are using the patients as a means to an end. An end of financial wealth which Naomi Wolf was partly worried about in her work titled “the beauty myth: how images of beauty are used against women”, and the patients have to go through pain and unhappiness for the doctors to use them as a means. Kant implies that to treat another man only as a means to achieve what we want is to disregard his or her humanity. In addition to this, Kant proposes the theory of duty-driven ethics that implies we must act in ways that we would demand of others. As doctors, they have to uphold the oath that they have sworn into and protect the patients from unnecessary harm. When they cause damage to something that was not broken, they are not acting within their duty towards the patient.

Studies reveal that women today strive to achieve aesthetic ideals because they recognize the correlation between beauty and social standing. The body becomes colonized (via surgery) much as a country does in the sense that the colonizing group force the colonized to jettison their self-worth and perceive their way of life, or culture, as abhorrent and in need of assimilation to the dominant group's way of life (Kathryn 317). Bordo was however, of the opinion that she assumes that one of the primary problems of contemporary culture is that its workings are not obvious to most of us. We are continually “tricked” by false promises of individual freedom, choice, and the possibility of controlling our lives by manipulating our bodies (174). Deborah A. Sullivan was of the opinion that attractive men and women reap more benefits in society than those who are deemed less attractive. In opposition to this, most scholars to be honest have failed also to give sufficient attention to the systematic constraints that operate on women and compel them to have cosmetic surgery.

The Place of Bioethics as it pertains Doctors and Patients

Several ethical considerations such as a patient's right for autonomy, informed consent, beneficence, and non-maleficence need to be given careful consideration. The principal objective of the medical profession is to render services to humanity with full respect for human dignity. Plastic surgeons should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion. They require an extensive amount of education and training. The increase in demand for aesthetic plastic surgery and the advocacy of practice in the media have raised concerns about the circumstances under which cosmetic surgery is ethical and permissible. Innovative research, and new technologies derived from such research, almost always raises ethical and policy concerns. Medical ethics regulate what is, and what is not, correct in promoting cosmetic surgery to the public. It is essential to create an educated and informed public about the ethical issues in the cosmetic and reconstructive surgery field. Science is a powerful force for change in modern society and plastic surgeons have a responsibility to shepherd that change with thoughtful advocacy and careful ethical scrutiny of their own behavior. Chung et al., noted that medical ethics in most parts of the planet commonly adheres to the moral theory of *principlism*, first described by Beauchamp and Childress in 1979. Within this framework, reasoning about ethical issues is based upon four moral principles:

- (1). Respect for autonomy
- (2). Beneficence
- (3). Non-maleficence, and
- (4). Justice (5).

Respect for autonomy describes a patient's right to self-determination and self-governance and to accept or refuse care; as Cohen wrote: "An autonomous patient is not only someone who can say no but also a person who is sovereign in her entire decision making capacity" (392). Health professionals should enquire about their patient's wishes to receive information and to make decisions. It must never be assumed that because a patient is part of a particular culture or community, they affirm that community's values and beliefs. Respect for autonomy is not a mere ideal in healthcare - it is a professional obligation

Beneficence is the principle that one ought to do and promote good for the patient while preventing harm. From an ethical viewpoint, morality requires that we not only treat patients autonomously and refrain from harming them, but that we also contribute to their welfare. The principles of beneficence potentially require more than those of nonmaleficence, because doctors must take positive steps to help people and not merely refrain from harm. Patient welfare embodies medicine's goal, justification and rationale, such as preventative medicine and biomedical research.

Non-maleficence dictates that a physician must not intentionally inflict harm on a patient. The principle of nonmaleficence obligates us to abstain from causing harm to others. The principle of nonmaleficence supports several moral rules, with examples here including:

- Do not kill.
- Do not cause pain or suffering.
- Do not incapacitate.
- Do not deprive others of the goods of life.

The obligations of nonmaleficence include not only obligations not to inflict harm, but also not to impose risks of harm. It must be remembered that the principle of nonmaleficence and its specifications in moral rules are *prima facie* and not absolute.

Distributive justice dictates that patients are to be treated similarly and fairly, with the result that benefits, risks, and costs are equally distributed among them. However, No single moral principle is capable of addressing all problems of justice and no single theory of justice or system of distributing healthcare is sufficient for constructive reflection on health policy. Countries that lack a comprehensive and coherent healthcare system typically have larger numbers of unprotected citizens and therefore need to improve both utility (efficiency) and justice (fairness and equality). This is further complicated by the fact that the construction of a unified theory of justice that captures our diverse conceptions and use of principles of justice in biomedical ethics remains controversial and hard to pin down..

In the cosmetic surgery literature, these four core principles are not given equal attention.

Chung et al. found that the most common principle discussed in the plastic surgery literature is respect for autonomy (4). Respect for autonomy encompasses discussions of informed consent for procedures, photography, and marketing, all of which are particularly important within the field of cosmetic surgery where before-and-after images are foundational to patient understanding and evaluation of a surgeon's outcomes. Patients trust surgeons and look to them for guidance about the range of treatment options and recommendations. Surgical informed consent is a cornerstone of the patient-physician relationship and an important expression of respect for patient autonomy. For example, discussion of the treatment risks and benefits and alternatives—including the risks and benefits of the alternatives—is an integral part of the informed consent process. For surgeons of all specialties, including plastic surgery, informed consent should be a process rather than simply an event culminating with a patient's or surrogate's signature on an authorization form. As highlighted by Chung et al., how risks and benefits are communicated during informed consent processes in cosmetic surgery is important. For example, Makdessian et al. evaluated the effectiveness of oral communication compared to both oral and written communication in informed consent processes for rhinoplasty, rhytidectomy, or laser resurfacing (8). Patients receiving both oral and written communication demonstrated significantly better recall about risks of facial cosmetic procedures than patients receiving oral communication only.

Additionally, plastic surgeons, like all surgeons, might be held to three different standards regarding the informed consent process: the professional standard, the reasonable patient standard, and the specific patient standard (9). The *professional standard* refers to disclosing the same information that other surgeons with the same training in the same clinical situation would tell their patients. The *reasonable patient standard* refers to disclosing the information that a prudent patient would need to know regarding the benefits and risks of and alternatives to a procedure to make an informed decision whether or not to consent (9). Finally, the *specific patient standard* refers to disclosing the information that a specific patient would need to know, given his or her unique values, to make an informed decision about whether or not to consent to treatment (10). These standards help patients and their surgeons establish mutually understood and agreed-upon expectations preoperatively.

As cosmetic surgery and other surgical fields continue to advance with developing technology and surgical techniques, parallel progression in ethical reflection and discourse is still needed. Many ethically and clinically complex scenarios within cosmetic surgery could inform other surgical disciplines, as they have in the past.

Conflict of interests between 'Can' and 'Should'

A final point that warrants discussion is an issue that frequently arises in cosmetic surgery—balancing *respect for patient autonomy* against *nonmaleficence*. Cosmetic surgeons often receive requests for an operation by a patient who believes that it will provide improvement, although the surgeon disagrees. Consider a patient with body dysmorphic disorder (BDD). BDD is a psychiatric illness that consists of an obsession or preoccupation with a minor or nonexistent flaw in physical appearance that leads to significant distress (Cramer 7). It affects 1-2 percent of the general population but may be 15 times more prevalent in plastic surgery patients (9). These patients might have previously undergone multiple procedures to address their concern without perceiving improvement and could have unrealistic expectations. In many cases, a procedure in question could be medically indicated (e.g., septorhinoplasty for dorsal hump or septal deviation). However, recognizing that the procedure would likely be insufficient to meet the goals of a patient with BDD, a cosmetic surgeon ought not to perform the operation, because mutually understood and agreeable expectations cannot be established within the patient-surgeon relationship. That is, just because one *can* perform an operation, which might or might not be medically indicated, does not mean one *should* perform an operation (Angelo 349).

This scenario is not exclusive to cases in which the patient suffers from psychiatric illness. Consider the morbidly obese patient who comes to the Cosmetic surgeon for lipoabdominoplasty with the expectation that it will significantly improve body habitus. While the surgeon can legally offer the procedure and receive compensation, a responsible physician would recognize that it would not achieve the desired result and the alternative of bariatric surgery, perhaps later followed by body contouring procedures after weight loss, would be more clinically appropriate. To reiterate, simply because an autonomous patient with decision-making capacity requests a

procedure does not imply that it would be ethically sound to perform the procedure on that particular patient.

Conclusion

Cosmetic surgeons use the four core ethical principles described by Beauchamp and Childress to guide decision making. Despite the complex ethical scenarios often faced within cosmetic surgery, the literature has a relative dearth of papers primarily focusing on ethics, as documented by Chung et al. As cosmetic surgery and other surgical fields continue to advance with developing technology and surgical techniques, parallel progression in ethical reflection and discourse is still needed. Many ethically and clinically complex scenarios within plastic surgery could inform other surgical disciplines, as they have in the past.

Ethically, although passions may mislead us into believing that certain kinds of pleasures will bring happiness, it is the peculiar function of reason to lead us to discover the true world and direct our attention to realization of true pleasure and true happiness. Little wonder then pleasures of the mind are more to be desired than pleasures of the body according to J. S. Mills (Mills 9). He summed it saying “it is better to be a human being dissatisfied than a pig satisfied; better to be a Socrates dissatisfied than a fool satisfied” (15). The fundamental nature of the ethical debate around cosmetic surgery has not changed much since the specialty began. On one side are those who see the pursuit of aesthetic improvement as either personal vanity or a lamentable submission to the superficial priority placed on appearance in a corrupted society. On the other side stand those who see cosmetic treatments as a legitimate means to beautify the body and who see emotional and psychological suffering attendant to real or perceived physical unattractiveness. The tension that lies at the heart of the ethical debates around cosmetic surgery permeates shades of academics today.

The arguments raised and discussed upon in this paper, are in nowhere far from the sort of thing Plato was seeking to address when he averred that confusion, unhappiness and disorder occur when passions override reason, or when we confuse appearance with reality. This is why he argued that moral evil or vice is caused by ignorance or false knowledge. Little wonder then that Naomi Wolf was of the opinion that the Surgical Age is an unqualified good (253). The fact that a lot of people have justified the practice of cosmetic enhancement does not mean that it is the right thing to do. Truly, “nonsense remains nonsense even when spoken by famous scientists” (John C. Lennox <http://anndy.com/inspirational/nonsense-remains-nonsense-even-talked-world-famous-scientists-john-c-lennox/>). We need not be subdued by the ease in things largely brought about by the advances in technology. Bioethicists and clinicians often have pondered the morality of medicine's role in enhancing what is normal versus restoring health to what is diseased or disfigured. Medicine, as an enterprise, is invested with a sense of mission and duty, through which it commands rights and privileges, such as the control of dangerous substances and the right to cut into human flesh. That moral authority is based on treating the sick, and, therefore, diminishes when treating an otherwise healthy and disease-free individual. As enhancement becomes more of an accepted use for medical technologies, and as those technologies improve (thereby expanding the scope of what can be enhanced) society needs to continuously assess and redefine the line between legitimate and illegitimate application of cosmetic surgery.

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