The notion of reinventing oneself has become a part of American culture; and while this practice may be morally praiseworthy when a convict turns his life around, or a drug addict gets clean, the idea of physical reinvention introduces a host of ethical questions. The physical attributes that one is born with have been the source of poetry and horror literature. The face that launches a thousand ships remains for many women the ideal of physical perfection. So, then, are people who have the monetary resources to alter their appearances to suit cultural norms of beauty to be praised, or chastised? The answer to that question is complex, but given the case of “Kelly’s Cosmetic Surgery” let us focus on just a few of the relevant issues: 1) can a minor, a seventeen year-old, be considered competent to consent to major elective surgery?, 2) what is the role of a health care provider in dissuading a patient from potentially harmful surgery?, and perhaps most importantly, 3) what role does society play in creating a sense of disfigurement when a girl has small breasts?

Kelly’s prior experience with rhinoplasty is easy to understand as a form of disfigurement. If the small framed girl was born with a nose that severely overshadowed a tiny face and caused a freakish appearance, then the vast majority of parents as well as plastic surgeons would agree that elective surgery on a minor is warranted. Kelly’s “nose job” at the age of eleven probably spared her untold emotional damage during the difficult junior high years. The nose job, in this case, was a response to a defect. But a short six years later Kelly seems comfortable with re-creating/fixing her physical problems that are not clearly viewed as defective by her physician or a majority of society. The reasoning skills of most seventeen year olds are only just beginning to show signs of maturity; they are still largely dependent upon parents, peers and greater society for affirmation and correction. Kelly’s self determination that large breasts will enhance her beauty and her job potential is specious, at best. For a child not eligi-
ble to vote, the decision to radically alter her breasts for questionable aesthetic appeal does not make sense. Nor should it make sense to Kelly’s mother. The role of a parent is to shield and protect children from egregious, permanent mistakes. Tattoos, body piercing, fad diets, all fall under the purview of parental responsibility. A seventeen year old simply does not have the maturity to make a decision that could result in serious medical complications as well as emotional damage.

A physician confronted with this case faces a serious dilemma – a safe and acceptable procedure for an eighteen year old should, by extension, be acceptable for a seventeen year old. But restrictions exist in medicine and law for good reasons, they serve to protect individuals from their own poor choices. The young adult years, in particular, are fraught with emotional and biological complexity. Dr. Daley rightly reminds his young patient that her body is still growing and that she may have larger breasts by the time she hits full maturity. But Dr. Daley also has a professional obligation to counsel Kelly about surgical choices. Elective surgery places a heavier burden on the health care provider in making certain that the patient fully understands the procedure, the risks, and the benefits. Social conformity to prescribed standards of beauty is a serious issue with teenage girls and given the fact that Kelly’s mother has abdicated the role of responsible adult, the physician must provide an even approach to the decision of breast augmentation. At the very least, Dr. Daley should require a meeting with a counselor prior to agreeing to do the surgery. The role of the physician has always been broader than merely technical expertise with a scalpel, and Kelly’s request requires her physician to look beyond the physical to the emotional state of his young patient. If he agrees to the surgery, he could unwittingly be violating the sacred rule of medicine, to do no harm.

Last, but most important, is the role of society in fostering strict images of what is beautiful and what is not. The cultural choice for large breasts is not a universal standard, far from it. Even within the United States the “preference” for breast size changes with the decades. The idea of hyper-sexualizing a seventeen year old girl does not benefit her except in the immediate sense. She may think that large breasts will be her ticket to stardom, and they may well, but she will have reduced her essence down to one dimension. Sexuality and desirability are traits that need to be cultivated within young women, as their own and defined by them – not by men, or by the advertising industry. We do a disservice to young women, and men, when we capitulate to trends. Society, and the medical profession particularly, need to take responsibility for encouragement of
superficial notions of identity. In this case the ethical dilemma rests with the physician and whether he should perform the surgery that his patient and her family desire. He is counseled by a fellow physician who assures him that if he doesn’t do it someone else will. Dr. Daley should take that advice as a wake-up call about his profession, decline the request for surgery and offer counseling to his young patient and to his community of plastic surgeons. Standards exist to protect people from themselves.