

COMMENTARY ON “KELLY’S COSMETIC SURGERY”: INTEGRATING VALUES THROUGH THREE ETHICS TESTS

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INTRODUCTION

Kelly Patterson and her mother have asked Dr. Thomas Daley to perform breast augmentation surgery. Kelly is seventeen and wants the surgery before she enters college.

A few years earlier, Dr. Daley performed rhinoplasty on Kelly. The operation was a success and greatly enhanced Kelly’s self-confidence. As she graduates from high school and contemplates entering college, she has decided on an acting career. She feels the breast augmentation surgery will better her chances of success in this competitive field. Kelly has thought carefully about the implications of surgery and has her mother’s full support.

Dr. Daley is uncomfortable with performing this surgery for two reasons: he finds the surgery unnecessary, and he is concerned that Kelly may still be too young to make an informed and free decision on this issue. He has exercised care to make these concerns known to Kelly and Mrs. Patterson and has asked them to consider the issue as thoroughly as possible. Dr. Daley even discussed the issue with another cosmetic surgeon, Dr. Sarah Carlson, at a conference. Customary practice seems divided on this issue: while some surgeons have no qualms about performing this type of surgery, others do.

Kelly and her mother return to Dr. Daley after having read the materials provided at their previous visit and having given the issue further thought. They still elect to have the surgery. The case narrative ends at a moment of decision for Dr. Daley: should he perform the surgery requested by Kelly and her mother?

COMMENTARY

I want to discuss this case from Dr. Daley's standpoint. He confides to his colleague, Dr. Carlson, that he is ethically uncomfortable with performing the surgery. This appears to arise from a dilemma. 1) On the one hand, he can perform the surgery, but to do so he must set aside his moral and practical concerns, his feeling "ethically uncomfortable." 2) On the other hand, he could tell Kelly that he will not perform the surgery and discourage her from seeking out other doctors to do it in his stead. But this borders on paternalism. Put concisely, Dr. Daley must choose to act against his moral and practical concerns or to act paternalistically.

He could escape this dilemma by integrating two conflicting issues: his moral concerns about performing unnecessary cosmetic surgery and his commitment to avoiding paternalism. For example, he could decide not to perform the cosmetic surgery on Kelly. After informing her of this decision, he could offer an explanation based on two reasons: 1) she is still too young to appreciate the risks that this elective surgery imposes, and 2) he has a policy of not performing unnecessary operations. If Kelly still insists on going ahead with the operation, he could give her the name of a colleague who is qualified and would be willing to perform the surgery.

Three ethics tests described in Frey 2007 and Davis 1999 (*reversibility*, *harm/beneficence*, and *publicity*) will help to draw out further the ethical issues surrounding this decision:

The *Reversibility* test requires the agent to project himself imaginatively into the position of those who will suffer substantial impacts from the action under consideration. In the case at hand, Dr. Daley should project himself into the standpoint of Kelly and her mother. Of course they would be disappointed that he is not willing to perform the surgery. He has helped them in the past so they know and trust him. But, by providing them the name of a qualified surgeon who is willing to perform the surgery if they elect to continue, he has not interfered with their desires and, at the same time, has removed himself from a morally difficult situation. His action is reversible with Kelly and her mother because it respects their judgment without disrespecting his own convictions. Moreover, he has carried this respect further by providing them with reasons for his decision.

Using the *Harm/Beneficence* test, Dr. Daley would weigh 1) the harms and benefits of not performing the surgery and recommending someone else against 2) the harms and benefits associated with performing the sur-

gery himself. These two alternatives are identical except for one factor: by performing the surgery, Dr. Daley would harm himself since he would perform an action against his moral beliefs. The harm might not be that great, but it would be enough to tilt the balance in favor of the alternative of not performing the surgery and recommending a willing, qualified substitute.

To distinguish the *Publicity* test from the harm/beneficence test, it is necessary to do more than just calculate the consequences of publicizing the action under consideration. This test imagines that the action becomes public knowledge **and** that people associate it with the agent by attributing the moral quality of the action to the character of the agent. If the action is cowardly, then the agent becomes known as a coward. If the action is responsible, then the agent becomes known as a responsible person. Turning to the case at hand, it may be that the source of Dr. Daley's ethical uncomfortableness lies in his seeing this as unnecessary surgery alongside his sense of himself as the kind of doctor who does not perform unnecessary surgery. Others might see a physician who performs unnecessary surgery as a "gun for hire" who sets aside moral concerns and sells professional skills to the highest bidder (Johnson 1991). Perhaps Daley fears he might appear to be a gun for hire. Perhaps having a patient ask him to perform unnecessary surgery makes him feel that he is being treated as a gun for hire. Here appearances count. The publicity test is adept at drawing out actions that go against the values, virtues, and projects that constitute a moral agent's character. So it is reasonable to assume that performing unnecessary surgery goes against Daley's conception of what a doctor with moral integrity would do under these circumstances. In this case, performing the surgery would be tantamount to acting against one's moral self.

A COUNTER ARGUMENT

At this point I would like to discuss an interesting argument **for** performing the surgery. One could hold that Kelly is a free and autonomous person and has clearly exercised this capacity in reaching her decision to have surgery. Perhaps the cosmetic surgery really is necessary for Kelly's career and, thus, forms an essential part of her autonomously formulated life plans. (More information is needed to determine whether Kelly's decision is autonomous or unduly influenced by a limited gender image.) Samuel Florman in his article, "Moral Blueprints," outlines an argument that supports performing the surgery (Florman 1978).

Florman holds that engineers should lend their expertise to engineering projects that carry out legitimate social and government concerns, even when these go against the engineer's personal beliefs. Just as a doctor should perform surgery on a person she doesn't like, so should a pacifist work on a weapons project. Not to do so is to impose illicitly one's personal views on a well-considered, collective decision. For example, the pacifist engineer who refuses to work on a weapons project imposes her personal values on society because — given her expertise and assuming a lack of available alternatives — her refusal would thwart the project. In these cases and — as Florman stipulates — within the limits of conscience and the law, the engineer must do what in other circumstances she would prefer not to do.

So Dr. Daley may find it distasteful to perform cosmetic surgery on Kelly. But she has thoughtfully reached her decision to have the surgery. She has considered and appreciated the risks and side effects. Her decision goes beyond the medical facts to include broader concerns such as her life plans, self image, and career objectives. Integrating the medical information provided by Daley with these broader considerations makes her decision informed and autonomous. So even though Dr. Daley disagrees with Kelly's decision, he has the obligation (as a professional) to set aside his personal likes and dislikes and act as Kelly's faithful agent.

These are strong reasons but they do not outweigh the considerations brought out earlier by the publicity test. Florman concedes as much when he adds the proviso, "within the limits of conscience." If carrying out the action will have a deleterious effect on the agent's central core of moral beliefs, if it will undermine his or her integrity, then the agent can and must decline even though there are strong utilitarian/social welfare reasons against this. Bernard Williams makes this point in several articles that coalesce around a central theme: the agent can refuse to perform actions that go against personal and moral integrity, utilitarian (and deontological) considerations notwithstanding (Williams 1976). Williams bases his argument on pointing out the different but equally faulty utilitarian and deontological conceptions of the moral person. These faulty conceptions underestimate the importance of moral integrity and consequently recommend actions that undermine it. Preserving moral integrity in the face of obligations that would violate it is not egoistic but essential to maintaining one's moral center.

Other surgeons would perform this operation without moral qualms. Common practice tolerates a wide range of individual responses. Thus Kelly's life plans would not be thwarted by Dr. Daley's refusal to

perform the surgery himself. Florman's objections can be set aside; Dr. Daley should **not** bracket his ethical uncomfortableness to perform the operation but decline and recommend a substitute.

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