The question of whether or not a plastic surgeon has the option to refuse to perform a requested procedure has taken on increased importance as requests for various physical enhancements have increased. One factor among the increase in requests is that they are in many cases coming from those still in their teens with parental support. Plastic surgeons commonly must make decisions about whether or not to perform plastic surgery generally based on the health and emotional factors of the patient.

Although no particular questions were posited at the end of the case scenario presented, the central implied question seemed to be, “What ought Dr. Daley to do?” This question becomes less straightforward with the information that the doctor had a previous relationship with the patient, having performed plastic surgery on her earlier. Clearly there is no legal obligation of the doctor to agree to do the surgery since there is no evidence of a medical emergency or necessity.

Dr. Daley’s options include: 1) performing the surgery, respecting Kelly’s autonomy and feeling comfortable that Kelly understands the possible consequences; 2) refusing to perform the surgery at any time; 3) refusing to consider performing the surgery until Kelly is older; or 4) refusing to perform the surgery, referring Kelly to another plastic surgeon. Within any of these choices, Dr. Daley can continue to educate Kelly on the procedure and future concerns that may arise.

Dr. Daley’s two main objections are: 1) the patient’s seeming lack of understanding of potential complications of this type of surgery during her first visit, and 2) the doctor’s “moral” objections to the surgery. The first objection seems to be based in Dr. Daley’s risk and benefit analysis. At this juncture, Dr. Daley seems to view the potential risks as more important than the anticipated benefits. Current discussions of the doctor-patient relationship put an emphasis on a collaborative model criticiz-
ing the paternalistic medical relationships of the past. But in fairness, it should at least be asked if paternalism is ever justified. While Kelly is a competent patient with parental support, her goals for the surgery are short-term. Dr. Daley's view of the surgery taken in the context of Kelly's future goals and activities takes a long term view.

In fact Dr. Daley's educative efforts have been successful. Kelly in her second visit has seemed to remedy Dr. Daley's initial concern as described by the patient's remarks reflecting a "thorough understanding of the risks and side-effects of the procedure." There is parental support and the patient's request is related to future professional goals, believing that the surgical enhancement would make a difference. But even with Kelly's rationale and increased understanding of the long-term effects of the surgery, it is possible that Dr. Daley's concerns should prevail on the basis of future side-effects which may or may not occur.

The patient having satisfied the understanding of consequences concern leaves Dr. Daley with his "moral objections." While Dr. Daley's particular moral objections are not stated, it can be asked whether the moral objections of the doctor are a relevant reason to decline the patient's request when there are no other objections such as patient physical and emotional health. But given the description of the possible side-effects of the requested surgery, it could be that Dr. Daley's moral objections are not personally based, such as in religious beliefs, but a concern for benefits on the one side – breast augmentation that improves Kelly's attractiveness – and consequences that the patient at this point in her life cannot anticipate caring about – not being able to nurse an infant.

Aside from personal moral objections, it would be helpful to know what Dr. Daley is concerned about from a professional point of view. Is he concerned that plastic surgery is moving in an undesirable direction? The various media outlets present shows and articles on plastic surgery as a now common everyday occurrence for anyone wanting to improve their looks long before they age with little discussion of complications and unforeseen consequences. For example, other than rhinoplasty and medically related plastic surgeries, most enhancement procedures have typically been performed on adults and typically on older adults to combat the effects of aging.

Clearly there is no legal obligation on the doctor's part since there is no health or emergency condition present. Further, as Dr. Carlson said to Dr. Daley, ethically Dr. Daley has the option of saying "no." Although Dr. Daley could say "no" to Kelly, should he? This might be an easier decision if Dr. Daley had not already had a relationship with Kelly and
had not earlier performed an elective procedure for the similar reason of improving Kelly’s social status although the currently requested procedure appears to have more serious possible side-effects. Influencing Dr. Daley’s decision is likely the type of relationship he wishes to have with his patients.

If Dr. Daley never performed breast augmentation or had rules about when he will, this situation might be easier to resolve. However, if no such rules exist for Dr. Daley and he has had previous cases of breast augmentation, it would be helpful for him to reflect on how the case of Kelly is different than other cases of similar surgeries. Another piece of information to consider is that in different parts of the country doctors have different views on performing the particular procedure. However, where the doctor practices, it is not common practice which may be a contributing factor to Dr. Daley’s reluctance. Dr. Daley’s practice does not exist in a vacuum and community standards often play a role – conscious or unconscious – in decisions that are made.

Referring Kelly to another plastic surgeon who is more likely to agree to Kelly’s request, Dr. Daley is likely accepting that Kelly will feel abandoned by him and that any future doctor-patient relationship between them will be severed. For Dr. Daley this may be the sacrifice he is willing to make in order to not compromise his moral objections and he will maintain his integrity based on his professional standards.

This type of case raises many questions for a medical specialty that is at least half of the time an elective specialty. The balance between patient autonomy, even with the most competent of patients, and doctors’ right to choose to perform or not perform requested surgeries is tenuous at times since each case is different. While particular patients may be disappointed or angry when a plastic surgeon declines their cases, the professional community and public at-large is likely more supportive of these physicians. As there are increased requests for various types of enhancement procedures from patients across the age continuum, these decisions are likely to become even more complicated for doctors concerned with the morality of their decisions.

The countering argument of course is that autonomous decisions by competent patients should not be declined. This may be a conclusion in supporting patient autonomy discussions but is not likely an argument that professionals, their communities, and the larger society are going to accept. An interactive or collaborative model of medical practice places rights and responsibilities on both the medical practitioner and the patient.
While patients want their autonomy respected, they also want physicians and specialists who will be open and honest with them so that a reasoned decision can be made. Since paternalism has a negative connotation, perhaps we need a different word that can account for medical input in the spirit of a more collaborative model but where sometimes the physician makes a decision contrary to the patient’s wishes.

Kelly will be disappointed if Dr. Daley finally declines her request and she will in all likelihood find a plastic surgeon who will do the surgery. What she may not realize is that Dr. Daley has already rendered her a service by his concern for her overall health and future implications of this surgery at this time.