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Beauty medicalization: bioethics reflection on medical responsibility

Liliane Cristina da Silva ¹, Adriana Rodrigues dos Anjos Mendonça ²

Abstract

Beauty medicalization: a bioethics reflection about medical responsibility

The popularization of medicine has motivated some doctors to think about the human body as an unfinished work that must be often improved. Some professionals, subject to the analysis of the bioethics responsibility, also supported by scientific truths for the establishment of an aesthetic normality, become responsible for the aesthetic pathological variables, for social rules that value good physical appearance, as well as for self-esteem and actions of the ones oppressed by such standards. This study aimed to know what the beauty medicalization represents to doctors and to think about their responsibility on the topic. It is about a descriptive-qualitative study, with the sample of 10 physicians working in a Medium-Sized Regional Hospital at the city of Pouso Alegre (MG). The Collective Subject Discourse was used for the analysis. The results reinforce that beauty medicalization is seen as purely aesthetic medicine and that the medical responsibility restates medical ethics as the conductor of the doctor-patient relationship regarding the issue.

Key words: Beauty industry. Bioethics. Professional responsibility. Medical ethics. Physician-patient relations.

Resumo

A popularização da medicina tem motivado alguns médicos a pensarem no corpo como uma obra inacabada e que deve ser constantemente melhorada. Submetidos a análise da bioética da responsabilidade, tais profissionais, apoiados em verdades científicas para o estabelecimento de uma normalidade estética, tornam-se responsáveis pela patologização das variáveis estéticas, pelas normas sociais que valorizam a boa aparência física e pela auto-estima e ações dos subjugados a tais normas. O presente estudo objetivou conhecer o que representa a medicalização da beleza para o médico e refletir sobre sua responsabilidade frente ao tema. Trata-se de estudo qualitativo-descritivo, com amostra de 10 médicos atuantes num hospital regional de médio porte, na cidade de Pouso Alegre (MG). Para a análise foi utilizado o discurso do sujeito coletivo. Os resultados deste estudo reforçam que a medicalização da beleza é vista como medicina exclusivamente estética e que a responsabilidade médica reafirma a ética médica como regente da relação médico-paciente frente ao tema.

Palavras-chave: Indústria da beleza. Bioética. Responsabilidade legal. Ética médica. Relações médico-paciente.

Resumen

Medicalización de la belleza: una reflexión bioética sobre la responsabilidad médica

La popularización de la medicina ha motivado a algunos médicos a pensar sobre el cuerpo como una obra inacabada y que debe ser constantemente mejorada. Sometidos al análisis de la bioética de la responsabilidad, tales profesionales, apoyados en verdades científicas para el establecimiento de una normalidad estética, se tornan responsables de la patologización de las variables estéticas, de las normas sociales que valorizan la buena apariencia física, por la autoestima y las acciones de los sometidos a tales normas. Este estudio tuvo como objetivo saber cuál es la medicalización de la belleza para el médico y reflexionar sobre su responsabilidad frente al tema. Se trata de un estudio descriptivo-cualitativo, con muestreo de 10 médicos, actuantes en un hospital regional mediano, en la ciudad de Pouso Alegre (MG). Para el análisis se utilizó el Discurso del Sujeto Colectivo. Los resultados de este estudio refuerzan que la medicalización de la belleza es vista como la medicina puramente estética y que la responsabilidad médica reafirma la ética médica como regente de la relación médico-paciente frente al tema.

Palabras-clave: Industria de la belleza. La imagen corporal. Bioética. Responsabilidad profesional. Ética médica. Las relaciones médico-paciente.

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This paper discusses a current topic and submits it, in an original manner, to bioethical analysis. It questions not the culture of beauty in face of medicine, but how this culture has been advocated by many medical professionals. It is, therefore, a reflection on the values of being a doctor in view of the beauty market – thus, important to the scientific environment.

The Genesis of beauty

Speaking of beauty is at the same time dealing with something very real, that arouses strong feelings and inspire actions that will reverence and quiet contemplation of the daring material and conceptual order to enjoy it or produce it ¹. The image of the beautiful body reflects the current yearning, whether carved in the gyms or refurbished and formatted in private clinics and hospitals². However, the appreciation of beauty has a history and this is revealed by means of visible differences in what we call *beauty standards* ³. Although the differences in beauty standards of each social context or age are observable and can be varied, the search for the ideal form remains constant throughout history and permeates the relations of social life.

The anthropomorphism of the mythological gods already demonstrated, over time, the culture of *beauty*, expressed in the body. In the *Iliad*, Homer tells us that in the pre-Hellenic period the rise of beauty was associated with Aphrodite. In classical Greece, the exaltation of the hero's body's beauty killed in battle is not only related to the idea of strength, but also of seduction. Therefore, in the Middle Ages, beauty was referred to the original sin and the body to feudalism, as body-producer. The association with beauty, however, reappears so naive in the Renaissance through the bucolic representation, as in Da Vinci's *Madonna*, which, in modernity, domesticated by the representations of motherhood imposed by marriage ^{1,4-6}.

The beauty in human culture, has been always associated with the idea of reward, implied meaning of social and political prestige, professional success and fame, being characterized as an instrument of seduction ^{3,7}. And in all societies on record, in reward for beauty body lays the explanation for

the almost countless types of procedures to acquire it, enlarge it and preserve it. Paintings, tattoos, scarification, deformations (skull, teeth, toes), surgeries, implants, ornaments, cosmetics, clothing, exercise, diet, elixirs, spells, prayers, show that beauty is not unique to contemporary longing, but representation of the relationship of the individual with himself and with the other over time ^{1, 2, 4, 7-11}.

The current representation of beauty emerged subtly with the crisis of overproduction in 1929, when the restructuring of the capitalist mode of production based on the ongoing maintenance of a consumer market for the overabundance of goods and demanded new standards of behavior, turning the body-producer in body-consumer. This fact has created profitable specific market. Thus, the pleasures of the body, their welfare, their narcissistic delight, went directly to feed the hungry consumer society. The evolution of fashion and advertising are evidence of it. After all, the beauty of the body depends on silhouette and not on the garment ^{4,9,12}.

The medicine beauty, previously marginalized, was to be recognized and regulated from the 1950s, when the ideals of beauty were explicitly determined by economic interests through use of the beauty consumption industry ¹³. In Brazil, the appreciation of the beauty turns the body in kind of ornament. The worked body, care, without unwanted marks (wrinkles, stretch marks, cellulite, spots) and without excess (fat, flaccidity) is the only one, that even without clothing, is decently dressed, and must be displayed ¹⁴.

The cosmetics are gaining importance in Dermatology, placing, globally, Brazil as the third largest consumer market ¹⁵. Obesity emerges as social stigma and induces the public to attend assiduously spas and gyms ¹⁶⁻¹⁸. The aesthetic plastic surgery, in number of occurrences, leaves the country behind only to the United States (U.S.) and to Mexico ¹⁴. Repairing a congenital lack of finish, enhancing the silhouette burdened by overeating and sedentary lifestyle or reducing the marks left by time are constants desires and they are considered acceptable in the pursuit or maintenance of beauty¹.

The role of industry celebrities have been the main inducement to exaggeration in the name of beauty. Through *reality shows* like *Extreme Makeover* and *Dr. Hollywood*, which promise dramatic changes, changes in face and body are presented as something as simple as a haircut. Through this "simplicity" in obtaining the perfect body, established by the beauty industry, beauty medicine has now become one of the most profitable areas of medicine. Backed by manufacturing technologies, the costs of procedures were reduced considerably, which, coupled with the pursuit of unattainable beauty and eternal youth, resulted in patients' increased concern, in clinics and offices. Or would they be just consumers? ¹⁴

The popularization of beauty medicine, and the excesses encouraged by it, uses the medical rationale and based on the scientific hegemony to establish aesthetic standards of normality and pathology. This has motivated not only patients, but some doctors to think of the body as an unfinished work, which must be constantly improved. Stimulating the beauty of consumption, based on scientific truths, the area of health incorporates then, a new nosology: the beauty medicalization ¹⁴.

Responsibility and ethics

The responsibility was raised as an ethical principle, since Antiquity, as synonymous with the obligation to account for own actions. Built into the moral, it reappears in the late 20th century and the beginning of 21st as the essence of ethics, providing new ways of thinking and acting ¹⁹. In this, ethics is characterized by a fundamental responsibility to the others who are marginalized, subjugated etc. in a world of social relationships that do not choose and whose existence cannot be ignored ¹⁹.

For contemporary authors such as Levinas, Jonas and others, the responsibility is placed in the center of ethics to be the essential foundation of its structure. The subject becomes liable to be able to self-determination, i.e., when it takes ethical awareness. Being ethically aware, therefore, is recognizing the existence of another apart from each other ¹⁹.

Under the ethics of responsibility in a relationship face to face, such as between doctor and patient, the patient's face evokes the doctor responsible for the patient. That is, through the requirements of that face, look wanting something that is hoped will be granted, is that being a doctor becomes aware of their professional identity ¹⁹.

Even for the same authors, ethical awareness demonstrates that the responsibility for the other covers, directly or indirectly, the actions of another¹⁹. For example, regarding the beauty medicalization, health professionals, by relying on scientific truths to establish an aesthetic normality, become responsible for the aesthetic pathological variables, responsible for social norms that value the good looks physics. They become, therefore, share responsibility for self-esteem and actions of those who find themselves overwhelmed with such standards ^{14,19}.

Faced with the beauty medicalization, it is for the analysis of bioethical dilemmas caused by this new nosology. The ethics of responsibility determines fundamental values in the relationship between self and other. Bioethics of responsibility establishes social and scientific implications that allow understanding not only of the dilemmas covered, but also of its implications and consequences ²⁰.

From the 19th century, medicine was structured around the theory of disease - prevention, diagnosis and treatment -, based on scientific research ¹⁴. This century will require a readjustment of this discourse so that we can build a beauty medicine? How will the relationship between rationality and physical beauty, in terms of abnormality and pathology? ²¹ Analyzed from the perspective of bioethics responsibility, how health professionals will exercise their responsibility to his patient when it comes to the beauty medicalization? What is the awareness of medical identity facing this issue? It is clear that the term medicalization represents the interests of expanding profits from medical acts, such as marketing services, equipment and products. According to Corrêa ²², the technical-scientific resources, the basis of modern medicine, used to achieve the physical well-being of man, have effectively

produced medicalization, considering that the expansion of acts and products of medical consumption have become part of everyday life.

Faced with the issues involved in this new nosology, it is the responsibility of bioethics to clarify what would be the understanding of the human body in contemporary medicine. Therefore, this study aimed to know what is (the) beauty medicalization for the doctor, and also reflect on how he exercises his responsibility toward the patient when it comes to the beauty medicalization.

Methodology

Considering the nature of this study, we opted for a descriptive qualitative research. For Silva ²³, descriptive research has as main objective the description of the characteristics of certain populations or phenomena, as well as the description of a process in an organization, the study of the level of service entities, survey of opinions, attitudes and beliefs of a population etc. For Minayo ²⁴, qualitative research responds to particular questions, considering the subject of study persons belonging to a group and with a certain social status, with the universe of meanings, values, beliefs and attitudes. The qualitative study was descriptive.

It was adopted with the methodological framework of social representations theory (SRT), described by Moscovici in 1978 ²⁵. This theory has great adherence to the objects of study in health, to grasp the subjective aspects that underlie the problems of the area. To know and describe the meanings of the considerations of the physician in relation to beauty medicalization and assess his attitude with regard to the front of the medical liability issue under the framework of the SRT, the collective subject discourse (CSD) was the analytical method chosen to allow the approach to the phenomenon under study.

Data were gathered from individual semi-structured interview, on presentation, explanation and signing the free and clarified consent term (FCCT).

The researcher explained carefully the ethical issues involved in the study to participants ²⁶.

Data collection was performed during the period March 1, 2010 and February 2011. The sample consisted of ten doctors. Study participants were dermatologists, endocrinologists and plastic surgeons, of both sexes (4 men, 6 women), working in public hospitals, the regional character of the city of Pouso Alegre, Minas Gerais. Given the small number of respondents, their lines were not identified in the submission.

It should be noted that the interviews would be conducted in private clinics. However, in view of the refusal of professionals - 20 physicians - the data collection was performed in public hospitals. The interviews investigated the perceptions presented by doctors on the beauty medicalization and its bioethical conflicts.

Each interview was tape-recorded, then transcribed for analysis. For analysis and presentation of results we used the CSD, written in first person singular, composed of key expressions (ECH) that had the same core ideas (CI) and the same anchor (AC), according to strictly order the following stages:

Stage 1: the answers were heard several times, and only after understanding the general idea, the speeches were transcribed literally;

Stage 2: Read all the answers of each respondent, then separated from reading all the answers to the question examined;

Stage 3: Transcription of the answers to question 1, the ECH is marked in italics, and indicate the CI, which accounted for the description of ECH and not its interpretation. Same procedure for all matters;

Stage 4: transcription of individual central idea with their respective ECH;

Stage 5: Extraction of the theme of each of the questions, grouping their respective CI the subjects, represented by the number of respondents, and the frequencies of ideas

through paintings. Finally, the construction of CSD separately for each main idea with their respective ECH was carried out.

Results

The results obtained in this research were collected from semi-structured reports from doctors, grouped and analyzed to answer to the questions "To you, what does the term beauty medicalization mean?" and "To you, what the role of the physician in the beauty medicalization?"

The first question presented, as a result, two central ideas: aesthetic medicine exclusively (9) and I do not know (1), a total attendance of 10, with higher significance (90%) the discourse of idea Medicine exclusively aesthetic:

"It means the practice of medicine in order to obtain an aesthetic result only. Relying on beauty standards nailed in the media, using the pharmaceutical industry, using medications for weight loss or to rejuvenate, as well as the use of surgical techniques, by a physician to suit the aesthetic standard".

The second question, which was about the physicians role in the beauty medicalization, also introduced two central ideas: the ethics of physician practice (9) and I do not know (1), a frequency equal to total of 10 ideas.

As a result the main idea presented in the first issue of this study, the unique aesthetic, from the utopian pursuit of fitness for a certain standards of beauty, especially the media, the defense of medical ethics, this doctor-patient relationship, presented the report as follows:

"First, the physician has to be ethical because it is his duty to guide, manage, control the spread of exclusive and unbridled aesthetic. The physician must always remember that taking care of health, and beauty can be a byproduct of health. In plastic surgery, dermatology and even endocrine, beauty is an important factor for the individual's wellbeing

of the person, the psychological aspect. So you have to understand the patient as a whole, indicate drug or surgical procedures that are really needed".

Under the ethics of responsibility, the ethical conscience of the physician-patient relationship demonstrates that the responsibility for the other covers, directly or indirectly, the actions of another¹⁹. And talking of the beauty medicine, in times of medicalization, that ethical responsibility is embodied by the new needs of the human body, in which beauty is also synonymous to health.

Discussion

Bioethical analysis of this research is justified by the words of Silva²³. For this author, bioethics emerged in the scientific context as a reflection on anything that interferes in respect of quality and dignity of life, besides representing the rescue of ethics, the condition of full citizenship and respect for differences. This study found that most physicians interviewed by establishing medical ethics as regent of physician-patient relationship, before the beauty medicalization, strengthen ethical responsibility as the bioethics basis of this relationship.

After analyzing the scientific discourse of aesthetic plastic surgery, Poli Neto¹⁴ defines beauty medicalization as the assimilation of physical anomalies associated with physical appearance by biomedical rationality. He recalls that this rationality is composed of five elements: the human anatomy and morphology, human physiology, system diagnostics, system of therapeutic intervention, the medical doctrine.

Além disso, o mesmo autor fortalece este Moreover, the same author strengthens this discourse by revealing that the scientific literature, specific from aesthetic plastic surgery, justified its applicability as perpetuating / producer of self-esteem which, however, is not defined by this expertise¹⁴. Several authors^{2,27-30} have defined self-esteem as the evaluation, positive or negative, that the individual usually makes and maintains in relation to himself. By stating that self-esteem relates to how the individual chooses his

goals, accept himself, the other values, or even, as set their expectations and projects. Bandeira²⁹ emphasizes that the fundamental point of self-esteem is the evaluative aspect, as the perception that the individual has his own value and his assessment of himself in terms of competence are the cornerstones of self-esteem.

Thus, based on the theory of the looking-glass self, proposed by Charles Horton Cooley in the early 20th century, it is argued that the individual and society do not exist separately, but in which one is the other product²⁹. Just as the individual discovers his appearance with his reflection in the mirror, learn and shapes his personality through the reaction of others. If he is surrounded and respected by many people, he is believed popular if people laugh at his irreverence, believed to be entertaining, and funny. In other words, how the individual sees himself is strongly influenced by how others see and treat him.

By comparing these definitions and theories about self-esteem with the concept of beauty proposed by Duarte Jr.³¹ it can be said that beauty is indeed a product of self-esteem, since this author, beauty is a product of the subject and object, being therefore, a form of relationship between the individual and the world, thus justifying the binomial health-beauty discussed by some authors^{5,9,32,33}.

From this understanding, it is observed that the concept obtained in this study for the beauty medicalization as purely an esthetic medicine is closer to the words of Ferreira³⁴, by agreeing that the body care and health maintenance are permeated by meanings and discourses that incorporate aesthetic concerns with beauty, image and fitness. In this sense, it is observed that the current beauty standard imposed by the industry market and widely publicized by the media, is strengthened and legitimized by medical truths.

In this way of truth, being healthy is not only preventing disease but also preventing aging and keeping beautiful. The body is understood as a draft indefinitely malleable³⁴. The ethnic diversity are adaptable to current beauty standards.

Analyzed by the bioethics of responsibility, the socioeconomic impact of the beauty industry is enshrined in aesthetic medicine, given that medicine not only strengthened the beauty industry, but also became one of its for-profit sector. Backed by the law of supply and demand has encouraged the growth of competition in this sector, resulting not only in reducing the amounts charged for aesthetic procedures, but also in stimulating the migration of physicians from other specialties for aesthetic medicine - which can be observed in ophthalmology, otolaryngology, gastroenterology, and even in gynecology^{2,27,34}.

Further evidenced by the bioethics of responsibility, this disrespectful attitude on the part of professionals who bowed to the figures of this promising financial market, may be responsible for increasing dysmorphia cases (or dysmorphophobia) body registered for psychoanalysis, such as bulimia, anorexia, obesity or other diseases related to body image^{5,34}. Facing this fact, one wonders if the very oath doctor. Such physicians dedicated to the service of humanity or the pharmaceutical industry? What is the conscience and dignity practiced by these professionals? As patients' health is prioritized? As the honor and the medical tradition has been maintained when dealing with the beauty medicalization?

The benefits, both corrective and aesthetic, arising from the medical service of beauty is undeniable. However, the bioethics of responsibility - established by the ethical conscience - need to question the way trivialized as medicine has been submitted to the beauty industry. This, seeking to rely on scientific truths for the establishment of a normal aesthetic, becomes medicine responsible for the aesthetic pathological variables that are beyond the dominant pattern. With that, good physical appearance associate self-esteem with a pattern of social normality dictated by market, which subjugates and conditions the social acceptance of individuals.

Final considerations

After analysis of the subject by the assumptions of bioethics responsibility, it was observed that the social and scientific implications

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inherent in the beauty medicalization not only allowed the understanding of the dilemmas discussed, but also their applications and consequences.

It was found that aesthetic medicine acts not only in their specific field, but spreads concepts, interferes in the regulation of various aspects of social life, imposes its speech to the standard and models of social life, providing the model of perception and construction of meaning, values, habits and cognitive processes. *Naturalizes what is eminently social and determines its own concept of*

nature.

Thus, responsibility bioethics reaffirms of being the interim responsible physician by attitudes and choices of the patient toward the beauty medicalization, as well as responsible for the direct and indirect consequences of these choices. Is the doctor vassal of a financial aware of this responsibility? Or, is he prepared to be the physician in the overvaluation of beauty? These questions are what is hoped to be stimulate by bioethical reflection on the subject.

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Authors' participation in the article

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