

JOURNAL REVIEW

Cosmetic surgery, body image and sexuality. *Reproductive Health Matters*, Volume 18, Number 35, May 2010

On the same day as I was asked to write the abovementioned journal review, press headlines were rightly condemning the fact that a former Miss Argentina had died after a botched hotel room procedure to reshape her bottom. Today, as I write the review, the same press is covering the inquest on Denise Hendry, wife of Scottish football star, Colin Hendry, who died following liposuction treatment.

It was therefore with a sharp sense of focus that I began to peruse *Reproductive Health Matters'* (*RHM's*) coverage of the vital issues of cosmetic surgery, body image and sexuality. I say vital not only because of the abovementioned tragedies but because cosmetic surgery of all kinds is fast-growing – in the USA 12 million cosmetic procedures are done each year, while in the UK the comparatively small number of 100 000 procedures is still worth £1.2 billion and rising. Hence, such work clearly needs to be done advisedly, done ethically and done well.

All of which preamble is aimed at stressing that I am in complete agreement with the aim of this issue of *RHM*, and totally supportive of its concerns. I worry about the cultural expectations that have meant a 300% increase in breast enlargement for women in the UK in the past decade and a 28% increase in breast reduction for men during the year 2009 alone. When it comes to encouraging self-acceptance rather than a quick boob job, I'm absolutely at the barricades.

As is *RHM*. The 111 pages of *RHM* devoted to the topic spell out the problems in horrific detail. Articles from a wide range of cultures and locations – Sweden, USA, UK and also Rio de Janeiro, Kwazulu-Natal, Burkina Faso, Iran – discuss breast implantation, labial reduction, the restoration of virginity, and also the practices of culturally driven genital incisions and female genital mutilation.

We are told in moving and graphic detail not only about the dangers inherent in such procedures, the inexperience of surgery teams, the negligence of practitioners, the pressure put on women to have such surgery, as well as the politics of genital modification and the incongruence inherent in cultures that condone cosmetic surgery while condemning female circumcision.

My innate feminism was particularly triggered when reading the *RHM* leader article. The editor had wanted to put on the journal cover a realistic depiction of female vaginas created by a Brighton-based sculptor, Jamie McCartney; before the issue went to print, however, she thought it wise to contact *RHM* board members, contributors and editors to assure herself of their support.

The following 18 pages of the journal contain the responses the editor received, which to "[my] surprise and great disappointment" did not in general back her use of the image on the issue cover. It clearly embarrassed many, stirring up both shame and fear. The editor's final comment seemed to me valid and deeply sad. "There is only one thing worse than censorship . . . and that is acceding to it voluntarily."

But then I moved on to consider the 11 subsequent articles that form the body of this edition of *RHM*, and – to my own surprise and great disappointment – I found myself feeling uneasy. There was a great deal of impassioned rhetoric, but far less positivity to offset the negativity about cosmetic surgery. There were no articles aimed at understanding those women who choose such operations. There were no action suggestions to give focus and impetus to potential change.

I decided to seek some alternative opinions to clarify my own uncertainty. My first commentator, a (male) consultant plastic surgeon from the Northeast of England, agreed with my doubts but for reasons I had not expected. He argued that the articles in *RHM* were not, as I thought, feminist but antifeminist. He thought that the articles portrayed women as victims when his experience was that "the clients who come to me have thought about surgery for a long time, have looked around for the right surgeon, have read the horror stories and weighed the risks".

Yes, he agreed wholeheartedly with *RHM's* criticisms of unregulated practice, and he called – as *RHM* does – for much stricter regulation. But he felt *RHM's* assumption that all women who had cosmetic surgery were the passive victims of exploitation was not only unfounded but patronising.

I looked around for a different viewpoint entirely, and enrolled a colleague in her late-20s, a graduate in the human sciences, and very much a 21st century feminist. She first echoed the consultant surgeon's reservations that "the editorial stance is all too often dismissive of [surgery] as for vain, silly women . . . there are far more shades of grey in this subject than the journal admits".

Then she went on to raise further objections; as a trained scientist, she worried about what she saw as the lack of objectivity in *RHM*. "It is strange to have an academic journal with such a strongly stated position . . . there seems no attempt [by the editor] to include articles that give a more balanced and positive viewpoint . . . there isn't the required level of neutrality in the articles that one would expect."

So I am left in a quandary; I absolutely support the doubts that *RHM* has about cosmetic surgery of all kinds, and I would strongly urge all Journal readers to read this edition of *RHM* – for interest, information, and for the sheer passion with which the editor and her contributors tackle the subject. But I would also urge readers to be wary of that very emotion and to add in a large dollop of their own objectivity and balance.

Let us by all means stand at the barricades. But if our aim is sound medical commentary, let us use as our weapons detached neutrality, reasoned argument and emotional equilibrium.

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