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Religion and the Plastic Surgeon: an Imam, a Minister, and a Rabbi Walk into a Surgical Centre

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Abstract Cultural competency has become a keystone in forming a successful doctor–patient relationship to provide culturally appropriate services that respect patients' ethno-cultural beliefs, values, attitudes, and conventions. In cosmetic surgery, an often-overlooked aspect of a patient's cultural is his and her religious beliefs. In response to this paucity of resources for cosmetic surgeons to enable them to properly service their religious patients, this project was undertaken. This review article covers the three main Abrahamic religions (Judaism, Christianity, and Islam) and was written with the assistance of a prominent bioethicist from each religion (see Acknowledgements). In discussing each religion, the article has been divided into two sections. The first section is a general overview of the religion's relationship with cosmetic surgery as summary provided by the consulting bioethicist. The second portion is an annotated review of additional resources providing the reader further details on that religion. For example, our bioethicists provide a general perspective on Christianity as a whole, and the annotated review focuses on differences between Catholics and Protestants. We recognize the heterogeneity that is inherent in religion and the cultural and geographic biases that affect it. However, we aim to provide the reader a broad and basic foundation of the relationship between Judaism, Christianity, and Islam with cosmetic surgery to begin to create common ground between the physician and the patient and improve the process of shared decision-making and thus our outcomes. This paper should be seen as a foundation to build upon rather than an authoritative source, and specific patient concerns should be addressed with the patient's own religious advisor.
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Keywords Cultural competency · Religion · Cosmetic surgery · Judaism · Christianity · Islam

Introduction

There is an increasing awareness in medicine that religion can profoundly impact patient outcomes in reproductive health, chronic pain, and even cancer [1–3]. Although there are many definitions of cultural competency, a commonly accepted formulation is a set of skills and practices that lead to culturally appropriate services that respect patients' ethno-cultural beliefs, values, attitudes, and conventions and has become accepted as one of many tools in society's armamentarium for improving patient care [4, 5]. This definition focuses on outcomes with attention to how culture influences patient perspectives, expressions of distress, and medical seeking practices and suggests that clinical procedures and policies should reflect these (4). In the realm of cosmetic surgery, cultural competency has focused on defining physical racial–ethnic variations to help patients achieve optimal outcomes, such as the African American, Mestizo, Asian, and Indian rhinoplasty [6–9]. However, this focus on structural aspects regarding the general anatomy (Fitzhugh classification, skin

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thickness, cartilaginous support, cephalometric analysis, etc.) largely ignores the underlying unique culture, ethnic, and religious concerns of the patient. Specifically, regarding the interplay between religion and cosmetic surgery, there is a paucity of resources in the literature to enable the cosmetic surgeon to gain an understanding of a religious patient's background.

Here, we aim to provide the reader a broad and basic foundation of the relationship between Judaism, Christianity, and Islam with cosmetic surgery to create common ground between the physician and the patient, improve the process of shared decision-making, and provide an annotated review of resources for clinicians interested in a more thorough discussion. This article was composed in consultation with prominent religious bioethicists from Judaism, Christianity, and Islam (see Acknowledgements); however, it should be recognized that these religions are composed of smaller sects and traditions (e.g. the term Christian envelopes Catholics, Protestants, Seventh Day Adventists, Jehovah Witnesses) each with their own individual perspective on cosmetic surgery. Specific patient concerns should be addressed with the patient's own religious advisor. In short, rather than being authoritative, this article should be seen as a generalized review to provide the surgeon background to better understand the religious comments and concerns of his or her patient to help improve the competency and quality of his or her care.

Judaism

In Judaism, the question of cosmetic surgery is approached from two angles, *Halacha* (law) and *Hashkafa* (guiding philosophy). There are two specific Jewish laws that need to be addressed prior to surgery. The first is that Jews are required to guard their health from harm. Therefore, any risks to an elective procedure need to be weighed prior to undergoing an operation. However, many Rabbis feel the serious risks of cosmetic surgery (mainly anaesthetic complications) are marginal compared to other daily risks (e.g. driving a car to the supermarket and getting into an accident) and are not a concern. The second law is that Jews are forbidden from wounding themselves. However, many Rabbis believe this law to only include wounding when done with malice or in a degrading manner. However, wounding with the intention to heal is permissible within Torah law. Thus, there is no obvious Jewish law that forbids cosmetic surgery.

The other intersection between Judaism and cosmetic surgery is *Hashkafa*. Unlike *Halacha*, which works in the world of black versus white and forbidden versus permissible, *Hashkafa* creates a grey scale from discouraged to advisable. In general, Judaism believes in harnessing the power of medicine to improve an individual's physical and mental health, but frowns upon vanity. In summary, Rabbi Shabtai concludes that most Rabbis would agree that cosmetic surgery is permitted if there is an important psychological need, but may discourage purely aesthetic cosmetic surgery. For further reading on the interplay of Orthodox Judaism and cosmetic surgery, an annotated bibliography of Rabbi J. David Bleich's essay in Contemporary Halakhic Problems and Dr. Westreich's article in *Plastic and Reconstructive Surgery* is provided below.

Bleich, D. (1977). Plastic Surgery In N. Lamm (Ed.), Contemporary Halakhic Problems, Volume 1 (pp. 119–123). New York, New York: KTAV Publishing House

In his compellation of Jewish bioethical essays, Rabbi J. David Bleich, Ph.D., tackles the question of cosmetic surgery for Jewish patients [10]. He begins with the basic tenant that Jews are considered stewards of their bodies granted to them by God with no proprietary rights. Thus, any mutilation or self-wounding is a breach of the individual's contract with God. He continues to explain that Jews can undergo procedures and interventions for therapeutic purposes (i.e. constructive wounding), granted in the biblical commandment, "and he shall cause him to be thoroughly healed" (Exodus 21:19). Similar to Shabtai, Bleich believes the permissibility of cosmetic surgery relies upon one main question. Does the permissibility for Jews to undergo constructive wounding apply to elective cosmetic surgery?

The first step Bleich takes is that constructive wounding not only applies to curing a physiological disorder (e.g. aortic valve replacement) but to mitigate or alleviate pain as well. He notes that pain should not be narrowly defined as physiological pain (e.g. radiculopathy) but expanded to include psychological pain as well. Thus, if a cosmetic deformity (e.g. a large dorsal hump) is so emotionally distressing to a person that it interrupts their ability to function appropriately in society, surgical correction would likely be permissible.

Throughout his essay, Bleich does acknowledge alternative views at every step. Some Rabbis argue that cosmetic surgery is forbidden in any context limiting plastic surgery to congenital or acquired deformities. Therefore, it should again be recognized that the interplay between Judaism and cosmetic surgery is complex, influenced by region and tradition, and specific patient concerns should be addressed with the patient's own religious advisor.

Westreich, M. (n.d.). Orthodox Jewish law (Halachah) and plastic surgery. Plastic and reconstructive surgery., 102(3), 908–913.

In his article, Dr. Westreich provides background information and the many complex aspects of caring for orthodox patients including the laws regarding modesty, dietary restriction, the Sabbath as well as cosmetic surgery

[11]. Similar to the above sources, Westreich notes the question of cosmetic surgery hinges upon whether the "deformity" being corrected causes enough mental anguish to be considered constructive wounding and thus permitted.

Importantly, Westreich does acknowledge that certain Rabbis, such as Rabbi Waldenberg, prohibit surgery that is purely cosmetic in any form [12]. Therefore, he notes a patient whose community follows Rabbi Waldenberg's teachings may report vague medical or functional complaints as indications for surgery instead of describing only cosmetic complaints. Common examples a cosmetic surgeon may see include back problems or skin infections for breast surgery and nasal congestion and obstruction for rhinoplasty [11]. It is important for the cosmetic surgeon to be aware of this potential social requirement, to be appropriately receptive and understanding to the patient's circumstance and complaint.

Christianity

In general, the primary area for potential conflict between Christianity and cosmetic surgery is in the realm of vanity and self-centredness, which serve as barriers between humans and God. As far as Vercler is aware, there is no specific scripture that strictly forbids cosmetic surgery; thus, there is a wide range of procedures that are acceptable to Christians, depending on their social milieu. In regard to congenital or traumatic deformities (e.g. microtia, mastectomy), cosmetic surgery would be seen as part of the redemptive work of God through Christ that God empowers surgeons to act out His work in a broken world. However, regarding cosmetic surgery for purely aesthetic reasons (e.g. rhytidectomy), there is no straightforward answer. The patient should work with his or her spiritual advisor to uncover the underlying motivations and role the surgery would have in God's plan. For further reading, there is no official Christianity consensus on cosmetic surgery; however, there are two peer-reviewed articles published on the Catholic and Protestant approach to cosmetic surgery that are discussed in an annotated reviews below [13, 14].

O'Leary, C. (n.d.). Catholic views on cosmetic surgery. Eye, ear, nose & throat monthly., 41, 60–61.

In his essay on the interplay between Catholicism and cosmetic surgery, O'Leary lays out three fundamental points in the Catholic faith. First, he describes the fundamental moral principle called the Principle of Totality, "…all parts of the human body…are meant to exist and function for the good of the whole body, and thus naturally subordinated to the good of the whole body" [13]. Then, he notes that man's relationship with his body is usufructuary and not proprietary limiting his power to alter or mutilate it. Finally, he observes that physical beauty, although not the prime focus of life, is "a true value in itself". Based off this foundation, he lists the three main questions a Catholic must answer prior to cosmetic surgery. Do I have the right intentions? What are the risks? Are the motives reasonable and proportionate to the means being adopted?

O'Leary concludes that in general cosmetic surgery for purely seductive reasons (impure intentions) or that is cosmetically pleasing but functionally impairing (forbidden alteration of God's perfection) is generally forbidden. However, repairing congenital or traumatic deformities is "the will of God in restoring perfection to the greatest work of His visible creation…as long as there is due proportion between the risk involved and the good expected". With regard to cosmetic surgery for psychological duress, he leaves it open for discussion between the patient and his/her priest.

Reeves, R. (1961). Protestant views on cosmetic surgery. Eye, ear, nose & throat monthly., 40, 856–858.

As a protestant, Reeves first notes that there is "hardly anything anywhere in the official statements of any of the protestant detonation that would be upon the ethics involved in facial plastic surgery", and therefore, the discussion needs to focus on general protestant tenants from which implications can be drawn [14]. The first fundamental teaching that all protestant denominations ascribe to is that of "personal honesty" and "that a man be as he is created to be". Second, "whatever contributes to a man's total effectiveness and happiness, in all his life's relationships, is good; that whatever deters, detracts or hinders him in the normal life relationships be bad".

Reeves continues to classify cosmetic surgery into different groups. The first one he defines as "restorative surgery" where the goal is to restore something to its original condition. Restorative surgery is considered a positive contribution to a person's well-being and is certainly permitted. The other category is "alteration" surgery where the design is to give a different appearance or impression relative to the original presentation. A common example would include rejuvenation procedures. Here, Reeves believes everything relies on "personal honesty". Here, if a person's goal is "to retreat from [the] reality [of aging]", Reeves would lean towards the ethics being against it. He succinctly states "David should not parade in Saul's armor". However, if rejuvenation surgery was being performed to enable an ageing female to maintain her income as the lead receptionist at large firm to support her family, the ethics would be for it. In the realm of alteration surgery, Reeves believes "each case has to be judged on its own merits".

Islam

In 2007, the International Islamic Fiqh Academy discussed the issue of cosmetic surgery and the Muslim jurists have divided cosmetic surgery into permissible and forbidden cases. In general, medically indicated cosmetic surgery for either congenital or acquired deformities is permissible. For example, in cases of polydactyly or mastectomy, it is permissible to undergo cosmetic surgery to rectify or restore one's limbs or appearance. However, cosmetic surgery is not permissible when the purpose of this procedure is to take an otherwise functional and normal body structure and "beautify" it for the sake of attractiveness. Such surgery has been condemned in the *Qur'an* and *Hadith*, a collection of traditions containing sayings of the prophet Muhammad, as it interferes with the natural way Allah has created a person without a valid reason. For further reading on the Sunni Islam, an annotated review of "Aesthetic surgery and religion: Islamic law perspective" is provided below [15].

Atiyeh BS1, Kadry M, Hayek SN, Moucharafieh RS. Aesthetic surgery and religion: Islamic law perspective. Aesthetic Plast Surg. 2008 Jan;32(1):1–10.

In the start of his discussion on Islam and aesthetic surgery, Atiyeh et al. begin with the Quran where it states "We created Man in the most perfect form" (95:4) [15]. This line should not be understood as a blanket ban on cosmetic surgery but rather the serious nature that any alteration of creation be addressed with the utmost care. The main question for Muslims to answer is whether cosmetic surgery should be "…condemned as a futile luxury, or is it answering to a real physical and psychological need".

Similar to Chamsi-Pasha, Atiyeh et al. note that Muslim scholars divide plastic surgery into two categories: essential surgery genuinely needed to correct congenital or acquired defects and surgery performed for beautification. The former is permissible because it is not meant to fundamentally change the creation of God. Atiyeh et al. suggest that this provision may allow the improvement of an ugly appearance causing physical and psychological suffering. However, the latter, surgery performed for beautification, is seen as an affront to God for two reasons. First, Muslims believe the body given to man is a trust and undermining the nature created by Allah is a sin. Second, a Muslim should have the world outlook that he/she has been blessed to receive and must not complain about what he/she perceives as lacking.

Although this article presents a comprehensive background and analysis of the interactions between Islam and cosmetic surgery, Atiyeh et al. note that "Muslims cannot be considered a homogeneous group because they have diverse cultures, customs, and sects, as well as various schools of jurisprudence. Diverse views in bioethical matters do therefore exist". It is with this thought we would like to remind our audience that the interplay between Islam and cosmetic surgery is multifaceted and nuanced with influence from geography and tradition, and specific patient concerns should be addressed with the patient's own religious advisor.

Conclusion

In this article, we offer a brief and broad introduction to the interplay of Judaism, Christianity, and Islam with cosmetic surgery through interviews with leading religious bioethicists as well annotated reviews on each religion. There are a few main themes that run through each group we would like to highlight. First, it is important for the cosmetic surgeon to recognize the heterogeneity and complexity of the interaction of each religion with cosmetic surgery. Second, in broad terms, all three religions support the correction of congenital or traumatic deformities. Third, cosmetic surgery is not uniformly banned in any of the three religions. However, the circumstances that permit cosmetic surgery vary widely between religions and even within a religion itself. Cosmetic surgeons should recognize this variability, support their patient's decisions, attempt to understand them in a non-judgemental manner, and form a collaborate partnership with the patient and his or her religious leader to achieve the best outcome for that patient. Outcomes in cosmetic surgery are primarily determined by patient satisfaction and fulfilment [16]. Through better understanding of the religious backgrounds of our patients, we will be able to provide more thoughtful, sensitive, and appropriate care increasing patient satisfaction and thus our outcomes.

Acknowledgements *Judaism*: Rabbi David Shabtai, MD. Dr. Rabbi Shabtai received his ordination from the Rabbi Isaac Elchanan Theological Seminary, an affiliate of Yeshiva University and his medical degree from New York University School of Medicine. He authored the book "Defining the Moment: Understanding Brain Death in *Halacha*" and writes and lectures on a wide range of medical and scientific ethical issues. *Christianity*: Christian J. Vercler, MD, MA, FACS, FAAP. Dr. Vercler attended medical school at University of Illinois and underwent his general surgery residency at Emory University. He went on to a plastic surgery residency at Harvard and completed a craniofacial fellowship at University of Michigan. He has a master's degree in theological studies from Wheaton College, and during his training, he obtained a masters degree in bioethics from Trinity International University. He is currently the Assistant Professor, Section of Plastic Surgery, Department of Surgery, University of Michigan and Co-Chief, Clinical Ethics Service, Center for Bioethics and Social Sciences in Medicine, University of Michigan. *Islam*: Hassan Chamsi-Pasha MD. Dr. Chamsi-Pasha studied medicine at the University of Aleppo School of Medicine. He then attended 3 years residency in Internal Medicine in the University

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

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