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<https://orcid.org/0000-0003-4063-5695>IS AESTHETIC SURGERY MORALLY ACCEPTABLE?¹

1. INTRODUCTION

During our pastoral work we have encountered several times the question: What do you think about cosmetic surgery? Is it morally acceptable or not? Where are the boundaries? My child's ears have become detached. Can I have them sewn on? Has the Catholic Church or any other ethical authority spoken out on this subject? Are all these beautification surgeries just about money?

The following paper does not aim to take a definitive position on these issues. It is not easy to consider all the factors that may play a decisive role in ethical considerations in general. It is necessary to take into account the individual case. Therefore, we just want to outline some guidelines that might help in practical decision-making. The final judgment should always be a result of *prudentia*.

We shall proceed as follows. First, we will look at how the Scriptures address the question of the value of the human body. Then we will see if the Magisterium of the Catholic Church has made a relevant statement on aesthetic surgery. Next, we will look at traditional morality. Here we will be dealing primarily with doctrine of double effect and principle of totality. Knowing what position contemporary bioethical authorities take on aesthetic surgery will also be essential. In particular, we will focus on selected ethics committees and learn about the position of several bioethicists involved in surgical body beautification. Finally, we will add our perspective.

¹ This article is based on Chapter VI of my monograph: J. Polák, *Krása na prodej? Historické, antropologické a etické aspekty estetické chirurgie*, Červený Kostelec: Pavel Mervart 2022. Since the Czech language is inaccessible to most foreign experts, I have decided to make available some of the conclusions of my research in a revised form in the following lines. The book in question was originally published in the Italian version, J. Polák, *Bellezza in vendita. Chirurgia estetica tra storia, antropologia ed etica*, Beau Bassin – Riga: Edizioni Sant'Antonio 2018. This paper is a result of the research funded by the internal Grant Agency as the project IGA_CMTF 2023_004 "New Horizons of Reality and the Future of Christianity: Theological and Philosophical Investigations."



In order to define the subject of our work more clearly, we must add the following: we will focus only on surgical aesthetic operations, i.e. invasive procedures aimed at improving the external appearance. We will leave aside reconstructive plastic surgery, which deals with the repair of malformations and congenital or acquired defects (e.g. burns, etc.). Similarly, we will not discuss procedures that fall under the broader term “aesthetic medicine” (e.g. laser resurfacing, chemical peeling, botulinum toxin or various fillers, etc.). This issue is so broad that it deserves a separate study. For the same reason, we will not deal with aesthetic dentistry or surgical sex reassignment. The second boundary of our work will be the socio-cultural environment. Since it is impossible to map in a few pages all aesthetic surgical procedures in different countries and cultures, both in a synchronic and diachronic sense, we will limit ourselves to aesthetic surgery in contemporary Western culture.

2. THE VALUE OF THE BODY IN THE PERSPECTIVE OF HOLY SCRIPTURE

How does Scripture view the human body? The attempt to evaluate aesthetic surgery ethically cannot do without a biblical perspective. However, since it is impossible to cover the entirety of biblical anthropology in the following lines, we will only touch on the most important Old and New Testament passages dealing with the meaning of the human body.

We consider the Old Testament narrative describing the creation of man to be essential. Adam is presented as a creature who, together with Eve, was created in the image and likeness of God (Gen 1:26). Both of them, in the diversity of their sexes, are loved and accepted by their Creator as they are. Their body, both male and female, is unique, irreplaceable, of value in itself,² and destined for eschatological communion with the Lord (cf. GS 19). From the second account of creation (Gen 2:7), then, emerges the holistic view of man that is inherent in Christianity: *corpore et anima unus*. Man is kneaded from the earth's dust and animated by the divine breath, making him an integral living being.

In other books of the Old Testament we meet with the term *basar* denoting in the first place “flesh” but also “body” (Lev 14:9) or the whole “human being” (Isa 40:5). In addition, this term is used to denote what is weak and low in man and what is displeasing to God (Jer 17:5).³ In the Old Testament perception, the flesh is the essential component of man. Like the soul, the personality of the whole human

² Cf. M. Vidal García, *Nuova morale fondamentale. La dimora teologica dell'etica*, Bologna: EDB 2004, p. 191.

³ Cf. R. Penna, *Corpo e storia. Luoghi della rivelazione biblica*, “Hermeneutica. Annuario di filosofia e teologia” (2007), NS, pp. 206–207.

being is impressed upon it (Job 14:22). It bears the image and likeness of its Creator. It is only in the younger books of the Bible, under the influence of Hellenistic culture, that it is seen as a prison of the soul (Wis 9:15), and late Judaism sees it as a constant source of temptation that must be tamed.⁴

The crucial text in the New Testament from which to deduce the value of the body is the Prologue to the Gospel of John (John 1:1–18), which speaks of the Word made flesh. God the Son entered into human nature, became wholly identified with our physicality, thereby also sanctifying it and endowing it with immense dignity. Moreover, by his resurrection, he has revealed the future for which the human body is destined. It is, therefore, not just an elaborately arranged mass of hydrocarbons (*Körper*) but a constitutive part of the human being for which God shed his blood (*Leib*; cf. GS 22). These are the fundamental facts from which the Christian attitude to human corporeality in general derives.

In this context, it is also appropriate to point out that Jesus Christ impressed those around him as a physician who miraculously restored others to health. His “therapeutic activity” is described in the Gospels as *restitutio ad integrum* (Matt 11:5), not as *transformatio integri*. God’s plan of salvation envisages that the factual *enhancement* of each person’s physicality is scheduled for the moment of his resurrection, not for a specific moment in his earthly life.

The letters of St. Paul are also important for further reflection on the value of the human body. In this area, they build on the Old Testament. St. Paul uses two different terms in them: *sarx* (“flesh”) and *soma* (“body”). He points out the immense value of the *soma*. The human body is in his eyes a temple of the Holy Spirit (1 Cor 6:19) and a member of Christ’s mystical body (1 Cor 6:15). It is a part of man which will be glorified and wholly transformed at the resurrection from the dead (1 Cor 15:51–53). On the other hand, the *sarx* is the source of sinful desires and deeds (Rom 7:14–24), associated with weakness (2 Cor 12:7–10), and an old man who must be put off (Col 3:9–10).⁵ It is important for us that the living human body (*Leib*), i.e. man himself or herself, is already in this world, the place in which the Spirit of God dwells, who is in the first place the Spirit of truth. If a man wants to live in truth, he or she should be able to look at themselves and their body truthfully. In this sense we understand genuine authenticity, which will be discussed later.

One of the themes that St. John explores in depth in his letters is the various aspects of the “gift,” including the physical part of man. The theme of the gift stems from two facts in particular: “For God so loved the world, that he gave his only Son” (John 3:16) and: “And the Word became flesh and made his dwelling among

⁴ Cf. W. Pesch, *Leib*, in: J.B. Bauer (ed.), *Bibeltheologisches Wörterbuch*, vol. 2: *Herrentag – Zucht*, Graz – Wien – Köln am Rhein: Styria 1962, pp. 749–751.

⁵ Cf. W. Pesch, *Leib*, pp. 752–753; X. Léon-Dufour, *Corpo*, in: X. Léon-Dufour (ed.), *Dizionario di Teologia Biblica*, Casale Monferrato, AL: Marietii 1984, pp. 210–212.

us” (John 1:14). The Son of God can be said to have received human physicality as a gift from his heavenly Father and to have given himself to others as a human being. Christ expects his followers to do the same: to give of themselves in service to others (John 13:15). The ability to give something, however, presupposes not to cling to the thing, i.e. in our context, to realize that the human body and health are an unearned gift (*Gabe*) for each person, from which a specific task (*Aufgabe*) follows, leading the person to surrender (*Hingabe*). It would be helpful if everyone seriously considering aesthetic surgery would first reflect on what a miracle a well-functioning human body is.

3. AESTHETIC SURGERY IN THE PONTIFICAL MAGISTERIUM

The Church’s teaching authority on aesthetic surgery can be found mainly in the speeches of Popes Pius XII and John Paul II, and partly also Pope Francis. Paul VI, John Paul I, and Benedict XVI have nowhere expressed themselves on this issue.

3.1. PIUS XII

Pius XII commented on the ethical acceptability of aesthetic surgical procedures in his address to the participants of the X National Congress of the Italian Society of Plastic Surgery on October 4, 1958.⁶ This was just a few days before his death. In it, he spoke primarily to doctors who dealt with reconstructive, not purely aesthetic, surgery. He greatly valued their work correcting various disfiguring injuries. He regards man’s physical beauty as an imprint of the beauty of God the Creator, that is, as a good in itself, albeit in subordination to the whole of the particular person. He urges caution in judging purely aesthetic operations. He relies on the doctrine of double effect and the principle of totality, with the caveat that the final judgment depends on the individual case. For practical distinction, he states: “that the intention is upright, that the general health of the individual is protected from considerable risk, that the reasons are reasonable and proportionate to the ‘extraordinary means’ to which recourse is made. It is evident that an illicit procedure will be, for example, one which is requested with the intention of increasing one’s own power of seduction and thus to induce others more easily to sin; or with the sole intention of removing an offender from justice; or which causes damage to the regular functions of the physical organs; or which is requested for

⁶ See Pius XII, *Ai partecipanti al X Congresso Nazionale della Società Italiana di Chirurgia Plastica* (October 4, 1958), “Acta Apostolicae Sedis” 50 (1958), pp. 952–961.

mere vanity or fashionable whim. On the contrary, numerous reasons sometimes legitimise, sometimes positively advise intervention. Certain deformities, or even imperfections, are the cause of psychic disturbances in the individual, or become an obstacle to social and family relations, or impediment – especially in persons dedicated to public life or the arts – to the performance of their activities.⁷

In the event that surgery is ethically unacceptable, Pius XII points out that a solid source of strength can be found in Christianity to deal with the aesthetic deficiencies of one's own body. He is fully aware that painfully perceived physical defects can have a very negative psychological impact on the individual concerned. He considers it important that such a person be helped not only by an aesthetic surgeon, but also by a priest, psychiatrist or friend.⁸

3.2. JOHN PAUL II

John Paul II commented only marginally on the subject of aesthetic surgery. This was on October 27, 1980, at two congresses on medicine and surgery, at which he urged the doctors present to look at each patient they encountered with a holistic view, perceiving not only his or her physical side but also their psycho-affective sphere and trying to establish a truly human relationship with them in mutual trust.⁹

Nine years later, John Paul II spoke to the participants of the XXII International Conference on the Human Rights of the Child. National Congress of the Italian Society of Dentistry and Maxillofacial Surgery, where he referred to the aforementioned speech of Pius XII and called the work of these doctors “a very noble mission” serving a higher quality of human life. He reiterated the inseparability of the physical and psychological components of the human being, pointing out that the most important task of dentistry and maxillofacial surgery is to reconstruct congenital and acquired defects, especially when they are associated with functional deficits. Requests for such procedures are ethically perfectly correct and should always be granted, but this is not the case for aesthetic operations for ephemeral or other non-therapeutic reasons.¹⁰

⁷ Pius XII, *Ai partecipanti al X Congresso*, p. 959, own translation.

⁸ Cf. Pius XII, *Ai partecipanti al X Congresso*, pp. 958–960.

⁹ Cf. John Paul II, *Ai partecipanti a due congressi di medicina e chirurgia* (October 27, 1980), in: *Insegnamenti di Giovanni Paolo II*, vol. III/2: 1980 (Luglio – Dicembre), Città del Vaticano: Libreria Editrice Vaticana, 1980, p. 1010.

¹⁰ Cf. John Paul II, *Ad un congresso di odontostomatologia e chirurgia maxillo-facciale* (December 9, 1989), in: *Insegnamenti di Giovanni Paolo II*, vol. XII/2: 1989 (Luglio – Dicembre), Città del Vaticano: Libreria Editrice Vaticana 1991, pp. 1486–1487.

3.2. FRANCIS

At an International Conference organized by the Pontifical Council for Healthcare Workers in 2015, Pope Francis denounced the current culture as one of “shredding” from which all are excluded: the sick, the sinful, the poor, the stranger and the marginalized. We encounter this mentality especially in wish-fulfilling medicine, which is characterized by the pursuit of one’s own physical perfection, the illusory belief in eternal youth, and the “shredding” of anyone who does not conform to these ideals, who is not efficient enough, or who is ugly.¹¹

4. OTHER STATEMENTS OF THE MAGISTERIUM

Among other statements of the Church’s Magisterium, we would like to mention the following two documents.

4.1. CATECHISM OF THE CATHOLIC CHURCH

This basic Catholic handbook nowhere directly addresses aesthetic surgery. Nevertheless, article 2289 touches on our topic at least peripherally: “If morality requires respect for the life of the body, it does not make it an absolute value. It rejects a neo-pagan notion that tends to promote the cult of the body, to sacrifice everything for its sake, to idolize physical perfection and success at sports. By its selective preference of the strong over the weak, such a conception can lead to the perversion of human relationships.”¹²

Surgical interventions performed purely for aesthetic reasons can be classified here under the term “cult of the body.”

4.2. OUTLINE DOCUMENT OF THE PONTIFICAL COUNCIL FOR CULTURE

In 2015, the Pontifical Council for Culture published an Outline document for the Plenary Assembly entitled *Women’s Cultures: Equality and Difference*. The

¹¹ Cf. Francis, *Ai partecipanti alla Conferenza internazionale promossa dal Pontificio consiglio per gli operatori sanitari* (November 19, 2015), in: *La Santa Sede – Francesco*, https://www.vatican.va/content/francesco/it/speeches/2015/november/documents/papa-francesco_20151119_salute-accoglienza.html [access: 24 III 2023].

¹² *Catechism of the Catholic Church*, no. 2289, https://www.vatican.va/archive/ENG0015/_P80.HTM [access: 17 III 2023].

main theme of this document, approved by the then president of the aforementioned Council, Cardinal Gianfranco Ravasi, is the position of women in the contemporary world and in the Church. It touches on our theme when it speaks of the female body as the place through which the person expresses her own self: “Plastic surgery can be counted as one of the many manipulations of the body that explore its limits with respect to the concept of identity. A specificity that is placed under so much stress in the contemporary world as to provoke pathologies (dysmorphophobia, eating disorders, depression...) or ‘amputate’ the expressive possibilities of the human face which are so connected to the empathic abilities. Plastic surgery that is not medico-therapeutic can be aggressive toward the feminine identity, showing a refusal of the body in as much as it is a refusal of the ‘season’ that is being lived out.”¹³

The human body is normally a “place of truth,” but it can also become a “place of betrayal.” This happens especially when it is used for commercial purposes of various kinds. Aesthetic interventions can be one of them.

The documentary made the media in particular thanks to the phrase: “Plastic surgery is like a burqa made of flesh.” This is the view of one interviewee who wants to draw attention to the dangers of uniformity that aesthetic surgery can lead to.¹⁴ Cardinal Ravasi made a similar point at the press conference. According to him, the contemporary woman’s body is subjected to a kind of “aesthetic dictatorship,” as if it were necessary to follow the current model of physical beauty promoted by advertising at all times. Ravasi, however, does not have a negative attitude towards aesthetic surgery *tout court*. In his view, it is justified if it seeks to restore the patient’s harmony with his or her own body. However, he is not afraid to point out that the autumn of life, in which wrinkles appear on a woman’s face, also has its charms and that it is possible to accept one’s own body even when it shows certain beauty defects.¹⁵

5. DOCTRINE OF DOUBLE EFFECT

Of the traditional ethical principles that can be invoked in our problem, two in particular should be mentioned: double effect and totality. The principle of an action, which implies double effect, first appears in Thomas Aquinas’ *Summa Theologiae*

¹³ Pontifical Council for Culture, *Women’s Cultures: equality and difference*, Outline document for the Plenary Assembly (04.-07.02.2015), p. 7, http://www.cultura.va/content/dam/cultura/docs/pdf/Traccia_en.pdf [access: 24 III 2023].

¹⁴ Cf. Pontifical Council for Culture, *Women’s Cultures*, p. 9.

¹⁵ Cf. *Culture femminili, Ravasi: reciprocità non prevaricazione*, “Radio Vaticana” February 3, 2015, http://www.archivioradiovaticana.va/storico/2015/02/03/culture_femminili_ravasi_reciprocita%C3%A0_non_prevaricazione/it-1121344 [access: 24 III 2023].

at the point where he speaks of legitimate defence.¹⁶ Here St. Thomas lists four premises on which the principle, later called “double effect,” is based. However, it was not until Jean-Pierre Gury,¹⁷ a Jesuit living in the 19th century, that it was given its definitive form. The principle refers to an action from which two opposing effects arise simultaneously: positive and negative. Morally, it is permissible to perform or omit an action provided four conditions are met simultaneously: “1) that the action in itself from its very object be good or at least indifferent; 2) that the good effect and not the evil effect be intended; 3) that the good effect be not produced by means of the evil effect; 4) that there be a proportionately grave reason for permitting the evil effect.”¹⁸

It is therefore impossible to choose evil as a direct goal of action. It is only possible to admit it *praeter intentionem*, i.e. as an unavoidable side effect in situations where no other action is possible (*ultima ratio*). We are convinced that aesthetic interventions should always be carried out only as a last resort when previous counselling has proved ineffective and the individual concerned is truly distressed by his or her appearance.

To answer the question of what is an intrinsically bad act in the context of aesthetic surgery, it is necessary to mention the encyclical letter *Veritatis Splendor*, no. 80. John Paul II refers here to *Gaudium et Spes*, no. 27, and lists mutilation of the human body among the acts that are intrinsically wrong.¹⁹ This issue is taken into account, for example, by Italian legislation which, in the context of aesthetic surgery, speaks of biological damage, which it understands as “injury to the psychophysical integrity of the offended person, considered in and of itself.”²⁰ As an unjust act the biological damage is fully compensable.²¹ Thus, the reason that justifies the surgical interference with the integrity of the human body must indeed be valid. In other words, the medical intervention must be indicated. If this is not the case, an honest surgeon should not seek alternative justifications for his or her act, e.g., needing funds for new equipment for their practice, paying their staff, etc. To

¹⁶ Cf. Sancti Thomae de Aquino, *Summa Theologiae*, Cinisello Balsamo, MI: San Paolo 1999, II-IIae, q. 64, a. 7, resp., p. 1365: “Nihil prohibet unius actus esse duos effectus, quorum alter solum sit in intentione, alius vero sit praeter intentionem.”

¹⁷ Cf. G.M. Miglietta, G. Russo, *Duplici effetto (principio del)*, in: E. Sgreccia – A. Tarantino (eds.), *Enciclopedia di Bioetica e Scienza giuridica*, vol. 4: *Danno alla salute – Duplici effetto*, Napoli: Edizioni Scientifiche Italiane 2011, pp. 915–916.

¹⁸ J.T. Mangan, *An Historical Analysis of the Principle of Double Effect*, “Theological Studies” 10 (1949), no. 1, p. 43.

¹⁹ Cf. John Paul II, Encyclical Letter *Veritatis Splendor* (August 6, 1993), https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_06081993_veritatis-splendor.html [access 16 VI 2023], no. 80.

²⁰ G. Cassano, *Casi di errori in chirurgia estetica e risarcimento del danno. Commento, linee guida, giurisprudenza*, Santarcangelo di Romagna, RN: Maggioli Editore 2016, pp. 59–60, own translation.

²¹ Cf. G. Cassano, *Casi di errori*, pp. 63–69.

paraphrase Immanuel Kant, we can say that the good of the patient must always be seen as the goal of a particular procedure, never as a means to achieve another good.

The patient's highest good is, of course, his or her health. If the World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,"²² it is entering the field of utopia. Such a state cannot realistically be achieved. Elio Sgreccia, therefore, understands health as a dynamic balance at the individual level.²³ We also agree with the concept of health of the Czech physician Jan Hnizdil, who evaluates it as "the ability to cope with the problems of everyday life."²⁴ If we consider discomfort a challenge to go beyond one's limits, it can be seen as a positive aspect of life. The crucial point is the point of view. Unfortunately, contemporary Western society tends to suppress any discomfort and eliminate even the slightest pain, which wish-fulfilling medicine only encourages.

6. PRINCIPLE OF TOTALITY

In the ethical evaluation of aesthetic surgical procedures, one can also refer to the principle of totality, which is also known as therapeutic. Its historical roots go back to Aristotle, in particular to his work *Politics*, in which we find an analysis of human society from the perspective of the political system. The most famous philosopher of antiquity compares the relationship between the individual and the state to that of the hand or foot to the rest of the body.²⁵ He points out that the community or state is formed by the union of many parts and that this makes the individual part superior.²⁶ These ideas are further reflected upon by Thomas Aquinas in his *Summa Theologiae* and on the basis of them he outlines the so-called principle of totality: "Omnis autem pars ordinatur ad totum ut imperfectum ad perfectum. Et ideo omnis pars naturaliter est propter totum. Et propter hoc videmus quod si saluti totius corporis humani expediat praecisio alicuius membri, puta cum est putridum et corruptivum aliorum, laudabiliter et salubriter absconditur."²⁷

²² World Health Organization, *Constitution of the World Health Organization*, in: *Basic Documents*, Geneva: WHO Press 2014, p. 1.

²³ Cf. E. Sgreccia, *Manuale di Bioetica*, vol. 1: *Fondamenti ed etica biomedica*, Milano: Vita et Pensiero 2007, p. 160.

²⁴ J. Hnizdil, *Zařikávač nemocí. Chcete se léčit, nebo uzdravít?*, Praha: Lidové noviny 2014, p. 17, own translation.

²⁵ Cf. Aristotelés, *Politika*, vol. 1, trans. M. Mráz, Praha: OIKOYMENH 2019, 1253a.

²⁶ Cf. Aristotelés, *Politika*, vol. 1, 1253a–1252b.

²⁷ Sancti Thomae de Aquino, *Summa Theologiae*, II–IIae, q. 64, a. 2, resp., p. 1361.

This principle is made even clearer in the following *quaestio*: “Si vero membrum propter putredinem sit totius corporis corruptivum, tunc licitum est, de voluntate eius cuius est membrum, putridum membrum praescindere propter salutem totius corporis: quia unicuique commissa est cura propriae salutis. Et eadem ratio est si fiat voluntate eius ad quem pertinet curare de salute eius qui habet membrum corruptum. Aliter autem aliquem membro mutilare est omnino illicitum.”²⁸

Over the centuries, this text has found its application mainly in the field of law and medicine. It has been used to justify the justification of the death penalty and the violation of bodily integrity for therapeutic reasons. Although it has been invoked by many popes, it was Pius XII who coined the term “principle of totality.”²⁹ In the field of medicine, the International Theological Commission on *Communion and Stewardship* document refers to it. According to it, a certain invasive intervention into the bodily integrity of a person is ethically acceptable if four conditions are met: “(1) there must be a question of an intervention in the part of the body that is either affected or is the direct cause of the life-threatening situation; (2) there can be no other alternatives for preserving life; (3) there is a proportionate chance of success in comparison with drawbacks; and (4) the patient must give assent to the intervention.”³⁰

The principle of totality or bodily integrity has been interpreted in various ways throughout history. It can be understood in a narrower, i.e. organistic sense, or it can include the psychological or psychosocial aspect of the individual. Then the principle has a broader meaning and application.

Aesthetic surgical interventions must take into account, as far as possible, all dimensions of the patient’s personality. A holistic approach is therefore necessary. In this context, the Italian moral theologian Tullo Goffi speaks of an ethic of totality, according to which it is necessary to see the integral self in the other person, to intuitively recognise and take into account their deepest wishes.³¹

7. PRINCIPIALISM

Philosophers Tom L. Beauchamp and James F. Childress made history as the authors of the monograph *Principles of Biomedical Ethics*, in which they introduced the concept of four principles that can serve as a guide for solving moral problems

²⁸ Sancti Thomae de Aquino, *Summa Theologiae*, II–IIae, q. 65, a. 1, resp., p. 1367.

²⁹ See Pius XII, *Ai partecipanti al I Congresso internazionale di istopatologia del sistema nervoso*, (September 14, 1952), “Acta Apostolicae Sedis” 44 (1952), pp. 779–789.

³⁰ International Theological Commission, *Communion and Stewardship. Human Persons Created in the Image of God*, no. 85, https://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20040723_communion-stewardship_en.html [access: 23 III 2023].

³¹ Cf. T. Goffi, *Etica della totalità*, “Rivista di Teologia Morale” 5 (1973), pp. 348 and 350.

in medicine. Although the concept has been vehemently criticized several times – e.g. philosophers K. Danner Clouser or Bernard Gert called it the “Georgetown mantra” – it has nevertheless retained its validity to this day. The main reason for the criticism was that there is no hierarchical relationship between all the principles. The choice of which one to give priority to depends primarily on the specific situation.

According to the first principle, respect for the *autonomy* of the patient, it is necessary to view each patient as an autonomous being capable of making his or her own conscious decisions. This implies an obligation for medical staff to provide the person concerned with the relevant information to be able to consent or not to a particular procedure. In our opinion, the issue of voluntary action in cosmetic surgery, especially when it comes to adolescents, is one of the weakest. In particular, it is necessary to take into account the pressure of the mass media and other external influences (peer influence, etc.), which can be enormous for the individual concerned. Full autonomy is seen as a balanced and mature decision, free from negative external influences, especially coercion and manipulation.³² Beauchamp and Childress talk about three types of negative external influences: coercion (there is a real threat of force or punitive sanction), persuasion (strong urging or misleading language), and manipulation (giving distorted information, emotionally conditioned advice, etc.).³³

The principle of *non maleficence* is already found in the Hippocratic Oath. Despite its antiquity, it has retained its binding force to this day. A doctor must not deliberately cause any harm, understood primarily as bodily harm. Beauchamp and Childress develop this principle in a different socio-cultural context. In doing so, they rely primarily on the ideas of William Franken, who stresses that it is important not only not to cause physical harm to others, but also to take care to eliminate the harm that has occurred and to prevent future harm. In addition, the overall health of the person concerned must be promoted.³⁴ Several other specific ethical appeals follow from the principle of non-maleficence. These include, in particular, the prohibition against killing, arbitrarily inflicting pain, incapacitating, insulting or depriving the patient of property. Equally, any neglect or failure to meet professional obligations and standards must be avoided.³⁵

The principle of *beneficence* has two dimensions. *Positive beneficence* means any action for the benefit of the patient in general. We understand *utility* as the obligation to weigh the balance of harm and benefit for a particular medical intervention, with the requirement always to take the path of maximum efficiency. Both

³² Cf. J.A.M. De Roubaix, *Beneficence, Non-maleficence, Distributive Justice and Respect for Patient Autonomy – Reconcilable Ends in Aesthetic Surgery*, “Journal of Plastic, Reconstructive & Aesthetic Surgery” 64 (2011), p. 12.

³³ Cf. T.L. Beauchamp, J.F. Childress, *Principles of Biomedical Ethics*, Oxford: Oxford University Press 2001, pp. 93–95.

³⁴ Cf. T.L. Beauchamp, J.F. Childress, *Principles of Biomedical Ethics*, p. 114.

³⁵ Cf. T.L. Beauchamp, J.F. Childress, *Principles of Biomedical Ethics*, pp. 117–119.

authors emphasize that the health care worker is obliged to do only what is in his or her power. Similarly, one can never promise unattainable results, as is the case now and then in advertising oriented towards aesthetic procedures.³⁶ The North American bioethics has several weaknesses in this regard. Aesthetic surgery is very often legitimised by reference to the patient's rights or autonomy. Respecting his or her wishes is presented as more important than their real good. The aim of the principle of beneficence is to improve the quality of life of the individual concerned. But what is quality of life? A number of influential contemporary thinkers (Joseph Fletcher, Hugo T. Engelhardt, Peter Singer, etc.) understand it in a utilitarian way: if life does not achieve a certain quality, it loses its value.³⁷ John Paul II also addressed the question of quality of life in his encyclical letter *Evangelium Vitae*: "The so-called 'quality of life' is interpreted primarily or exclusively as economic efficiency, inordinate consumerism, physical beauty and pleasure, to the neglect of the more profound dimensions—interpersonal, spiritual and religious—of existence."³⁸

It is not possible for a man to satisfy all his or her desires. The extremely dangerous activities that are in vogue among today's youth show that contemporary man is eager to reach newer and newer heights. Unfortunately, even the pursuit of beauty can be very dangerous in this respect and can lead to an addiction associated with a disturbance of self-perception (*dysmorphophobia*) in a particular individual.

In the principle of *justice*, both authors touch upon a very important question: should aesthetic procedures be reimbursed by health insurance or not? In most European countries, a distinction is made between a therapeutic procedure that is financed by health insurance and an *enhancement* that the patient must pay for out of his or her own resources. However, this is not the case, e.g., in Brazil and South Korea, where the right to physical beauty is socially recognised and is even included among fundamental human rights.³⁹ In Brazil, as a result, aesthetic surgery is either fully covered by the state or local budget, or the patient pays only for the medical supplies. Reconstructive surgery is then free of charge in all circumstances. All this is happening in a situation of deep financial crisis in the health system and in a society in which some basic human rights are not recognised. Thus, in contemporary Brazil, any defect in beauty is considered a pathology that must be treated. Being born as an unattractive individual is judged to be as negative as being robbed of a human right of fundamental importance. The whole of society feels obliged to push for its compensation. It should be noted

³⁶ Cf. T.L. Beauchamp, J.F. Childress, *Principles of Biomedical Ethics*, pp. 165–167.

³⁷ Cf. E. Kowalski, *Quale "qualità" della vita umana? Approccio antropologico-etico al concetto di vita nella discussione bioetica*, "Studia Moralia" 46 (2008), no. 1, p. 239.

³⁸ John Paul II, Encyclical Letter *Evangelium Vitae* (March 25, 1995), https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html [access: 18 III 2023], no. 23.

³⁹ Cf. A. Edmonds, 'The poor have the right to be beautiful': *Cosmetic Surgery in Neoliberal Brazil*, "Journal of the Royal Anthropological Institute" 13 (2007), no. 2, pp. 364–365, 378.

that Brazil is currently one of the countries with the highest number of aesthetic operations per person worldwide. It could therefore be said that we are dealing with a veritable “ugliness pandemic.” However, if this is the case, it raises a few more questions. If this pandemic is so serious that it must be dealt with from the state budget, why are international associations such as the Red Cross, Malteser International, etc. not helping here? Why, in the face of this pandemic, do health professionals not feel a moral obligation to come here from all over the world as part of the “Doctors Without Borders” action and help to extinguish this condition without financial reward? If we look at the situation in more detail, we can see that Brazil is not only not interested in changing anything about this condition but is artificially keeping it alive. This is mainly based on state-funded advertising and the *Miss Siliconada* beauty contest.⁴⁰

We believe that the issue of cosmetic surgery is much more psychological than physical. Above all, it is necessary to heal pathological and unhealthy desires rather than subjecting the human body to the scalpel. Since interest in aesthetic surgery permeates almost all of society today, it is appropriate to consider how to educate future generations to develop defence mechanisms against the negative influences of their environment in the area of physical beauty.

8. ATTITUDES OF ETHICS COMMITTEES

The ethical (in)permissibility of aesthetic surgeries has been the subject of lively debate for several years. It has been the focus of interest not only for doctors, but also for ethicists, psychologists and sociologists. Several ethics committees have also expressed their views on the issue. On the following pages, we present two that we consider to be thought-provoking.

8.1. (ITALIAN) NATIONAL COMMITTEE FOR BIOETHICS

On July 5, 2012, the National Committee for Bioethics (NCB) in Italy published the document *Aspetti bioetici della chirurgia estetica e ricostruttiva*. In its final part we find several points useful for the subsequent ethical evaluation of the whole issue. The team of authors refers here primarily to the principle of proportionality. In

⁴⁰ Cf. A. Edmonds, ‘*The poor have the right to be beautiful*’, p. 370.

particular, it condemns interventions that are: “excessively invasive, unnecessarily risky or disproportionate to the desired benefit.”⁴¹

It can only be added that the benefits and risks must always be weighed up in the light of the individual. Priority should always be given to organ functionality rather than aesthetic outcome. The informed consent of the patient is also a prerequisite for the operation, which can be very problematic, especially for minors.

The NCB therefore takes a very reserved approach to aesthetic surgery on minors. It accepts only those operations that are “solely in the objective interest of health and psychological balance in adolescence.”⁴² In practice, these are mainly earlobe reshaping and breast reduction. The NCB also warns against certain types of television programmes, in particular advertising, which can convey a negative image to minors. Surgical operations on Down’s syndrome individuals and breast augmentation with silicone implants on minors carried out purely for aesthetic reasons are considered ethically unacceptable.⁴³

The NCB also points out that it is necessary to correctly shape society as a whole with regard to the ethical acceptability of aesthetic procedures, i.e., above all, to inform it objectively about their potential risks and benefits. It is also necessary to improve the quality of training for medical students and future surgeons, during which more space should be given to psychology and ethics.⁴⁴

8.2. ETHICS COUNCIL OF THE DIOCESE OF TRIER

The Ethics Council of the Diocese of Trier took a position on the (in)permissibility of aesthetic surgery in *Stellungnahme des Ethikrates: Plastisch-ästhetische Chirurgie* in 2014. The authors of this document, Prof. Heribert Niederschlag and his colleagues, refer in it to the aforementioned principles of Beauchamp and Childress. They emphasize the uniqueness of each person and point out that every surgeon should first of all find out what the patient’s real motivation for the procedure is and guide him or her to accept their appearance. Aesthetic surgery is ethically acceptable only when the individual’s physical and psychological well-being is so disturbed that it cannot be fixed in any other way. This is a situation of real suffering, which is commonly associated with, for example, social exclusion, long-term experience of one’s own inferiority, etc. The intervention is unacceptable in a situation where the applicant associates his or her self-esteem

⁴¹ National Committee for Bioethics, *Aspetti bioetici della chirurgia estetica e ricostruttiva* (July 5, 2012), https://bioetica.governo.it/media/1840/p101_2012_chirurgia-estetica-e-ricostruttiva_it.pdf [access: 24 III 2023], p. 15, own translation.

⁴² National Committee for Bioethics, *Aspetti bioetici*, p. 16, own translation.

⁴³ Cf. National Committee for Bioethics, *Aspetti bioetici*, p. 11.

⁴⁴ Cf. National Committee for Bioethics, *Aspetti bioetici*, p. 16.

with a particular type of appearance and sees only in it the reason for their existence. It is then necessary to refer them to professional psychological help.⁴⁵

The ethical acceptability of an intervention generally depends on three factors: its type, its degree of invasiveness and a proper assessment of the risk-benefit ratio, taking into account the real motivation of the individual. The medical team should also bear in mind that the real good of the person suffering should always be pursued and not financial gain.⁴⁶

According to the Ethics Council, it is not permissible to carry out a procedure on patients whose request is not clearly motivated or who clearly do not want it directly. These are primarily individuals who are haunted by great doubt and deep insecurity. They may also be people who do not really want the procedure themselves but are trying to please other people. Applicants who, because of age, personal immaturity, low intellectual ability and other factors, are unable to assess the impact or consequences of the procedure should always be rejected. The same applies when it becomes apparent that the desire to undergo surgery is merely a manifestation of the applicant's psychological disorder.⁴⁷

Medicine can never be guided by current fashion trends or beauty ideals, but should always critically assess the wishes and requirements of the particular sufferer. The principle of beneficence should therefore always come first. A request for any surgical modification of one's own body can be seen as an urgent plea for help with a problem that needs to be genuinely addressed.⁴⁸

9. OPINIONS OF BIOETHICISTS

A number of medical and bioethical experts have also dealt with aesthetic surgery professionally. We would like to point out some interesting contributions that may help us in ethical evaluation of the whole issue.

9.1. MARIA TERESA IANNONE

Maria Teresa Iannone, a physician from the Hospital of St. John Calibita – Fatebenefratelli in Rome, reflects on the ethical aspects of aesthetic surgery in her article

⁴⁵ Cf. T. Heinemann, W. Höfling, I. Proft, *Stellungnahme des Ethikrates: Plastisch-ästhetische Chirurgie*, ed. Trägerübergreifender Ethikrat im Bistum Trier, Vallendar: Ethik-Institut an der Philosophisch-Theologischen Hochschule Vallendar 2014, pp. 11 and 13.

⁴⁶ Cf. T. Heinemann, W. Höfling, I. Proft, *Stellungnahme des Ethikrates*, p. 15.

⁴⁷ Cf. T. Heinemann, W. Höfling, I. Proft, *Stellungnahme des Ethikrates*, p. 16.

⁴⁸ Cf. T. Heinemann, W. Höfling, I. Proft, *Stellungnahme des Ethikrates*, pp. 18 and 20.

La salute dell'uomo tra scienza medica e filosofia. She believes that a particular surgical applicant must be viewed holistically and that his or her beauty or ugliness must be judged in this perspective. True beauty is born out of an acceptance of the self, it springs from within, it manifests itself in the language of the body (in the face, in the gaze, in the gait, etc.), and to some extent it conceals any defect in physical beauty.⁴⁹ The holistic view is then closely related to a healthy lifestyle and self-care. Beauty thus stems from good eating habits, is related to regular physical activity, avoiding stressful situations and trying to interpret one's own hardships correctly.

Iannone stresses that aesthetic surgery should focus more on prevention than solving various aesthetic defects by emphasizing a responsible approach to life. As an example, she cites the careless use of sunscreens by Italian patients, which results in permanent damage to their skin and, consequently, to their beauty.⁵⁰ In Western society, this is also the case in a number of other areas. These include the rise in obesity caused by excessive calorie intake coupled with lack of physical exercise. This lifestyle has already brought many individuals under the scalpel of a cosmetic surgeon.

9.2. PAOLA DELBON

Paola Delbon, Associate Professor of Bioethics at the University of Brescia, has focused her research work on aesthetic surgery in minors. In this area, she urges all those involved, especially parents and medical staff, to take special care. She refers to the above-mentioned document of the NCB, according to which aesthetic procedures constitute “‘the most personal acts’, which cannot be decided by any person other than the one directly concerned, [...] neither by their parents nor by their legal representative.”⁵¹ Parents who advocate for their child's consent should be sure that their offspring's motivation is based on therapeutic reasons.⁵² It is on this point that Delbon sees a major weakness. Minors go through a period of great inner insecurity, accompanied by deep dissatisfaction with their own bodies and their appearance. It is tough to distinguish when the desire to have oneself surgically altered stems from this dissatisfaction and when something else is the cause.⁵³

The Italian journalist and writer Cristina Sivieri Tagliabue sees the main motivation for aesthetic surgery in young people as a deep desire to distinguish themselves from others, to come out of the grey zone of mediocrity, not to be part of the crowd

⁴⁹ Cf. M.T. Iannone, *La salute dell'uomo tra scienza medica e filosofia. La medicina estetica nell'assistenza olistica*, “Medicina e Morale” 56 (2007), no. 2, pp. 265–298.

⁵⁰ Cf. M.T. Iannone, *La salute dell'uomo tra scienza medica e filosofia*, pp. 279–280.

⁵¹ Cf. National Committee for Bioethics, *Aspetti bioetici*, p. 11, own translation.

⁵² Cf. National Committee for Bioethics, *Aspetti bioetici*, p. 11.

⁵³ Cf. P. Delbon, *Adolescenti e chirurgia estetica: considerazioni etiche e giuridiche*, “Rivista Italiana di Medicina dell'Adolescenza” 11 (2013), no. 2, pp. 42–43.

and to become a recognised personality among their peers. This attitude of adolescents is certainly nothing new. Previous generations of adolescents pursued the same goals. However, what is new about our era is that the threshold of discomfort and the degree of extravagance that characterises this *rite de passage* are much higher today than they were a few decades ago,⁵⁴ when an extravagant haircut or a complete wardrobe change was enough to achieve the same goal. Sivieri Tagliabue's opinion that today there is no one to show young people a model of beauty other than that which consists in a perfectly shaped smile, a plump bust or the nose we admire in Greek statues⁵⁵ has something to it, even if it is very generalising. Rather, we see this observation as a thrown down gauntlet to all Christians who are called above all to show others a different kind of beauty: that which comes from within.

9.3. GIOVANNI MAIO

The German bioethicist and physician Giovanni Maio addresses the question of the ethical (in)acceptability of wish-fulfilling medicine, and thus of aesthetic surgery, in the first part of his manual *Mittelpunkt Mensch: Ethik in der Medizin*, in which he returns to Epicureanism. According to Epicurus, the true happiness of man lies in the *hedone*, which is to be understood not as the satisfaction of all passions and needs, but as liberation from them. The proper goal and purpose of human life, then, is *ataraxia*, a state of deep inner peace, which we can only achieve if we avoid any disturbance for a long time. To achieve this state requires *phronesis*, the wise discrimination between what gives me pleasure and delight but does not deprive me of my inner peace, and pleasures which in the long run only cause me storm and restlessness. For ease of distinction, Epicurus divides the pleasures or gratifications of life into three groups: 1. Natural and necessary (hunger and thirst); 2. Natural but not necessary (a rich feast); 3. Neither natural nor necessary (desire for power, wealth, fame).⁵⁶

Epicurus recognizes only the first category of enjoyment as legitimate. The second and third pleasures are dangerous in that one can easily become entangled in them and lose one's way out: the satisfaction of one pleasure arouses the desire for another, even stronger one, and after achieving it one begins to desire something even more intense, etc. Thus he or she gets into a state of permanent restlessness, which brings with it only crankiness and restlessness. But if he or she manages to suppress their desires at the very beginning, they remain calm and free. The highest

⁵⁴ Cf. C. Sivieri Tagliabue, *Appena ho 18 anni mi rifaccio. Storie di figli, genitori e plastiche*, Milano: Bompiani 2009, p. 231.

⁵⁵ Cf. C. Sivieri Tagliabue, *Appena ho 18 anni mi rifaccio*, p. 232.

⁵⁶ Cf. Epicuro, *Lettera a Meneceo*, in: G. Serra (ed.), *Scritti morali: Lettera a Meneceo. Massime capitali. Sentenze e frammenti. Lettere. Testamento*, trans. C. Diano, Milano: Biblioteca Universale Rizzoli 1987, pp. 50–61.

degree of happiness then corresponds to inner peace, i.e. the absence of all pain, desire and fear, especially the fear of death.⁵⁷

Anyone thinking of an aesthetic procedure should consider well the nature of his or her desire for it: whether it falls into the first, second or third category. We believe that most people today, with an honest view of themselves, would place it in the third category, that is, among pleasures that are neither natural nor necessary.

Maio makes no secret of his negative attitude towards purely aesthetic procedures. According to him, the reason why more and more contemporary people undergo aesthetic surgery is their fear. They are inwardly weak to resist external pressures and are afraid of falling short of the current ideal of physical beauty. Aesthetic surgery alone, however, will not cure them of these problems. Those who have trouble accepting their own bodies need first of all to free themselves from their own fears and deal with the social pressures to perform, succeed and be beautiful.⁵⁸

Maio also doubts that those seeking cosmetic surgery are truly autonomous. He is referring primarily to adolescents, who are much more vulnerable today than their parents' and grandparents' generation. Medicine that pursues only financial gain risks losing its elementary mission: to cure the sick and to become a kind of commercial service. But then it should no longer be called medicine.⁵⁹ A very important role is therefore played by the pre-operative interview, during which the surgeon should recognise where the real problem lies on the patient's side and have the courage to refuse some of his or her requests or to refer them to a colleague in another specialism.⁶⁰

The medical profession should preserve the trust of its patients as much as possible, which presupposes, above all, the moral integrity of its staff. In the field of aesthetic surgery, Maio sees the solution in the observance of the four cardinal virtues: prudence, justice, fortitude and moderation. A doctor acts prudently when he or she speaks only of the realistic results of surgery and does not promise anything unrealistic. They cannot present themselves as one who will ensure their patient's success and happiness in life by offering interventions. Being fair means, above all, not taking advantage of the sufferer's weakness, being able to speak truthfully about the risks of a particular procedure, admitting one's limits, or refusing to operate if the procedure will harm rather than help the patient in question. This last step requires courage, especially when we know that a colleague in the nearest surgery will most likely perform the procedure. By moderation, then, we mean acting that

⁵⁷ Cf. Epicuro, *Lettera a Meneceo*, pp. 50–61.

⁵⁸ Cf. G. Maio, *Ethische Grenzen der ästhetischen Medizin*, in: C. Raulin – S. Karsai (eds.), *Lasertherapie der Haut*, Berlin – Heidelberg: Springer 2013, pp. 415–416.

⁵⁹ Cf. G. Maio, *Ethische Grenzen der ästhetischen Medizin*, pp. 415–416.

⁶⁰ Cf. G. Maio, *Ist die ästhetische Chirurgie überhaupt noch Medizin? Eine ethische Kritik, "Handchirurgie, Mikrochirurgie, plastische Chirurgie"* 39 (2007), no. 3, pp. 193–194.

does not pursue maximum profit but focuses on the real good of the individual patient, whose unrealistic desires and wishes cannot, of course, be accommodated.⁶¹

9.4. GERMAIN GRISEZ

The well-known American moral theologian Germain Grisez addresses the question of the ethical acceptability of aesthetic interventions in the last volume of his three-volume manual *The Way of the Lord Jesus*. In question 57, he addresses the ethical (in)acceptability of a facelift. He draws on the following case study:

A married woman in her fifties is considering a *rhytidectomy*. After a low-calorie diet and regular physical exercise, she has lost weight and her appearance has changed. She desires a younger face because she no longer likes herself. There are virtually no other reasons for surgery. Her current job does not emphasize an attractive appearance. Her husband likes her as a woman and assures her that her appearance does not affect his love for her. The operation costs about ten thousand dollars and is entirely on the patient's account. The question is whether the procedure in question is acceptable based solely on the woman's wishes.⁶²

In answering this question, Grisez emphasizes that beauty is subjective in nature and points out that the woman in question is still attractive to her husband. A facelift does not constitute an act that is in itself (intrinsically) wrong. In certain cases, therefore, it could be used as a means to some good end. On the other hand, it cannot be considered morally neutral and left to the free discretion of those who consider it. If no compelling reasons can be given for its moral permissibility, it must be rejected.⁶³ In our case, Grisez rejects it. In doing so, he relies on the following arguments.

The desire to look younger does not automatically imply the permissibility of the procedure. Ageing is a natural process that cannot be stopped. It can only be regulated to a certain extent. In this context, Grisez recalls the Christian hope in the afterlife and the uniqueness and inimitability of the human being at any age. No aesthetic deficit should ever shake true Christian self-esteem. The problem of our time, however, is that we are all enormously influenced by the surrounding culture that glorifies youth, health, and beauty. Advanced age, old age, and all that goes with it, is viewed with great disdain by contemporary Western culture. In such a society, it seems imperative to learn to swim against the tide, that is, to appreciate the specific gifts that characterize, for example, the brave woman (Prov 31:25–30).

⁶¹ Cf. G. Maio, *Ethische Grenzen der ästhetischen Medizin*, p. 418.

⁶² Cf. G. Grisez, *May a Woman Have a Face-lift to Gain a More Youthful Appearance?*, in: *The Way of the Lord Jesus*, vol. 3: *Difficult Moral Questions*, Quincy, IL: Franciscan Press 1997, pp. 262–266.

⁶³ Cf. G. Grisez, *May a Woman*, pp. 262–266.

It is appropriate to examine one's own motivations for surgery and to ask whether my new look will be truly authentic. The discrepancy between our appearance and our actual age is in many cases distancing and even grotesque. Of course, one has to take into account the possible health risks associated with the procedure (e.g. loss of sensitivity in the operated parts of the face), including the financial issue. Ten thousand dollars represents a significant amount that Grisez would have invested in something more useful. He recommends using it, e.g., to pay for reconstructive surgery for facial deformities in poor children in the Third World.⁶⁴

Grisez also touches on the subject of aesthetic surgery in the second volume of his manual. He suggests that, in some instances, it is permissible to sacrifice the functionality of some organs to a certain extent for the sake of a better appearance. He is referring to the correction of earlobes or breast reduction.⁶⁵

9.5. PATRICK D. GUINAN

Patrick D. Guinan, past president of the Catholic Medical Association of Chicago, takes a very strict stance on cosmetic surgery. In the modern mentality of glorifying beautiful appearance, he discovers the ethos of Pelagius. This British-born monk, known for his controversies with Aurelius Augustine, denied that man is hereditarily burdened by Adam's sin (cf. DH 223). According to Pelagius, each of us can achieve perfection by our own efforts, unaided by God's grace (cf. DH 227, 245). Everything, he said, depends on our decision and the strength of our will.

Guinan sees a parallel in the current obsession with good looks. He sees the Pelagian *hybris* in the patient's desire to have a more beautiful and perfect appearance and in his or her efforts to achieve it through beauty operations. All cosmetic surgery is ethically unacceptable according to Guinan. Only reconstructive procedures to correct severe deformities (e.g. congenital cleft palate, burns, mutilations caused by accidents of various kinds, etc.) are morally acceptable. However, these operations represent only about 10% of all plastic surgery procedures.⁶⁶

The analogy with Pelagianism seems rather artificial. However, there is something to be said for *hybris* in the context of the desire to have oneself surgically beautified. It is true that according to the Christian message, every person is called by God to systematically improve and work on himself or herself. Nevertheless, working on oneself, including the development of one's physicality and the appropriate care of it must go hand in hand with respect for natural limits (age, strength,

⁶⁴ Cf. G. Grisez, *May a Woman*, pp. 262–266.

⁶⁵ Cf. G. Grisez, *The Way of the Lord Jesus*, vol. 2: *Living a Christian Life*, Quincy, IL: Franciscan Press 1993, p. 543.

⁶⁶ Cf. P.D. Guinan, *The Ethics of Cosmetic Surgery*, "Homiletic & Pastoral Review" 110 (2010), no. 6, pp. 48–51.

beauty, etc.). The problem arises when the individual, in his or her pride, starts to deny these limits and takes it into their head that they must be the best at all costs. Deformed or otherwise disabled bodies are then proof that this is not the way to go. We are dealing here with a similar temptation to that faced by Adam and Eve in Eden. They wanted to be like God without him, without costing them anything. However, they only revealed their nakedness – they ran into their limitations. To be as beautiful as possible here and now, as soon as possible, as effortlessly as possible – these are the dangers of cosmetic surgery.

10. GUIDANCE POINTS FOR ETHICAL EVALUATION

It has already been said that each case must be evaluated individually in aesthetic surgery. Nevertheless, we would like to point out a few criteria that may help to orientate oneself in the whole issue. We have divided them into two groups. The first concerns patients, the second is for doctors and other medical staff. We take into account: the object (matter) of the act, the stated aim or intention and the circumstances surrounding the act.⁶⁷

10.1. FROM THE PATIENT'S PERSPECTIVE

The first criterion to consider is the degree of invasiveness of the procedure and its associated risks. Generally speaking, there are two types of risk involved in aesthetic surgery. The first type is the general aspects associated with the course of the operation. These are mainly the choice of anaesthesia. There is a big difference between general anaesthesia, local anaesthesia and analgosedation. Next, the degree of invasiveness must be taken into account. It can be said that some procedures are ethically acceptable only on the basis of their minimal invasiveness (e.g. galeoplasty), while others are *de facto* excluded (e.g. invasive surgery in individuals with problematic haemostasis). The surgical technique chosen must also be considered. Breast augmentation with an axillary approach is much riskier than using the inverted "T" technique. Another very important aspect is the question of the filler material. The dangers of using silicone implants are still real, although they are no longer discussed to the same extent as they were in the 1990s. Where possible, therefore, autologous material should be preferred, as the risks of rupture, retraction, allergic reactions to silicone, etc., do not arise. Scarring can also be a big problem. If the scars can be smoothed with a laser, they are barely visible. However,

⁶⁷ Cf. *Catechism of the Catholic Church*, no. 1750.

it is very difficult to hide them when they become hypertrophic. Surgery also involves post-operative recovery. In European countries, where aesthetic surgeons' offices are usually very well equipped, the risk of possible complications during this period is minimised.

Risks of the second type are based on the individual patient. We are referring primarily to the patient's genetic predispositions, such as a tendency to obesity, allergies and medical disorders (e.g. blood clotting, etc.). All of these can severely complicate the normal course of recovery. This is compounded by the patient's behaviour, primarily his or her habits. Among them, smoking should be mentioned in particular. Nicotine generally has a very adverse effect on the quality of the smoker's skin. If it enters the body before or shortly after surgery, it can have a very negative influence on its final effect, especially if it is a facelift. Something similar can be said about overeating after an abdominoplasty. This procedure only makes sense for patients with a firm resolve to control their calorie intake. These are people who have already permanently changed their eating habits, their attitude towards physical activity or exercise, i.e. their overall lifestyle. But here we are already getting into the area of self-education and morality. In general, the level of risk is assessed according to the principle of proportionality. The riskier the intervention, the more compelling the arguments for it and the more considered and mature the decision to undergo it should be.

In moral theology: *bonum ex integra causa, malum ex quocumque defectu*. The intention accompanying any of our actions must always be right. This axiom clearly applies to aesthetic surgery as well. Let us now look at a few important aspects connected with it. The intent is wrong if the aesthetic procedure pursues some immoral goal. This occurs, for example, in a criminal context where the purpose of the surgery is to conceal the identity of the perpetrator of a crime,⁶⁸ to help an individual complete an immoral act,⁶⁹ or to make a show of the surgery in order to make as much money as possible.⁷⁰ In all these cases, the body is degraded into a mere substrate or instrument to which no higher value is attributed. Right intention is never false. Every cosmetic surgery procedure must respect the uniqueness of

⁶⁸ The famous delinquent John Dillinger once tried to do this with a rhinoplasty and facelift. Cf. E. Haiken, *L'invidia di Venere. Storia della chirurgia estetica*, Bologna: Odoja 2011, p. 85.

⁶⁹ A doctor from the Dominican Republic, José Elías Zaiter-Pou, made a lot of money by offering to change identities by cutting off the top layer of the fingertip and sewing it on backwards. But in 2011, he ended up in prison. Cf. The United States Attorney's Office – Massachusetts, *Dominican Doctor Sentenced in Fingerprint Alteration Scheme*, press release: February 10, 2011, <https://www.justice.gov/archive/usao/ma/news/2011/February/ZaiterJoseSentencingPR.html> [access: 24 III 2023].

⁷⁰ In the 1990s, the French artist Orlan underwent a series of aesthetic operations in front of cameras and shocked audiences, during which she read philosophical, psychoanalytic and literary texts under local anaesthesia. At the end of this special performance, all participants were able to buy various parts of her body wrapped in special containers to take home as souvenirs. Cf. K. Davis, *Dubious Equalities and Embodied Differences. Cultural Studies on Cosmetic Surgery*, Lanham, MD: Rowman & Littlefield 2003, pp. 107–108, 112.

the person. It is meant to accentuate his or her authenticity, not obscure or outright erase it.⁷¹ Therefore, it is unacceptable for someone to decide to give their face the appearance of an animal (Jocelyn Wildenstein), a doll (Valeria Lukyanova) or to deny the somatic features of their own ethnicity (Michael Jackson). Aesthetic surgery should always have one goal: to help the person in question become more himself or herself. Nor can interventions performed to enhance sex appeal or sexual experience for non-therapeutic reasons be accepted. We are thinking in particular of additive mastoplasty and vaginoplasty performed for financial gain, as it is happening in the current porn industry. These operations cannot be justified, even if they are in pursuit of a good aim, which may be to obtain funds to provide for offspring, study, build a family home, etc.

There is also another moral category to consider: scandal. This is the greater the more famous and influential the person is. The negative consequences of a public act can only be remedied by another public act. Love of neighbour obliges us to try to set a good example for others by our actions, i.e. not to tempt them to evil by our bad deeds. If we fail in something, we should have the courage to set things right by following it up with a good deed. This requires a profound change of lifestyle and, above all, the courage to act differently in public than we would normally be expected to do.⁷²

The decision to undergo an aesthetic procedure should always be the result of a thoughtful weighing of all the pros and cons. Moral theology speaks of “mature reflection” in this regard. Anyone interested in an aesthetic procedure should honestly reflect based on his or her deep desire to be surgically altered and ask themselves the following questions above all. What is it that really leads me to the procedure? No one is an excellent advisor to oneself. It is therefore good to have a wise friend, preferably a life partner, who has known us for a long time and can help us distinguish well between right and false motivations.

If aesthetic surgery has been motivated by vanity, or trivial reasons, moral theologians of past generations have taken a universally dismissive attitude toward it.⁷³ But what is and is not vain in a particular case? Jean-Louis Bruguès provides some guidance on this matter. He defines vanity as “the petty desire to distinguish oneself from others and to draw attention to oneself. This vice contrasts with the virtues

⁷¹ For Maurizio Pietro Faggioni, authenticity is the correspondence between the activity of the aesthetic surgeon and the identity of his or her patient. The patient expresses his or her authenticity in words: “Help me to be myself in this body that I am.” In other words, the patient’s fidelity to themselves implies for the aesthetic surgeon the task of highlighting their person. This awareness should help the surgeon to see the boundary between what is ethically acceptable and what is not. Faggioni talks about the face and the mask, the uses and abuses of aesthetic surgery. Cf. M. Faggioni, *La maschera e il volto. Usi e abusi della chirurgia estetica*, Bologna: EDB 2017, pp. 79, 68–69.

⁷² Cf. L. Bender, *Scandalo*, in: F. Roberti, P. Palazzini (ed.), *Dizionario di Teologia morale*, Roma: Editrice Studium 1954, pp. 1208–1209.

⁷³ Cf. B. Häring, *Etica medica*, Roma: Edizioni Paoline 1979, pp. 337–338.

of modesty and humility.”⁷⁴ Thus, it is not right to undergo aesthetic surgery if we desire a body modification that is out of the norm, if we intend to impress others with it (such as a new car), or if we want to show others that we are “something more.” Vanity can also be mortally sinful: if it causes great offense; if it is so expensive that it seriously disrupts family life; if it serves some gravely immoral purpose.⁷⁵

It is also worth remembering that people in Western society today live at a very fast, even frantic pace, which is taking its toll on many of them in the form of civilisational diseases of various kinds. We know from our contacts with people that even decisions on major life issues are often made hastily, so finding enough time for ourselves is very important.

In the category of intention, we must include reflection on human beauty. It is very difficult, if not impossible, to define or express it precisely. It has both an objective and a subjective aspect. The statement: “This man or this woman is beautiful/ugly” is in many ways equivalent to saying: “This candy I have in my mouth tastes/doesn’t taste good.” However, the statements given say a lot about who is making them and what their ideal of beauty is. The crucial question then is: Is this ideal based only on the physical characteristics of the person in question, or are his or her inner values (e.g., the wisdom emanating from their eyes, etc.) also taken into account?

If we talk about the circumstances, we must first of all mention the financial requirements. Looking on the Internet, we find that aesthetic procedures are quite expensive for the average Western person. Unfortunately, today we can also encounter families that have broken up because of the high debt for aesthetic surgery. The financial demands must therefore be judged from the position of temperance. Every woman should consider very carefully whether it is right in her case to have a facelift, the rejuvenating effect of which will last for about five to ten years in a situation where her family is heavily indebted for many years, e.g., because of a mortgage on a new flat. Her monthly income undoubtedly plays a significant role here. However, the fundamental question she should ask herself is: Do I really need this operation?

There is also another aspect to be highlighted, which is justice, or rather compassion for people living in genuine poverty. Is it right to invest large sums of money in cosmetic surgery when we know that this sum will easily provide a living for dozens, if not hundreds, of people suffering from hunger and living in appalling living conditions?

It is also necessary to take into account how the procedure is accepted or rejected by the society in which the patient lives. Leaving aside the seductiveness and scandal, social resentment can also arise in everyday contact with a loved one whose

⁷⁴ Cf. J.-L. Bruguès, *Vanità*, in: J.-L. Bruguès, *Dizionario di morale cattolica*, Bologna: ESD 1994, p. 387.

⁷⁵ Cf. G. Manise, *Vanità*, in: F. Roberti, P. Palazzini (eds.), *Dizionario di Teologia morale*, vol. 2, Roma: Editrice Studium 1968, p. 1744.

face is permanently disfigured as a result of repeated beautification procedures. We are thinking especially of Michaela Romanini, Donatella Versace or the Duchess Cayetana d'Alba. Each patient should consider what aesthetic effect the desired procedure will have in twenty to thirty years when their body has changed due to natural ageing. It is also necessary to take into account other possible interventions to ensure an optimal effect, such as the replacement of silicone implants due to material fatigue. It should always be remembered that repeated operations can cause dependency in the individual.

10.2. FROM THE AESTHETIC SURGEON'S PERSPECTIVE

What should cosmetic surgeons think about? The first and most important is to pursue the therapeutic goal. In our opinion, the procedure is medically indicated when we are dealing with an aesthetic defect for which the patient is truly suffering, especially if this defect is associated with a functional deficit (e.g. a crooked nose that does not allow full breathing). Such procedures are usually reimbursed by health insurance companies.

We believe that a course in psychosomatic medicine should be included in the formation *curriculum* of all future aesthetic physicians. The central issue in aesthetic surgery is the question: What makes the individual feel uncomfortable? According to this, adequate therapy must then be chosen. It is not possible to claim that a scalpel can be used to remove any psychological difficulty, especially an inferiority complex. It is necessary to distinguish very well. It may be that a particular patient needs a wise counsellor rather than an aesthetic surgeon to help him or her find their way in life.

Minors and adolescents deserve special attention in more ways than one. In general, it must be said that today's young people are generally maturing much later than they did in their parents' generation. The validity of their informed consent can therefore be legitimately doubted. Surgery should be refused if the only reason for it is the parents' desire to save money. Thus, many people try to have their child's ears modified before his or her fifteenth birthday at any cost, because the procedure is covered by health insurance in their country. It should also be remembered that a child's body is still developing. It can easily happen that a certain aesthetic defect will resolve itself over the years.

A final, but no less severe ethical issue is the question of financial remuneration. The temptation for aesthetic surgeons in this respect is undoubtedly great. It is unacceptable for a doctor to carry out a procedure simply because of the tremendous financial straits in which they currently find themselves, but which they would not perform in normal conditions. Arguments such as "If I do not operate, one of my colleagues will" are ethically unacceptable. A properly formed conscience will not compromise on an immoral matter.

11. CONCLUSION

If we now return to the beginning in an attempt to answer the question in the title: “Is aesthetic surgery morally acceptable?” we could give a general answer: as a *therapy*, yes; as an *enhancement*, no. We have nothing against an aesthetic procedure on an objectively unattractive body for which the individual profoundly suffers. We fully agree with trying to help those suffering because of their appearance. The problem is, however, that we do not all agree on what is a beautiful body and what is an ugly body, and that we are currently dealing with an obsession with physical beauty that is artificially induced and dangerous for several reasons.

We believe that it is appropriate to conceive of physical beauty in a holistic sense. It does not consist only of an attractive body; beauty in other areas of the human person is also at stake. Who today thinks that, besides caring for the body, it is equally necessary to cultivate the soul and beautify the spirit? It is problematic to define health in a static sense. Nevertheless, it is similarly challenging to view physical beauty as something once and for all given. Instead, beauty is a dynamic quantity. As part of the human person, it evolves and changes over the years.

Therefore, therapy is understood as an intervention based on an objective medical indication as far as possible, not on the patient’s mere wish. Since the question of whether or not to operate is sometimes very difficult to evaluate, we are inclined to the view that this question should not be decided by the aesthetic surgeon as an individual but by a committee consisting of experts in aesthetic surgery, psychology, bioethics and law. Otherwise, we are forcing the aesthetic surgeon to take a decisive position on issues not within his or her remit. In our opinion, the indications for aesthetic surgery should be based on the concept of the physical beauty of ancient Greece. It was based on proportionality and symmetry, which can be measured, i.e. grasped objectively. This implies that the primary focus of aesthetic surgeons should be on congenital anomalies and, in particular, on those that cause a functional deficit in a particular organ (e.g. a crooked nose blocking the upper airway) and aesthetic defects consisting of clearly perceived disproportionality or asymmetry (e.g. breasts, ears, etc.). Health insurance companies usually reimburse procedures to correct these deficits.

In summary, therapy should be seen as *restitutio ad integrum*, i.e. as restoring the integrity of the human person, understood as the unity of soul and body. Surgery should, therefore, always be offered to a person troubled by his or her appearance, not as a *prima* but only as an *ultima ratio*, after other types of psychotherapeutic help have proved ineffective. Those considering aesthetic surgery should always be reminded that this irreversible decision can only be taken after they have reflected everything carefully over a period of time, preferably after an honest dialogue with a life partner, a trusted loved one or a psychotherapist. We consider advertising gimmicks offering a discount on a particular aesthetic procedure if the person opts for it as soon as possible to be immoral.

ABBREVIATIONS

- DH – H. Denzinger, P. Hünermann (eds.), *Enchiridion symbolorum definitionum et declarationum de rebus fidei et morum*
- GS – Vatican Council II, Pastoral Constitution on the Church in the Modern World *Gaudium et Spes*

CZY CHIRURGIA ESTETYCZNA JEST MORALNIE DOPUSZCZALNA?

Abstrakt

Niniejszy artykuł wskazuje na najważniejsze aspekty, które należy wziąć pod uwagę w kwestii etycznej (nie)dopuszczalności operacji estetycznych. Wychodząc od wartości ludzkiego ciała, widzianej z perspektywy biblijnej, autor wprowadza w istotne wypowiedzi Magisterium Kościoła dotyczące chirurgii estetycznej, wśród których szczególne miejsce zajmuje przemówienie papieża Piusa XII. Odnosi się także do zasad etycznych, w szczególności zasady podwójnego skutku i całościowości, a także zarysowuje podstawowe stanowiska argumentacyjne wybranych komisji bioetycznych. Nie zabrakło również krótkiego wprowadzenia do poglądów kilku współczesnych bioetyków. Na zakończenie autor przedstawia swój punkt widzenia i pokrótce wyjaśnia, co powinien wziąć pod uwagę pacjent i na co powinien zwrócić uwagę chirurg estetyczny, aby uniknąć działań etycznie niewłaściwych.

Słowa kluczowe: chirurgia estetyczna, ciało, Magisterium, lekarz, zasady etyczne, komisja bioetyczna, zgorszenie.

IS AESTHETIC SURGERY MORALLY ACCEPTABLE?

Abstract

This contribution points out the most important aspects to consider in the ethical (in) acceptability of aesthetic operations. Starting from the value of the human body seen from a biblical perspective, it introduces the reader to the essential magisterial statements concerning aesthetic surgery, among which the speech of Pope Pius XII occupies a particular position. It also refers to ethical principles, especially the principle of double effect and totality, and outlines the basic argumentative positions of selected bioethics committees. There is also a brief introduction to the positions of several contemporary bioethicists. In conclusion, the author presents his point of view and briefly explains what the patient should take into account and what the aesthetic surgeon should look for to avoid ethically wrong actions.

Key words: aesthetic surgery, body, magisterium, doctor, ethical principles, bioethics committee, scandal.

IST DIE SCHÖNHEITSCHIRURGIE MORALISCH VERTRETBAR?

Abstrakt

Dieser Beitrag zeigt die wichtigsten Aspekte auf, die bei der ethischen (Un-)Vertretbarkeit von ästhetischen Operationen zu berücksichtigen sind. Ausgehend vom Wert des menschlichen Körpers aus biblischer Sicht führt er den Leser in die wesentlichen lehramtlichen Aussagen zur ästhetischen Chirurgie ein, unter denen die Rede von Papst Pius XII. eine besondere Stellung einnimmt. Darüber hinaus wird auf ethische Prinzipien, insbesondere das Prinzip der Doppelwirkung und der Totalität, hingewiesen und die argumentativen Grundpositionen ausgewählter Bioethikkommissionen skizziert. Auch die Positionen einiger zeitgenössischer Bioethiker werden kurz vorgestellt. Abschließend stellt der Autor seinen Standpunkt dar und erläutert kurz, was der Patient zu beachten hat und worauf der ästhetische Chirurg achten sollte, um ethisches Fehlverhalten zu vermeiden.

Schlüsselworte: ästhetische Chirurgie, Körper, Lehramt, Arzt, ethische Prinzipien, Bioethikkommission, Ärgernis.

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