More children than ever are undergoing medical interventions for nonmedical reasons. As parents consent to an increasing variety of procedures, the ethical and legal debate grows louder. These essays visit the frontiers, asking what justifies changing a child’s physical nature and whether appeals to nature should influence decision-making.

Children’s Bodies, Parents’ Choices

By Susan Gilbert

Last October, the state of Queensland in Australia made it illegal for teenagers under eighteen to have cosmetic surgery. Other governments may soon follow. Germany is drafting a similar law, and advocates in the Netherlands are calling for one there. The trend reflects the tremendous growth in the number of minors having these procedures—and in the number of parents who are consenting to them, paying for them, and sometimes seeking them out. In the United States, 205,119 teenagers aged eighteen and younger had cosmetic interventions in 2007, up from 145,094 in 2000, according to the American Society for Aesthetic Plastic Surgery. In Germany, about 100,000 teenagers under eighteen have cosmetic surgery each year.

Earlier generations of children and teenagers had surgery to correct abnormalities such as cleft palates and protruding ears. Nose jobs arguably fell into this category, too. Today, things are different. The goal in many cases isn’t to look normal; it’s to look better than normal. The bar that justifies permanently altering a child’s physical nature may have reached an all-time low.

In 2007, more than nine thousand Americans eighteen years and younger had liposuction to remove body fat. Nearly eight thousand girls in this age group had breast augmentation. “Breast implants and liposuction are now bestowed by parents as graduation or birthday gifts,” said an article in the Washington Post. Millions of American adults had Botox injections and soft tissue fillers to make their faces as wrinkle-free as a teenager’s; one can only guess why more than eleven thousand teenagers went under the syringe.

Often it is the teenagers who want enhancing procedures. If they are underage, they must convince their parents to give consent and, even if they are not underage, to give financial assistance. But sometimes it is the other way around, with parents wanting an intervention that they think is in the child’s best interest. Regardless, the decision depends on the parents.

The essays that follow look at procedures that are testing the limits of parental choices over children’s bodies. Alicia Ouellette discusses “Asian eye surgery” performed on Asian children to make their eyes more like typical Western eyes. Parents who seek this surgery consider wide, round eyes to be a sign of beauty and even to confer a competitive advantage—“like having a great degree from a better school,” as one woman quoted in the essay put it. Ouellette argues that it is problematic because it forever alters a feature that signifies a person’s identity.

A different aspect of personal identity is the subject of Alice Dreger’s essay. She presents the dilemma facing parents of young children with gender identity disorder, mainly boys who identify as girls. The options include psychological therapy to change the child’s gender identity, medical intervention to change the child’s sex, and in some cultures, letting the child’s development take its own course.

Three of the essays revisit the terrain charted by Ashley, the most controversial case of cosmetic surgery in a child. Ashley, who has profound cognitive disabilities, underwent medical and surgical treatment a few years ago to prevent puberty, remove her sex organs, and stunt her growth because her parents wanted to keep her small enough to care for easily at home, rather than in an institution. Two of the doctors involved in the Ashley case,
Douglas Opel and Benjamin Wilfond, discuss other real-life examples of cosmetic surgery in cognitively impaired children. They argue that it is all too easy—and wrong—to dismiss such procedures if the psychological benefit to the parents is clearer than the benefit to the child. “[E]xploring parental motivations and clarifying parental values may be precisely what is needed before performing cosmetic surgery on children with profound cognitive impairments,” they write.

Erik Parens offers some advice to parents of children with profound cognitive impairments who are considering cosmetic surgery. The insights come from children with physical disabilities who have considered cosmetic surgery and their reasons for either going with it or refusing it. Parens, a senior research scholar at The Hastings Center, led a research project on surgeries to reduce physical deformities in children.

Gregory Kaebnick, editor of the Hastings Center Report, analyzes one of the objections to the Ashley intervention—that it was “against nature.” Even if one believes that leaving nature alone can be valuable, does it follow, he asks, that messing with nature is wrong? Kaebnick, who recently completed a research project funded by the National Endowment for the Humanities that explored moral appeals to nature, concludes that the answer is no. Where possible, though, he believes that decisions about cosmetic surgery should be postponed until they can be made by the children themselves.

Queensland’s new law is not aimed at medically necessary procedures. The law does not affect procedures to correct congenital abnormalities or to reduce the disfigurement caused by a trauma. It does outlaw breast augmentation and liposuction for children under eighteen. Asian eye surgery would probably be banned, too. But legal lines are brighter than ethical ones. What about medical and surgical treatment for gender identity disorder? Or a feeding tube implanted into the stomach of a profoundly disabled child to make feeding easier? Or the Ashley treatment? Between the extremes of medical necessity and enhancement, the border disputes continue.

The speaker was a proud father. To illustrate his comments about a piece of art that celebrated the wonders of modern medicine (and which he had just donated to a local hospital), he told a story about his adopted Asian daughter. He described her as a beautiful, happy child in whom he took much delight. Her life, he told the audience, had been improved dramatically by the miracle of modern medicine. When she joined her new Caucasian family, her eyes, like those of many people of Asian descent, lacked a fold in the upper eyelid, and that lack was problematic—in his view—because it made her eyes small and sleepy and caused them to shut completely when she smiled. A plastic surgeon himself, he knew she did not need to endure this hardship, so he arranged for her to have surgery to reshape her eyes. The procedure, he explained, was minimally invasive and maximally effective. His beautiful daughter now has big round eyes that stay open and shine even when she smiles.

The case may or may not be unusual in the United States. While surgery to widen the eyes of children, even newborns, is reportedly common in Taiwan, Japan, and Korea, no statistics are available on its use in children in the United States. The Web site of the American Academy of Facial Plastic and Reconstructive Surgery reports that “Asian eye surgery,” or blepharoplasty, is the most common procedure elected by Asian Americans, and the American Society for Aesthetic Plastic Surgery reports that more than 230,000 such procedures were performed in 2005, but since no report breaks that number down by the patient’s age and ethnicity or even mentions surgeries performed on children, blepharoplasty may be performed on children only rarely.

On the other hand, no specific legal barriers block the use of plastic surgery on children, and the American Academy of Facial Plastic and Reconstructive Surgery code of ethics says only that “a member must not perform a surgical operation that is not calculated to improve or benefit the patient.” A nonscientific but reasonably thorough survey of Web sites advertising Asian eye surgery revealed just one group of physicians that expressly sets a minimum age of eighteen for the surgery; and a search of chat rooms indicates that some families in the United States have obtained the surgery for their

Eyes Wide Open: Surgery to Westernize the Eyes of an Asian Child

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