Further thoughts on hymenoplasty

BY JOE NIAMTU

he interesting and controversial article on hymenoplasty published in the Dec/Jan 16 issue of PMFA *News* is an example of what can happen when religion and culture clash with modern medicine. In my opinion, medicine and science should be pure and defined and free of interpretation. They are what they are without debate. When religious or cultural influences are meshed with science and medicine, bad things can happen. Copernicus and Galileo both printed books that challenged the Holy Scriptures. These scientists stated the earth revolved around the sun which contraindicated Biblical teachings. Copernicus died shortly after publishing his text and escaped prosecution (although the book was banned), while Galileo was tried by the Inquisition and deemed a heretic. Both scientists were considered sinners.

It is impossible to provide emotional commentary and not offend someone on either side of the argument. One must always respect and attempt to understand the religious and cultural influences that may interface with the practice of modern medicine and surgery. All doctors also have the obligation to embrace evidencebased science and the wellbeing of their patients. It is very hard, if not impossible, for many Westerners to understand the female position in some religious cultures. I am sure it is just as hard for devout practitioners of some religions to understand the female role in Western culture. Regardless of one's views, medicine should always be blind to non-scientific influences and be practised for the sole benefit for the mental and physical wellbeing of the patient. As a cosmetic surgeon, virtually every procedure I perform could be considered frivolous and unnecessary. It does not make people live longer or enhance the gene pool. It is vanity surgery! Having said that, people stand

in line to have cosmetic surgery as it enhances their life and wellbeing. They look and feel better as a result of my work and for this reason my work is justified. Having said that, there are patients that I turn away because they are not suitable mental or physical candidates. Even 'frivolous' medicine and surgery has limitations.

Virginity and religion have clashed as long as both have existed. My purpose in this commentary is not to enter the space of religion or morals but to focus on the medical perspective. To that end, some medical and surgical procedures are lifesaving. Antibiotic treatment and aneurism surgery can both save and or prolong life. Elective surgical procedures serve to enhance the life of those whom undergo it for a multitude of personal reasons. If a woman will bear a life of isolation and punishment for not being a virgin, then a procedure to mitigate this discrimination would be appropriate, albeit a 'false' pretense. My facelift patients feel better because they don't see the dangling neck skin in the mirror and it enhances their self-esteem. Enhanced self-esteem makes people walk differently, interact differently, and sometimes live differently. There are clear measurable and immeasurable influences from the surgery. They are not really younger, I did not change their age; only their ageing.

A non-virgin whom has undergone hymenoplasty may escape a life of prejudice, exclusion and evidentially possible execution. This is a case of an elective cosmetic procedure going way above and beyond the average benefit to my typical patient. None of my patients with excess upper eyelid tissue risk persecution and death. From a purely medical and surgical standpoint hymenoplasty has merit. From a religious and cultural standpoint, it is up to the patient. In the West, women have more control of their bodies and related outcomes. In other parts of the

world it is not as straightforward.

The other part of this discussion has to do with the religious beliefs of the specific doctor. This opens many other ethical doors and unanswered questions and is beyond the scope of this commentary. I would have to say that my personal opinion is that medicine and science should be blind to outside influences including religion and cultural influences. As we don't live in a vacuum, doctors will always have some outside influence and this will vary from culture to culture. I believe that a doctor can never go wrong when truly acting in the best ethical interests of the patient.

'Medical ethics' continues to evolve. Abortion has come in and out of legality in many societies. Some societies allow euthanasia while it is murder in others. In my grandparents' and parents' generation, marital virginity was paramount. In my generation it is rarely even a consideration for the average person. These changes have occurred quickly in my culture. Medical ethics and the ramifications of religion and society will always be dynamic and present this dilemma for all doctors and patients.



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