

Medical racism and the surgical ‘correction’ of the nose in Brazil

BY CARMEN ALVARO JARRÍN

Anthropologist Professor Carmen Alvaro Jarrín has conducted extensive research into plastic surgery practice in Brazil. Here, she explains why social and cultural ideas about race may shape rhinoplasty objectives for patients and surgeons in the country.

Health professionals worldwide are increasingly aware of racial health disparities. The historical construction of systemic, institutional racism continues to impact the access racialised people (as in, those who may be categorised according to race) may have to healthy food, healthy environments and quality healthcare. These social determinants of health are well documented and well accepted within the international medical community.

A more difficult topic of discussion, however, is the direct role that health professionals themselves can have in generating these disparate outcomes. For example, the scholarship of medical anthropologists like Dána-Ain Davis and Khiara Bridges has demonstrated that even middle-class, professional Black women suffer disturbingly higher maternal mortality rates compared to white women [1,2]. Evidence suggests that medical professionals are more likely to ignore complaints of pain and discomfort when they come from Black women, and are less likely to carry out routine examinations on Black women, thus leading to more complications and worse outcomes.

Medical racism, simply put, is the persistent belief in medicine that racialised bodies are biologically different from white bodies. Despite decades of geneticists and anthropologists proving that ‘races’ are a social construction (dating back to colonialism) that arbitrarily divides human populations into discrete biological groups, the idea is so embedded in our culture that it is frequently reproduced by health professionals, uncritically and often unconsciously. Medical knowledge is not neutral, and carries with it the authority



to shape how patients are diagnosed and treated in an inequitable fashion.

In order to illustrate this issue from a new angle, let me take you to Brazil, which has among the highest per-capita rates of plastic surgery in the world, and is where I carried out research for three years among plastic surgeons and their patients. Beauty is an incredibly important value in Brazilian society, and many of the patients I talked to were convinced that plastic surgery could provide them upward mobility by giving them access to a better job or an advantageous marriage. Patients call plastic surgeons ‘magicians of beauty’ who can transform not only their bodies but their very future.

One of the most common plastic surgeries in Brazil is the rhinoplasty. As a very racially diverse nation with a cruel past of slavery and a present context of widespread structural racism, it is not surprising that racialised noses are devalued as unappealing or ugly. Patients I talked to invariably desired to get rid of noses they described as too ‘wide’ or

‘flat’ (in short, too Black), or noses they considered to be too ‘Jewish’ or ‘Arab’, in favour of the ‘thinner’ or more ‘refined’ noses associated with European ancestry. Being closer to whiteness is considered as being closer to an aesthetic ideal and to wealth, given that a vast majority of wealthy Brazilians are very white (a racial hierarchy that also dates back to colonialism). Many patients were also honest and said they wanted to escape racial discrimination by changing their features, or those of their teenage children.

I was surprised by the extent to which Brazilian plastic and ENT surgeons reinforced these racialised aesthetic hierarchies in their practice. I met a patient at First Federal Hospital who told me how she had been bullied for her ‘nariz achatado’ (flattened nose), which her surgeon, Dr Mario, deemed unaesthetic, describing it as a ‘nariz negroide’ (a term widely objected to, translating as ‘negroid nose’) which did not suit her face.

At the 14th International Scientific Congress of Aesthetics in Rio de Janeiro, I heard a doctor present an intervention that could make “the nose and lips appear thinner... Now everything will go well with her boyfriend or at work”. Meanwhile, the BG Cirurgia Plastica website described the

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diversity of Brazilian features as beautiful, but focused on techniques to make noses thinner and pointier.

These surgeons' correlation between 'traços finos' (fine features) and beauty, framed as medical knowledge, echoed the sentiments of the Brazilian media, and the women I interviewed. I am not arguing that these health professionals had the intention of promoting these racist beauty ideals. But, as I argue in my book, *The Biopolitics of Beauty*, medical knowledge itself can become tainted by racist historical structures, reinforcing societal and cultural thinking about bodies [3].

The official racial ideology in Brazil for most of the 20th century celebrated 'miscegenation' (interracial marriage) as foundational for the nation, and claimed that Brazil was a harmonious 'racial democracy'. It took decades of critiques from social scientists and the Afro-Brazilian movement for average Brazilians to begin to question this narrative about their country, and admit the deeply structural racism permeating society. However, most of the (largely white) Brazilian elites are very resistant to these critiques. Given that the majority of Brazilian plastic surgeons belong to this group (owing to the level of privilege required to access medical training), this translates into very

conservative ideas about race and the role of plastic surgery. Many doctors I interviewed felt that their role was to fix patients that suffered from 'too much racial mixture' and ended up with the 'wrong nose' or 'wrong ear'. One doctor even told me that plastic surgery, like miscegenation before it, was a beneficial 'eugenic' enterprise.

My historical research suggests that the popularity of plastic surgery in Brazil can be traced, in part, to its use as a favoured tool of Brazilian eugenicists since the 1920s. Since the 1960s, the Brazilian government has also supported the integration of plastic surgery into the public healthcare system, where working-class Brazilians can get low-cost aesthetic surgeries with the aim of 'uplifting the poor' through beauty.

The ethics of plastic surgery is always fraught, but it becomes much more fraught if medical professionals unwittingly reproduce old eugenic ideals and seek to eliminate Black features from society. Unsurprisingly, Black feminists have led the critiques of problematic terms like 'negroid nose' in medical publications and have asked Brazilian plastic surgeons to reevaluate what they see as beautiful. The first Black female plastic surgeon in the nation is pushing her profession to reckon with its own racist history and decolonise its assumptions about the body, using their

expert knowledge to challenge society's beauty standards rather than profiting from them. Combatting medical racism frequently requires questioning our own dogmas, not to be 'politically correct', but for a more just society.

References

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