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The Ethics of Making the Body Beautiful: Lessons from Cosmetic Surgery for a Future of Cosmetic Genetics

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Work to map the human genome is nearly complete, intensifying the debate about the appropriate uses of the information contained within this "book of life." We want to understand what these gene sequences make possible, and how they might be manipulated for good or for ill. We want to glean whether this knowledge will lead to new avenues for discrimination, or bridge such divides by highlighting the similarities in our biology. We ask ourselves whether we can avoid using our knowledge of the human genome for unethical ends.

Genetic manipulation for aesthetic reasons—cosmetic genetics—will be one of the important ethical challenges citizens must face in the future. The number of surgeries performed for cosmetic reasons has grown dramatically during this past decade, and it is plausible to believe that consumer demand will increase pressure to develop genetic techniques used for aesthetic enhancement. But we can recognize and debate those ethical challenges now, *before* techniques are developed which allow cosmetic genetics to become a part of an inevitable future reality.

Concerns about the ethics of cosmetic surgery offer important insights for cosmetic genetics. After briefly discussing what is meant by `plastic surgery,' `cosmetic surgery,' and `cosmetic genetics,' this article explores one kind of argument commonly used in bioethics—the argument from precedent—to show that it cannot adequately discern or assess the ethical challenges posed by cosmetic genetics. The article then looks to some of the recent ethical attitudes toward cosmetic surgery in order to anticipate—and make recommendations about--the ethical challenges we will encounter when genetic therapies used for cosmetic purposes become a real option in the future.

The Popularity of Cosmetic Surgery

The term 'plastic surgery' covers a broad range of surgeries that alter appearance. Included in the term is a wide range of reconstructive surgeries, which attempt to replace or repair congenitally malformed, damaged, or amputated areas of the body. Another subset of plastic surgery is cosmetic surgery, which is the topic of the present article. When used in this article, 'cosmetic surgery' refers to surgery chosen primarily for aesthetic reasons or in hopes that one will become more socially acceptable. (In this discussion, 'cosmetic surgery' does not refer to surgery intended to alleviate physical discomfort—as in breast reduction surgery, which relieves stress on the chest and back muscles caused by overlarge breast tissue—or which contributes to the physiological function of an individual.)

Insurance policies typically cover expenses incurred by reconstructive surgery, and some surgeries to correct functional disturbances (such as drooping eyelids that make seeing difficult). However, surgery for aesthetic reasons [2]--cosmetic surgery-- is widely available on a fee for service basis

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only. Despite its cost—a routine facelift is about $5700[3]—the popularity of cosmetic surgery is on the rise.[4] According to the American Society of Plastic Surgeons, between 1992 and 1999, the number of cosmetic surgery procedures performed in the United States and Canada has risen 175%. Several types of surgery have seen an even more dramatic increase: liposuction has increased 389% and breast augmentation has increased 413%.

Some anticipate a great market in genetic techniques applied for aesthetic enhancement. If one can choose surgery to create the bodily changes one desires, then why not choose genetic therapies to create those bodily changes for themselves or (by selective embryo implantation or the use of genetic therapies undertaken *in vitro* or during gestation) their future children? In cosmetic genetics, the body *itself* produces such desired features as having blue eyes, being tall, maintaining a low body-fat ratio, developing larger breasts, or looking less "ethnic" (by designing nose shape, eye-lid structure, hair texture, or skin color, among other features).[5]

No genetic therapies exist today which make these options a reality, and many might be untroubled by the development of genetic techniques used for aesthetic enhancement, viewing cosmetic genetics as simply an extension of cosmetic surgery. But such a relaxed attitude would be a mistake, one which depends on accepting an `argument from precedent.'

The Argument from Precedent

In anticipating the introduction of a new practice in medicine, citizens—and ethicists, too— commonly employ an 'argument from precedent' to judge its ethical standing. That is, we compare the ends achieved by a new technology to those achieved by older accepted practices, and where these ends are similar, we conclude that the use of the new technology is morally permissible. Bioethics often relies on some version of the argument from precedent to assess the permissibility of new human genetic therapies.[6] Since we treat genetic disorders such as cystic fibrosis to reduce their debilitating symptoms, so the argument goes, we ought to be willing to employ a genetic intervention that would eliminate the disease or treat its symptoms

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[2] This is true for cosmetic as opposed to reconstructive surgeries (both forms of what is called plastic surgery, but done for different purposes). Reconstructive surgeries often are covered by health insurance. Also, other systems of health care delivery (e.g., the Dutch system) have included cosmetic surgery as a necessity when the condition in question meets one of the following three criteria: 1) creates a functional disturbance (e.g., drooping eyelids that make seeing difficult); 2) causes serious psychological suffering; or 3) is a physical imperfection which falls outside a normal degree of variation in appearance. For more on the Dutch justifications for coverage, and changes to these criteria, see Kathy Davis *Reshaping the Female Body: The Dilemma of Cosmetic Surgery* NY: Routledge, 1995.

[3] This an average figure for surgeries in the United States, as reported at http://www.plastic-surgery.net/fees.html.

[4] According to the American Society of Plastic Surgeons, between 1992 and 1999, the number of cosmetic surgery procedures performed in the United States and Canada has risen 175% (liposuction increased 389%; breast augmentation increased 413%; and eyelid surgery increased 139%). A total of 4.6 million cosmetic surgical and non-surgical procedures were performed in 1999, with roughly 540,000 of those involving surgeries. See the National Clearinghouse of Plastic Surgery Statistics (www.plasticsurgery.org/mediactr.htm). Cosmetic surgery for males has increased as well. Men receive 11% of all cosmetic procedures. Between 1997 and 1999, men's use of liposuction surgeries increased by 87%, eyelid surgeries by 15%, face lift surgery by 15%, and male breast reduction increased by 47% (see the American Society for Aesthetic Plastic Surgery statistics available at http://surgery.org/media/statistics/quickfacts1.html).

[5] Defining "cosmetic" for these purposes is clearly a very difficult task. I take it in a general sense, in its most clear-cut cases – e.g., something that does not contribute to the physiological functioning of the recipient, but will make him or her more socially acceptable (e.g., treatments for shortness, sexual orientation, facial structure, or perhaps body fat ratio).

[6] See, e.g., Glen McGee's argument in *The Perfect Baby* Lanham MD: Rowman and Littlefield Publishers, 1997, John Harris *Wonderwoman and Superman: The Ethics of Human Biotechnology* Oxford: Oxford University Press, 1992.

more effectively. Or, since we value childhood immunization, we ought to be willing to take advantage of genetic interventions to increase immunity. Applied in this way, the argument from precedent attempts to preserve morality by building on a foundation of previously accepted practices.

The argument from precedent is commonly appealed to, but rarely is it investigated fully, and recent work shows that its problems are significant.[7] One difficulty is that it does not attend to morally relevant features in assessing the means used to achieve a desired end. Just because two different means accomplish the same general goal, we cannot assume they both achieve that goal in a moral way. We may share the goal of having our children learn well in school, for instance, but not find two alternate means--smaller class sizes versus increased use of Ritalin--ethically equivalent.[8] Each strategy focuses on different "objects"--the child's environment, on the one hand, and the child's biology, on the other--and each leads to radically different experiences for the child. Decreased class size allows for more attention from teachers, more opportunity for students to express themselves, and a child's success relies on the *expression of his own* personality and talents. Increased prescription of Ritalin locates the problem *within* the child, suggesting to her that she is deficient and requiring that she *change herself* to meet the demands of others. Although it is not clear that the Ritalin option is necessarily immoral[9], it certainly deserves more sustained moral evaluation than it receives when we employ the basic argument from precedent.[10]

An even more basic, yet under-appreciated, problem with the argument from precedent is that it often does not include an independent ethical evaluation of commonly accepted practices. According to one understanding of the argument, concerns about cosmetic genetic enhancements for humans might be regarded as morally unfounded because cosmetic surgery is a popular and widely accepted method of altering one's physical appearance. Some might argue, in fact, that cosmetic genetics is *preferable* to cosmetic surgery because the techniques of cosmetic genetics eliminate the need for invasive surgery, which is an unavoidable part of many cosmetic procedures.

But this understanding obscures new ethical issues that arise with a new medical development. It also makes too quick a jump from what *is* practiced to what *ought* to be practiced. As Erik Parens, a bioethicist at the Hastings Center, notes, "There are many things we've always done that we think we ought not to do either now or in the future."[11]

Further, cosmetic surgery is itself a hotly debated practice. Some critics have raised concerns over such issues as the quality of informed consent, the certification of plastic surgeons, and the riskiness of some procedures. But many feminist critics of cosmetic surgery emphasize deeper and more in-

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[7] Erik Parens "Is Better Always Good? The Enhancement Project" in *Enhancing Human Traits: Ethical and Social Implications* (ed. Parens) Washington DC: Georgetown University Press, 1998; see also Ronald Cole-Turner's "Do Means Matter" in *Enhancing Human Traits*, pp. 151-161; also Dan Brock's piece "Enhancements of Human Functions: Some Distinctions for Policymakers" in *Enhancing Human Traits*, pp. 48-69.

[8] This is Parens' example, p. 12.

[9] That topic is suitable for a paper of its own, and has been considered by Claudia Mills in her article "One Pill Makes You Smarter: An Ethical Appraisal of the Rise of Ritalin" in *Report from the Institute of Philosophy & Public Policy* 18(4): 13-17, 1998. More recent evidence that sustained use of Ritalin has ill-health effects for children must also be considered.

[10] See Parens, p. 12; also Ronald Cole-Turner "Do Means Matter?" in *Enhancing Human Traits* (ed. Parens), 1998. He suggests that in this case, the ends may not in fact be the same. The child who learns better through Ritalin may not in fact learn the skill of focusing her mind, while the child who learns better through decreased class size may pick up a skill (focusing) that can be honed for more boisterous situations and will likely be useful in later life.

[11] Parens, p. 15. His example is the widespread practice of exploitation and oppression of others.

tractable moral issues, arguing that cosmetic surgery exacerbates "harmful conceptions of normality."[12] These norms of appearance, they argue, are directed mainly at women, and specify what they *ought to look like* in a way that demands significant investment of time, energy and money. Since most normal women cannot meet the societal ideal, even those with otherwise healthy, well-functioning bodies believe they have aesthetic "deficiencies" and feel dissatisfied with their corporeal lot. Feminist thinker Naomi Wolf says it well:

> When a modern women is blessed with a body that can move, run, dance, play, and bring her to orgasm; with breasts free of cancer, a healthy uterus, a life twice as long as that of the average Victorian woman, long enough to let her express her character on her face; with enough to eat and a metabolism that protects her by laying down flesh where and when she needs it … the Age of Surgery undoes her immense good fortune. It breaks down into defective components the gift of her sentient, vital body and the individuality of her face, teaching her to experience her lifelong blessing as a lifelong curse. [13]

A recent survey reports that 56% of women and 43% of men are dissatisfied with their overall appearance.[14] Body doubles, air brushing, and digital magichelp perfect the image of a societal ideal, and because many do not question the social pressure to achieve these unreasonable "norms," they contemplate—and many undertake—the risk of major surgery simply to approach that societal ideal. Although some of the procedures are fairly non-invasive and risk-free, others are painful, debilitating and liable to cause permanent damage. Individuals recovering from face-lifts can look and feel as though they've been seriously beaten[15], their payment of money—as well as swollen, reddened skin—in hopes of a long-term gain in aesthetic beauty.

The truth is, however, that those who undergo the surgery gain much *more* than just an aesthetic advantage. How one looks affects not only one's self-esteem and confidence, but also the judgments of others regarding one's competence, personality, and likelihood for success.[16] Even if the beauty standard is not fair or appropriate, from the perspective of rational self-interest it makes sense for individuals to undergo cosmetic surgery.

Yet if we think only of ourselves, and the possibility for individual gain, we never contemplate the bigger picture and, when appropriate, act collectively. Because we want to think of ourselves as completely free agents, we deceive ourselves about our motivations and we become oblivious to the manipulation of others. With a narrow, individual focus, we may inadvertently act to sustain or reinforce harmful conceptions of normality rather than addressing their flawed assumptions. It is crucial to consider carefully why so many individuals currently pursue cosmetic surgery, how their individual actions shape the larger culture, and how their choices may spur developments in the even more tempting realm of cosmetic genetics.

Does Cosmetic Surgery Serve Cultural Dopes?

[12] This is the term used by Margaret Little in "Cosmetic Surgery, Suspect Norms, and the Ethics of Complicity" in *Enhancing Human Traits*, pp. 162-176.
[13] Naomi Wolf *The Beauty Myth: How Images of Beauty Are Used Against Women*, NY: Anchor Books/Doubleday, 1991, p. 228.
[14] A *Psychology Today* survey reports that 56% of women and 43% of men are dissatisfied with their overall appearance. The survey came from the magazine's readership, and thus may exhibit a response bias in that it included only those who were sufficiently interested in body image to complete and return the surveys. Jan/Feb: 32-44, 75-84, 1997.
[15] Indeed, a local Long Beach cosmetic surgeon likens the recovery from face-lift surgery to the recovery from a boxing match: "You'll feel like you've gone more than a few rounds with Lennox Lewis."
[16] Many of these beauty advantages for women are discussed at length in Wolf's book *The Beauty Myth*.

Although feminist thinkers generally agree that the pressures to conform to a youthful, slender, smooth-skinned, wide-eyed, often Euro-centric appearance are rooted in historical injustices, they disagree about how to understand the role of the individual in contributing to the popularity of cosmetic surgery. How one understands the relationship between the desires and motivations of the individual and the dictates of society leads to different strategies for addressing the problem of the pressure to conform to a "norm" of beauty.

One view of this relationship holds that women who undergo cosmetic surgery always do so wholly *because of* harmful norms, despite their claims to the contrary—they claim to be doing it for themselves.[17] This view depicts women as passive "cultural dopes," controlled by their environment but unaware of that control. As feminist thinker Susan Bordo notes,

> People don't like to think that they are pawns of astute advertisers or even that they are responding to social norms. Women who have had or are contemplating cosmetic surgery consistently deny the influence of media images. 'I'm doing it for me' they insist. But it's hard to account for most of their choices (breast enlargement and liposuction being the most frequently performed operations) outside the context of current cultural norms.[18]

By participating in cosmetic surgery, these women flee from the realities of aging and change because traits associated with age are deemed unattractive by society. They want to avoid *being themselves*, but they claim to do it *for themselves.* In response to those women who claim to have finally discovered their real selves through cosmetic surgery (a claim which raises interesting issues of authenticity, akin to those discussed in response to Peter Kramer's patients who claimed to have discovered their real selves through the use of Prozac),[19] Bordo insists that such individuals both *deny* themselves the opportunity to understand our shared human condition of physical vulnerability, mortality, and impermanence,[20] and they also *reinforce* harmful conceptions of normality through their actions. In effect, their actions increase pressure to fit the norm.

But if women who select cosmetic surgery are merely cultural dopes, then they seem to be absolved from responsibility for their actions. They simply follow the direction of outside forces that *shape their* desires. The best solution to the harmful conceptions of normality accepted by the "cultural dope" view is to change cultural pressures. This might be accomplished by demanding that the advertising industry present greater diversity in the body shapes of models.[21] Others might advocate careful regulation of the advertising industry in order to limit the creation of those new markets

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[17] This view is perhaps best represented in Wolf's book *The Beauty Myth*.

[18] Page 193 in Susan Bordo "Braveheart, Babe, and the Contemporary Body" in *Enhancing Human Traits* (ed Parens), 1998. Although she recognizes the role of cultural influences, Bordo insists that she does not consider women to be cultural dopes, without any sense of agency. For instance, she writes that it is "an imagined feminist position that holds that women are utterly passive and unconscious sponges" of culture (p. 196). Her point is that while women are influenced by cultural norms, they also ought to recognize their own complicity "in the perpetuation of racialized norms *and* in the suffering of other people." (p. 207). Still, she shies away from judging individual women's choices. See, for example, pp. 30-31 in *Unbearable Weight:Feminism, Western Culture, and the Body* Berkeley: University of California Press, 1993.

[19] Peter Kramer *Listening to Prozac* NY: Penguin Books, 1997. For discussions regarding this claim of authenticity, see the excellent collection of articles in the *Hastings Center Report* 30(2), 2000.

[20] Bordo, p. 205, 1998.

[21] Consider Britain's Body Image Summit (June 2000) which brought British government officials in touch with fashion editors "to discuss how to monitor published images and to ensure that models vary in shape and size" or the Real Women Project, a southern California effort that "employs the tools of advertising – imagery, music, literature – to appeal to women's sense and to promote self-acceptance." Both quotes are taken from "Real Women Take on a Real Image Problem" in the *LA Times* July 5, 2000, E1, E4. For more information see their website at http://www.realwomenproject.com/

which rely on advertising aimed at *expanding* the scope of body image concerns. A more radical contingent might even find it appropriate to outlaw certain procedures. However, although the "cultural dope" view recognizes the myriad of strong cultural pressures exerting their influence on women, it denies that women are—or can be—free agents. Women are unthinking puppets of culture, and their behavior changes only because cultural norms change.

Does Cosmetic Surgery Create "Empowered Agents" (or Moral Hypocrites?)

Other feminist writers, such as Kathy Davis[22], argue that women who pursue cosmetic surgery are a picture of empowered agency. In her experience interviewing such women, Davis found that rather than serving as "cultural dopes," these women were generally fully aware of the seemingly impossible system of appearance norms. Working as agents within their cultural constraints, but cognizant of those constraints, they saw surgery as a "lamentable and problematic, but understandable course of action."[23] In short, women choose the lesser of two evils: they act to attain the beauty norm rather than fall victim to it. Davis commends what she sees as women acting to control their identities. She reports that many women were "ashamed for feeling ashamed"[24] of their bodies and chose cosmetic surgery *despite* strong objections from partners, friends, and family who offered constant reassurances about the women's natural beauty.[25] Surprisingly, she found that even the women who did not have successful surgeries[26] claimed that they had gained a better sense of their own agency and identity by their experience.

Although some good can come from adversity, it seems odd to commend a bad experience. Certainly one need not approve of the general situation that gives rise to it. In addition to her valorization of agency, Davis does not directly confront the fact that her interviewees appeared to hold one set of standards for themselves and another for other women. They each considered their own case to be a special exception, over the "limit to how much suffering you should have to put up with" and "more than what a woman should have to endure."[27] However, by Davis's own admission, most of these women were not obviously abnormal or atypical before the surgeries.[28] Thus, the very thing that Davis suggests makes these women more than cultural dopes—their ability to recognize the harmful norms that influence them and to make the best choices possible given these norms—seems to reveal hypocrisy (or at least some level of special pleading). By making exceptions in their *own* cases, these women illustrate their lack of commitment to their proclaimed general principle. Surely a moral evaluation of this situation cannot commend them on their agency but raises questions of their integrity and the reasons for allowing personal exceptions.

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[22] See Kathy Davis *Reshaping the Female Body*, NY: Routledge, 1995 and "The Rhetoric of Cosmetic Surgery: Luxury or Welfare?" in *Enhancing Human Traits*, 1998, pp. 124-134.
[23] Davis, 1995, p. 163.
[24] Davis, 1995, p. 85.
[25] Davis, 1995, p. 136.
[26] She mentions, for example, a woman who had undergone three breast implants, each of which had produced intolerable infections, hardening, or imbalance, which led to its removal.
[27] Davis, 1995, p. 72-73.
[28] Davis, 1995, p. 72. "I discovered perfectly ordinary looking and even attractive women wanted to have cosmetic surgery. Not only did I rarely notice what the applicants were coming in to have done, but once I knew what the problem was, I found myself feeling astounded that anyone could be willing to undergo such drastic measures for what seemed to me such a minor imperfection."

Margaret Little offers another version of the 'empowered agent' position. Suggesting that a change in beauty norms will take great effort, and probably could not be completed within one individual's lifetime, she argues that it would be an unjustifiable sacrifice to deny cosmetic surgery to individuals who suffer *now* on account of their bodily condition. Little concludes that it would be morally permissible for surgeons to continue to provide cosmetic surgery so long as they work at the same time to change the very norms that bring them most of their customers:

> If one must perform surgeries to help people meet suspect norms of appearance (out of concern for their suffering, say) then one must maintain an overall stance of fighting the norms. The only way to participate in the surgeries without de facto promoting the evil whose effects one decries is to locate the surgery in a broader context of naming and rejecting the evil norms. One's purpose and meaning – that of alleviating the extreme burdens the system places on some – can be expressed only if one's broader actions stand squarely against the norms.[29]

By "broader actions" Little means that cosmetic surgeons should "speak out against the suspect content of the norms" both in public and in their private consultations with patients. Cosmetic surgeons ought to discuss with prospective patients the option of not having any surgery at all, and they must clarify the risks and possible side effects of contemplated procedures.

However, it *already* is common practice for cosmetic surgeons to assess the likelihood of surgical and emotional "success" their surgery can provide. It is also routine to discuss with patients their expectations, and to inform them of risks and other options available to them.[30] Even if cosmetic surgeons did not do what Little advocates, her suggestion seems strange because it relies on the very person who benefits from the women's desire for surgery (both financially and psychologically, given the personal satisfaction in successful applications of surgical skill) to try to *eliminate that desire*. Placing the responsibility for revising the norm in such hands is likely to create minor change, if any. Little might also ask women who undergo cosmetic surgeries to speak out against the harmful norms that influenced their decisions. Surely this would be even stranger. Most women hesitate to discuss their surgeries,[31] and those who do would find themselves in the odd position of telling others not to do something that has made them individually better off. One can hardly expect a surgically altered, societally-perfect advocate for changing beauty standards to be taken seriously. Adopting this tactic avoids sacrificing women to social change only to limit their capacity to promote social change.

Can Cosmetic Surgery Contribute to the Revalorization of the Ugly?

Is there any way to *recognize* the suspect norms, *accept* the practice of cosmetic surgery, and *avoid* the conclusion that women who receive it are either cultural dopes or apparent hypocrites? Kathryn Morgan proposes a fairly shocking response to this problem.[32] She suggests that women ought to "take back" cosmetic surgery and use it in ways which highlight the arbitrariness of the cultural norms that currently lead women to choose cosmetic surgery. In order to "revalorize the ugly" Morgan proposes (tongue-in-cheek) that women start requesting skin wrinkling procedures, fat injections for

[29] See p. 173, Margaret Little "Cosmetic Surgery, Suspect Norms, and the Ethics of Complicity" in *Enhancing Human Traits* (ed. Parens), 1998.
[30] See for example Thomas Pruzinsky's article "Cosmetic Plastic Surgery and Body Image: Critical Factors in Patient Assessment" in *Body Image, Eating Disorders and Obesity* (J. Kevin Thompson, ed.) Washington DC: American Psychological Association, 1996.
[31] This hesitancy is discussed by Davis as well as Susan Zimmerman *Silicone Survivors: Women's Experiences with Breast Implants* Philadelphia: Temple University Press, 1998.
[32] See her argument in Kathryn Pauly Morgan "Women and the Knife: Cosmetic Surgery and the Colonization of Women's Bodies" in *Sex/Machine* (ed. Patrick Hopkins), Bloomington: Indiana University Press, 1998.

their thighs, and techniques specifically designed to make their breasts and eyelids sag. Morgan's proposal intends to show both the strength and the arbitrariness of the current beauty norms. If we are horrified to think of women undergoing drastic and unnecessary surgical measures to make a point, then we should also be horrified to think of them undergoing drastic and unnecessary surgical procedures to fit in.

French performance artist Orlan might be a case for Morgan, although Orlan's nine cosmetic surgeries have been aimed more at critiquing the possibility of the ideal body than at specifically creating ugliness. Orlan has attempted to make her face resemble a compilation of the facial structures of beautiful women painted by great artists[33], in order to "show, by example, that the legacy of masculine portrayals of feminine beauty precludes women's full agency and control."[34] To this end, she has had, for example, silicone implants put in her forehead to make it more closely resemble the forehead of Mona Lisa. Her pursuit of cosmetic surgery is a political act. She is "not against *all* cosmetic surgery, but against *the way it is used*"[35] – to make women fit a code of feminine beauty that requires conformity rather than individuality.

Lessons for Cosmetic Genetics

Several lessons can be learned from this brief survey of the ethics of cosmetic surgery. One learns that when suspect social norms are at the *root* of a practice and are themselves *reinforced* by continued patronage of it, one at best achieves only temporary and personal comfort by continuing the practice. Davis admires the protagonist of Fay Weldon's novel *The Life and Loves of a She-Devil*, for:

> She does not see cosmetic surgery as the perfect solution and she is well aware of the enormous price for women who undertake it. Under the circumstances, however, it is the best she can do. For she knows only too well that the context of structured gender inequality makes this solution – as perhaps any solution – at best, a temporary one.[36]

However, in acting for individual comfort, one undercuts larger societal goals. Further, societal norms at times seem intractable only because they require collective action for change.

The debates about the ethics of cosmetic surgery can inform the coming debate over the appropriateness of cosmetic genetics. But even before cosmetic genetics becomes a reality, citizens can recognize the dangers of cosmetic genetics and take action to enact legislative bans, distribute research funds in a thoughtful way, and initiate widespread public education programs. Prudence suggests placing a temporary moratorium on public funding for genetic research designed to identify or offer therapy for primarily cosmetic traits. Certainly, devastating genetic disorders must have priority.[37]

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[33] She aimed at gaining "the chin of Sandro Botticelli's *Birth of Venus*, the forehead of da Vinci's *Mona Lisa*, the lips of Gustave Moreau's *Abduction of Europa*, the eyes of a Fountainebleu School *Diane Chasseresse*, and the nose of Gerard's *First Kiss of Eros and Psyche*." Peg Brand "Bound to Beauty: An Interview with Orlan" in *Beauty Matters* (ed. Peg Brand), Bloomington IN: Indiana University Press, 2000. According to Brand, the result of these surgeries

[34] Brand, 2000, p. 297.

[35] Italics from the original. Brand, 2000, p. 297.

[36] Davis, 1995, p. 66.

[37] Making this distinction will not be easy. The disability rights movement rightly notes that many conditions the general public would be tempted to "cure" through genetics may not in fact rightly be considered physiologically undesirable. For a better understanding of this debate, see *Prenatal Screening and Disability Rights* (ed. Parens and Asch), Wash-

If cosmetic screening tests or genetic therapies eventually become available (through private or corporate research, or through extensions of approved federally-funded research), hospitals and clinics should impose regulations that restrict the use of such tests. Expecting parents often want as much information as possible about their future child, but clinics can determine when such tests are appropriate, or refuse to employ them altogether.[38]

Finally, one cannot overemphasize the need for a broad public education program. Even if hospitals and clinics impose their own restrictions, it seems likely that entrepreneurs will step forward eagerly to offer such services outside the regular medical setting.[39] The best way to combat that issue is to address market demand. Public education programs that emphasize health, and the beauty and uniqueness of diverse body shapes, would help all of us be more satisfied with our bodies (and more likely to accept a future child who does not fit the ideal). With sincere effort, we might be able to abandon an ideal based on a specific physical body type and embrace an ideal that emphasizes such deeper commitments as participation in society, intellectual prowess, and emotional care-giving. Better funding for programs that focus on these deeper commitments might accelerate change. For instance, Girls Incorporated is a national program that aims to help young girls "confront subtle societal messages about their value and potential." Included in the program is a Bill of Rights that stresses the "right to accept and enjoy the bodies [girls] were born with and not to feel pressured to compromise their health in order to satisfy the dictates of an 'ideal' physical image."[40]

Cosmetic genetics can learn this lesson from cosmetic surgery: if a practice contributes to or reinforces harmful conceptions of normality that ought to be changed, look for other means to meet individual interests. We often dismiss alternatives too quickly because we cannot be certain that other people will follow suit, and if they do not, we might put ourselves at a disadvantage. But social change does not happen on its own. The answer is one that promotes agency, but not agency with moral blindfolds. No doubt we ought to respect individual choices, and to support individuals who feel unduly pressured. At the same time, however, we must be willing to criticize the choices that stem from individual agency, especially when those choices ignore the harmful conceptions of normality or unfairly create special exceptions for individuals. We certainly cannot benefit our children by making them the "perfect" offspring of cultural dopes or moral hypocrites.

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ington DC: Georgetown University Press, 2000 and *Disability, Difference and Discrimination: Perspectives on Justice in Bioethics and Public Policy* Silvers, Wasserman and Mahowald (authors), Lanham, MD: Rowman & Littlefield, 1998.

[38] For an excellent discussion of possible limits, see Jeffrey Botkin "Developing Professional Standards for Diagnostic Services" in *Prenatal Testing and Disability Rights* (eds. Parens and Asch), Washington DC: Georgetown University Press, 2000.

[39] This is what Parens and others have referred to as the "Schmocter" problem (see "Is Better Always Good? The Enhancement Project" in *Enhancing Human Traits* (ed. Parens) Washington DC: Georgetown University Press, 1998.

[40] For more information, see their website: http://www.feminist.com/girlsinc.htm

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