Doctoring the Genitals: Towards Broadening the Meaning of Social Medicine

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ABSTRACT

Doctoring the genitals is compatible with a recognizable conception of social medicine. This commentary critically examines the distinction between medical and nonmedical procedures; presents an alternative account of Sohaila Bastami's personal reaction to the anonymous caller's request for referral information concerning hymen reconstruction surgery; and makes use of Yelp to simulate the caller's procedure for locating a helpful practitioner. Yelp is a very useful informational search engine that does not subject its users to a moral examination.

Sohaila Bastami's self-examination is written from the perspective of an author who is both a global feminist and a medical doctor.[1] She engages in a retrospective analysis of her personal reaction to an anonymous phone request for referral information concerning hymen reconstruction surgery. That bygone experience (which took place years ago) is itself reconstructed in this essay and narrated as a conscience-testing episode and moral dilemma. The phone call is presented as a conflict-inducing event in which the author struggles to decide whether or not to assist an unknown woman who is eager to locate a surgeon to perform a legal "nonmedical" (yet prospectively socially beneficial) surgical procedure that would give her the appearance of a virgin bride on her wedding night. Apparently the original phone request was disturbing enough to linger in the author's mind. Here she creatively turns that experience into a subject for systematic investigation and critique. Analyzing the situation as a doctor *cum* global feminist she suggests that the caller's aspiration ought to invite universal moral disapproval; and she avers that the cluster of attitudes and customary practices associated with the cultural ideal of a virgin bride helps perpetuate, and is itself the product of, contemptible patriarchal social arrangements and indefensible sex discrimination.

The essay is largely a search for guidance from the medical profession. What are a doctor's mandated duties and what are the limits of her professional obligations should such a referral request arise again? Seeking some answers, Bastami takes us on a brilliant, balanced, yet more or less inconclusive tour of ethical guidelines, panel reports, standard medical practices, and legal norms for conscientious objection. At the end of the day we learn what she did back then and her "decision"—whether or not to assist the caller—is ultimately revealed. We are left wondering: did she do the right thing? Indeed we are left wondering what exactly it means to do the right thing. Is it the thing that is most consistent with global feminist beliefs? Is it the thing standardly done by, or required of, doctors in this or that particular professional and cultural context (referred to sometimes as role specific ethics)? Is it whatever is legally permitted in the state or country where a medical professional works? Or is it the thing that one objectively ought to do, in the moral sense of

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"ought" discussed by Henry Sidgwick in his famous treatise, *The Method of Ethics*,[2] the thing that "cannot, without error, be disapproved by any other mind"? At one point or another all four senses of doing the right thing appear to be at play in the essay, perhaps on the assumption that global feminist beliefs already make manifest the moral obligations set forth in some objective moral charter, which professional medical norms and legal codes ought to progressively track and incorporate.

Is the referral situation in question inherently conflict inducing? Shortly after reading Bastami's account of her dilemma I contacted a young psychiatrist I know and asked him what he would do if faced with a similar situation. It took him less than a second to respond with this analogy: "Suppose an ardent environmentalist is walking in her neighborhood and is approached by an unknown female driver who pulls up in a SUV, tells the environmentalist that the car's fuel tank is about to go empty, and asks for directions to the nearest gas station?" That question was meant to be rhetorical because the answer was assumed to be obvious: namely that you should (and will) tell the unknown driver how to find the gas station. You don't lecture the driver about global warming and decline to direct her to a gas station. You don't refuse her request because you are worried about enlarging your own carbon footprint or because your conscience is bothering you. You don't tell her that you will feel psychologically wounded, diminished as a person, or in some way stained if you permit yourself to be complicit in the pollution of Mother Earth. In other words you do exactly what Sohaila Bastami in fact did do when a needy anonymous stranger seeking a hymen reconstruction surgery reached her on the phone. Analogically speaking, she told the stranger how to find the gas station, without lecturing her and with few questions asked.

Sohaila Bastami's essay is impressive in many ways, especially in its documentation of what professional guilds do and do not require of their members, but there are aspects I find inviting of a critical response. It seems entirely plausible that after assisting in the referral process the global feminist side of her identity experienced feelings of regret or guilt; or began to ponder the scope of her ethical and legal options as a doctor; or wondered *post-hoc* whether it would have been permissible from a professional point of view to just hang up the phone. I do have my doubts however about her retrospective postulation of an analytical rational decision process to explain (and justify) her positive referral response. I am not sure the postulated process tells us very much about what was actually going on either descriptively or morally when she assisted the caller in her pursuit of a hymen reconstruction. In other words, there are key aspects of the argument I find unconvincing as either a process description or as a proposal for an ethical referral decision standard for medical professionals.

Looking back she represents herself as a rational deliberator making a calculated decision and resolving a complex professional and personal cost-benefit analysis this way: ". . . my concerns about the consequences of the caller's not being able to 'prove virginity' outweighed my concerns about being complicit in the cultivation of sex discrimination." That image of weighing and balancing social, psychological, and moral costs and benefits on some imagined objective universal scale may play a part in the deliberative discourse used to justify one's behavior to an institutional review board or to reflectively rationalize it to oneself or for others after the fact. Yet I doubt it really captures the moral logic and process characteristics of the type of information exchange that took place, which is a rather familiar and socially customary one, in which you impart readily available contact information to a needy person who requests it. Moreover to really engage in a cost-benefit analysis of the type posited, with a proper assessment of relevant information and the ultimate placement of established facts on one side or the other of a scale, would require a great deal more intellectual work than would be possible in the context of a short phone conversation. And, precisely because the weighing and balancing procedure has many discretionary or subjective elements, it can't be counted on to produce uniform results across moral actors.

For example, what if that ardent environmentalist was inclined to turn the encounter with the needy motorist into a debate about the perils of hydrocarbons or as a test of her own commitment to radical green activism? What if her subjective concerns or feelings of guilt were so heavily weighted towards one side of the imagined balancing scale that she did not really care if a mile later the driver ran out of gas and had to call AAA to dispatch a gas-guzzling tow truck to bail her out?

Stated differently, the moral rightness or wrongness of facilitating a hymenoplasty referral should not rest upon the intensity level of Sohaila Bastami's feelings of complicity and the degree to which she happens to feel troubled by the existence of societies in which chastity among the unmarried is still held in high esteem. (These are often societies in which social reproduction and family building con-

tinue to be viewed by both women and men as the major aim of marriage, and where reserving one's sexuality for the intimacies of marriage is associated with honor, civility, self-control, and mature judgment, and is especially valued in women).

The next thing I did after reading the essay was a kind of mini-simulation of the anonymous caller's procedure for locating a helpful practitioner. I went online. I consulted Yelp.com, my trustworthy all-purpose value-neutral referral mechanism for every legal activity under the sun. I discovered that within 10 miles of my residence on the South Side of Chicago there are two MDs who offer women "labiaplasty" as a surgical procedure. The cosmetic surgery is designed to improve the appearance of a woman's genitals (often adopting as an aesthetic ideal something like the "smooth and clean" look popular in many groups in Africa where female genital modifications are commonplace). The aim of this rapidly growing area of aesthetic genital surgery is to enhance a woman's physical experience of her genitals, to augment her attractiveness to her male partner(s), and to enrich her sexual life and overall sense of well-being (see Rodriguez on the history of female genital surgeries in the United States[3]).

Within 16 miles of my residence there are two other MDs who offer "designer vaginas." I had less success finding a local surgeon who specialized in "hymenoplasty." Had I been living in Boston, however, Yelp made it easy to locate an MD who offered the procedure in a nearby suburb. (The admonition that surgeons should only perform genital surgeries for medical reasons may have an illusory air of self-evident authority in the minds of activists opposed to cosmetic or nonmedical alterations of the body such as designer vaginas or even the ritual circumcision of Jewish male infants—it does seem noteworthy that in Israel neonatal male circumcision is officially defined as a religious ritual and not a medical procedure. The admonition apparently does not strike cosmetic surgeons in North America, or circumcisers in Israel or West Africa, as a rationally established moral truth—see the *Hastings Center Report* advisory titled "Seven Things to Know About Female Genital Surgeries in Africa"[4] for some of the reasons that received wisdom on this topic about "mutilation" and purported harms of various sorts is in fact highly vulnerable to criticism and insufficiently evidence based; also Shweder[5]).

Yelp is a very useful informational search engine that does not subject its users to a moral examination. It is a conscientious (and generally reliable) conduit, assisting its clients in realizing their preferences and in pursuing the good life by their own lights. Yelp makes no moral judgments about whether those preferences are worthy or ought to be desired. Providing accurate information about where to find this or that (and about whether what one finds there is thought by other users to be good) is Yelp's only duty. Yelp does not try to be righteous or to save the world. It experiences no pangs of conscience and certainly does not feel morally compromised when it is used to locate a surgeon who might help a young woman protect her reputation against (what she views as) some "big mistakes" in her life (engaging in consensual sex prior to marriage) by performing a hymenoplasty. The software application might be viewed as a form of social intelligence in a multicultural society where morally sensitive adults do not always agree about what is right and wrong. Yelp knows nothing of Sohaila Bastami's dilemma, which might be characterized this way: To Yelp or not to help, and why?

The third thing I did after reading Bastami's essay was to try to devise a different type of explanation of her response to the phone call. I would describe her response as an "on-the-spot, request-sensitive provision of readily available hymen reconstruction referral information." In other words, it seems possible to view her positive referral response as a spontaneous or habitual manifestation or expression of some basic rules or self-evident truths of moral reason. These basic rules of moral reason are what some moral philosophers of old meant by moral intuitions. Moral intuitions are self-evident moral truths such as, "one ought to treat like cases alike and different cases differently," or "one ought to choose the greater good over the lesser good," in which the moral "ought" really does work the way Sidgwick suggests—no mind can, without error, disagree. Those rules or self-evident truths of moral reason are indispensable and foundational for moral thought, although of course they require interpretation and specification in particular contexts. Among the rules of moral reason are these two principles: that "one ought to protect those who are vulnerable and in one's charge" and "one ought to respond to the urgent or serious needs of others if the sacrifice or cost to oneself is slight." Isn't that essentially what the author did, even if later on she began to feel she had sacrificed something of her global feminist integrity?

The final thing I did (although this started while reading the essay) was puzzle over the distinction between medical and nonmedical benefits. Very narrowly speaking, medical means doing things to the body aimed at preventing, alleviating, or curing a disease. But that definition is too narrow. Most

doctors will be strongly inclined to expand the definition of medical to include doing things to the body aimed at preventing, alleviating, or curing functional disabilities. They will regard a hip replacement or the repair of the eye to facilitate vision or, for that matter, the provision of referral information to an anonymous caller who wants to acquire a prescription for Viagra to enhance his libertine lifestyle, as a medical benefit.

Nevertheless, if preventing, alleviating, or curing functional disabilities is included in the definition of medical benefits, the door seems opened to a broadening of our concept of social medicine to include the doing of things to the body aimed at the prevention, alleviation, and cure of socially functional disabilities. Wasn't the alleviation of a socially functional disability the rationale for the hymen reconstruction surgery desired by the anonymous caller? In that sense cosmetic surgeons and other surgery practitioners (such as an orthodox Jewish circumciser) are practicing a robust form of social medicine and providing their clients with a medical benefit. If this way of conceptualizing the domain of medicine has any merit, then social medicine is not simply the study of the social causes of illness and disease. It is also any practice aimed at shaping the body in socially functional ways. And it calls for a more expansive definition of a medical benefit, where, broadly speaking, "medical" means doing things to the body that improve or enhance the body and have a positive effect on a person's sense of well-being.

In fact, this is already a recognizable and respectable sense of the word. And with respect to that sense, a nose job, a breast implant, a face lift, a sex change operation, orthodontic work to achieve a socially pleasing smile, or surgery aimed at normalizing the appearance of a Down's syndrome four year old might be classified as medical. So too might one classify the range of types of genital modifications that enhance social functioning in different cultural traditions, including, of course, hymen reconstruction surgery.[6] These ways of doctoring the genitals seem compatible with a broader yet recognizable conception of social medicine.

NOTES

1. S. Bastami, "When Bleeding Is Vital: Surgically Ensuring the 'Virginal' State," in this issue of *JCE.*

2. Henry Sidgwick, *The Method of Ethics,* 7th ed. (Indianapolis, Ind.: Hackett Classics, 1981; reprint of the 7th ed., originally published by MacMillan and Co. Ltd. in 1907).

3. S.B. Rodriguez, *Female Circumcision and Clitoridectomy in the United States: A History of a Medical Treatment* (Rochester, N.Y.: University of Rochester Press, 2014).

4. Public Policy Advisory Network, "Seven Things to Know About Female Genital Surgeries in Africa," *Hastings Center Report* 42, no. 6 (November-December 2012): 19-27, *http://www.thehastingscenter.org/Publications/HCR/Detail.aspx?id=6059.*

5. R.A. Shweder, "The Goose and the Gander: The Genital Wars," *Global Discourse: An Interdisciplinary Journal of Current Affairs and Applied Contemporary Thought* 3, no. 2 (2013): 348-66, *http://www.tandfonline.com/doi/abs/10.1080/23269995.2013.811923.*

6. To begin to develop an understanding of the way genital modifications enhance social functioning in different cultural traditions see F. Ahmadu, "Rites and Wrongs: Excision and Power among Kono Women of Sierra Leone," in *Female "Circumcision" in Africa: Culture, Change and Controversy,* ed. B. Shell-Duncan and Y. Hernlund (Boulder, Colo.: Lynne Rienner, 2001); S.A. Boone, *Radiance from the Waters: Ideals of Feminine Beauty in Mende Art* (New Haven, Conn.: Yale University Press, 1990); and C. Kratz, *Affecting Performance: Meaning, Movement and Experience in Okiek Women's Initiation* (Washington, D.C.: Smithsonian Institution Press, 1994).