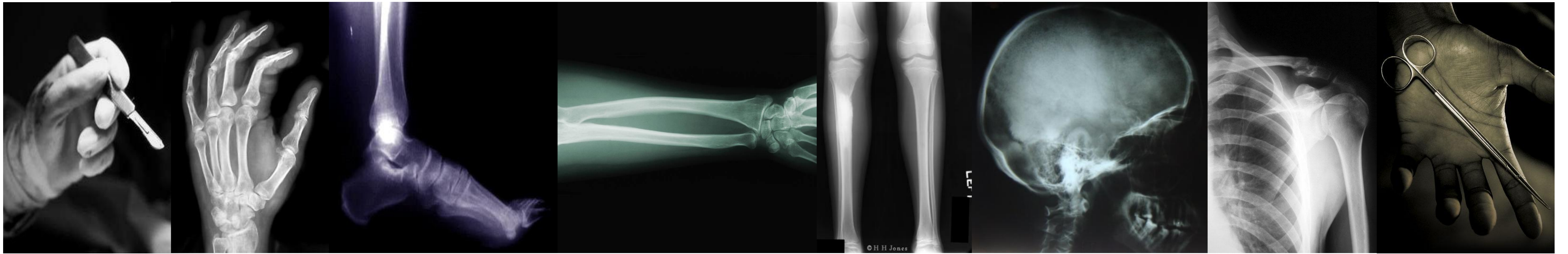


Normalizing Surgical Procedures: Bioethics and Disability Studies Collide

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Abstract

I will study the conflict between disability studies and bioethics regarding cosmetic surgical procedures. I will characterize the basic ways in which bioethics and the disability critique intersect and diverge. I will move on to investigate how the disciplines interact with one another when approaching the topic of aesthetic surgical corrections. Disability advocates have challenged bioethical justifications for cosmetic alterations (social acceptance and self-confidence) because the personal and social costs of surgeries might be too great. Normalizing procedures challenge disability scholars and bioethicists alike to consider what they mean by beauty, normality, and the social model of disability.

Bioethics and Disability Studies

It is important to bring the disability critique to the attention of bioethicists because disability is part of the medical sphere and bioethicists are ideally responsible for developing ethical codes in order to regulate this sphere; the moral authority on aesthetically enhancing medical practices should thus include the voices of disability advocates. There are scholars already attempting to unite the two disciplines: Adrienne Asch, Eva Feder Kittay, Sara Goering, Anita Ho, Jackie Leach Scully, Tom Shakespeare.

The disciplines share a common goal: the disruption and dismantling of the power imbalances found in the relationship between the patient and the professional. Disability rights advocates, however, have questioned whether mainstream bioethics accomplishes this task, and have proposed collaboration as a way of staving off the reification of bioethics (Alderson 2007).

Tensions arise between mainstream bioethics and disability studies since disability scholars have been proposing new ways to approach disability and do bioethics. They have questioned the tendency in bioethics to address disability by focusing on whether life with disability is worth living, a question commonly posed in relation to reproductive autonomy and end-of-life decisions (Asch 2001).

The two fields also hold in common an interest in normalizing medical practices that serve to efface or lessen disability. Practices of this nature include the following: research with the aim of curing disability (HIV/AIDS), surgical procedures that are meant to correct disability for functional reasons (cochlear implants), and surgical corrections with aesthetic objectives. How bioethics and disability studies interact and conflict regarding these kinds of practices reflects the disciplines' respective perceptions of the quality-of-life for people with disabilities (Parens 2006; Shakespeare 2006).

Examples of Normalizing Surgical Procedures

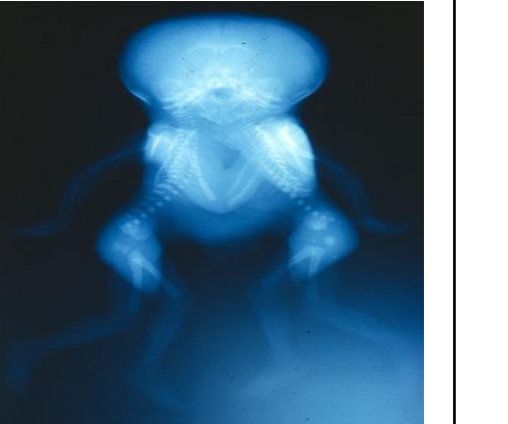
Craniofacial surgery is a plastic surgery that is performed in an effort to correct the skull, face, and jaws (for example, persons with cleft palates).



Osteodistraction is a surgical process that lengthens limbs (for example, dwarfs with achondroplasia).



Surgery can be used to disguise the ambiguous genitalia of intersexual people.



Surgical separation is possible for some conjoined twins.

Arguments

Beauty: Disability advocates have challenged bioethical justifications for cosmetic alterations, including social acceptance and self-confidence (Asch 2006). The promotion of a specific appearance as ideal is oppressive, especially when bodies that display variation are subjected to invasive, potentially dangerous surgical procedures in order to approximate the supposed ideal. These surgeries are not value-neutral, for they express the intention to reshape bodies: "Medicine's drive to make normal that which it considers to be pathological and dysfunctional...contains a series of latent normative assumptions about value, beauty, and function which influence its practice" (Marks 1999, 51).

Magic Pill: The magic pill hypothesis is a theoretical scenario meant to call into question the quality-of-life for people with disabilities. Paul Steven Miller used to dismiss the magic pill question as meaningless, but "today is different because surgical options are available to normalize people like me who are different" (2006, 212). For some mainstream bioethicists, quests for cures and corrections are sought after and consented to, which implies that people do not want to have disabilities. Disability might thus be negative, and not simply neutral variation (Singer 2001).



Conclusion: The prevalence of aesthetic surgical procedures conveys social assumptions and attitudes about beauty, normality, and the quality-of-life for people with disabilities. Mainstream bioethics and disability studies appear to be incommensurable. Collaboration and deliberation might resolve the conflicts between these disciplines and yield valuable insights regarding how to interpret and regulate medical practices, which would lead to greater equality and autonomy in the medical sphere for people with disabilities.

