Growth Hormones, Liposuction, and Botox: The Ethics of Enhancements

• Johnny’s parents have taken him to a pediatric endocrinologist and requested growth hormone injections at $10,000 annual. Johnny is a 12-year-old, his parents are short, and he is moderately below the median height for his age with no documented growth hormone deficiency. His parents want Johnny to compete in sports and hope for him to avoid the stigmatization they experienced in middle school.

• Jill is a 30-year-old, big-boned business executive who has fought weight and body image problems all her life. She recently shed 60 pounds by diets after she was turned away from bariatric surgery. She wants to lose another 10 pounds from hard-to-lose spots but she is a risky candidate for liposuction because of a clotting disorder. After months of insisting her doctor submits.

• Joe is a 61-year-old whose wife thinks he is aging quicker than she. Viagra and Zoloft have helped their married life. Now he asks his doctor for male hormone therapy as an anti-aging measure.

Each of these cases points to the ethics of enhancement, or what some critics have termed cases “beyond therapy.” While there is a growing debate about the issue of enhancements, ethics committees are reluctant to wade into the matter. Compared with more immediate topics in bioethics, the issue of enhancement seems abstract, and a waste of an ethics committee’s attention. Yet, the phenomenon is already upon us with growing acceptance of the use of cosmetic enhancements such as rhinoplasty, liposuction, and Botox injections, performance enhancing drugs such as sex hormones and anti-aging therapies, and mood-altering or attention-altering agents. What are ethics committees to think about them, and more importantly, what difference would it make to contemplate them?

Like all good bioethics conversations, it is important to have shared agreement about the terms being used. Whatever the debate is, it is not focused on therapies such as cosmetic surgery or hormone therapy when these procedures are necessary to address disfigurations from birth defects, accidents, sickness, or muscle loss. Critics of enhancement therapies try to distinguish therapies that are necessary from those that are not needed. In this view, therapy is defined as the biotechnical power to treat individuals with known diseases, disabilities or impairments in an attempt to restore them to a normal state of fitness and health. Enhancement is defined as the biotechnical power to augment or improve native capacities and performance by altering the normal workings of the human body and psyche. The distinction is meant to differentiate acceptable from unacceptable uses of medicine. Critics of enhancement note a subtle shift in the practice of medicine with physicians’ primary traditional motivation to relieve human suffering and treat or prevent sickness of the mind or body shifting to a motivation to improve patients and eliminate their self dissatisfaction. Distinguishing between therapy and enhancement is not morally sufficient because today’s enhancement might become tomorrow’s therapy as understandings of sickness and normality shift. Since patients do suffer emotionally with flat lips and big thighs, the distinction does not ultimately answer the question: What is wrong with the desire for longer life, finer looks, stronger bodies, sharper minds, better performance, and happier souls—in short, to improve our lot, our activities, or the hand that nature dealt to us or our children?

At first blush, enhancements seem benign because they are aimed at the quest for happiness, success, and self-esteem. However, the history of enhancements has a mixed record. On occasion some have failed to achieve the intervention’s intention, and at times exposed patients to unanticipated harms such as infection, increased risk of cancer, and even death. Some enhancements are more dangerous than routine, necessary surgery. For example, out of 400,000 liposuctions conducted in 2001 some 80 people died of complications, a mortality rate exceeding adult hernia repair by a factor of 7.

Critics of enhancement note that it is ironic that physicians will perform cosmetic surgery with mortality rates higher that than of some required interventions. At times growth hormone is given to children who may not have growth hormone deficiency. Unfortunately hormone recipients have seen increased incidence of Creutzfeldt-Jakob disease, a neurologically crippling illness, and critics project that the long-term effect on children is yet to be calculated. The case of Johnny helps draw one important line: When the enhancement is not requested voluntarily by an adult, and the risks are high or uncertain, there should be a proportionately higher medical necessity before using it. Using growth hormone for social purposes of avoiding ridicule and stigma might not be proportionate reason to give Johnny the therapy.

When health risks are voluntarily accepted by autonomous adults, are
persons free to improve their lot through the use of biotechnology? In a free society the short answer is yes; however it creates a two-edge sword. While offering enhancements brings money into institutions, gives people what they want, and may alleviate psychological suffering, such elective therapies might run at odds with stewardship of scarce resources. As enhancement capabilities increase, society may face severe aggravation of existing unfairness, especially if people who need certain therapies to treat serious illness cannot get them while other people enjoy enhancements for less urgent and even dubious purposes. This was highlighted in 2002 by the fact that Americans spent roughly $1 billion on drugs to treat baldness, about 10 times the amount spent on scientific research to find a cure for malaria, a disease that affects hundreds of millions of people worldwide.

Beyond potential physical harms and inequities in allocating resources, a move toward acceptance of enhancements raises other issues. Will performance enhancing techniques, especially in competitive activity, raise concern about unfair advantage and inauthentic athletic performance? Will coercion by overt or subtle peer pressure become the norm when mind altering drugs for memory enhancement or stimulant drugs become widespread, or when Botox and breast implants are used as socially defined notions of excellence? Will we see many social problems, such a short stature, defined notions of excellence? Will we see about unfair advantage and inauthentic athletic performance? Will we see many social problems, such as short stature, become more medicalized? Finally, should our attempts to improve human nature be seen as an act of hubris?

The ethical and social concerns raised by the advance of biotechnology are not easy to articulate because they go beyond the familiar bioethical issues such as informed consent, research subjects, and equitable access. This ambiguity about the ethics of enhancements forces ethics committees to think outside their normal confines and to contemplate a broader picture. First, they quickly see that enhancements touch not only the safety and efficacy of the means, but also touch on the goal of why healthcare professionals are in the professions in the first place. What is health care trying to attain? What is worthy of attaining? Should we be about remaking Eden? This reflection about the goals of medicine can be usefully translated to other issues, such as end-of-life care, where it is important to regularly review the goals of intervention on dying patients. Second, reflection allows examination of the broader context in which these enhancements are promoted. For example, people are quick to accept new drugs because of hype from pharmaceutical companies, popular magazines, advertisements, and eager clinicians who are motivated by profits and reinforced by a culture of individual perfection and peak performance.

Ethics committees will search to determine what part, if any, they should play in addressing enhancements. Since many enhancements, like Jill’s and Joe’s, are done outpatient or in the doctor’s office, they are below the normal moral radar of ethics committees. Ethics committees might have to adopt new ways of doing business by getting these issues on physicians’ moral radar through one-on-one education or conversations. More importantly, since enhancement issues may directly affect the mission and goals of the organization, they probably need the attention of an organizational ethics mechanism, such as an executive team or mission effectiveness committee. The mechanism would need to consider the right balance between relieving suffering and curing, and enhancement services. Practically this would require examination of what services to offer and with whom to partner.

Finally, enhancement issues help focus a neglected function of ethics committees. Ethics committees should not be thought of in exclusively utilitarian terms as always fixing problems. Rather they need to be known as forums where difficult ideas can be processed fairly and with insight. Ethics committees and interested others may want to begin this process of considering enhancements by reviewing a new report from the Presidents Bioethics Commission on the issue at: http://www.bioethics.gov/reports/beyondtherapy/index.html.

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