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## RESEARCH ARTICLE

### How Understanding Our Multi-Dimensional Humanity Clarifies Medical Ethics

**Christopher J. Lisanti, MD, FACR (corresponding author)**

Department of Radiology

Brooke Army Medical Center, Ft. Sam Houston, Texas, USA

Department of Radiology & Radiological Sciences

Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA

[Lisantic@aol.com](mailto:Lisantic@aol.com)

**Sebastian Galante, MD**

Department of Radiology, Ft. Sam Houston, Texas, USA

Brooke Army Medical Center

**Allen M. Betts, MD**

Department of Radiology, Ft. Sam Houston, Texas, USA

Brooke Army Medical Center

#### ABSTRACT

Medical ethics is increasingly culturally subjective. A clear understanding of medical ethics must be grounded in a clear philosophy of medicine and philosophical anthropology. Philosophically, medicine is a profession dedicated to the patient's health. A better understanding of health or wholeness will lead to better healing. Health or wholeness is best understood as well-functioning. The philosophical and anthropological biopsychosocial-spiritual model informs the roots of well-functioning. These four interrelated dimensions must be balanced and work in harmony, ultimately aimed at the basic goods (e.g., health, life, and personal integrity among others) and should be strived for but never harmed. This holistic approach helps determine the primary cause of unwellness while also explaining that biologic healing frequently relies as much on the other dimensions as the biologic treatment. Historically, physicians refined their skills ensuring that the best biologic means addressed the most well-defined biological diseases. This dimension-specific philosophical framework formed the basis of a physician's diagnostic investigation. If the source of unwellness was primarily in another dimension, then appropriate therapeutic referrals to dimension-specific experts were offered. This framework prevented or corrected egregious excesses due to medicalization of social issues. Traditional boundaries of medicine are now challenged by contraceptives, elective abortion, cosmetic procedures, and euthanasia/physician-assisted suicide, steering medicine away from treating biologic problems with biologic solutions towards treating psychologic and/or social problems with biologic solutions. Countries now inconsistently require their physicians to provide biologic means aimed at specific psychologic and/or social goals to advance sexual and/or economic goals, the country's laws, or patient autonomy. This is conceptually flawed requiring special exemptions from the profession of medicine while also resulting in biologic harm, damage to the basic goods, and negative psychologic and/or social effects, while transforming medicine into a commodity. Physicians have an ethical obligation to provide effective biologic means to treat biologic diseases while promoting healing and wholeness among all four dimensions. On the other hand, physicians have no obligation to use biologic means for non-biologic problems. This multi-dimensional model with dimension-specific therapies is conceptually consistent, socially agnostic, empirically sound, and provides a clearer understanding of medical ethical obligations.

## 1.0 Introduction

There is increasing cultural subjectivity of medical ethics. Elective abortion is completely banned in two dozen countries, severely restricted in Poland and many states in the United States (U.S.), somewhat restricted in most countries, and unrestricted after 20 weeks gestation in just 6 countries and several U.S. states.<sup>1-2</sup> Gender dysphoria (GD) treatment with hormones and surgery, especially for pediatric patients, sees a similar divergence across countries and within the U.S. The Tavistock child gender identity clinic in the United Kingdom was dedicated to these issues until it recently closed, and treatment of GD pediatric patients in the United Kingdom has now moved away from hormones and surgery to supportive psychologic care.<sup>3</sup> Similar trends are also seen in several U.S. states, and the countries of Finland and Sweden.<sup>4-6</sup> On the other hand, continued strong efforts to embrace these biologic treatments for GD continue unabated in several areas of medicine and several US states.

These examples are symptomatic of the unclear boundaries of the legitimate role of medicine to help our patients, directly impacting our ethical obligations. Dr. Leon Kass famously stated in 1975, "For without a clear view of its end, medicine is at risk of becoming merely a set of powerful means, and the doctor at risk of becoming merely a technician and engineer of the body, a scalpel for hire, selling his services upon demand."<sup>7</sup> Dr. Kass' prophetic warning has come to fruition, resulting in uncertainty of what medicine is for and what it is not for and continues to confuse our medical ethical obligations.

The ethical practice of medicine needs to be anchored within a solid philosophical understanding of what medicine is for and in a philosophical anthropology of our humanity.<sup>8-11</sup> These two philosophies will help inform and drive our ethical obligations and set the boundaries of medicine. A solid philosophy will then lead to a more consistent ethic and better health outcomes empirically.

What then is the end or intrinsic goal of medicine? It is the health of the patient as expounded by Aristotle and carried on through the Hippocratic tradition until recently.<sup>12</sup> Dr. Edmund Pellegrino states, "A teleologically based ethic of medicine is the only tenable basis for an ethics of the healing professions as a whole in an era of widespread moral and social pluralism like ours."<sup>13</sup> The teleological end of medicine is health. However, Dr. Kass among others have struggled with a definition of health merely stating that it is the well-functioning of the human.<sup>7-8</sup> This deficiency in understanding what health is has subsequently led

to a variety of conflicting paradigms that now vie to define what medicine is and which have direct implications on the moral obligations and duties of the physician to their patients. Do physicians have an ethical obligation to provide elective abortions and gender-affirming therapy or not?

Interestingly, these controversial goals require physicians to use biologic means to address issues entirely outside the biologic notion of health. Some argue that physicians are obligated to provide whatever biologic services patients desire if they are legal.<sup>9,11,14</sup> Some argue that physicians are obligated to provide services if medical societies embrace it as standard healthcare.<sup>15</sup> Some argue that physicians are obligated to provide services to promote patient autonomy.<sup>16-19</sup> Some argue that physicians should promote the patient's conception of well-being as the patient defines it.<sup>19-20</sup> Some argue, particularly within female reproductive services, that the physician is obligated to provide these services to enhance social and economic goals.<sup>21</sup>

These arguments either expand the notion of health to include dimensions outside the biologic or entirely dispense with a notion of biologic health making a direct appeal to economic or social benefits. Furthermore, those that argue for these medical services criticize those who are unwilling to provide these services as being *unethical* although there is far from a universal consensus on these activities.<sup>22</sup> We maintain that we need a strong philosophy of medicine and the human to bring about a consistent ethic. A solid understanding of health, disease, and our humanity (philosophical anthropology) is critical to bringing a consistent philosophy and ethic while we will also argue that it leads to better outcomes and fewer harms.

Our humanity is best described philosophically as a multi-dimensional being comprising biologic, psychologic, social, and spiritual dimensions (the biopsychosocial-spiritual model) where all dimensions are interrelated and for ultimate human flourishing should be in balance and working in harmony and oriented to the basic goods (e.g., health, life, and personal integrity among others). We advance the intuitive and empirically proven notion of dimension-specific treatment for the human. Biologic solutions for biologic problems, psychologic solutions for psychologic problems, social solutions for social problems, etc. Using biologic means for non-biologic ends is conceptually incoherent, ineffective, and results in harm across many dimensions of our humanity. Additionally, when medicine uses biologic means to treat psychosocial problems then it is in danger of transforming itself from a profession into a commodity. Dr. Eileen Ringel has stated, "When

happiness replaces healing as the goal of medicine, the practice of medicine becomes a commodity and the medical profession just another way to make a living.”<sup>23</sup>

We will review definitions of health and disease while expounding more fully on the biopsychosocial-spiritual (BPSS) model of our humanity and showing why dimension-specific healing of the human brings about greater human flourishing and more effective healing with fewer side effects and unintended consequences. Elective abortion and contraceptives, euthanasia/physician-assisted suicide (PAS), and cosmetic procedures will be discussed and shown to be at variance philosophically and empirically, resulting in harm to biologic health and the basic goods with manifestations in psychosocial problems. Lastly, this solid philosophical anthropology will inform the healing that physicians are ethically obligated to provide or refer their patients for.

## 2.0 Health or Wholeness

Health can be restated as wholeness, and the pursuit of wholeness should be the goal not only of the physician but that of society.<sup>8,24</sup> A fully integrated human that is working or functioning well is the highest aim. Ancient traditions affirm this but give additional insight to an understanding of health or wholeness. The Greek notion of *eudaimonia* or the well-lived life echoes to this day through the work of the positive psychology movement. Additionally, the Hebrew notion of *shalom* enriches our understanding further by explaining that *shalom* is when the person is working well among all the dimensions of their life.<sup>25</sup> However, as we stated earlier, the roots of health need more exploration leading to a discussion of what a human is.

## 3.0 Biopsychosocial-spiritual Model

As understanding the different biologic systems is critical to understanding disease and biologic healing, a solid grasp of the component dimensions of our humanity is also critical in directing wholeness or healing. The BPSS model informs us what can go wrong and guides a physician to bring about wholeness and healing, including any opportunities to maintain or restore biologic health, which is the main focus of medicine.<sup>26</sup> Dr. Daniel Sulmasy says, “A human person is a being in relationship—biologically, psychologically, socially, and transcendentally. Illness disrupts all the dimensions of a relationship that constitute the patient as a human person, and therefore only a biopsychosocial-spiritual model can provide a foundation for treating patients holistically.”<sup>26</sup> This interrelationship explains why

psychosocial and even spiritual dimensions play an important part in biologic healing.<sup>24,27</sup> This philosophical anthropological model will better inform our understanding of health and provide solid guidelines for the ethical and effective practice of medicine.

The biologic dimension incorporates all the anatomy and physiology that make up our physical bodies. The basic good of the biologic is physical wholeness frequently stated as health, which depends on various physical requirements (nutrition, exercise, sleep, etc.) to maintain a balanced and harmoniously working relationship among the body’s systems. As a corollary, the definition of disease is the human outside of normal limits biologically that also results in functional impairment.<sup>28</sup> This definition is important as we discuss the role of biologic means such as drugs and procedures oriented to biologic disease.

The psychologic dimension includes thoughts, emotions, and desires. Humanity’s actions are often motivated by the individual and collective pursuit of happiness, and it is this drive for personal psychologic fulfillment that is typically considered most important in living a meaningful and happy life. Again, the positive psychology movement has contributed greatly to our understanding of human flourishing especially from a psychologic perspective. Despite modern society’s increased knowledge and emphasis on psychologic well-being, we have alarming rates of anxiety, depression, behavior, and thought disorders with 22.8% of all U.S. adults having a mental illness while there is a 49.5% lifetime prevalence of mental illness amongst adolescents.<sup>29</sup> When the psychologic dimension goes awry it is referred to as a psychologic disorder distinguishing it from biologic disease. Disorders of the psychologic nature require psychologic and not biologic therapies. Science is currently exploring the boundaries and interrelationship between psychologic and biologic as it is still not well understood.<sup>30</sup> Looking at psychologic disorders through a biologic lens is frequently counterproductive. Many psychologic disorders that are commonly treated with medications directed at the brain can now be effectively prevented or treated with psychologic techniques such as meditation, cognitive behavioral therapy, positive psychology techniques, or other aspects of holistic living such as exercise all without the side effects or costs of medications.<sup>24,31-33</sup> It should be emphasized that even the medications we dispense for psychiatric disorders are aimed at the brain specifically and not at other parts of the body.

Aristotle stated that man is a social animal. This social dimension is essential to our human

flourishing but may also be the greatest threat to it. Social determinants of disease are well known and frequently play a greater role in biologic health outcomes than the expertise of the physician. A supportive social community can be the difference between a good or bad medical outcome. Good social support can also lead to decreased medical costs, and a longer and better quality of life.<sup>27</sup> Social pathology can lead to stress resulting in adverse psychologic and biologic health outcomes. Additionally, our social dimension can be affected by our environment, which has an important role to play in our wholeness. Potential harms to our biologic health include unsafe water, food, or air in addition to climactic threats.

The spiritual dimension is the dimension least well-defined. Although this dimension can be referred to as religious feelings, beliefs, practices, a search for the sacred, or even what gives greatest meaning in life,<sup>24,34-35</sup> we think that Dr. Sulmasy's definition of the spiritual as the transcendent is the best starting point.<sup>26</sup> However, he explains transcendence no further. We argue that transcendence would be anything that transcends our current culture and is beyond a particular time and space. Notions of the good, the true and the beautiful, in addition to the Transcendent One or God, are helpful to further define transcendence. The good includes the virtues (four cardinal and three theological virtues: justice, courage, temperance, prudence, faith, hope, and love) while the true is anything transcendentally true which includes metaphysical but also scientific claims regarding the nature of the universe. Lastly, things that are transcendentally beautiful such as art, music, and literature that has withstood the test of time would be added. The spiritual dimension is important in a variety of areas such as providing sources of virtue and strength through many of life's trials. Higher levels of spirituality go hand in hand with greater well-being, less mental illness, less substance abuse, and more stable marriages.<sup>32</sup> Spiritual practices have also been shown to lead to greater social awareness, altruism, and connectivity while spiritual meaning in life can be fundamental to human flourishing especially during times of suffering in any of the other three dimensions with protective effects against depression.<sup>24,36</sup>

All four of these dimensions should be in balance and in harmony with one another to bring about health or wholeness.<sup>37</sup> Furthermore, the notion of the basic goods is also essential to orient our lives towards things that promote human flourishing, while at the same time, practical reason forbids these basic goods from being directly harmed.<sup>11</sup> A basic good is one which is intrinsically valuable for its own sake. On the other hand, there are many

other goods such as sex and economic productivity that are instrumental goods and not intrinsically good but only good insofar as they contribute to a basic good. All goods should therefore be prioritized or ordered vis-à-vis the basic goods accordingly. The philosopher Dr. Christopher Tollefsen provides a fine list of the basic goods including life, health, work, play, knowledge, esthetic experience, marriage, friendship, personal integrity, and harmony with the Divine.<sup>38</sup> Medicine directly supports two of these basic goods: life and health. Lastly, the virtues are an essential component of human flourishing and should, along with the basic goods, not be intentionally harmed.<sup>39</sup>

#### 4.0 Dimension-Specific Therapeutic Approach

One must use the right tool for the right job. We must first identify the root of the problem and then apply specific solutions to the problem. If we apply the wrong solution to the problem, it will not be solved, but will waste resources and frequently result in unintended problems. This is a basic fact of life. As an analogy, we would rarely use a military solution for a political problem. History is replete with problems resulting from the inappropriate application of military solutions for political problems. More specifically within medicine, we daily attempt to diagnose the specific nature of the problem and if it is biologic then we apply the best biologic solution. This dimension-specific therapy approach is conceptually sound and results in the best outcomes most efficiently while avoiding potentially catastrophic harms.

The test of wisdom in all areas of life, including medicine, consists of pursuing knowledge of the nature of problems and the best solutions. This is not always a linear process. The nature of the problem and the best solutions are not always easy to ascertain hence the reason for continued scientific pursuit. Science is always diving deeper to ensure that we do not confuse biologic disease with psychologic, social, or even spiritual disorder. Regardless, many problems with the body and their solutions are reasonably straightforward, such as treating bacterial infections with tried-and-true antibiotic solutions.

A strong dimension-specific understanding is also crucial to avoid medicalization of social/political behavior such as in the Soviet Union, Communist China, Romania, and Nazi Germany where dissidents were treated as having a psychiatric illness.<sup>13,40</sup> We recognize this as unethical behavior for a variety of reasons one of which is the violation of the commonsense dimension-specific nature of the best approach to problems. Furthermore, when medicine inappropriately uses biologic means for non-biologic ideological goals,

this harms the trust that patients have in physicians and perversely reduces the physician's ability to heal.

Therapy aimed at the incorrect dimension is not only inefficient and ineffective from a practical and empirical perspective, but also conceptually contributes to a more imbalanced human, resulting in the dimensions not working harmoniously but rather in opposition to each other. This imbalance and lack of harmony invariably harms a basic good and/or a virtue as evidenced by biologic, psychologic, social, and even spiritual problems.

## 5.0 Current Controversies

### 5.1 Elective Abortion and Contraceptives

The goal of elective abortion and contraceptives is not to promote health or wholeness but rather to promote sexual activity without discrimination. These interventions alter the normal biologic function of women, thereby forcing imbalance. This removal of normal function short circuits harmonious living among the dimensions by satisfying a psychosocial desire for more sexual activity unmoored from the normal reproductive sequence of pregnancy. These interventions have altered our conception of humanity by prioritizing sexual activity over other basic goods, which has harmed the basic goods of health and marriage in addition to damaging prudence and temperance. Additionally, elective abortion harms the basic good of life.

The technological development of hormonal contraceptives and elective abortion changed human behavior. According to two economists using sophisticated mathematical modeling, it is estimated that these two interventions contributed 60% towards the sexual revolution.<sup>41</sup> So, although many think that the changing sexual mores drove altered behavior, it was mainly due to the availability of these biotechnological developments that promoted the sexual revolution. Neither address a biologic problem but rather facilitate social goals or attempt to solve social problems. The bioethicist Lisa Campo-Engelstein states, "technomedical solutions generally do not solve social problems."<sup>42</sup> There are a wide variety of problems stemming from these interventions, chiefly direct harms from the interventions and indirect harms due to facilitating harmful social behaviors.

The direct harmful effects are both biologic and psychologic. There is a multitude of medical side effects due to contraceptives and elective abortion. It is estimated that 300 women die each year in the U.S. due to complications from hormonal contraceptives while many more have thromboembolic phenomena including stroke, heart

attack, and pulmonary embolism.<sup>43</sup> Additionally, elective abortion increases the rate of prematurity for subsequent pregnancies by 35–72% thus harming the health of future children.<sup>44</sup> Adverse psychologic effects include a 70% increase in depression.<sup>45</sup>

One indirect effect is increasing promiscuity. Indiscriminate sexual behavior violates both temperance and prudence. This indiscriminate sexual behavior has led to an explosion of sexually transmitted infections, pelvic inflammatory disease, and rising rates of infertility, all harms to women's health.<sup>46-47</sup>

Another indirect effect is the dissociation of sex from procreation leading to increasing rates of single-parent households, harming the basic good of marriage. Skyrocketing single-parent families have placed extreme pressure on women and increased poverty.<sup>48-49</sup> Men are also adversely affected. Without the basic good of marriage, they lack an ethic of responsible manhood, resulting in decreasing rates of college enrollment, unemployment, and poorer health outcomes.<sup>39,50-51</sup> Premarital sex also harms the stability for future relationships to include most importantly marriage.<sup>52</sup> Children in single-parent households typically do worse on a wide range of biologic and psychologic health metrics in addition to higher rates of delinquency and criminal behavior.<sup>39</sup> Dr. VanderWeele has stated, "The effects of marriage on health, happiness and life satisfaction, meaning and purpose, character and virtue, close social relationships, and financial stability are thus profound."<sup>39</sup>

Indirect effects also include prioritizing instrumental goods such as income over the basic goods of health and marriage. These technologies are commonly referred to as necessary for some women to be equal to men socioeconomically. A commentary in the prestigious *New England Journal of Medicine* made the argument for elective abortion without any reference to improved biologic health, citing only socioeconomic goals.<sup>21</sup> However, they did not make an argument that this helped women socioeconomically, but rather it enabled them to have more freedom.

An additional indirect effect is on the mentality of the culture that increasingly prioritizes and glamorizes career and economic consumption resulting in more women waiting longer to become pregnant. This delay in childbearing places more women outside the biologically ideal time in their life to have children, resulting in more infertility problems and pregnancy-related complications due to advanced maternal age. We now value economic productivity over the basic good of health



and physicians are implicit in promoting this ideology.

Elective abortion is rarely for the biologic health of the mother but rather attempts to address the age-old social problem of an unwanted or unprovided for child. This is a biologic solution for a social problem. It circumvents better social solutions such as foster care and adoption services, or better socioeconomic support for mothers which in turn would lead to more balance and harmony among the dimensions of everyone's humanity. Additionally, the other patient in an elective abortion is intentionally disintegrated which is the antithesis of the basic good of life and disorders the goods morally.

Elective abortion has also directly contributed to a sex ratio imbalance of too many males and not enough females. Elective abortion contributes to 1.2-1.5 million missing girls annually.<sup>53</sup> This perpetuates and exacerbates fundamental gender inequalities that result in increasing rape, coerced sex, sexual exploitation, trafficking, and child marriage.<sup>53</sup> Additionally, elective abortion has led to selective termination of 60-90% of all Down Syndrome children versus a general abortion rate of 18%.<sup>54</sup> This fosters an ableist mentality concordant with an attitude of eugenics.

These interventions have resulted in decreased valuation of children and a generalized tendency among many developed nations to have fewer children. This demographic implosion is increasingly cited as one of the greatest threats to nations throughout the world and has become so severe that several nations are attempting to reverse this with governmental programs.<sup>55</sup>

Lastly, physicians who are pressured due to societal expectations to provide these services, especially elective abortion, may have substantial internal moral tension. This tension results directly from a professional role of healer along with universal common moral obligations of not killing and not punishing the innocent versus the expectation to intentionally take an innocent life.<sup>56</sup> This moral tension can lead to moral injury and personal disintegration with subsequent adverse effects upon the psychologic, social, and spiritual dimensions of the physician.

Space prohibits a complete discussion of advanced reproductive techniques such as in vitro fertilization and the ethics of surrogacy, but a similar analysis with psychosocial and spiritual harms is evident.

In summary, it is difficult to justify the administration of either elective abortion or contraceptives from an ethical point of view. It is a biologic means attempting to satisfy a psychosocial

desire which is contrary to a dimension-specific therapeutic approach and predictably results in a wide variety of biologic, psychologic, social, and spiritual problems. Eliminating or suspending normal biologic function runs contrary to the healing function of medicine that attempts to restore well-functioning, making these interventions suspect.<sup>11</sup> These features argue strongly against the use of these interventions for the promotion of health or wholeness either at an individual or societal level.

## 5.2 Euthanasia/Physician-Assisted Suicide

Suffering is ubiquitous in our human condition. The BPSS model informs us that suffering is often multi-dimensional and can be viewed as one or more dimensions out of balance and/or not working in harmony usually contrary to one or more basic goods. Much of our human suffering does not have a biologic dimension but rather stems from psychosocial and/or spiritual problems. Euthanasia/PAS was historically used to end suffering that had some biologic component but now is expanding to treating suffering which may not have a biologic component such as mental disorders. This is now legal in Canada, Belgium, Netherlands, and Luxembourg.<sup>57</sup> The euthanasia/PAS approach to suffering does not attempt to heal or make whole but rather to obliterate or disintegrate the person. Dr. Leon Kass states that "There are incurable conditions, but never untreatable patients."<sup>58</sup> His statement reminds us that every human no matter the level of suffering can be treated to restore some degree of health or wholeness. On the contrary, euthanasia/PAS directly harms every basic good the most obvious life and personal integrity by ending the person's life with secondary harmful effects upon our view of what we value as humans.

With advanced medical treatment for pain, end-of-life suffering is arguably most severe not in the biological aspect but rather psychosocial and spiritual.<sup>11,59</sup> This notion is further supported by recent Canadian and Oregon Government studies citing lack of meaningful activities as either the top reason (Canada) or a close second (Oregon) why patients request PAS/euthanasia.<sup>60-61</sup> Thus, physicians should explore these other contributing dimensions to suffering at all stages of life, not just end-of-life care and encourage referrals and intervention to renew the essential relationships in the social and spiritual dimensions that contribute to the lack of wholeness manifested as suffering.

From a professional perspective, the American Medical Association notes that euthanasia/PAS is "fundamentally incompatible with the physician's role as healer" while the American College of Physicians claims that

PAS/euthanasia “fundamentally alters the medical profession’s role in society.”<sup>62-63</sup> Both these prestigious organizations recognize the contradictory nature of euthanasia/PAS to the core identity of a physician. This contradiction would then logically result in an ethical obligation *not* to perform or refer for these services. Additionally, like abortion, moral injury is another harm.

The lack of a clear understanding of our humanity and the solid guidelines behind the dimension-specific approach to rectifying suffering results in a rapid slippery slope of indications. Euthanasia/PAS has only been legal for a couple of decades, and the indications are already in rapid flux without a clear boundary in sight. What was initially held out for intractable biologic suffering in near-death patients has rapidly expanded in some countries to chronic problems, psychologic conditions, and even children. When suffering is not addressed through a solid philosophical background and measured against dimension-specific empirical outcomes then it merely becomes a service someone may want to achieve some psychological goal—the goal of ending suffering. However, people with this degree of suffering may not see the avenues for assistance toward wholeness and healing due to their suffering. Both the physician and society have responsibilities toward those suffering to render compassionate help. This help is not only good for the sufferer but also for those giving the aid helping foster the virtues. Resorting to euthanasia/PAS may be fast and efficient but is not helpful in the long run. Additionally, this truncates the therapeutic encounter by increasingly relying on euthanasia/PAS while relegating other therapies and interventions as secondary. Our attitudes as a society also begin looking at those who are suffering and need our help as unnecessary burdens changing a right to die into a duty to die.<sup>64</sup>

Again, applying biologic solutions to psychosocial-spiritual problems only short-circuits the problem and prevents better solutions. The clamor for physicians to provide this service is seen almost exclusively in the developed West, implying that there must be something fundamentally disordered in our societies resulting in people perceiving their suffering to be so great and feeling so helpless and unsupported that they must have their lives ended. The intentional absolute annihilation of life directly harms every basic good and violates the dimension-specific approach to everything we do in medicine and in our society to promote wholeness and human flourishing.

### 5.3 Cosmetic Procedures

Cosmetic procedures historically altered the biologic dimension usually by modifying the external appearance. However, GD interventions increasingly harm reproductive and endocrinological function. Again, these are biologic solutions to bring about psychologic desires. However, the psychologic is not the only dimension involved. The BPSS model informs us that other dimensions, particularly the social dimension, play a substantive role in the desire for cosmetic procedures. Fundamentally, these procedures usually take a person who appears normal and attempt to make them look different to include appearing outside of normal limits. These procedures jeopardize the basic good of health while usually reinforcing fleeting and superficial social fads of beauty that ultimately disorder our understanding of what a beautiful person is from one that is at peace, in balance and working in harmony among all their dimensions into one that conforms to some arbitrary societal external standard for beauty.

Similar to euthanasia/PAS, the slippery slope of indications has affected these procedures as well. Historically, plastic surgery was used to ameliorate the disfiguring effects of a therapeutic intervention for a disease such as breast reconstruction following mastectomy for cancer. This was reconstructive surgery. Additionally, it was used for patients with obvious external features or pathology that were outside normal limits, and they sought treatment due to a functional impairment usually in their psychosocial functioning. Examples throughout history are replete with stories from patients whose psychosocial functioning was improved by plastic/reconstructive surgery. The key element here was that they were outside of normal limits biologically resulting in a functional impairment—the definition of disease. Thus, we would expect philosophically and empirically that this would work well.

Now many patients are within normal limits and seek this intervention to help with their psychologic and/or social problems, because they think it may make them feel better, or it may lead to better job prospects. This lack of clear boundaries in addition to poor studies and glamorization of the external in our society has led to explosive growth in this industry. There are now three times the number of cosmetic procedures versus reconstructive ones according to the American Society of Plastic Surgeons.<sup>65</sup> This likely vastly underestimates the number of cosmetic procedures since many are being performed outside of plastic surgery.

The sociologist Sir Thomas Shakespeare sums this up when he says, “It would be preferable to

solve the body image problem with psychological and cultural actions, rather than medical or surgical fixes.”<sup>66</sup> Sir Shakespeare reinforces the commonsense notion of dimension-specific therapies while recognizing the harms of applying solutions outside the problematic dimension. He goes on to say, “My anxiety is about the society that first generates body dissatisfaction and then provides surgery as the solution to that cultural problem.”<sup>66</sup> The impact that a disordered or dysfunctional society has on our humanity is high, with social, spiritual, and fiduciary costs. The Nuffield Council on Bioethics points out these costs when they state, “Many cosmetic interventions both reflect and promote gender, disability, and racial norms and hence may reinforce existing inequalities and discriminatory attitudes.”<sup>67</sup> Empirically, this is both poorly studied and usually ineffective in addressing the psychologic disorder or dysphoria in any long-term effect.<sup>67</sup> Frequently there is a satisfied customer psychologically in the short-term, but without a durable effect.<sup>68</sup> This harms our notion of what it is to be a truly beautiful person. We frequently end up focusing on and expending a large amount of energy and time on external appearance while neglecting our virtues or even our health.

The biologic harm due to side effects of surgery or hormones means that there is a negative effect overall on the biologic health since the body is usually functioning and within normal limits biologically before the procedure. Cosmetic procedures were usually one-and-done surgical procedures with side effects and complications usually constrained to the postoperative period. However, with GD treatment, cosmetic procedures have entered the realm of long-term hormonal therapy which is increasingly given to children with uncertain long-term effects.<sup>5</sup> Additionally, traditional cosmetic procedures did not directly harm normal functioning of the body. However, with the several thousand percent increase in GD referrals and subsequent biologic interventions, we see more and more people being rendered infertile and normal functioning tissues and organs destroyed.<sup>5</sup> Medicalization of GD has likely given legitimacy and helped fuel this explosive increase. This runs entirely counter to the dimension-specific understanding while intentionally putting the patient out of balance and not working in harmony either within the biologic dimension or among the dimensions.

From a BPSS perspective, desire for cosmetic procedures is always a psychosocial issue that increasingly has no biologic abnormality associated with it. To promote greatest wholeness, a multi-dimensional approach should be offered; however,

very few cosmetic surgery patients receive any psychological therapy.<sup>69</sup> This is compounded by the shallow training that most cosmetic surgeons have regarding psychology including poor abilities to diagnose important psychologic disorders that fuel this desire, specifically body dysmorphic disorder.<sup>70</sup>

Ethically, it is a steep challenge to see how physicians are obligated to provide these services for patients who are within normal limits biologically. Miller and colleagues state “It is difficult to find any solid support for cosmetic surgery within the goals of medicine.”<sup>69</sup> Cosmetic procedures violate the dimension-specific approach, intentionally jeopardize the basic good of health, and now increasingly directly render people infertile thus harming concepts of balance and harmony among the dimensions and within the biologic dimension all in service of psychosocial pathology without solid empirical data. This lack of boundaries philosophically has led to exponential commodification of medicine with some physicians aiding and abetting this unease and suffering of the person through demand-stimulating advertising.<sup>69</sup>

## 6.0 Medical Ethics Implications

All these controversial practices are appealed to regarding one or more of the following claims: 1) they are legal to dispense or perform, 2) patient autonomy requires it, 3) medical societies approve it, 4) it promotes patient well-being as the patient defines it, or 5) it enhances economic and/or social goals. However, these arguments amount to special pleading that runs counter to medicine as a whole and cannot be cross applied to life in general when we apply a dimension-specific philosophy through the multi-dimensional model of our humanity. No physician would give antibiotics or opioids indiscriminately merely because their patient requested it or because it is legal. No physician would amputate a perfectly good limb because the patient thought it would improve their well-being.

All these practices advocate advancing goals outside the professed end of medicine—the health of the patient—and thus contribute to the increased commodification of medicine. This “scalpel for hire” conception of medicine increasingly leads to unnecessary and harmful treatments of otherwise biologically healthy people and more ineffective treatment of the diseased patient. Additionally, we have seen the adverse unintended psychologic and social effects that non-dimension-specific solutions have. The onus is on the providers of these services to argue convincingly that these require a special exemption from the usual practice and explicit end of medicine. Thus, upon even a shallow inspection, these claims are



inconsistent with good medical practice, common sense, and empirical evidence.

This leads to issues of rights of conscience. Rights of conscience arguments can sometimes look like an excuse to not do things that a physician may find personally and subjectively unpalatable.<sup>14</sup> Critics may accuse these physicians of unjustified bias or outright unethical behavior. Some critics even go so far as to admonish future physicians to not enter medicine or go into radiology if they cannot supply every service society demands even while acknowledging some controversial areas (e.g., euthanasia/PAS) are currently up to debate. What happens if someone enters medicine only to find that later they are now compelled to do things against their good judgment? This will happen without a clear understanding of medicine and human. These same critics even made up a scenario that has never happened asking what would happen if a Mormon nurse refused to treat alcoholics.<sup>15</sup> Why has this among many other hypothetical scenarios never happened? It is because nearly all those in healthcare, to include physicians, who claim rights of conscience can attest to this overall philosophy of medicine and our humanity to include the dimension-specific therapeutic approach that we present. Physicians are obligated to the health of their patients and specifically obligated to offer dimension-specific therapies either under their expertise such as prescribing antibiotics for pneumonia, or referring patients to psychologic, social, or even spiritual counselors for evaluation and treatment in those dimensions. Physicians will always be challenged to prudently and wisely apply all their diagnostic tools to discern whether the patient's source of unwellness is biologic and whether there is an effective biologic treatment.

Rights of conscience claims by physicians are thus not asking for special pleading or exceptions to their favored or disfavored biologic interventions, but rather are consistently applying definitions of health, healing, wholeness, disease, and the human that are based upon time-tested and solid philosophical understanding, common sense, and empirical evidence. These physicians have solid reasons to deny giving biologic means for non-biologic ends (psychologic, social, or spiritual). On the other hand, denying effective biologic means for biologic problems (disease) that promote or restore health would be unethical.

## 7.0 Conclusion

Health and disease are complex concepts that need a clearer conceptual framework and

understanding to lead to a more informed understanding of the physician's role and ethical obligations. The biopsychosocial-spiritual model of our humanity recognizes that health or wholeness is more than just the absence of illness or disease, but rather a holistic state of well-being that encompasses biologic, psychologic, social, and spiritual dimensions. A dimension-specific healing approach is consistent with common sense and applications outside of medicine. This approach recognizes that the different dimensions of our humanity require dimension-specific treatments. By addressing each dimension of health in a holistic and dimension-specific way, individuals can experience greater healing that should lead to increased well-being and flourishing.

Disease is defined as a deviation from normal biologic standards resulting in functional impairment and physicians are obligated to provide the best biologic solutions to the most well-understood biologic problems. Applying a biologic solution to non-biologic problem results in both harm to the body in addition to unintended harm to one or more of the basic goods and/or virtues manifested as psychologic, social, and/or spiritual problems.

As physicians, we must be vigilant to recognize the potential consequences of our treatment decisions and how they may affect the other dimensions. We do a disservice to our patients by using biologic treatments for psychosocial problems, resulting in unnecessary risks to our patients while being ineffective and frequently counterproductive. Our moral obligations are derived from a philosophy of medicine aimed at the health of the patient in a greater context of the multi-dimensional model of our humanity knowing that each problem that causes unwellness requires a dimension-specific solution. This multi-dimensional model with dimension-specific therapies is conceptually consistent, socially agnostic, empirically sound, and provides a clearer understanding of medical ethical obligations.

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