

COMMUNICATION

Cosmetic Surgery: Is It Science or Art?

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It is not uncommon, these days, to refer to cosmetic surgeons as “half artists.” The doctors are not averse to being called so; in fact, they are eager to exploit this trend. Cosmetic surgery, uniquely, strives to achieve the transformation of the body on the grounds of curing not a disease but a mind seeking youth and beauty. Cosmetic surgery can be defined as a great effort to create artistic value, in the sense that it strives to seek beauty or youth by rebuilding qualities no longer visible using medical intervention, based on scientific concepts such as causality. Or is it the very combination of artistic sensibilities and the medical treatment of patients? Recently, the editor of *Plastic and Reconstructive Surgery* (PRS) published an article [1] asking what type the reader was, the Michelangelo type or the Leonardo da Vinci type. The article juxtaposed the acquisition of knowledge and the performance of medical interventions through the role of the medical professional with the creative qualities of a Renaissance artist. The doctors who authored the article then posed a question: When surgeons are engaged in cosmetic procedures, do they create forms of beauty stemming from internal inspiration? Do they aspire to create “avant garde forms” for the sake of artistic value? When incising the eyelid and augmenting the nose, do they determine the degree and proportion based on their subjective, free-floating, poetic inspiration? Or are their judgements fundamentally determined by medical knowledge accumulated over years of medical training and practical knowledge based on the self-reinforcing process of trial and error?

Artists often find useful means of artistic expression in science. In this respect, science and art have shared a common denominator in their evolving relationship. They have run parallel, crossed over, and separated from each other as time has passed. Paul Valéry once remarked that [2], roughly speaking, science and art are opposed to each other but they are inextricably interwoven; therefore, he could

not find any clear demarcations between them.

Then, is cosmetic surgery both scientific intervention and artistic performance? It is not easy to give a definite answer to the question precisely because the meaning of linguistic expressions is ultimately determined in the context. Human beings are animals destined to live in a web of language games. Cosmetic surgeons should recognize the characteristics and limit of the medical professions and dedicate themselves to professional duties while being wary of moral corruption.

Science is a systematic and theoretical construction of knowledge, which is acquired through an observable method, on the structure, nature, and laws of things. In a narrow sense, science consists of a body of knowledge of scientific experiments based on empiricism and methodological naturalism.

Then, what is medical science?

Medical science is a branch of science that investigates the methods and technology of the treatment and prevention of human health problems, disease, and injury. It is not as easy to give a clear definition of the arts; it is safe to say that the arts are activities and products of human expression that create aesthetic value. While science eliminates ambiguities to arrive at rationally approved and clear objects, the arts eagerly embrace ambiguities as inevitable aspects of subjective experience, taking them up as a springboard to creativity. Science is logical and analytic; in contrast, the arts tend to encourage intuition and imagination. Science demands predictable processes and results; the arts promote creative destruction with a tint of romanticism opposed to rationality.

Swanson [3] puts an emphasis on the importance of measurements as a way of reclaiming scientific values as the main focus of medical science, along with an accent of the artistic. Science based on facts dates its origin to the moment of the invention of rigorous measurements. The moment when quantity is measured with numbers is the very origin of science. However, as Swanson concedes, it is not easy to meaningfully evaluate the true state of cosmetic surgery precisely because cosmetic surgery is too subjective and multidimensional. That is why he quotes Gillies, who claims that the most important technical step forward in the history of cosmetic surgery was the invention of photography. Emphasizing the artistic can provoke an unscientific attitude. One attends academic conferences of cosmetic surgery, only to find how pervasive such unscientific mindsets are. Statements such as “I believe such things” or “The procedure gives a feeling of prettiness . . . youngish looks” are not scientific statements. It has come to feel natural among cosmetic surgeons to use many unscientific statements such as “charming bump” (*aegyosal*), “cat wrinkles,” “Indian wrinkles,” “nobility procedures” (*gyujoksusul*), and “magical epicanthoplasty” (*maegicabteim*). Laozi et al. [4] says in *Ways of Tao* that not-naming is the beginning of the universe, naming is the beginning of nature. The meanings of words, once reduced to

their mundane usage, eventually distort the scientific concepts they describe. Is this the case where Bacon [5] points out the idol of the tribe? In the same vein, Hobbes et al. [6] says in *Leviathan* that “the most precious discovery human beings have ever made is naming things, that the combination of two names leads to one conclusion, and that truth is the assertion made possible by naming things in the right order.” Therefore, language governs thinking. The society of cosmetic surgeon is partially responsible for a trend in which advertising copy writing like “In just twenty minutes, a magic thread lift can make you look twenty years younger” is no longer considered shameful. Here, it is crucial to remember that science explains the apparently obvious in terms of an invisible principle; otherwise, how could one explain such things as light, water, or red blood cells?

In order to clarify the argument, it is better to narrow our focus specifically to medical science rather than science as a whole. First, what does “diagnosis” mean in cosmetic surgery? By what standards does a cosmetic surgeon, when examining and diagnosing a patient who wants a face lift, diagnose normality or abnormality? How can surgeons make a definite diagnosis on what is beautiful and young? Can body measurements be the standard of beauty? Can the ideal proportions between the whole and parts, or the proportions artists try to establish, set the aesthetic standard for cosmetic surgeons as well? They may play a role as reference points useful in statistical records; however, they cannot set an absolute standard.

Can aesthetic theory then provide a useful body of referential knowledge? Aesthetics may contribute to the diagnosis of beauty; nevertheless, it is nothing but a conceptual diagnosis. Judgments on beauty cannot be made based on concrete concepts, but are achieved through intuition, so that objectivity and universality cannot be conferred. Cosmetic surgeons are not sculptors who create artistic objects with objectivity and universality, but repair workers who repair mass-produced products the way the customers want them to be. Therefore, it is imperative for the cosmetic surgeon to understand the characteristics of the materials of the human body, have a comprehensive grasp of the parts to be repaired, hone the repair techniques, and accumulate skills through experience.

If cosmetic surgeons restore the occupational pride of the profession by treating the human body as a dwelling place for the soul, then they should renounce attitudes that arise from a single-minded search for monetary compensation and worldly honors.

Let us look at the interesting relationship between cosmetic surgeons as breadwinners for their family, and their customers who want to make themselves look more beautiful and younger at a minimum cost. Art may excite the masses but science tries to provide some stability to them. Doctors may take advantage of patients’ fantasies because they benefit from selling their skills at a high price, but in doing so, they create a predicament in which they are expected to

convince their patients of the results of procedures in scientific terms. This double-edgedness does not escape patients. They want to have simultaneously scientifically predictable results and artistic perfection. Bertrand Russel says that in arts nothing can be accomplished without the presence of a genius, but in science, even the mediocre can have supreme achievements [2]. Cosmetic surgery requires a genius with superb intuition and imagination when artistic quality is valued, whereas it remains an ordinary procedure based on analytic logic deprived of its ambiguity when the focus is on its scientific aspects. Double standards regarding cosmetic surgery on the part of both cosmetic surgeons and clients fundamentally stem from the inherent duality in the nature of cosmetic surgery. The artistic side brings in greater financial benefit to those who have the genius of creativity, while its scientific side enables even the mediocre to engage in the procedures, which inevitably reduces relative prices for these activities.

As a “sadistic medical intervention” on the body to improve appearance, cosmetic surgery demands a complex cost-benefit analysis involving the cerebral cortex and the body. The bargaining process taking place between cosmetic surgeons and their patients involves a more complex equation than an ordinary balance sheet.

In conclusion, it is relevant to think of the points made by Nuland [7] in 2009 in *Doctors: The Biography of Medicine*.

“Even surgery’s most dramatic component, the operation, is no more a feat of manual dexterity than is the painting of a beautiful landscape. The operation is the moment during which the mind of the healer makes his or her hands carry out a bidding based on a sensitive wisdom about the ways in which the human body is supposed to work and the ways in which it has failed. It is familiarity with a disease’s evolution, from its very beginning to the time of curative intervention that enables the operator to comprehend what he sees so that he may choose from among the several paths that can be taken to correct the malfunction in the body of the patient. In the directness of its effect on the life of a fellow human being, an operation may be the most realistic and practical kind of work a man or woman can do; on the other hand, the technical esoterica of its minute details places it certainly among the most abstract. The seemingly automatic exactness of cutting and stitching and knot-tying are servants to a process of intellectual synthesis and logic that is one of the highest accomplishments of both the cerebrum and the psyche. [8]”

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