

Hymen ‘restoration’ in cultures of oppression:

How can physicians promote individual patient welfare without becoming complicit in the perpetuation of unjust social norms?

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Abstract

What are the ethics of hymenoplasty? In this commentary, I argue that doctors must take seriously the risks involved in *not* performing the procedure when stigmatization and credible threats of violence are at stake. However, the ultimate source of harm in this example is not the absence of a girl’s hymen, but rather an ugly suite of discriminatory attitudes and patriarchal social conventions. Therefore, doctors who perform hymenoplasty must take care not to profit from these unjust norms. I conclude by recommending that physicians charge the lowest possible fee for the procedure, while taking active steps to combat the problematic social norms that drive women to request hymenoplasty in the first place.

Key words: hymenoplasty, ethics, complicity, problematic social norms, Islam

Commentary

In this issue, Azal Ahmadi [1] reports on the practice of hymenoplasty—a surgical intervention meant to restore a presumed physical marker of virginity prior to a woman’s marriage. As Mehri and Sills [2] have stated, these women “want to ensure that blood is spilled on their wedding night sheets.” Although Ahmadi’s research was carried out in Iran specifically, this surgery is becoming increasingly popular in a number of Western countries as well, especially among Muslim populations.[3] What are the ethics of hymen restoration?

Consider the role of the physician. Two of the doctors interviewed by Ahmadi reported being in “a perpetual state of guilt because of the surgery’s inherent aim at deceiving the groom” and noted their “personal conflict” at being involved in this deception. Yet:

“None of the doctors believed that the surgery was unethical, arguing that the girl could be ‘abused’ and ‘can even die’ if she is discovered not to be a virgin on her wedding night. One stated that a woman’s ‘life path can be changed’ by this simple 30 min surgical intervention ...”

From the doctors’ perspective, then, the surgery is morally permissible. And on a simple harm/benefit analysis, it certainly is. That is, given the stigmatization involved—as well as the power of credible threats of violence to rig the arithmetic—one could hardly reach a different conclusion. But lurking in the background is a set of profoundly problematic social norms that should not be simply taken for granted in reasoning through this case.

In other words, the ultimate source of harm in this example is not the absence of a girl’s hymen in any particular instance, but rather an ugly suite of discriminatory attitudes and patriarchal social conventions. These attitudes, including a lopsided preoccupation with (specifically) female virginity, are deferred to, perpetuated, and reinforced every time a girl’s hymen is surgically ‘restored’. What is a forward-thinking physician to do?

A doctor’s obligation is to her patient. If a woman’s well-being would be seriously compromised by being denied this ‘simple’ procedure, then there are grounds for carrying it out on a case-by-case basis—so long as it is done safely, voluntarily, and under conditions of informed consent. But doctors are also members of a larger society, and they have a concomitant obligation (as citizens, as people) not to profit from sexist hypocrisy. Stated generally: How can physicians promote individual patient welfare without becoming complicit in the perpetuation of unjust social norms?

Consider breast implants—a more familiar example. As Murray [4] states: “Surgically sculpting one’s body to resemble more closely idealized images of youthful slenderness and firmness may help an individual to feel good ... [but] surgically reshaping women’s bodies to resemble Barbie dolls would make surgeons complicit [with reinforcing harmful social norms] along with the women whose bodies are being altered.”

Rather than turning to surgery, therefore, women (and men) should fight against those norms of physical appearance that are at the root of so much trouble. Problematically, however:

“... surgeons and others are thrown into [a quandary] when we accuse them of complicity with unjust norms: sometimes patients *are suffering, are seriously disadvantaged* because these norms, however unjust, weigh down their lives. ... If an intervention can alleviate suffering—even if that suffering comes about only because of oppressive and unjust social norms—why should not clinicians do what helps their patients?”[4]

Feminist philosophers such as Margaret Olivia Little [5] have tried to resolve this sort of dilemma. By questioning how much personal well-being in the here-and-now should be sacrificed on the altar of future, society-wide progress in changing problematic norms, Little’s recommendation is double-pronged. She argues that medical professionals should (1) “protest against and avoid promoting or profiteering from unjust norms” even as (2) “they assist their patients in pursuing them.”[4]

This may be the best a physician can do. If a woman asks for a hymen reconstruction as a way to escape genuine and unavoidable harm, her doctor must take seriously the risks involved in *not* performing the procedure. But to offer such hymenoplasty ethically, doctors have further work to do. First, to avoid profiteering, they should charge the minimum possible fee for the surgery. Second, they should take concrete steps—such as donating to appropriate charities, or writing public editorials—to combat the outdated and discriminatory norms that are driving women to request such interventions in the first place.

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