



VIEWS & REVIEWS

NO HOLDS BARRED

Margaret McCartney: Perfect people

Margaret McCartney general practitioner, Glasgow

"I've literally moulded myself into Ivan's fantasy woman," writes Victoria, partner to the author of the *Convince Her to Get Bigger Breasts* manual. "I think it's wrong for women not to pander to their men. If they feel like their husbands prefer blondes, I think you should be blonde. If you like bigger breasts, why not?" Victoria had surgery to increase her breasts from size 26D to 26K.

Who are the doctors creating these artificial physiques? One is David Matlock, a Los Angeles surgeon with a roaring trade in cosmetic vaginal surgery. "Some women say, 'Make it like I never had children, like I'm 16 again," he told the *Independent*. "One client said, 'I want to be 14 again.' I said, 'You naughty girl!'" Matlock has also performed cosmetic genital surgery on his wife.

Next, consider the "crowdfunding" website for US women to raise money to pay for breast enlargement: Myfreeimplants.com enables strangers to donate small amounts, with "live chat," intended to "help the women of your dreams achieve the body of their dreams."³

And, on a recent BBC Radio 4 *You and Yours* programme, the cosmetic surgeon Vik Vijh spoke about training UK doctors to work in the private sector. "I'll ask them to describe a patient to me, and they'll do it very poorly because they're not really trained in the NHS to look at people in that way. In the NHS . . . we're not looking for perfection."

But is perfection ever achievable? Of course not. And what does it mean, when normal genitals or breasts vary so widely in appearance?

High fives to the folk who defaced advertisements in the London Underground adorned with a model in a provocative pose, offering weight loss supplements and asking, "Are you beach body ready?" with the retort, "Yes." Their furious message was clear: we are fed up with images dictating how women are meant to look.

We medical professionals pride ourselves on our non-judgmental attitude, trying not to moralise or impose our values on our patients or anyone else. Quite right—but if doctors never judged, we would diagnose nothing.

Many years ago an acquaintance asked me whether I thought her thighs were too big. Don't be ridiculous, I said, without

hesitation. Had I been a private cosmetic surgeon, where the customer is king, the mantra of patient choice could easily have led to a different answer.

Women and men are under more and more pressure to achieve perfect looks, driven not only by the media but also by the army of private cosmetic surgeons who stoke demand.

Many ethical surgeons decline to operate as often as they agree to. This judgment is necessary. Doctors could also be part of the solution if we made it clearer to patients that we judge physical perfection not only as unachievable but also as unlikely to make them any happier.

Competing interests: I have read and understood the BMJ policy on declaration of interests and declare the following interests: I'm an NHS GP partner, with income partly dependent on Quality and Outcomes Framework points. I'm a part time undergraduate tutor at the University of Glasgow. I've written two books and earn from broadcast and written freelance journalism. I'm an unpaid patron of Healthwatch. I make a monthly donation to Keep Our NHS Public. I'm a member of Medact. I'm occasionally paid for time, travel, and accommodation to give talks or have locum fees paid to allow me to give talks but never for any drug or public relations company. I was elected to the national council of the Royal College of General Practitioners in 2013 and am chair of its standing group on overdiagnosis. I have invested a small amount of money in a social enterprise, Who Made Your Pants?

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Follow Margaret on Twitter, @mgtmccartney

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