

Constraints that Make us Free:
A Neuroethical Justification of Obligatory Mental Health Counseling
in Surgical Patients with Preexisting Mental Health Conditions Prior to
Voluntary Cosmetic and Reconstructive Procedures

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The Problem

Clinical literature indicates that a significant portion of patients with preexisting mental health conditions who opt for voluntary cosmetic surgeries frequently find their underlying illnesses are exacerbated (Wildgoose et al., 2013).

Speaking notes

- The problem that I address in this paper is concerning clinical literature that documents an exacerbation in preexisting mental health issues from patients who participate in voluntary cosmetic surgeries.
- Much of the literature noted in my abstract references studies that patients found that they were unsatisfied with their results, developed mental illness, or exacerbated their previously diagnosed mental illness was exacerbated.

The Literature

- Consists of meta analysis and surveys.
- Current literature demonstrates:
 - Patients with preexisting mental illness experience negative mental health outcomes of existing mental health conditions (Wildgoose et al., 2013).
- The research currently suggests voluntary participation in mental health counseling (Pruzinsky, 2001; Salahian, 2019).
- There are no existing studies examining long-term detriments to mental illness.

Speaking notes

- Current research shows that voluntary cosmetic surgeries have a negative impact on individuals with preexisting mental health conditions.
- Literature on the subject trends towards suggesting voluntary participation in mental health counseling as a way to address underlying health concerns.
- A limitation of the research is a lack of studies that examine the long-term detriments of mental illness.

Additional notes

- Most of the literature noted in our abstract consists of meta analyses or survey studies.
- There is no current research addressing the long term effects on mental health of patients who undergo these surgeries
- As of now, there have been arguments made towards encouraging voluntary participation in preoperative mental health counseling
- Patients with preexisting mental illness conditions who undergo surgery result in a greater risk of experiencing more negative mental health outcomes, or worst symptoms of existing mental health conditions
- If we have a comprehensive understanding on the reasons patients have of liking or disliking the results of their procedures are important in preventing further discontent and possibly the prevention of further mental illness.

The Argument

- Implementing obligatory mental health counselling prior to voluntary cosmetic surgeries would lead to improved mental health outcomes and clearer informed consent.
- Can this be neuroethically justified?
 - This would effectively serve as a means by which patient autonomy is protected, restored, and enhanced by providing a morally-informed and emotionally-sophisticated form of consent that, in turn, would lead to better patient outcomes (DePergola (2018); Sansone and Sansone (2007); Murphy (2016)).

Speaking notes

- I affirm the need for mental health counseling prior to voluntary cosmetic surgery, and I argue that there should be obligatory counseling prior to these surgeries so patients will be better informed and be less at risk of aggravating pre-existing mental illnesses.
- An important contention against my argument is that such obligatory counseling will not allow for patient autonomy. My response is that obligatory counseling would actually reaffirm autonomy by providing the patient with the full resources and mental preparedness to decide on the surgery.

Additional notes

- Previous research stated in our abstract has demonstrated that patients with preexisting mental health conditions often report a miscomprehension of long-term bio-psycho-social effects of the decision to pursue voluntary cosmetic and reconstructive surgical intervention (Honigman et al., 2004; Raju & Reddy, 2017; Brown et al., 2007).
- By implementing mental health counseling prior to reconstructive surgeries would effectively serve as a means by which patient autonomy is protected, restored, and enhanced by providing a morally-informed and emotionally-sophisticated form of consent that, in turn, would lead to better patient outcomes


Can this be neuroethically justified?

- Instead of undermining away patients autonomy, this could be used as a support, and form of better informed consent.
- This presurgical counseling is not meant to restrict a patient from undergoing surgery but allowing them to better understand their motives, have support for their mental illness, or diagnose mental illness preemptively
- This would effectively serve as a means by which patient autonomy is protected, restored, and enhanced by providing a morally-informed and emotionally-sophisticated form of consent that, in turn, would lead to better patient outcomes.
- By looking at the principles of proportionate reason as a normative moral calculus by which actions producing both good and bad effects can be weighed and balanced (McCormick, 1985), the authors conclude obligatory mental health counseling in surgical patients with preexisting mental health conditions prior to voluntary cosmetic or reconstructive procedures can be ethically justified as the least harmful means by which patient autonomy can be protected, restored, and enhanced.

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