A Jewish Approach to Cosmetic Surgery

Iudaism treats the

subjective sense of the

individual very

seriously when a person

Daniel Eisenberg, M.D.

The first successful partial face transplant from a donor was performed November 27, 2005 in Amiens, France. The recipient had lost her nose, lips, and chin after being mauled by her dog. The injuries left her grotesquely deformed, making it virtually impossible for her to interact normally with others. Muscles, blood vessels, nerves, and other tissues were transplanted from a "brain dead" donor in order to fashion a "hybrid" face that neither resembled the

donor nor the recipient's original face. Since that time, several more face transplants have been performed, including a near total face transplant at the Cleveland Clinic in December, 2008.

These surgical procedures

marked a new milestone in transplantation, adding
new questions to the usual list of ethical issues
involved in transplantation. Unlike kidney, liver,
lung, or other vital organ transplants, which are lifesaving procedures, the recent face transplants bring
transplantation into the realm of plastic surgery.

feels unattractive

Judinative
individual unattractive

supplies the eye
individual unattractive

feels unattractive

the eye
individual unattractive

procedures

Judinative
individual unattractive

procedures

feels unattractive

and the eye
individual unattractive

procedures

feels unattractive

procedures

Judinative

individual unattractive

individual unattractive

procedures

feels unattractive

feels unattractive

procedures

feels unattractive

procedures

for ethical issues

individual unattractive

individual unattrac

From a Jewish perspective, the face transplant raises two sets of questions. There are the technical questions regarding transplant¹ and a more fundamental set regarding the approach of Judaism to vanity and plastic surgery.

Let us leave aside the issues of cadaveric transplantation and brain death involved in the recent face transplant cases and ask the more basic question of how far an individual may go to improve his/her appearance? Clearly the face transplant patients' surgeries were not prompted by mere vanity, as these patients were horribly disfigured. But, we must still ask if even routine plastic/cosmetic surgery is permitted at

See Eisenberg, D, "Organ and Tissue Donation," JME, Vol. VI, No. 2

all? What are the possible concerns that may arise for one contemplating plastic surgery?

Cosmetic versus Reconstructive Surgery

Plastic surgery may be divided into cosmetic and reconstructive surgery. The former is performed for enhancement of one's physical appearance (such as rhinoplasty, liposuction, or breast augmentation). The

latter is performed to correct a defect, whether congenital (from birth) or acquired (suffered in a car accident, for instance). These two indications for surgery may overlap and there is not necessarily a clean line that separates deformity from normal appearance. As has often been repeated, beauty is in

the eye of the beholder.

Judaism treats the subjective sense of the individual very seriously when a person feels unattractive. What about a self-perceived cosmetic defect, one that is neither a true congenital defect nor the result of an injury? How much importance does Judaism place on self-esteem and self-consciousness?

The History of Plastic Surgery

The oldest descriptions of plastic surgery date back to 2600-year-old Sanskrit texts and ancient Egyptian papyri. These documents describe nose, ear, and lip reconstructions utilizing surgical flaps and skin grafts. Nevertheless, the term "plastic surgery" to describe reconstructive surgery was not introduced until 1818.²

Despite the long history of plastic surgery, no responsa were written about surgery performed for cosmetic surgery until the latter half of the 20th

(Oct. 2008)

http://www.emedicine.com/plastic/topic433.htm

Vol. VII, No. 1 June 2009 Daniel Eisenberg, M.D.

century. This is hardly surprising, since prior to the mid 19th century, all surgery was limited by the inability to adequately ameliorate the pain of the surgery itself and the high morbidity and mortality of surgery in general.

This all changed due to important advances made in the second half of the 19th century. Building upon the work of Ignaz Philipp Semmelweis (who argued that handwashing would decrease hospital infections) and Louis

there is the particular prohibition of selfmutilation

Pasteur (who proved that bacteria cause infection), Joseph Lister introduced the concept of antiseptic surgery in the late 19th century, significantly decreasing the risk of surgical infection. Ether, the first form of general anesthesia, was publicly utilized for the first time on October 16, 1846, in an operating theater at the Massachusetts General Hospital, ushering in the age of modern anesthesia. With these two breakthroughs came rapid advances in surgical techniques, and advancements in both reconstructive and cosmetic surgery, particularly between the first and second world wars.

The contemporary era of plastic surgery was ushered in by War War I. Due to the nature of trench warfare, which protected the soldier's lower body but exposed the head and neck to destructive new explosive devices, thousands of soldiers returned from war with horrible facial deformities. In order to aid these soldiers to integrate back into society, where they were finding difficulty finding jobs and spouses, several countries, including the United States, created special medical programs and hospitals dedicated to treating these injuries. World War II led to further advances in cosmetic surgery, largely for the same reason.⁴

As Max Thorek (the founder of the International College of Surgeons) pointed out, even modern cosmetic surgery was the direct result of war:

"If soldiers whose faces had been torn away by bursting shells on the battlefield could come back into an almost normal life with new faces created by the wizardry of the new science of plastic surgery, why couldn't women whose faces had been ravaged by nothing more explosive than the hand of the years find again the firm clear contours of youth."

Thus was born the era of widespread "plastic" surgery.

The Earliest Responsum

As plastic surgery developed and the options for cosmetic enhancement grew, formal halachic discussion began. In 1961, Rabbi Immanuel Jakobovits, considered by many to be the father of the discipline of Jewish medical ethics,⁶ addressed the American Society of Facial Plastic Surgery at a symposium entitled "Religious Views on Cosmetic Surgery." Rabbi Jakobovits, later Chief Rabbi of Great Britain, discussed the parameters of plastic surgery from a Jewish legal perspective.

http://www.etherdome.org/Our Stor/Our Stor.html

⁴ Backstein, R and Hinek, A, War and Medicine: The Origins of Plastic Surgery, University of Toronto Medical Journal, vol. 82, no. 3, (May 2005)

Tackla M. Phoenix from the flames: plastic surgery emerges out of the horrors of World War I. Cosmetic Surgery Times. Oct. 1, 2003. Cited by Backstein and Hinek, ibid.

Rabbi Jakobovits is considered by many to be the father of modern Jewish medical ethics as a specialized area of study, due to the publication in 1959 of his doctoral thesis in book form, entitled "Jewish Medical Ethics." For the first time, the breadth of Jewish attitudes toward crucial medical issues was available to the general public and healthcare workers in readable English. As Dr. Fred Rosner describes it:

[&]quot;Rabbi Jakobovits' now classic book is the first comprehensive treatise on the subject of Jewish medical ethics. Tracing the development of Jewish and other religions' views on medico- moral problems from antiquity to the present day, the book is profusely annotated by references to the original sources in religious, medical, legal and historical literatures. The book contains discussions of classic subjects in Jewish medical ethics such as abortion, artificial insemination, birth control, euthanasia, autopsies, eugenics, sterilization, treatment of patients on the Sabbath, and more. In addition, several chapters are devoted to the physician in Jewish religious law - his studies and privileges, his license and legal responsibilities, his professional charges and the admission of his evidence. The book is appropriately subtitled 'A comparative and historical study of the Jewish religious attitude to medicine and its practice." (Rosner, F, "Lord Immanuel Jakobovits: Grandfather of Jewish Medical Ethics," IMAJ 2001;3:304)

In 1981, Rabbi Jakobovits was knighted by Queen Elizabeth for his life of dedication.

Published in The Eye, Ear, Nose and Throat Monthly, New York, Feb/March 1962

After explaining that no responsa had yet been written on the topic, he dealt with the question of whether one may undergo plastic surgery for the purpose of improving one's physical appearance. As Rabbi Jakobovits eloquently described in his classic work, Jewish Medical Ethics:⁸

The problem was considered under four headings: the theological implications of "improving" God's work or "flying in the face of Providence"; the possible risks to life involved in any operation; the Jewish objection to any mutilation of the body; and the ethical censure of human vanity, especially among males.

He concluded⁹ definitively that plastic surgery for aesthetic enhancement is a form of arrogance and vanity (particularly for men) and is forbidden unless the patient meets certain criteria. He later wrote¹⁰ as part of an overview of the Jewish approach to medicine:

In the sparse rabbinic writings on the subject, these reservations could be discounted, provided the danger is minimal; and especially 1) if the operation is medically indicated, e.g. following an accident, or for grave psychological reasons; 2) if the correction of the deformity is designed to facilitate or maintain a happy marriage; or 3) if it will enable a person to play a constructive role in society and to earn a decent livelihood.

The four ethical concerns of Rabbi Jakobovits remained the pivotal issues in all future responsa and therefore bear further elucidation, as subsequent poskim have approached them in different ways.

Ethical Concerns

one may injure

oneself (independent

of any associated

risk) for treatment of

a non-life-

threatening malady

The first potential practical objection to plastic surgery is the Torah obligation to guard health¹¹ which might limit the surgical risks that one may accept as part of plastic surgery. In addition to the hazards associated with the surgery itself, anesthesia, particularly general anesthesia, presents a very small but real risk of death or incapacitation.

Beyond the blanket obligation to guard health, there is the particular prohibition of self-mutilation. Just as one may not injure someone else, one may not cause injury to oneself. The prohibition of injuring someone else is called *chavala* and is derived

directly from the Biblical verse¹² that warns the court not to give a convicted criminal more lashes than legally mandated. The verse is interpreted to mean that if the court must not strike a criminal without justification, surely an ordinary individual may not strike or otherwise injure his neighbor.

The Talmud¹³ discusses whether this prohibition applies to harming oneself,

concluding that "one who injures himself even though it is forbidden, pays no damages. But if someone else injures him, they pay damages." Injuring oneself without a valid reason is called *chovel b'atzmo*. This proscription has limitations however. We are only barred from causing unnecessary injury to ourselves. The key question is what is considered necessary.

Risk and harming oneself are not the only issues. There are also philosophical considerations. Do we assert that God, as the ultimate craftsman Who fashions human beings, makes each person exactly as they should be and that our "remodeling" of ourselves is an affront to His judgment? That is, does the divine mandate to heal and obligation to seek medical treatment extend to plastic surgery?

The fourth issue applies predominantly to men. The Torah commands that a man not wear the clothing of a woman and that a woman not wear the

Jakobovits, Immanuel, Jewish Medical Ethics: A Comparative and Historical Study of the Jewish Religious Attitude to Medicine and its Practice, 2nd Edition, Bloch Publishing Company, New York, 1975, p. 284.

Jakobovits, Immanuel, Noam 6:273 (Abridged in Sefer Assia 1:222-223)

Jakobovits, Immanuel, "Medicine and Judaism: an overview," Assia (English) 1980 Nov; 7(3-4):57-78.

Deuteronomy 4:9 & 4:15. See Shulchan Aruch, Choshen Mishpat 409:3 and 427:8.

Deuteronomy 25:3

¹³ Baba Kama 91b

Vol. VII, No. 1 June 2009 Daniel Eisenberg, M.D.

clothing of a man.¹⁴ This prohibition extends beyond mere clothing, but includes actions and activities that are characteristic of one of the sexes.¹⁵ For instance, in most situations a man may not dye his white hairs back to black for purposes of improving his appearance since this is considered to be a feminine activity.¹⁶ Is plastic surgery also considered a "feminine" activity?

A Variety of Approaches

In 1964, Rabbi Mordechai Yaakov Breish, Rabbi Menasheh Klein, and Rabbi Moshe Feinstein were each asked to rule on questions of cosmetic surgery for enhancement of appearance.

Rabbi Mordechai Yaakov Breish (1895-1976), author of the Chelkas Yaakov and a prominent posek [authority in Jewish law] in Switzerland, discussed the issues of risk and *chavala* (self-injury) when asked whether a woman may undergo cosmetic surgery to straighten and decrease the size of her nose in order to improve her chance of finding a suitable husband.¹⁷

He used a previous ruling of Rabbi Abraham of Sochachev, the 19th century author of the Avnei Nezer, as a starting point for his discussion of why it is permitted to enter into surgery or other dangerous situations, even when not absolutely necessary. The Avnei Nezer¹⁸ had forbidden a child to have surgery to straighten a crooked leg due to the risk of the operation. Rabbi Breish points out several objections to this ruling.

So long as a doctor practices in an acceptable way, it is a mitzvah for a physician to treat even non-life-threatening illnesses even though he may injure or kill patients inadvertently. That is the nature of the mandate to heal. Additionally, the Talmud allowed bloodletting as a preventative health mechanism, even though it was known to be somewhat dangerous. We also clearly see that one is

not prohibited from entering into a dangerous situation voluntarily since we do not prohibit women from having babies, despite the risks associated with pregnancy and childbirth.²⁰

Rabbi Breish also points out that the general undergoes population surgery for non-lifethreatening conditions with a very low complication rate. He therefore invokes the concept of Shomer Pesaim Hashem,²¹ that God watches over the simple, to defend low risk surgeries. He rules that from the perspective of risk, one may pursue plastic surgery as it is one of the activities that the general population finds to be acceptably safe.²² To support his contention that one may injure oneself (independent of any associated risk) for treatment of a non-lifethreatening malady, he brings two proofs. The Code of Jewish Law²³ warns a child not to remove a thorn, bloodlet, or amputate a limb from a parent, even for medical reasons, lest he transgress the capital offense of injuring a parent. Rabbi Moshe Isserles, in his gloss to the Code of Jewish Law, states that the child should only refrain if there is someone else present who can help the parent, for otherwise, the child should even amputate the limb if the parent is in pain. It seems clear that the prohibition is only to injure one's parent unnecessarily. But, the concept of bloodletting or amputation of a parent's limb per se, merely to relieve pain, despite the trauma involved, does not appear to be problematic!

¹⁴ Deuteronomy 22:5

¹⁵ Shabbos 94b, Nazir 58b-59a, Shulchan Aruch, Yoreh Deah 182.

¹⁶ Maimonides, Mishneh Torah, Hilchos Ovdei Kochavim 12:10

¹⁷ Chelkas Yaakov, Choshen Mishpat 31

⁸ Avnei Nezer Yoreh Deah 321

Nachmadides, Toras Ha'Adam, Inyan Ha'Sakana. See also Beis Yosef, Yoreh Deah 241

Women are not required by the Torah to have children.

Psalms 116:6

The Torah has several mitzvos regarding personal safety. For instance, we are instructed to build a parapet around any flat roof, to prevent anyone from falling (Deuteronomy 22:8). Maimonides (Mishneh Torah, Hilchos Rotzeach 11:4) explains this to include any dangerous situation, such as an unguarded swimming pool. We must be proactive in eliminating all preventable risks, such as covering ditches on one's property (Shulchan Aruch Choshen Mishpat 427:6-7). In addition to removing hazards, the Torah twice commands us to protect our health, safety and well being (Deuteronomy 4:9 & 4:15). For example, the Talmud forbids walking near a shaky wall, lest it fall and injure the passerby. Similarly, all dangerous pursuits are proscribed. Obviously, there is latitude in evaluating how much risk is acceptable. The Talmud asks in several places (for example, Shabbos 129b) why certain potentially dangerous actions are permitted. It answers that a person need not avoid small risks that are accepted by the rest of normal society without undue concern. This concept is called "Shomer pasaim Hashem, dashu bay rabim"

²³ Shulchan Aruch, Yoreh Deah 241:3

The second proof is fundamental to our discussion of plastic surgery, particularly cosmetic surgery. The Talmud²⁴ states that a man may remove scabs from his body to alleviate pain, but not to improve his appearance.²⁵ At first glance, this may appear to exclude the possibility of plastic surgery. However, Tosofos,²⁶ commenting on this statement, promulgates a concept that demonstrates a very sensitive understanding of human nature and psychology. He writes: "If the only pain that he suffers is that he is

embarrassed to walk among people then it is permissible, because there is no greater pain than this." Tosofos recognizes that there is no greater suffering than psychological pain and that it is very difficult to judge for someone else the degree of suffering they are experiencing as a result of a self-perceived defect.

Rabbi
Waldenberg
objects to
performing
surgery on
someone who
is neither
sick nor in
pain

Citing the psychological pain associated with the inability to find a spouse, Rabbi Breish ruled that the woman may have the cosmetic surgery.

That same year, Rabbi Moshe Feinstein (1895-1986) was asked the same question. His responsa first examines the parameters of the prohibition of *chavala*.²⁷ He points out that in his Mishneh Torah,²⁸ Maimonides clearly describes *chavala* as injury with malice. Rabbi Feinstein brings several examples of injury without the intention to do harm that Jewish religious literature finds acceptable.²⁹ His final ruling

permits surgery when it is in the best interests of the patient, even if they are not sick and it does not treat an illness.³⁰ As a result, he permitted the woman to have cosmetic surgery since it was to her advantage and not being done to harm her.³¹

Also in 1964, Rabbi Menasheh Klein, author of Mishneh Halachos, dealt with the question of the permissibility of cosmetic surgery to correct various facial imperfections that mar a woman's appearance, such as a very long nose which makes it difficult for her to marry and which she feels makes her very unattractive.³² Rabbi Klein utilizes an ingenious approach to evaluate the question. He points out that there is ample precedent for medical intervention to improve appearance dating back to Talmudic times.

The Mishna³³ discusses the case of a man who betroths a woman on the condition that she has no defect (*mum*) where a "*mum*" is defined as any defect that would bar a Cohen (Jewish priest) from serving in the Temple. Tosofos³⁴ states that if the woman had

²⁴ Shabbos 50b

Rashi comments that for a man to remove scabs for aesthetic reasons is feminine behavior.

²⁶ Shabbos 50b, Opening phrase "bishvil.".

²⁷ Igros Moshe, Choshen Mishpat 2:66

Mishneh Torah, Chovel U'Mazik 5:1. See Shulchan Aruch, Choshen Mishpat 420:31.

The four examples listed by Rabbi Feinstein are:

a. In the book of Kings I 20:35-36, a man is punished for refusing to hit a prophet. A discussion of the event is also recorded in Sanhedrin

b. *Baba Kama* 91b describes that Rav Chisda would lift up his garment when walking through thorn bushes so that his legs would be scratched, but his clothes would not be hurt. He reasoned that his legs will repair themselves, but his clothes would not.

c. Sanhedrin 84b discusses the permission to do bloodletting on one's father if necessary based on the mitzvah, "V'ahavta l're'acha kamocha" ("Love your neighbor as yourself"). Rabbi Feinstein explains that we learn that one may cause an injury to his friend which is of a type that a reasonable person would want to have done to them, e.g. bloodletting. The Talmud does not even imply that bloodletting itself is halachically problematic, only that one must be careful when doing it on a parent. Injury as part of medical treatment is permitted and is only considered chavala when the intent is to injure or disgrace someone.

d. Mishna Bechoros 45a discusses one who removes an extra digit from his hand without any indication that such surgery is forbidden.

Nevertheless, see *Igros Moshe, Orach Chaim* 3:90 where Rabbi Feinstein argues that the Torah grants a mandate to heal only in cases of illness or injury, but not in order for a person to fulfill a mitzvah. Therefore, he rules that one may not have an intravenous line inserted before Yom Tov in order to allow fasting on Yom Kippur.

Rabbi Feinstein (*Igros Moshe, Choshen* Mishpat 2:65) took the same approach when asked whether dieting for the sake of improving a woman's appearance alone is permissible since the Talmud (*Baba Kamma* 91b) teaches that *chovel b'atzmo* (injuring oneself) is forbidden and Tosofos explains that this is even if the injury is for a purpose. Rabbi Feinstein first explains that dieting for medical reasons is certainly permitted. He then argues that if the hunger caused by dieting would cause true pain (which Rabbi Feinstein questions), it would be forbidden to diet for cosmetic purposes. But, Rabbi Feinstein argues that the real pain that ensues from dieting is merely the pain of abstaining from desirable food, which is not true suffering. Therefore, he argues that we must compare the pain of dieting against the pain of feeling unattractive. If the woman's pain from abstaining from enjoyable food is less than the pain that she feels from her appearance, the diet is permitted.

³² Mishneh Halachos 4:246

³³ Kesubos 72b

³⁴ Kesubos 74

Vol. VII, No. 1 June 2009 Daniel Eisenberg, M.D.

suffering than

psychological pain

her blemish corrected by a physician before her engagement, the marriage is valid. Since many of the blemishes that would apply to a Cohen include cosmetic imperfections³⁵ of the face for which people today would desire elective plastic surgery and but so therefore the physician, Rabbi Klein states that it appears that a man or woman may go to a doctor to correct a require cosmetic defect merely for enhancement of their appearance. Rabbi Klein rejects the argument that plastic surgery entails any danger whatsoever based on information he received from physicians.

there is no greater

In a second responsum,³⁶ printed immediately following the previously discussed one, Rabbi Klein discusses plastic surgery and chemical peels in

men with respect to the prohibition of a man performing female behaviors. He reiterates his previous ruling and adds that (minor) cosmetic procedures are forbidden for men if done strictly for aesthetic enhancement, but that the prohibition does not apply if the blemish causes the man enough embarrassment that he shuns social interaction. Rabbi Klein wisely points out that such a distinction requires a great deal of intellectual honesty.

In 1967, Rabbi Yitzchak Yaakov Weiss (1902-1989), head of the Eida Chareidis rabbinical court in Jerusalem and author of *Minchas Yitzchak*, dealt briefly with the issues of *chavala* and risk with respect to plastic surgery.³⁷ He takes the same approach to self-injury as Rabbi Feinstein, arguing that the prohibition of *chavala* only applies when the wound is inflicted with the intention of causing harm or degradation. He feels that cosmetic surgery would be permitted if not for the risk of surgery, which he believes to be a serious concern. He refers to one of his earlier responsa³⁸ which was directed to his in-law, Rabbi Breish, in which he forbids surgery for non-life-threatening conditions. While admitting that the line of reasoning of Rabbi Breish has merit, he

disagrees, arguing that the permission of the Code of Jewish law to allow amputation of a limb is only in a life-threatening situation. He also agrees with Rabbi Breish that people desiring plastic surgery may be ill, but states that they are not endangered, and therefore is hesitant to allow elective plastic surgery, ending his 1967 responsa by saying the question requires further study.

Despite the generally strong support among halachic experts for the permissibility of reconstructive surgery for congenital defects and

> traumatic injuries, one dissenting opinion stands out with regard to cosmetic surgery merely to enhance one's appearance.

I am the Lord Your Healer³⁹

There is an inherent tension in Judaism regarding the philosophical underpinnings of the mandate to heal. While the Torah clearly empowers the physician to treat illness, there is controversy regarding how far the permission extends. 40 While most Biblical commentators and Jewish legal scholars interpret the Torah to grant a very broad license to heal, there is a consensus that the patient must be ill to allow the physician to treat the patient, particularly if the treatment is dangerous or requires injuring the patient in the process of healing.

This is one of the major concerns voiced by Rabbi Eliezer Yehuda Waldenberg (1917-2006),

Bechoros and Mishneh Torah, Be'as Hamikdash, 8

³⁶ Mishneh Halachos 4:247

³⁷ Minchas Yitzchak 6:105

³⁸ Minchas Yitzchak 1:28

³⁹ Exodus 15:26

There is a great deal of controversy in Jewish halachic literature as to where we derive the mandate to heal. Depending on the origin of the permission to heal, a different set of parameters limiting medical treatment arise. While most authorities derive a very broad mandate there are a few very famous minority opinions that severely limit the scope of the authorization to provide medical care. Ibn Ezra (in his commentary to Exodus 21:19) is a notable example, writing that the command to heal "is a sign that permission has been granted to physicians to heal blows and wounds that are externally visible. But, all internal illnesses are in God's hand to heal." The Ibn Ezra's case is not a hard one to make. The Torah itself instructs that if we listen carefully to the mitzvot of the Torah "then any of the diseases that I placed upon Egypt, I will not bring upon you, for "I am God, your Healer" (Exodus 15:26). This verse implies that God does not need man to cure the afflictions that He creates. The Ibn Ezra argues that the meaning of this Torah passage is that because God acts as the (sole) healer of all illness, we will not need physicians. See Eisenberg,,D, "The Mandate to Heal,"

author of Tzitz Eliezer, a multivolume set of responsa, much of which deals with medical issues. First, Rabbi Waldenberg⁴¹ objects to performing surgery on someone who is neither sick nor in pain.⁴² He argues that such activities are outside the boundaries of the physician's mandate to heal (since he questions whether cosmetic surgery is truly included in the category of healing). He further asserts that the patient has no right to ask the physician to wound him or her for the purposes of merely enhancing beauty. Rabbi Waldenberg then makes the theological argument that as the ultimate artisan, God creates each person in His image, exactly as he or she should be, with nothing extra nor anything lacking. He therefore posits that cosmetic surgery that is not pursued to relieve pain or true illness is an affront to God and is forbidden.⁴³

A Final Argument

The last major posek to voice an opinion is a fitting conclusion to our discussion of the various approaches of Jewish legal authorities to plastic surgery. Dr. Abraham Abraham reports⁴⁴ the opinion of Rav Shlomo Zalman Auerbach (1910-1995), the great Israeli posek, on the question of a person whose arm or finger had been traumatically amputated.

Why is permission specifically granted here? Because only here we may have thought that the action should be forbidden. Left to our own logic, we would have no choice but to assume that God makes people sick and God alone heals (see note 40). But, once the Torah clearly stated that healing is permitted, it immediately becomes a mitzvah -- a religious obligation -- like all other mitzvos. Therefore, the Code of Jewish Law quite appropriately states that "The Torah gives permission to the physician to heal; moreover, this is a mitzvah."

Nishmat Avraham, Yoreh Deah, p. 62, Mesorah Publications (English version)

In response to those who forbid plastic surgery, Rabbi Auerbach discussed the question of whether an amputated limb could be reattached by surgery requiring general anesthesia, even if the patient had already been treated so that he was no longer in danger his life. He ruled that the surgery would certainly be permitted on a weekday⁴⁵ "since the surgery would not be considered an injury but a repair and treatment to save the limb. Why then should it be forbidden for someone to undergo plastic surgery in order to look normal?" In a published responsa,⁴⁶ Rabbi Auerbach writes:

If the plastic surgery is done to prevent suffering and shame caused by a defect in his looks (for instance a nose which is very abnormal) this would be permitted based on the Tosafot and the Gemara, since the purpose is to remove a blemish. However if the only reason is for beauty, this is not permitted.

Rabbi Auerbach sums up the consensus of most legal experts in ruling that plastic surgery to allow someone to appear normal, and more importantly to view themselves as appearing normal is permitted. It is only when such surgery is performed merely for vanity that the rabbis have serious reservations. Clearly however, true reconstructive surgery and even surgery for an appearance that makes one feel embarrassed is not an issue of vanity. Such was clearly the case with the French face transplant recipient.

This leaves us with a very potent human message. We must always appreciate the self-constructed prisons in which some of our friends and acquaintances live and the empathy of our rabbis to their plight. Whether it is the torture of feeling unattractive or the feeling of hopelessness of a single friend who is losing hope that he/she will ever have a wife/husband and family, we must always look for ways to ease their pain.

⁴¹ Responsa *Tzitz Eliezer*, 11:41

⁴² See Responsa *Tzitz Eliezer*, 12:43 where Rabbi Waldenberg rules that truly elective surgery is never permitted.

Rabbi Waldenberg's approach is based on the accepted concept that there is no inherent right for man to practice medicine, but that direct permission was required from the Torah which carefully circumscribes the limits of medical practice (see *Tosofos*, *Bava Kamma* 85a, opening word, "sh'nitna"). The duty to save one's fellow man is well grounded in the Torah and the restrictions are discussed at length in our codes of Jewish law. The complexity of the philosophical tension between God's control of health and the role of the human healer is encapsulated by the enigmatic opening words of the Code of Jewish Law's discussion of the laws applying to physicians: "The Torah gives permission to the physician to heal; moreover, this is a mitzvah and it is included in the mitzvah of saving a life; and, if he withholds his services, he is considered a shedder of blood." (*Shulchan Aruch, Yoreh Deah* 336)

^{45 &}quot;On Shabbat or Yom Tov this would not be permitted since there was only danger to a limb and one could not set aside Torah law for this." Ibid.

⁴⁶ Minchas Shlomo Tinyana 86:3 quoted in Nishmat Avraham, ibid.