Ethical dilemma

Should doctors reconstruct the vaginal introitus of adolescent girls to mimic the virginal state?

In some ethnic communities women must be virgins when they marry. These cultural traditions can raise difficult issues for doctors when they are faced with requests by young women from immigrant families to reconstruct their hymens. In this ethical debate Dutch doctors who carry out the procedure, a British gynaecologist, a senior lecturer in child health, two ethicists, and a psychiatrist give their views.

Who wants the procedure and why

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During this century many immigrants from Mediterranean and African countries have moved to western Europe.[1] Second and third generations often face a conflict. They may follow the lifestyle of the new country and friends but have to remain mindful of the original traditions and attitudes of their families.

Many immigrant groups hold strongly with the tradition that girls must be virgins when they marry. If the bride cannot show her bloody sheet after the wedding night, her family are shamed. Her new husband's family may exact revenge in the form of violent reprisals and banishment of the bride. Because of these far reaching consequences, many gynaecologists in the Netherlands are willing to reconstruct the hymens of adolescent girls who are no longer virgins but wish to appear so.

Reconstructing the hymen

In our hospital, the operation is carried out as an outpatient procedure. We insist that an interpreter and social worker are present during the initial consultation and that the social worker attends the surgery. The epithelial layer that has grown over the ruptured hymen is removed and the hymenal remnants are adapted by a circular running suture or by left to right approximation. Where the hymenal remnants are insufficient, a narrow strip of posterior vaginal wall is dissected for reconstruction. Three weeks later, the patient is followed up and given an opportunity to discuss any emotional issues. As is legal in the Netherlands, the patient is offered the opportunity to remove or destroy any notes on this procedure from her medical record.

We followed up the first 20 patients seen in 1993. The mean age of the girls was 19 years (range 16 to 23 years). Eight were undertaking technical and vocational training, eight were attending secondary school, and four were following courses of higher education. Ten girls claimed that they had lost their virginity as a result of forced intercourse, six were having regular intercourse, and four did not provide this information. All 20 were satisfied with the outcome of the procedure and none had any regrets. We evaluated only 10 young women long term. All 10 said the procedure provided a satisfactory outcome. All of the patients decided to have the details of the procedure removed from their medical records.[1]

Ethics and culture

Immigration is often associated with a stepwise adaptation of the migrants to their new countries.[2] Some young women have sexual intercourse without foreseeing the consquences—that it will be impossible for them to marry in the traditional way. In the Netherlands the principal factors in ethical decisions are the patient's wishes—provided these are within the law—so medical decisions may conflict with cultural values.

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Many second and third generation immigrant girls remain mindful of their cultural traditions

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We reject any suggestion that this operation is analogous to traditional clitoridectomy. There are strong arguments for rejecting a request for clitoridectomy, but equally strong ones exist for accepting hymen reconstruction. Most importantly, hymen reconstruction is not mutilating; the risk of physical, psychological, and sexual complications is far less than in clitoridectomy.[3–7] Hymen reconstruction, like male circumcision, is an example of "ritualistic surgery." Our definition of ritualistic surgery, modified from that of Bolande,[8 9] is "fulfilment of a person's need rather than a response to their medical condition." The ethics of hymen reconstruction could be compared to the ethics of cosmetic surgery, an accepted part of plastic and reconstructive surgery worldwide.

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Commentary: The ethical issue is deceit

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The article of Logmans et al is presented as "an ethical dilemma." The chief point that strikes me is its apparent blindness to the real ethical issue involved. It considers and rightly rejects two objections to reconstructing the hymen—firstly, that it is analogous to clitoridectomy, which is agreed to be reprehensible, and, secondly, that it does not benefit the physical wellbeing of the patient. But these objections are trivial. The real ethical difficulty is that the operation involves collusion with deceit. Should a doctor participate in this?

Deceit needs justification

Who is being deceived? Is it just the families or the bridegroom too? It would not be proper for the doctor to say that he or she has a duty to the patient alone and has no responsibility for the morality of the patient's relationship with her husband. The proposed operation is intimately concerned with that relationship, and the doctor should not readily assist in deceit between spouses. Even if it is considered purely in terms of the patient's interest, the deceit can be harmful—it could be discovered one day and the fear of this might cause anxiety from the start.

Should the doctor advise the patient to be quite open with the bridegroom, and perhaps offer to join her in persuading him to accept the situation? If that seems feasible, well and good; but the patient may say that the bridegroom shares the traditional attitude of his family and cannot be persuaded. If the doctor still refuses to be involved in deceit, the consequence may be a breaking off of the marriage, or shame and rejection. Should the doctor be prepared to see that happen and to be partly responsible for it? I think not.

Or suppose the patient says that the bridegroom can perhaps be persuaded to accept the situation but his (and her) family cannot. Then the bridegroom will have to join in the collusion. The bride can ask the bridegroom to accept her past, but is it right for her to require him to join her in deceit? Can she predict whether he will be willing?

The difficulties are fewer if the bridegroom is involved anyway. Then deceit affects only the families of the couple. It is not obvious that a doctor should refuse to collude with deceit of that character. One can hardly say that the doctor's duty extends beyond the patient and her intended husband to the wishes of their families.

These are the questions that give rise to an ethical dilemma, not those discussed in the article.

Commentary: Promiscuity is acceptable only for men

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Culture, society, and family are important factors in the way an individual functions. The role of virginity, fertility, and the influence of the family are the main contributors to trends in sexual and marital relationships across cultures.[1] Although promiscuity may carry high prestige for men, promiscuous women are generally scorned. Men prefer chaste women in order to ensure their paternity.[2]

Ford and Beach, in their survey of 190 societies worldwide, divided these into three types: restrictive ones, where sexuality outside marriage is discouraged; semirestrictive societies, in which formal prohibitions exist, but are not strictly enforced; and permissive societies.[3] Broude and Greene reported that premarital sexuality in women was approved in 25% of the 141 societies they studied; virginity was valued and premarital sexuality was mildly disapproved of in 26% of societies and strongly disapproved of in 24%.[4] In the last group, virginity had to be proved by tests, and reprisals were severe for those who failed.