Commentary: Cultural complexities should not be ignored

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There is no doubt that migrants experience cross cultural stress. Girls living in the West, but belonging to communities that are fiercely patrilineal and patriarchal, are perhaps particularly at risk. These girls do not live within one fixed culture with extrafamilial contact with another fixed culture. They live at the intersections of usually many cultures with widely different cultural norms, all of which change with time and place and influence one another. Members of the white ethnic majority can have little insight into the cultural complexities of their lives. What is clear is that premarital sex places these girls in a predicament which can threaten their chances of a secure future as adults in their own communities.

The suggestion that hymenal reconstruction is analogous to female genital mutilation is absurd. Whether approached from an absolutist or a culturally pluralist standpoint, female genital mutilation is a practice so dangerous, mutilating, and painful that there is no doubt of the appropriateness of its prohibition. Hymenal reconstruction, on the other hand, theoretically scores low on maleficence and high on beneficence, as it is a safe procedure which may preserve the personal and physical integrity of the woman requesting it. What is more debatable is whether it is needed at all, given that "defloration" and "the blood on the sheet" are largely the stuff of mythology.

This is an issue to be approached pragmatically and sensitively. This requires doctors who are trained in multicultural practice, an area largely ignored at undergraduate and postgraduate levels in British

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Awareness of multicultural complexities is needed

medical schools. The multidisciplinary model described in Logmans et al's paper, given appropriate measures to maintain absolute confidentiality, would allow doctors to work with colleagues in other disciplines who do have these skills. In most cases education and counselling will be all that is needed.

It is alarming that at least half the young women in this study find themselves in this predicament as a result of sexual abuse. This has implications for protection of other children in the family and community. In Britain, all doctors have, under the Children Act, clear obligations to inform the appropriate authorities if they have information that suggests children are at continuing risk of harm.

Commentary: Surgery is not what it seems

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The decision by Dutch doctors to repair surgically the hymens of young women to mimic the vaginal state is described as a case in which cultural values conflict with medical ethics. But this may not be an accurate description. Repair of the vaginal introitus is a low risk procedure that can be done as an outpatient procedure under local anaesthetic. It allows young women to bleed from intercourse on their wedding night. But it does not, as Logmans et al claim, show respect for cultural differences, nor is it proof that the immigrants cherish their traditional ideas. The surgery allows these women to appear as if they have conformed to these cultural expectations when their previous sexual experiences suggest otherwise.

Despite my rejection of their cultural argument, I agree with Logmans et al that there are reasons to support the doctors' decisions to perform the surgery. The surgery may protect these women from violent reprisal. This is particularly pertinent given that at least half of the women claimed that their previous sexual intercourse was forced. However, the data may be exaggerated if these women believe that claiming

forced intercourse will ensure that the doctors perform the surgery. Alternatively, the data may be an underestimation given the social taboos against the disclosure of sexual violence. In this context, the surgery may be crucial in averting further violence.

Although Logmans et al are correct to differentiate between vaginoplasty and clitoridectomy, a more appropriate comparison would be that between vaginoplasty and breast implants. Both allow women to fulfil physical ideals of their respective cultures—ideals that others argue are symbols of female denigration. Obviously, there are surgeons who feel that these surgical procedures are acceptable. In this case, if a woman believes that reconstructive surgery is in her best interest, the surgeons should respect her autonomy and proceed with the repair or refer her to doctors who will do it.

But it would be inadequate to stop the argument here. Respecting a patient's request for vaginoplasty must be understood in context. The surgery is only an interim solution because the true solutions are not medical but social; they are the promotion of greater gender equality in social norms and customs.