

## Book review

---

### The Implant Story

M.L. Vanderford and D.H. Smith, *The Silicone Breast Implant Story: Communication and Uncertainty*, Lawrence Erlbaum Associates, Mahwah, NJ, 1996, ISBN 0 8058 1706 9, \$19.95 (paper), \$49.95 (hardback).

Cosmetic surgery, whether one likes the fact or not, undeniably lives on the fringe of medicine. At its best, it is a fully respectable arm of plastic surgery, providing a remedy for physical defects which give rise to a great deal of anguish and mental suffering. At its least attractive, it merely allows ill-considered risks to be taken in the name of vanity.

*The Silicone Breast Implant Story* examines a major issue in the field of women's health which has cast a long shadow over cosmetic surgery in the last decade. The book does not set out to provide a scientific conclusion as to the degree or nature of risk which has accompanied the use of silicone implants. That issue has been fought out in the toxicological literature and in the U.S. Courts. Essentially, when threatened by massive litigation from women claiming to have been injured by implants, the major suppliers agreed to a \$4.25 settlement; that agreement was followed in turn by new problems, since the number of complainants reached 400,000 by May 1995 (reducing the sum available to each to an absurdly low level) and one supplier then filed for bankruptcy.

The women themselves had, however, been faced (and continued to be faced) by a further dilemma, namely whether to have their breast implants removed; plastic surgeons themselves were confused by the conflicting evidence as to whether or not the implants were indeed causing injury, and the need to weigh this against the inevitable risks of further surgery. The impulse for the study presented by Vanderford and Smith was given when, as ethicists, they were consulted by two surgeons struggling with the issue. Neither surgeon felt that the implants were in fact injurious, but both subscribed to the view that requests for removal were reasonable extensions of patients' rights to control their own bodies. How, they asked, should such a decision be taken and by whom? What happens if patients and physicians disagree on such a matter? And what is the source of the knowledge which has caused each to come to his or her views?

It is clear that the mass media played an enormous role in women's, physicians' and the public's understanding of the implant situation. Women and physicians alike blamed the media for sensationalising the issue, yet women used the media to fulfill their real need for explanation, control and connection. The extent of media attention and the violence of the public controversy were attributable to the fact that the product in question was one with a high social value, yet that the data relating to its possible risks were uncertain. ("When low shared understanding and high controversy intersect . . . they provide the conditions for an argumentative free-for-all.") The media reports singularly failed to provide information about benefits and risks in a manner which clarified the likelihood of occurrence of each, and they tended to confuse known and unknown risks; reports of silicone leakage, arthritis or cancer induced by silicone in animals were bundled together with evidence on autoimmune disease

and case histories pointing to mental and physical inertia, to produce a frightening picture. Again, the media failed to distinguish between the various types of implants and generally encouraged a perception that both plastic surgeons and manufacturers had historically underrepresented the risks of silicone.

The authors of this volume examine the problems inherent in arguing science in a public forum, a question discussed earlier with respect to the debate on saccharine and cyclamate. In the case of silicone, individual "horror stories" appearing in the newspapers (including both suggestive case histories and reports of violations of Food and Drug Law by the manufacturers) have played a disproportionate role in influencing individual women to seek implant removal. Yet it is in fact wrong to tell the story in the past tense; as the authors point out "millions of women are carrying the devices in their bodies . . . (and) . . . will be making health care decisions related to the implants for the rest of their lives".

This sort of analysis provides the basis for tackling future issues of this type in a more mature manner. The media will not be bridled and may not be over-receptive to guidance from any quarter; the best approach might require the public health authorities to show rather more interest in ensuring that emergent evidence and disputed truths are presented both to the health professions and the public in a balanced manner. Such a presentation will have to take into account the undoubted tendency of the public in such situations to regard all parties with suspicion and hence to view all official statements as potentially tainted. There will also have to be determined effort to help physicians in following a complex controversy and assisting them in dealing constructively with the patients concerned. Perhaps the public health authorities, the health professions most involved and patient interests can be persuaded to work closely together to develop a view of the matter which is as objective as it can be, which merits trust, and which will be revised as the story evolves.