

# The Ethicality of Cosmetic Skin Bleaching: A Dermatologist's Conundrum

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**T**he skin is the largest organ in the body and the most visible. It has been the subject of various moral dilemmas based on societal and medical biases throughout history. Skin, hair and nail enhancements including tattoos, piercings, tanning, Botox, fillers, use of hair dyes and nail polish are a few of the trends that have been subject to debate but none has received more attention than the ongoing controversy surrounding the use of skin lightening agents for cosmetic purposes. Skin lightening agents were introduced to Africans for the purpose of voluntary depigmentation during the colonial era and decades later they remain a staple in the cosmetic industry because of the prevailing colorism and white-centric media.

The Dermatologist, being a specialist in matters relating to the skin is right in the middle of this controversy. Many products now freely used for the purpose of skin lightening were historically solely prescribed by the Dermatologist for pigmentary skin conditions. With the million dollar cosmetic industry relentlessly blazing the trail of voluntary depigmentation, newer active ingredients with more encouraging safety profiles are being introduced daily into the market, raising new questions concerning the ethicality of cosmetic skin bleaching.

Skin lightening agents are categorized as drugs not cosmetics<sup>1</sup> and their use as cosmetics raises concerns regarding dosing, adverse effects and contraindications. Many manufacturers conceal vital information about the active ingredients of the skin lightening agents and adverse effects are often conspicuously absent from product leaflets. The Dermatologist is often forced to rely on whatever information the manufacturer provided as well as online reviews to make an informed decision for a

patient seeking to use such a product. Many have as a result, shied away from prescribing any product with buzz words such as brightening, lightening, bleaching, toning or whitening. However, how do we now balance the scales? The cosmetic world is advancing with or without our input and skin lightening practices continue to thrive. As leaders in this field, we must face the ethics of skin bleaching within a medical context head on and provide guidance for those who would come to us seeking correction for perceived pigmentary anomalies because tossing them aside would in the long run be like tossing beloved sheep out into the wild, we would eventually have to pick up the pieces when the patient presents years later with irreversible complications.

Dermatologists often encounter ethical dilemmas in all aspects of patient care. The resolution of these dilemmas should always be geared towards maximizing benefits for, respecting the preferences of, and minimizing harm and suffering to the patient. Patients should be briefed on all of their treatment options, including potential risks and benefits, prior to treatment and this is particularly true for patients whose sole aim for visiting the Dermatologist's office is cosmetic lightening.

There are four major categories of patients who would visit a Dermatologist for cosmetic lightening advice:

1. Victims of Colorism
2. Patients with post-inflammatory hyperpigmentation
3. Patients with sun damaged skin
4. Patients currently bleaching but require safer methods due to adverse effects.

### **Victims of Colorism:**

Colorism is a form of discrimination based on skin tone that gives light-skinned people certain privileges of color and penalizes their darker-skinned counterparts. Research in various social settings demonstrates this skin tone stratification, with only few exceptions and light skin tone has been found to be routinely privileged and rewarded<sup>2</sup>. The prevailing perception in many African societies is that being lighter is perceived to make one more attractive and more successful than darker counterparts. A man or woman who has constantly been a victim of colorism in ways that have affected employment, interpersonal relationships or self-esteem may often succumb to mounting societal pressure to lighten his/her skin. Empathy is the most important skill required for interacting with such a patient. A dark skinned Dermatologist may be tempted to project on a patient her personal colorism experiences and in some cases her ability to rise above it without realizing that not everyone shares the same strength and resolve.

Victims of Colorism would benefit from the input of a psychologist or the mental health team to help them work through the deep seated issues of low self-esteem and rejection that have been projected unto them by those closest to them. In addition, the Dermatologist should give them a skin care regimen for healthy skin and positive reinforcement on the benefits and beauty of a darker skin tone rather than instant dismissal or disapproval which may be the logical response when you have a busy clinic and a patient who does not have obvious skin pathology.

### **Patients with post-inflammatory hyperpigmentation (PIH):**

Many patients are discharged from clinic after the successful treatment of a skin disorder without instructions on how to manage PIH. The female patient would often ask if the spots would disappear and is often reassured by the busy Dermatologist that it will fade soon enough, without a time frame or further information being proffered. This has often led to patients experimenting with skin lightening agents and

inadvertently resorting to bleaching. Patients with PIH are a large subset of the patients presenting to a dermatology clinic requesting for a skin lightening agent. Sometimes these agents are prescribed without strict guidelines or end dates and the patients eventually become victims of drug abuse as they continually replenish these products in the quest for flawless skin. Patients need to be made to understand that treatment of PIH can range from 6-12 months and the importance of sun protection<sup>3</sup>. The selection of an adequate skin lightening agent is within the Dermatologist's purview however, mode of application and potential adverse effects must be discussed with patients. Procedures such as chemical peeling and laser therapy provide alternatives or adjuncts to topical therapy.

### **Patients with sun damaged skin:**

The pigmentary changes associated with Dermatoheliosis and Melasma may not be reason enough for majority of the population to seek out a Dermatologist but should never be overlooked when a patient presents with other more serious dermatological conditions. Treating these pigmentary changes alongside other complaints provides a more holistic approach to patient care, educates the patient about the importance of sun protection which he in turn will pass on, leading to wider community acceptance of sunscreen and also demonstrates the expertise of the dermatologist in issues relating to every day skin care and not just for overt skin diseases.

### **Patients currently bleaching but require safer methods due to adverse effects:**

This is perhaps the crux of the matter where the ethicality of skin lightening is concerned. For those who are victims of colorism but are yet to start lightening their skin, some counseling and psychotherapy may be sufficient but not for this group. Skin lightening practices often culminate in an addiction to lighter skin and an unwillingness to give up their altered reality regardless of adverse effects. Even those patients with irreversible adverse effects may complain about unpleasant darker skin when they are forced to stop the use of

these agents. So what do you do when your patients come to you emphatic about lightening their skin regardless of probable or present adverse effects? Analyzing the core ethical principles of medicine in relation to cosmetic skin lightening may perhaps offer clarity for the Dermatologist who is constantly faced with these hard decisions.

**Autonomy:**

'Honor and respect patients' decisions regarding their choice to accept or decline care.' In addition to having the right to refuse a diagnostic or therapeutic intervention, patients also has the right to refuse to receive information.<sup>4</sup>

The Dermatology patient who refuses your advice to desist from skin lightening is well within his rights. Patients may not always see eye to eye with their Physicians and autonomy ensures that the patient's choice is regarded and respected. The Jehovah's Witness patient refuses blood even during emergencies and Physicians respect his decision and lean on available alternatives, this rule needs to be applied in clinical Dermatology. The average patient would listen intently to your warnings, follow closely the treatment regimen for reversing adverse effects but still returns with the request for a safer method of skin lightening. This is something that the Dermatologist must come to terms with as the practice of skin lightening is so closely linked to dogged perception. This leads us to closely consider the second core principle of medical ethics, 'Beneficence'.

**Beneficence:**

'Act in the best interest of the patient and advocate for the patient'. This may conflict with autonomy<sup>4</sup>. A dermatologist still has a duty of care to a patient who insists on engaging in skin lightening practices and providing safer options for a patient may potentially mitigate adverse effects. This should always go hand in hand with a robust health education on the dangers of engaging in such practices. For example, replacing a steroid, hydroquinone or mercury containing bleaching cream with an antioxidant brightening cream such as Vitamin C or Niacinamide and introducing Sunscreen (SPF 50+) and regular sun protection would be an acceptable alternative for a patient

addicted to skin lightening rather than prescribing just emollients.

**No maleficence:**

'Avoid causing injury or suffering to patients'.<sup>4</sup> We cannot always control our patients' perceptions or practices nor is it in our place to judge but as leaders in skin health, it is imperative that none who come to us for help are turned away into the waiting arms of the black market and quack beauticians! This would be akin to maleficence. Sometimes it may be exhausting to educate a chronic bleacher about the adverse effects and proffer counseling especially in a busy clinic but failing to do this may tip the scales towards an irreversible adverse effect that the patient may never recover from. Having pamphlets in clinic is a quick way to offer encompassing health education on skin lightening practices. For newer methods of skin lightening like intravenous Glutathione, the Dermatologist is charged with gathering evidence based research on the topic and where inconclusive, providing robust counselling to the patient and an inclusive consent form so that the patient is well aware of the potential risks. Long term follow up of these patients for research purposes may be required within the ethical jurisdiction. The Dermatologist is also well within his rights to refuse to give treatments that have inconclusive research as these may potentially be a source of litigations in future when probable harm is uncovered. It is pertinent to note that several of these patients would still receive these skin lightening agents at the hands of unscrupulous individuals if no alternative is offered.

**Justice:**

'Treat patients fairly and equitably'.<sup>4</sup> A patient who has been using a skin lightening product that costs less than one dollar (N471) cannot be expected to adhere to a safer regimen that includes Azelaic acid. Prescribing a moisturizer with inbuilt sun protection may be a cheaper alternative. Equitable skin care for patients must take into consideration the lack of socioeconomic equality. The cosmetic industry has perfected the art of low cost beauty production and holistic research by the dermatologist faced with such issues of justice on a daily basis in clinic, to find affordable but safe

alternatives is a charge that cannot be overlooked.

The Physician/Dermatologist is not obliged to treat a patient as long as it is not an emergency and the patient or their surrogate decision maker is notified and has the ability (e.g., time, money) to establish care with another physician/dermatologist.<sup>4</sup> The physician is however, obligated to facilitate the transfer of care. If the ethicality of cosmetic bleaching unsettles you, transferring the patient to a colleague is a viable option.

### **Conclusion**

Let us borrow a leaf from the Pulmonologists' book. The e-cigarette just like the nicotine patch have been found by Pulmonologists to be helpful in cigarette smoking addictions<sup>5</sup>. It is high time, Dermatologists found innovative measures to curb the skin lightening addiction. While the fight continues to sever the bond between colorism/perception and skin lightening, welcoming patients who seek knowledge or advice on skin lightening agents into our consulting rooms may be the best method to take charge of the situation and drastically reduce adverse effects.

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