GTA Weekend

TRENDS: Doctors say patients seeking Western look with nose, eye work

Ethnic surgery' on rise

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There are any number of things you can do to change a face.

And many of them were listed on an advertisement for a surgical instrument on display at the American Academy of Facial Plastic and Reconstructive Surgery conference in Toronto this week.

Chin implants, nose jobs, eyelid and ear reshaping, forehead lifts, lip enhancements were all on the ad poster, as was the guy you might sort of look like if you had all of them done just so.

It was Michelangelo's David. What Michelangelo sculpted with chisels and marble some 500 years ago, modern cosmetic surgeons are trying to emulate with skin, cartilage, silicone, Gore-Tex and bone today — a Caucasian ideal of beauty.

But it's an ideal that blacks, Asians and Hispanics are seeking as well and in ever-greater numbers, many cosmetic surgeons say.

"They (ethnic groups) look at the same things you do. They look at the same magazines, the same Sears Roebuck catalogues," says Dr. Fred Stucker, who spoke at a session on ethnic rhinoplasty – or nose jobs – at the conference Thursday.

"And those people that they have in (the magazines) are what we consider beautiful, or the gold standard for being pretty," says Stucker, who helped pioneer cosmetic surgery for African Americans in the 1970s.

Even with the emergence of more ethnic models and movie stars, the popular preference for Caucasian beauty ideals has persisted, says Stucker, who is chair of the otolaryngology department at Louisiana State University's Health Sciences Centre.

"If you look now, there are a lot of black (models), but what do they look like?" he says.

"They look like the rest of the models, only their skin is darker. So those kinds of features that are thought to be attractive translate across all ethnic patterns."

Indeed, Stucker says bluntly: "I think the standard of beauty . . . is white Caucasian."

That occidental standard is reflected in a number of popular Toronto-area practices, where an ever-expanding ethnic clientele is seeking features - especially noses and eyes — that reflect this dominant esthetic. "It (ethnic surgery) is very common and growing, probably more than any other area," says Dr. Richard Rival, who works out of St. Michael's Hospital in Toronto and also has a Newmarket clinic. "If you look at people having rhinoplasty, or having cosmetic surgery procedures done, ethnic groups are probably growing at a faster rate (than anyone)."

And blacks and Chinese patients are leading the way in this ethnic surge, in part because they are now achieving the financial capacity to afford operations that can cost thousands of dollars per procedure, Rival

says. But Rival says most of his ethnic patients do not want to look wholly Caucasian, with the fear







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Parook Joshi had rhinoplasty so her nose would be more symmetrical with her face, not to "look Caucasian" as some surgeons are reporting.

of "Michael Jacksonizing" their noses foremost in their minds.

Instead, they want to tamp down some of the common facial features that can mark their physical heritage, and bring

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them more in line with the dom- who says she's fiercely proud of inant cultural esthetic.

"It's more to get rid of some of the excessive features that they don't like about, for example, their nose," says Rival, who specializes in noses. "Like someone who is of Afri-

can background may have a very large nose, with wide flaring nostrils and they may want to reduce that a little . . . make it a little less African." With Asians, the tendency is to

increase nose size and reshape the upper eyelid to add folds, Rival says.

Toronto cosmetic surgeon Dr. Philip Solomon, who also works out of St. Michael's, says ethnic nose jobs and other facial surgeries now represent between

30 and 40 per cent of his prac-

Stucker, Rival and Solomon all

say there is little controversy among cosmetic surgeons about performing the ethnic procedures, with "give the customers what they want" being the dominant business sentiment.

But most patients would not say outright that they "want to look white," says Solomon, who also has a practice in Thornhill.

That's certainly the case for Parook Joshi,

her East Indian heritage. "If I was going to look Cauca-

sian, I wouldn't have done it," says Joshi, 36, who had her nose size reduced this year by Rival. "I find it strikingly odd that

people would like to reduce their ethnicity," she says, adding that she simply wanted to make her nose more symmetrical with her face.

If she was aligning her appearance with a Western ideal, it was at a subconscious level, says Joshi, a vice-president of training with a downtown actuarial firm. She says both her natural and reconstructed nose would easily pass muster in the Indian region of her ancestors.

Solomon says, however, the esthetic ideals of people seeking surgery are most often guided by Western media images.