

From: Allan Kalus

Sent: Thursday, 16 April 2015 5:44 PM

To: medboardconsultation

Subject: CONSULTATION - REGISTERED MEDICAL PRACTITIONERS WHO PROVIDE COSMETIC MEDICAL AND SURGICAL PROCEDURES

Dear Sirs,

Thank you for the opportunity of providing a written submission and for the opportunity of providing feedback on the best way to protect consumers "seeking cosmetic medical and surgical procedures" provided by medical practitioners.

I provide this submission as a Plastic and Reconstructive surgeon with over 30 years experience of treating patients who have concerns regarding issues of appearance. I make the following observations :-

1. The public has been confused by the term "cosmetic surgery". This term trivialises surgery and I personally prefer to use the terminology "plastic surgery" or "aesthetic surgery". The term "cosmetic " implies something which is superficial, temporary and designed to cover up or conceal whereas "surgery" is the opposite. "Cosmetic surgery" is real surgery and is therefore attended by all the risks associated with surgery and not the risks associated with "cosmetics".

2. Patients requesting aesthetic surgery do so fundamentally for psychological reasons. In most cases they have high anxiety levels due to a real or perceived problem with an aspect of their appearance. They have often been thinking about surgery for many years prior to their presentation and many only see surgery as a last resort. The aim of surgery is not just to correct or change their appearance but to relieve their anxiety and allow them to move forward to lead a normal life.

3. Even young children benefit from plastic surgery eg otoplasty (or prominent ear correction) which is commonly performed for children at the age of 6 or 7 years. Commonly, they have been teased at school and want the surgery! The benefit is immediate and profound. Children aged 14 or 15 years can be teased about their noses to the degree that they refuse to attend school. Rhinoplasty at this age is safe and effective at relieving their anxiety and is therefore appropriate treatment in certain cases where there is parental and practitioner support.

4. Some patients do not benefit in the way they expect and this can result in complaints. Indeed the commonest complication of aesthetic surgery is patient dissatisfaction. It takes a well trained, skilled and experienced practitioner to avoid and handle patient dissatisfaction. Of course, in our consumer society, patients are well aware of their right to complain and exercise it readily!

5. Even "injectables" involve risk. Their judicious use requires skilled assessment and planning- not just knowing how to inject!

6. Patients will often assume a higher level of risk in order to save money. This may be due to their desperation to have a procedure. This is why the offshore industry in plastic surgery has flourished.

So, what should be the role of Government and regulatory bodies in protecting consumers in this complex and highly specialised field of medicine?

In my view it is clear that **all surgical procedures should be performed in accredited facilities**. Just because a procedure is deemed "cosmetic" or is not listed in the MBS, it should not escape this requirement.

All practitioners should be appropriately trained and licensed. For “Cosmetic surgical procedures”, this should include an FRACS or equivalent. For “Cosmetic medical procedures”, it should include a Nursing degree with appropriate additional training and working under the supervision of a Medical Practitioner.

The system should then be self regulatory with College requirements for CME, Hospital accreditation of surgeons, the HSC, AHPRA and the legal system acting to safeguard standards.

Thank you for allowing this submission

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