From: Cosmetic and Restorative Surgery Clinic Information [mailto:info@cosmeticsurgeryoz.com]
Sent: Wednesday, 25 March 2015 9:31 AM
To: medboardconsultation
Subject: Conlsultation - Registered medical practitioners who provide cosmetic medical and surgical procedures

25th March 2015

Dear Sir/Madam,

Public consultation has been sought by the Medical Board of Australia from stakeholders on the issue of cosmetic medicine and surgical procedures. The Board states that it provides registration standard codes and guidelines for the medical profession and investigating notifications with the idea of protecting the public that is the patients. The Board proposes four different options with the aim of improving consumer education and strengthening guidelines for medical practitioners who provide cosmetic medical and surgical procedures.

I am a plastic and reconstructive surgeon having practiced plastic and reconstructive surgery in the United States and Australia since 1980. I hold three higher degrees in plastic reconstructive and cosmetic surgery:

1. The American Board of Plastic and Reconstructive Surgery. 1982
2. The Fellow of the Royal College of Surgeons Canada in Plastic Surgery. 1981
3. A Fellow of the Australasian College of Cosmetic Surgery. 1999

As a stake holder "in this", I would like to comment on the public consultative paper and endorse option 3. Before endorsing option 3, I would like to clarify some of the statements that are made in the preamble presented to stakeholders for comment.

On page 9, regarding cosmetic Injectables, at the present time, a vast majority of Injectables are done by nurses. Nurse injectors are not well regulated and the relationship between the prescribing doctors, who is supposedly to supervise the nurse, are flagrantly being ignored. In many cases, the nurses are operating in non-medical facilities and with independence and doctors remote from the practice. Many of the doctors also are purely script writers and are not qualified in cosmetic medicine or surgery and hence do not represent a doctor capable of making appropriate judgement. Having employed nurse injectors over the last 30 years, it is a sorry tale of nurses' financial gains outweighing their ethics. Most doctors who have employed these nurses find that the nurses have stolen the product and gone out into business by themselves and stolen the practices patient's. It is just a sad tale of money-grubbing.

As one of my colleagues said recently, "nurses used to steal narcotics and now they steal Botox". No wonder in Europe within a well regulated cosmetic industries such as in France they do not allow nurse injectors for their own good and the good of the patient.

On page 14, the problem of consumers making a rash decision to have cosmetic medical surgical procedures is discussed. In fact most patients, it has been shown, have waited up to six years to make a decision to come and see a plastic surgeon about cosmetic surgery so

this is hardly a rash decision. I have had patients consult me and come back 19 or 20 years later. Very rarely do we have patients who come in and want surgery immediately. It is reasonable that younger people under the age of 18 have a "cooling off" period but most patients have cooled off themselves and know whether they want surgery. Many of them have seen many doctors before, and most patients these days have almost too much information sourced by the internet and have a barrage of questions to try to sort out the bundle of misinformation carried on the internet sites.

The problem faced is those patients who are seduced by a low price. The price is too good to be true and in fact it is too good to be true. [redacted]

Commenting on page 15, body dysmorphic disorder, I have written on this subject myself and give you a reference to the article on how to identify the patient having body dysmorphic disorder. An experienced practitioner will be alerted by the signs and symptoms as to whether the patient has body dysmorphic disorder and should try not to operate on that patient and suggest a referral to a psychologist. However, unfortunately most psychologists are not interested in seeing these patients as treatment options are limited and generally a failure.

On page 17, the cost of corrective surgery is mentioned. [redacted]

On page 19, reference is made to young female patients not being able to make a decision to have a saline implant until 18 years of age or a gel implant until 22 years of age. This is an excellent initiative from the FDA in the United States. However in Australia the situation is quite different. Not only are saline implants not particularly popular, although definitely the safest, as implied by the FDA administration, but also what has happened in Australia is the cheap cosmetic surgery, particularly breast augmentations, is advertised widely with very

seductive advertisements. [redacted] the commoditization of the breast augmentation has taken place almost seductively inducing women to have a procedure that has the long term consequences of having a foreign body inserted into them. The advertising however is paralleled by many [redacted] who will advertise anywhere and everywhere in order to entice patients through their front door advertising for layby, $150 per week for a year or for a fixed low price, often other fees are not hidden and this enticement for patients to have a breast augmentation at a very cheap rate has meant [redacted] enticing patients through Facebook, social media, internet and even shopper dockets to get the patient through the door to have the procedure. There has been virtually no control by any regulatory body even though the statutes and the ethics [redacted] are well known to surgeons. There has been virtually no administrative or legal activity which has restrained unscrupulous doctors from enticing patients with deceptive seductive advertising.

I believe that option 3, to strengthen current guidelines, is essential.

As regard to question:
17.1. There is no necessity for a cooling off period in adults.

17.2. There should be a cooling off period in teenagers under the age of 18 is reasonable, probably one month is acceptable.

17.3. Medical practitioners should assess psychological profile of patients although they are not psychologists and their ability to do so will be severely limited.

17.4. We should not expect patients to be independently referred to psychologists or psychiatrists unless the medial practitioner strongly believes they have a psychiatric illness and that is difficult to determine on consultation alone.

17.5. It is not reasonable nor would it be practical to refer patients under the age of 18 to a psychologist or psychiatrist.

17.6. No further restrictions should be necessary for patients under the age of 18 to seek cosmetic medical and surgical procedures. People under the age of 18 above the age of 16 engage in legal activities such as sexual relations which carry risks also and with less informed consent than with a cosmetic surgical procedure.

17.7. Medical practitioners should have a face to face consultation with patients and not a video conference for schedule 4 and nurses should not be allowed to independently inject in non-medical facilities and without medical supervision each time they inject.

18. I am not including any other guidelines but I have made comments about the proposal by the Board in the preceding paragraphs.

19. I do not believe that the costs and benefits will be particularly realized by any of the guidelines that are suggested. The benefits will be to patient safety rather than to costs.

20. The main benefit of implicating improvements would be that the costs to the community of patients having poor cosmetic surgical results and being admitted into a public hospital would not be borne by the tax payer and that the patient themselves would have to bear the costs and the cost of further surgery or complications should be carried by them. Many times the cost of a cheap operation are expressed later by high cost of revision surgery.

21. The benefits of option number 3, if implicated, would be cost effective but most importantly it would be to provide patients with a higher quality result and to reduce complications and to keep the patient away from meretricious nurses and surgeons, qualified or non-qualified.

Yours sincerely,

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References:

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