

29 May 2015

Dr Joanna Flynn  
Chair  
Medical Board of Australia  
G.P.O. Box 9958  
Melbourne VIC 3001

By email to: [medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au)

Dear Dr Flynn

**Re: Registered medical practitioners who provide cosmetic medical and surgical procedures**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide feedback on the Medical Board of Australia's *Public Consultation Paper and Regulation Impact Statement on Registered medical practitioners who provide cosmetic medical and surgical procedures* (the Public Consultation Paper).

The RANZCP strongly supports proposed Option Three in the Public Consultation Paper: Strengthen current guidance for medical practitioners providing cosmetic medical and surgical procedures through new, practice-specific guidelines that clearly articulate the Board's expectations of medical practitioners.

Of the four options presented, we believe that Option Three will provide the greatest benefit to consumers and medical practitioners. Option Three will improve consumer safeguards, promote consumer choice and provide them with access to better information. It will also provide clear, nationally consistent guidance about the Medical Board's expectations of medical practitioners who provide cosmetic medical and surgical procedures.

The RANZCP wishes to particularly comment on Questions 17.3, 17.4 and 17.5 of the Public Consultation Paper.

**Question 17.3 – Should medical practitioners be expected to assess patients for indications that the patient has significant underlying psychological problems which may make them an unsuitable candidate for the procedure?**

**Question 17.4 - Should medical practitioners be expected to refer these patients to an independent psychologist or psychiatrist for evaluation?**

**Question 17.5 – Is it reasonable to expect that registered medical practitioners refer all patients under the age of 18 to an independent psychologist or psychiatrist for evaluation before a cosmetic medical or surgical procedure is performed, regardless of whether legislation exists (as it does in Queensland via the Public Health Act 2005)?**

The RANZCP considers it reasonable and appropriate that medical practitioners – as part of considering whether a patient is a suitable candidate for a cosmetic procedure – should be expected to assess patients for indications that they have significant underlying psychological problems and, if so, refer them for an independent psychiatric or psychological assessment before any cosmetic procedure takes place.

A compulsory, independent psychological or psychiatric assessment of patients aged under 18 is particularly important given the increasing occurrence of this age group seeking to have cosmetic procedures and research that indicates that there are many factors that determine whether a cosmetic procedure is appropriate for young people, including their physical maturity and emotional maturity to cope with the discomfort and complications of a poor surgical outcome.

The literature on the psychiatric aspects of cosmetic procedures identifies that while most people seem to do well in terms of psychological adjustment post cosmetic surgery, those who have unrealistic expectations, either in terms of the cosmetic procedure itself and / or the impact on their life as a whole, often do not do well. Such patients may include those with body dysmorphic disorder (BDD), patients in personal or professional crisis, patients who have previously undergone a cosmetic procedure that they were unsatisfied with and patients for whom surgery may lead to a change in identity [1, 2, 3].

We, therefore, consider that medical assessment of a consumer's motivation for a cosmetic procedure is a crucial, necessary step to help ensure that consumers have thoroughly considered the procedure, their motivation for having the procedure and whether their desired outcome is realistic. It also serves a protective function as the medical practitioner has the opportunity to decline to operate if the procedure is not in the patient's best interests. This will also enable medical practitioners practising cosmetic and surgical procedures to be able to identify:

- vulnerable or at risk patients and whether their desire for cosmetic surgery may be driven by a psychiatric disorder or significant psychological reasons
- if psychosocial factors are likely to impact on patients' recovery and post-operation functioning [3].

On this basis, the RANZCP strongly endorses the following proposed guidelines in Option Three:

- Guideline 2.3 - The medical practitioner who will perform the procedure should discuss and assess the patient's reasons and motivations for requesting the procedure including external reasons (e.g. a perceived need to please others) and internal reasons (e.g. strong feelings about appearance). The patient's expectations of the procedure should be discussed to ensure they are realistic.
- Guideline 2.4 – The patient should be referred to a psychologist or psychiatrist who works independently of the medical practitioner for evaluation if there are indications that the patient has significant underlying psychological problems which may make them an unsuitable candidate for the procedure.
- Guideline 3.4 - All patients under the age of 18 must be referred to a psychologist or psychiatrist who works independently of the medical practitioner for evaluation to identify any underlying psychological problems, which may make them an unsuitable candidate for the procedure.

However, to maximise the effectiveness of the Option Three guidelines, the RANZCP believes that they should also provide:

- clear guidance regarding *when* it may be appropriate to refer patients for psychiatric or psychological assessment. A possible example of this is Paragraphs 16 and 17 of the [Medical Council of New Zealand's \(2011\) Statement on Cosmetic Procedures](#).
- uniform post-procedure screening for psychological / psychiatric problems.

If you would like to discuss any of the issues raised in the submission, please contact Rosie Forster, Senior Manager, Practice, Policy and Partnerships via [rosie.forster@ranzcp.org](mailto:rosie.forster@ranzcp.org) or by phone on (03) 9601 4943.

Yours sincerely



Professor Malcolm Hopwood  
**President**

Ref: 4105

## References

1. Honigman R, Phillips K, Castle DJ (2004) A review of psychosocial outcomes for patients seeking cosmetic surgery. *Plastic and Reconstructive Surgery* 113:1229-1237.
2. Mancuso SG, Knoesen NP, Castle DJ (2010) The Dysmorphic Concern Questionnaire: A screening measure for body dysmorphic disorder. *Australian and New Zealand Journal of Psychiatry* 44: 535-542.
3. Ericksen, W L and Billick S B (2012) Psychiatric Issues in Cosmetic Plastic Surgery. *Psychiatric Quarterly* 83: 343–352.