

From: Crossing, Tascha
Sent: Tuesday, 2 June 2015 3:02 AM
To: medboardconsultation
Subject: Consultation – Cosmetic medical and surgical procedures provided by medical practitioners

Re: Feedback regarding AHPRA's proposed cosmetic surgery guidelines

Dear Sir/Madam,

In response to the proposed cosmetic surgery guidelines, while I agree that guidelines need to be implemented to guide health practitioners who perform cosmetic medical and surgical procedures, I believe that the proposed guidelines could create issues that could both impair patient care and lead to poor outcomes for patients.

The costs of the proposed changes will be passed on to the public and will make cosmetic procedures even more expensive and out of the reach of everyday Australians. Although cosmetic procedures are elective, people who feel strongly about having them and cannot afford, or are not able to have the procedure in Australia, will go overseas for possible subpar treatment and outcomes.

Another concern that I hold is that if a patient under the age of 18 is required to have a psychiatric assessment before they can have a cosmetic procedure, they will simply find a cheaper and easier alternative, like travelling overseas to get the surgery done at great risk to their health.

Another concern regarding a patient getting surgery overseas is that they may come back with a botched surgery and be unable to get revision surgery done in Australia if they fail a psych evaluation.

Also, if a patient has a functional rhinoplasty and would like to get a cosmetic rhinoplasty at the same time and yet they fail the psychiatric testing, would they have to wait until they were over 18 to combine the two, or possibly have two surgical procedures instead of one? This would increase the chances of the patient suffering an adverse effect, and would greatly increase the costs associated with the surgery.

I believe that the option should be there to refer to a psychiatrist if risk factors are identified by the medical practitioner on initial consultation with the patient. Also, all cosmetic procedures done on those under the age of 18 should be co-consented with the parents or legal guardians of the patient. In the case of a patient without a legal guardian, then a psychiatric assessment could be a suitable substitute for parental consent.

In regards to the quality of the practitioner being difficult to gauge, there are forums on the internet relating to cosmetic surgeons that inform prospective patients of the positive and negative outcomes that others have had with cosmetic surgeons. As with any area of consumerism, internet forums and reviews assist patients to choose a practitioner based upon the experience of others and not the cost of surgery or the popularity of the surgeon.

I have formulated responses to some of the questions that were put forward by AHPRA in relation to the proposed changes below:

In regards to question 5 ***Is there evidence that offers of finance for these procedures may act as an inducement for consumers to commit to a procedure before they have had adequate time to consider the risks?*** I believe that it is important to offer finance to patients, as otherwise they may opt to go overseas for a cheaper treatment option that they will not need a loan for. However, perhaps the finance being offered directly through the surgeon or the clinic/hospital is not appropriate. If financing was offered by a third party company and provides the option of a full refund if the patient cancels within two weeks of the procedure, then financing could and should be

offered. If the patient cancels within the last two weeks before the procedure, then a fee should be provided to the surgeon to remunerate them for the cancellation. This allows the patient to make the decision and get their money back before a complex surgical procedure, but also protects the surgeon from last minute cancellations.

In regards to question 11 ***Do you agree with the costs and benefits associated with retaining the status quo as identified by the board?*** Option 1, maintaining the status quo would be most effective option. Education should be provided to any patient before they undergo a procedure, or pay to undergo a procedure. Risks and benefits should be discussed as with any surgery. The patient should be aware that any surgical procedure comes with associated risks.

Having written education materials developed would be costly and that cost would be passed on to the patient. The education provided by the practitioner should be easy to understand and should outline the possible risks of the surgery involved to the patient.

In regards to question 16 ***Are there any other costs and benefits associated with providing consumer education material that the board has not identified?***

Although this answer is not directly related to consumer education, I believe that education should also be a pre-requisite for practicing physicians and nurses in the area of cosmetics. With education being a pre-requisite for nurses and physicians, this should enable them to pass on this education to the patient. This will keep the cost of education down for patients, but will increase costs of educating practitioners. There are courses available for most specialties of nursing with the exception of cosmetics.

With registered nurses currently able to carry out cosmetic injections, the cost will be lower to the consumer, and a nurse who specializes in this field will have more experience with injecting than general practitioners. My concern is that people will go to their GP's in order to have cosmetic procedures, which is an area that GP's do not specialize in.

If the concern is centered on the skill set of the nurses, then perhaps there could be a cosmetic nursing course in which a registered nurse could specialize in the area of cosmetic nursing. A course in cosmetic nursing should contain training in cosmetic injectables, laser use as well as dermabrasion and cosmetic tattooing.

In regards to question 17.2 ***Should there be a mandatory cooling off period for patients under the age of 18 who are considering a cosmetic medical or surgical procedure?***

If so, is three months reasonable?

If patients under the age of 18 need to wait 3 months to have a medical or surgical procedure, I am concerned that they will opt for a cheaper and faster option and will travel overseas to get the procedure done. A 7 day cooling off period should be sufficient for a person under the age of 18. If a patient is forced to travel overseas to get a procedure done, they run a much higher risk of infection or the need for revision surgery.

Yours sincerely,

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