From: Peach Cosmetic Medicine
Sent: Friday, 29 May 2015 2:37 PM
To: medboardconsultation
Subject: Consultation – Cosmetic medical and surgical procedures provided by medical practitioners

Medical Board of Australia

I am a registered medical practitioner who has practised exclusively in cosmetic medicine for twelve years.

I make the following submission.

Re

- a seven-day cooling off period for all adults before procedures

A seven day cooling-off period is not unreasonable, in my view, when the procedure being contemplated is one that will give rise to a permanent and irreversible change to the appearance of the patient. Examples of such procedures would include face-lift surgery, breast augmentation, blepharoplasty, rhinoplasty, abdominoplasty.

A seven-day cooling off period is unreasonable, unnecessary and paternalistic when the procedure being contemplated will give rise to a temporary change in the patient's appearance or a change that is readily reversible. This would include Botox treatments and dermal filler treatments. In this regard the Board would do well to look at the complaint levels associated with these procedures and consider the ongoing morbidity that arises consequent to adverse events associated with such treatments and whether such adverse outcomes would have been prevented by a cooling off period. Against this, the Board has to calculate the degree of satisfaction that is occurring amongst the very many patients who have no complaints, and whether interfering with the degree and extent of this existing utility is warranted in order to arguably prevent whatever adverse outcomes might theoretically be preventable by a cooling off period.

- a three-month cooling off period before procedures for all under 18s, along with mandatory assessment by a registered psychologist or psychiatrist

Again, I suggest that "procedures" is too broad a concept to be useful here.

I agree a three-month cooling off period is not unreasonable when contemplating a procedure that would give rise to permanent and irreversible changes to the adolescent's appearance. Again, rhinoplasty comes to mind. However, again, temporary and reversible procedures such as fillers and Botox do not warrant any cooling-off period. (granted that it would be extraordinary to treat a sub-18 year old with Botox. I have never done so.)

The regulatory standards expected of registered medical practitioners already place systems to deal with inappropriate practice, as you well know.

- explicit guidance on informed patient consent, including clear information about risks and possible complications

This is part of standard medical practice. Before commenting further I would be interested in explicit guidance from the Board on what it has in mind here, including clear information about the risks and possible complications to me as a medical practitioner that might arise should the Board choose to explicitly guide cosmetic medical practitioners in ways they do not guide the rest of the medical profession.

- explicit responsibility for post-operative care by the treating practitioner, including emergency facilities when sedation or analgesia is involved

Once again, extensive regulations pertain to the kinds of sedation and analgesia that can be administered under various circumstances and in various facilities. Prior to any change being contemplated evidence of need would be required.

As an example, I draw your attention to the following article in Plastic and Reconstructive Surgery, published last month

http://journals.lww.com/plasreconsurg/Citation/2015/04000/Abstract_6___Liposuction___How_Safe_Is_It__An.71.aspx

Here we find that procedures performed in a hospital or surgical centre carry an increased relative risk of complication of 1.65 relative to procedures carried out in an office procedure room.

Should the Board move against office-based procedures, this evidence would suggest patient safety would be compromised by such a move.

It behooves the Board to make recommendations based on evidence.

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As far as explicit responsibility for post-operative care, I applaud any such move. As an example, my procedure patients are given my personal mobile phone number and can contact me 24/7. I also review them personally at 24 and 48 hours post procedure.

[redacted]

http://www.heraldsun.com.au/news/lauren-katherine-james-died-after-liposuction-operation-on-buttocks-and-thighs/story-e6frf7jo-1225794439252

- mandatory face-to-face consultations before prescribing schedule 4 (prescription only) cosmetic injectables

I do this. I applaud any move to encourage this practice. Only by face-to-face consultations can doctors fulfill their proper medical role for their patients.

As a direct consequence of examining patients in person I regularly make medical diagnoses. To any comprehensive medical practitioner this can come as no surprise. For example, two months ago I detected a Horner's syndrome in a cosmetic patient. His Horner's syndrome was found to be due to an intracerebral aneurism, which was subsequently managed by stenting, and thus a potential catactysmic stroke prevented.

I further regularly diagnose skin cancers that I can deal with on-the-spot because I am there.

Examining patients in person is an axiom of good medical care and the Board should take every opportunity to promote it.

- detailed written information about costs, and

This should be done anyway. Doctors who fail to disclose costs are deceiving their patients. They subsequently get a bad reputation, which adversely affects their practices. I would suggest your active intervention is unnecessary as remedies already exist.

- limits on where cosmetic procedures can be performed, to manage risk to patients.

As quoted above, the safest place for cosmetic medical procedures to occur is in a doctor's own rooms.

I would argue that doctors who choose to drop in to beauty salons to offer treatments on an ad hoc basis are not working in an ideal environment.

However, the Board much make its decisions based on the best medical published evidence.

Yours sincerely

Dr John Mahony

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