



Speech by

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HEALTH LEGISLATION (RESTRICTION ON USE OF COSMETIC SURGERY FOR CHILDREN AND ANOTHER MEASURE) AMENDMENT BILL

Mr LANGBROEK (Surfers Paradise—LNP) (3.38 pm): Can I say how pleasant it is to rise to make my first contribution to this regional parliament on the last day and to speak to the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008.

I enjoyed last night's pantomime question time. I thought it was like one of those creative Arts Queensland school visits where we had the arch villains Rob Schwarten, John Mickel and Paul Lucas and the dastardly health minister in question time but, of course, on this side we had the honourable hero—the good, true and just Lawrence Springborg—and his good supporters.

With that, I acknowledge the contribution made by my colleague the member for Caloundra, the shadow minister, and reinforce his comments regarding this bill. I also want to note the very practical medical perspective provided by the honourable member for Moggill and many of the contributions made by those opposite. We obviously have a lot of bipartisan support for these practical measures about protecting the health and wellbeing of children and young people in Queensland. That is why the LNP will support the bill, even though we have a lot of concerns about the efficacy of it. This is little more than a debate on principle. Given the bipartisan support for the bill, it is clear that members all agree that the protection of children, and the citizenry in general, is among our highest ideals as legislators. That said, it is important to recognise this bill for what it is: it is simply a motherhood statement aimed at getting headlines rather than effecting any real change in the provision of cosmetic surgery in this state.

There are two elements to the bill that I will address in turn. Firstly, the bill amends the Public Health Act 2005 as well as the Dental Practitioners Registration Act and the Medical Practitioners Registration Act 2001. The amendments to the principal act seek to restrict the performance of cosmetic procedures on children at new chapter 5A. The bill creates an offence under proposed section 213B(1), which states—

A person must not perform, or offer to perform, a cosmetic procedure on a child.

'Cosmetic procedure' is defined in section 213A and includes operations colloquially known as tummy tucks, facelifts and other procedures involving the removal of excess skin or fat, breast implants and nose jobs. I note from the bill itself that other procedures include eyelid surgery, arm lift, brow lift, liposculpture, facelift, thigh lift, body lift, facial contour implants, genioplasty—which involves the alteration of the chin—permanent injectable fillers, rhinoplasty and, of course, a dental procedure that I will come to later.

I note that already the legislation needs to be changed. The minister has brought an amendment to the House. I am concerned about the number of procedures that are able to be done, and I would be interested to hear from the minister on that point. These procedures are not normally done on people under the age of 18. It is extremely difficult to compile a list of procedures and then add, via an amendment, a different list of things that may not be called cosmetic but are allowed to be done because they are consequential to other things, for example by oral maxillofacial surgeons. Others have said that

we need to add to the list, but there will always be doctors, surgeons, dental practitioners and others who will say that some of the things they are doing are a consequence of particular procedures that need to be done.

We all agree that minors should be precluded from undergoing unnecessary and expensive cosmetic surgery to improve their appearance. It is increasingly important to regulate the industry given the rising prevalence and acceptance of non-vital cosmetic surgery as a quick fix to a perceived problem. The honourable member for Sandgate just dealt with that issue. I agree that many people think surgery is like getting your car fixed. Whatever the problem, they think it is a procedure that can be done and reversed if necessary. That is definitely not the case. All dentists and doctors will say that every effect has a side effect, but many people do not consider that.

Yesterday the honourable member for Moggill said that commonly I refer to this generation as the 'Who Weekly' generation. In my dental practice I have noted—and many members would concur—that people look in magazines and then come to the dentist and say, 'I want my teeth like that.' Or they go to the doctor or even the hairdresser and say, 'I want my hair like that,' or, 'I want aspects of my body changed and adjusted to look like that.' Dentists and doctors sometimes say, 'You can't have that because your raw material is not suitable and we cannot adjust it. Therefore, you have to accept what you have or we can do a compromise treatment.' I would suggest that practitioners who have the correct ethics in mind would make sure they did not do something unnecessary or not in the best interests of the child. They value the interests of children. I would never perform a procedure of any consequence on a child under 16 without consultation with their parents. I would not even do a filling without speaking to the parents to check that it was okay. I understand that the Public Health Act defines a child as being under 18, so obviously this legislation is relevant to 17- and 18-year-olds. I maintain that most practitioners would make sure they had consulted with parents before procedures were done.

I am concerned that many people see these procedures as simple, because sometimes they are described as simple. As I said, dental and medical procedures have an ongoing effect and the short-term perceived benefit will often have associated side effects. That is particularly important in the context of young people. As the honourable member for Sandgate has said, most adolescents go through a period when they experience a crisis of confidence and body image issues. Today's youth seem to face far greater challenges than our generation when it comes to maintaining a healthy body image. Perhaps that relates to the increased readership of teen and other magazines that we have all seen that refer to appearance, weight loss, weight gain, celebrities without make-up, celebrities who have had their teeth done, celebrities with cellulitis, what celebrities looked like before they had their teeth done. Perhaps this is related to the obesity epidemic and the pressure to have thin bodies like Hollywood celebrities.

Statistics show that 21 per cent of Queensland children aged five to 17 years are overweight or obese. The Australian Institute of Health and Welfare recently published a paper surveying the rates of obesity in Australian children and adolescents, comparing the most recent national survey data from the National Nutrition Survey with the 1985 Australian Health and Fitness Survey. Results were remarkable. The prevalence of obesity among seven- to 15-year-olds more than tripled over the decade. In 10 years the number of overweight boys increased by six per cent while the number of boys who fell into the obese category increased by almost 3.5 per cent. Similarly for girls, in 1985 10.6 per cent of girls were overweight while 1.2 per cent were obese. In 1995 those figures had jumped almost five per cent to 16 per cent and 5.5 per cent respectively.

Sadly, the statistics are similar for adults. Almost four million adult Australians are considered obese based on their body mass index. This is a significant problem given the impact it will have on our hospital system. I acknowledge that the honourable minister often speaks about the tsunami of preventable disease, as mentioned by the honourable member for Redlands. We need to have these preventative measures to try to prevent an influx of people into our hospitals. There could end up being 700,000 more admissions as a result of obesity over the next two decades.

Over the past few years we have seen an explosion of in-vogue diets, from the Atkins diet to the Zone diet. The 'A' to 'Z' of fad diets demonstrates the drastic measures people go to in order to lose a few kilos. Some of those diets are worrying, but far more worrying is the modern approach to tackling extra weight. No longer do people fight fat with diet and exercise. Instead, they turn to drastic and sometimes dangerous gastric-banding surgery, which this legislation will not outlaw.

In the past two years there has been a spike in the number of gastric-banding surgeries performed on kids aged 14 to 18 years. In some cases doctors are prepared to operate on children as young as 10 years old. Whilst lap banding will cause patients to eat less and lose weight, it does not address the issue of what people are eating. A patient may well lose 10 kilos in three months with the help of a gastric band, but it will not prevent them from developing diabetes or heart disease if they persist with an unhealthy diet that is high in fats and sugars.

Whilst there is clinical merit for gastric banding in a lot of cases, particularly those involving overweight teenagers, it is another quick fix to a problem best solved by a sensible and responsible approach to weight loss. Yet this form of cosmetic surgery is not caught under this bill, despite the fact that

gastric banding is a high-risk, invasive procedure that may not be in the best interests of the child. The Premier has referred to some cosmetic surgeons as 'cowboys'. Like the health minister, in some ways I see that as demoralising doctors and dentists. I think this is one example of how the bill fails to live up to its stated intention.

The health legislation amendment bill contains a number of other glaring omissions and oversights that support our assertion that this bill is nothing more than a platitude. Having widely consulted on the bill, because it came in when I was the shadow health minister, I know what the effect of this bill will be. After tomorrow's headline, this bill will join the list of long-forgotten legislation that will never be enforced. Alarming, many stakeholders agree. I wish to read into *Hansard* some of the comments made to me by surgeons regarding this bill. I quote—

The bottom line is that the bill has so many holes in it that anyone who wanted to have an operation who is under 18 will find ways to get around it. The Health Department knows that. Anna Bligh did this because there was a media opportunity in it.

That comment was made by a veteran plastic surgeon. Another surgeon said—

Say someone comes to me who is 17 years old and who wants liposuction. If it's my personal belief that [the operation would] benefit them I can do it. To be on the safe side I would ensure I had a referral from a GP and perhaps send them along to a psychologist for a quick assessment. But that process is not mandatory. There was some discussion that it should be, but the department thought it best not to include that in the final draft.

The final quote states—

There is nothing new in this bill. Everything contained in it—reasonable belief, best interests—is not only already law, it is contained in the Hippocratic Oath—

and in the principles and ethics of all practitioners. It goes on—

... thou shalt do no harm. No surgeon worth their salt would operate on a child if they didn't believe it was necessary in their best interests.

I note that the minister mentioned dental veneers in his second reading speech and has referred to the fact that I had expressed the concern that the provision of porcelain veneers may be difficult to enforce in terms of their illegality. I am interested to hear from the minister how many complaints there may have been to the Dental Board about the provision of veneers for children. Dentists will not normally provide them for under 18-year-olds as the gums or gingiva have not settled into their permanent positions. Obviously though, if a child has discoloured teeth—they may have had a football or swimming pool accident where they have chipped their teeth and they then need a root filling and the tooth goes dark—and the child is upset about being taunted about having a darkened tooth, a veneer may well be indicated because a crown cannot be placed until after the child is 18. Under this legislation those cases would be in the best interests of the child.

There may be other cases—and other members have mentioned this—where the family may not be able to afford orthodontic treatment, which can cost thousands of dollars, so they may do veneers, which are still expensive, again due to bullying that they may be receiving. I find it very difficult to see how the dentist, especially if they have given consideration to the parents' views and the child's view, would not be able to convince any court that they did it in the best interests of the child. I stand to be corrected by the health minister.

If the Bligh government was serious about regulating the cosmetic surgery industry, there are more relevant measures that could have been pursued rather than codifying something which already occurs in consulting rooms across Queensland. One of the biggest issues facing the industry at this point is the role of nurse injectors when it comes to cosmetic injections, such as botox and collagen. These cosmetic medicines can only be prescribed to doctors and administered by qualified nurses under supervision. Yet in most cases what actually happens is that nurses—and in some cases even beauty therapists with only basic training—administer treatments without supervision. Many of these cosmetic medicines are schedule 4 drugs and poisons under the Health (Drugs and Poisons) Regulation 1996. These drugs are prescription-only medicines, with strict requirements attached as to who can administer the drugs.

This is now extending to dentistry. On the Gold Coast I know that bleaching clinics are being set up in pharmacies and a procedure which under the dental act should only be done with strict supervision is now being done unsupervised by untrained consultants. We know that the standards are not being followed. I suggest that the government should be pursuing these people who are providing dental services when they should not be.

We know that the standard of administering drugs is not necessarily being followed because the law in this area is not certain. It is unenforced and the perceived benefit, usually financial, is significant. Providing clear-cut guidelines and standards of practice for nurses and beauticians who administer cosmetic drugs would arguably be far more beneficial to young people, particularly women, than passing off a motherhood statement as a major government initiative.

Returning to the issue of dental veneers, I also advise the House that there is a new franchise type system coming out where porcelain veneers are now going to be provided where there is no tooth

reduction at all. A mould is taken as for a mouthguard and then the veneers are prepared and added to the teeth, which will make the veneers virtually reversible. The normal principle of doing a veneer is that you would remove a bit of enamel which does not make it reversible. If the veneer came off you would have to have a crown or another veneer. I will be interested to hear how the minister will respond to this issue. If veneers are done without any preparation, they could then be removed and the teeth would be back to the way they were. In that case, the principle of having a law that says, 'You're not allowed to provide porcelain veneers,' is virtually like saying that you cannot provide false fingernails. If the procedure can be reversed then it becomes a simple procedure almost like providing a false fingernail.

Mr Robertson: They are the ones that adhere to the teeth.

Mr LANGBROEK: Yes, they are cemented. Under this legislation, porcelain veneers are not supposed to be provided. I can understand that if it were for a child up to the age of 18 where you did tooth reduction. But there are new veneers that are coming out where there will be no reduction at all of the tooth—in other words, no touching of the tooth with a drill. Therefore, you could take the veneers off at some later stage. To have a carte blanche ban on veneers I think would be impractical. I provide that information to the minister because I heard about this particular procedure last week.

Another glaring omission in this bill is the issue of commission-driven sales consultants for cosmetic surgeons. This is a huge issue, especially on the Gold Coast where a few industry sharks operate from. These are people who solicit and consult potential patients for cosmetic surgery procedures on behalf of surgeons. Patients usually respond to an advertisement and make an appointment to see a consultant—a person who is completely unqualified to be giving any sort of advice pertaining to a medical procedure and who is paid a handsome commission by the surgeon. This financial arrangement is not disclosed to the patient at any point during the consultation or the procedure. In these instances, patients usually do not even see a doctor until a few days before surgery. In some cases they meet their surgeon for the first time the very day they will go under the knife. This sort of arrangement is completely inappropriate, yet there is nothing illegal about this sort of behaviour.

In spite of my criticism, I do believe this bill has a number of positive aspects. The primary benefit of the bill is that under-age patients and their doctors will be forced to think twice before the patient undergoes a permanent, non-vital and invasive medical procedure. The proposed new section 213B of the Public Health Act 2005 creates a new offence by which persons who perform or offer to perform a cosmetic procedure on a child may be imprisoned for two years or fined up to \$150,000 or 2,000 penalty units.

'Cosmetic procedure' is defined in new section 213A. This section has caused a bit of anguish in the medical fraternity. I note the minister has tried to deal with this with the amendment. Some practitioners are unaware of what was encapsulated by the definition. In my own profession I know a number of dentists who questioned whether they could carry out certain corrective maxillofacial procedures without contravening the legislation. Again, I note that the minister has included that in the amendment. The feedback I have received on this particular aspect of the bill is that the apparent attempt to define 'cosmetic surgery' as a list of procedures is a simplistic way of categorising procedures on the basis of their aesthetic effect, rather than the underlying motivation for the procedure, which in many cases will be the correction of a deformity. The bill itself should make it crystal clear that the target of the legislation is procedures undertaken merely for aesthetic enhancement rather than the correction of congenital or traumatic deformities. While this was explained in the minister's second reading speech, I believe that it should be addressed in the legislation itself to ensure that minor patients with a genuine medical need for surgery are not precluded from receiving timely treatment.

With the time available, I note part 3 of the bill pertaining to the Radiation Safety Act 1999, banning certain radiation practices. The bill is scant on detail. Rather than detailing the radiation practices which should be banned, the bill leaves it up to regulation to determine. It is clear from the health minister's second reading speech that the banned radiation practices in question refer to use of tanning salons and solariums by minors. Currently the solarium industry in Queensland is largely self-regulated. The LNP supports tougher regulations on the solarium industry. I note many members' comments about the untimely death of Clare Oliver.

One of our responsibilities as parliamentarians is to ensure that the most vulnerable members of society are protected by laws that seek to look after their interests. This bill goes part of the way in achieving this. However, more work needs to be done to ensure that the cosmetic surgery industry in Queensland is regulated to ensure that patients are protected.