



Speech By Jessica Pugh

MEMBER FOR MOUNT OMMANEY

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HEALTH PRACTITIONER REGULATION NATIONAL LAW (SURGEONS) AMENDMENT BILL

Ms PUGH (Mount Ommaney—ALP) (3.18 pm): I rise to speak in support of the Health Practitioner Regulation National Law (Surgeons) Amendment Bill 2023. The committee report into this legislation unanimously recommended that the bill be passed. It has been great to hear that there is bipartisan support for the legislation from all speakers so far. In my view, this legislation certainly seeks to protect Queenslanders from the rogue operators. Importantly, it also seeks to better educate Queenslanders about the qualifications someone should have if they are asking, as the member for Pumicestone put it so well, to lacerate your skin, to reshape your body by sucking some parts of it out or to break some of your bones. Members should make no mistake: this is really serious work that is being undertaken and that is why this legislation is so important.

The bill responds to findings and recommendations on the regulation of cosmetic surgery in Australia and to the need to strengthen protections under the national law. Members may recall that the committee had previously worked on this topic and deferred it for national consideration. We are back today strengthening these laws and restricting these titles. I commend the health committee for its ongoing work in this space, in conjunction with its federal counterparts.

As the committee report outlines, as cosmetic surgery is not an approved speciality under the national law any practitioner could have previously marketed themselves as a cosmetic surgeon—we now are seeing titles such as 'aesthetic surgeon' being used in the marketing materials—regardless of qualification or level of training. The committee report also notes that restricting use to only those who are appropriately trained and qualified allows the public to be confident that a health practitioner is registered under the national law and is therefore a competent and qualified person to carry out the work they are being asked to do.

As previous members have outlined, we heard in the committee hearings—many members will have seen those shocking media reports last year—firsthand accounts from people. It has to be said that so often those people were young women. Those stories were truly shocking. I recall watching last year some of the media reports about the after-effects following those surgeries and being incredibly appalled at what those young women endured and the conditions in which they were operated on. As the host of the national law, it is our responsibility to make sure our laws are meeting those national standards. As we all have outlined, that is why passing this bill is so important.

The bill ends the national law to protect the title 'surgeon' within the medical profession. It does so by restricting which doctors can use the title 'surgeon' and the specialist training they must have. It creates new criminal offences for doctors who have unlawfully used the title 'surgeon' but do not have the commensurate appropriate medical training. Queenslanders rely heavily upon what they are told by their doctor. I believe it was the member for Glass House who said that the medical profession is imbued with a high level of trust. When people hear that a medical professional has a particular title, they are generally inclined to trust that. It is incumbent on us as lawmakers to ensure that people can put their trust in those medical professionals and know that they have a commensurate skill set. If somebody calls themselves a surgeon or a cosmetic surgeon, they should have the appropriate training that goes with that title. This bill can give Queenslanders the confidence and the education that their doctors are appropriately trained and qualified.

In my view, this bill is about reducing harm to Queenslanders. The serious and lasting harms that I spoke about earlier which have been experienced by some patients are heartbreaking and unacceptable. In some cases, those effects will be lifelong. Some people will possibly never fully recover from the damage done by cosmetic cowboys—rogue surgeons who purported to have qualifications they did not have and carried out work they just were not qualified to do. Those women will pay for the rest of their lives for that work.

I think it is worth noting the context in which these changes are occurring. Until recently it simply was not possible to have any kind of cosmetic procedure in shopping malls on your lunchbreak. While I note that this legislation does not reach those particular procedures, it speaks to the overall increased popularisation of cosmetic procedures generally and why potentially this issue has grown bigger in the past 10 years or so. Cosmetic procedures generally are increasingly popular. I think the member for Surfers Paradise spoke about the increased number of cosmetic procedures happening right here in Queensland. Years ago it was not possible, but now you can go to the local shopping mall on your lunchbreak and get cosmetic procedures. You can get injectables and literally go back to work. Years ago, there was a longer recovery time and there were fewer places—it was an appointment type procedure—but now people can have a minor cosmetic procedure in the same time or less than it would take to go to Mecca to have a full face of make-up put on. That short time frame, for better or worse, has potentially had the impact of making those procedures seem less important. There is less gravity given to them. It is in that context that we have seen an increased appetite for more serious cosmetic procedures as well.

I want to be really clear: of course everybody should have the ability to make the decision to alter their appearance in whatever way pleases them, but I want it to be done with facts and education at the heart of that decision-making process—not some slick advertising campaign featuring what we have often heard to be false advertising and false testimonials from those slick cosmetic cowboys. As I have said before, people need to know that the people doing this work have the qualifications they need and that they are going to end up with a quality result—not end up like some of the sad stories we have heard in the media and heard during the committee hearings, with lifelong inalterable damage done either to their mental health or to their physical wellbeing.

When I talk about these cosmetic cowboys, I note that there is a lot of advertising around both those more low-level, minor procedures and the bigger companies doing the more major work. Almost every suburb now has an injectables clinic. As I said, there are several vendors in the Mount Ommaney Shopping Centre. As I noted earlier, those treatments can be seen as an upside. If you are busy, you can get the work done in your lunchbreak before returning to work.

There is training in place for those lower level procedures, with nurses getting that training and being upskilled. As I said—I want to labour the point—all of those factors have the result of minimising the impact of those smaller invasive procedures, and that cascades up to those larger ones. Even with those larger procedures we have seen a lot more young people undertaking these treatments because they have been popularised in the media, with many young women's role models having those more serious, larger cosmetic procedures. When young women in particular are making these decisions, they may not have access to the information or the life experience to understand what they should be looking for in the qualifications of the person undertaking that very serious surgery.

While the bill does not cover those more minor treatments, we need to recognise that the increasing uptake of the more minor procedures has the effect of normalising the more serious procedures such as the ones we saw play out to such devastating effect in the media last year where patients experienced excruciating pain and long-term harm. We also saw some very disturbing footage last year with patients being treated, I felt, with real disrespect. I remember when I viewed this material last year that their privacy was violated, the space was dirty and in terms of their bodily autonomy they were shown absolutely no respect. When a patient goes under general anaesthetic, they must have the utmost trust in their medical practitioner. The bill supports the aim of the patient being able to trust their doctors and their title—that that doctor does what it says on the tin. The first rule of medicine is always to do no harm. With this legislation, as parliamentarians we seek to ensure that our hardworking medical professionals can do exactly that and that only qualified people can perform this work. I commend the bill to the House.