



Speech by

**Jann Stuckey**

**MEMBER FOR CURRUMBIN**

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

**Mrs STUCKEY** (Currumbin—LNP) (3.08 pm): Mr Deputy Speaker—

**Mr Robertson:** Be nice!

**Mrs STUCKEY:** The minister has just asked me to be nice. I put that on the record. I am indeed pleased to have the opportunity to speak on the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008 before the House today here in Cairns. This bill concerns children and is therefore implicit to my shadow portfolio of child safety. When this bill first came before the House, my initial reaction was to commend the health minister for placing the best interests of children uppermost by bringing this legislation before the Queensland parliament. After all, I understood there was an unusually widespread and far-reaching consultation process involving a plethora of health professionals and representative bodies. However, on closer inspection, whilst the intent does have merit which is readily acknowledged here in this chamber today, it appears that certain aspects have still not yet been fully considered.

The LNP will be supporting this bill, as members have already heard from the honourable member for Caloundra and shadow minister for health. But there are certain reservations with some aspects of this bill which were clearly outlined by the opposition spokesperson, and that is why he has proposed an amendment which refers to the subordination of parental responsibilities.

The explanatory notes state that these policy objectives are aimed at being achieved through amending the Public Health Act and the Radiation Safety Act accordingly. Amendments to the Public Health Act will make it an offence for a person to perform a cosmetic procedure on a child. There is included for practical reasons the proviso that surgery may occur where the surgeon believes on grounds that are reasonable in the circumstances that performance of the procedure is in the best interests of the said child. In targeting parents, it makes it an offence for a person to procure for payment of a fee the performance by someone else of a cosmetic procedure on a child. It also ensures that officers and inspectors are provided with powers to enter a doctor's surgery in order to monitor the compliance with the new cosmetic procedure laws.

In addition, the bill will, amongst other things, define 'cosmetic procedure' to include a range of higher risk and more invasive cosmetic procedures such as breast augmentation and rhinoplasty. It will also allow other cosmetic procedures to be proscribed by regulation and provide some defined criteria where particular matters will be required to be taken into account when reaching a conclusion as to whether or not the performance of surgery on a child is in fact in the best interests of that said child. I do note that all surgery on minors is not to be banned and the decision will be made as to whether it is in the best interests of the child in those cases. There will be further amendments to the Radiation Safety Act that will ensure that tanning salon/solarium operators will be charged with an offence if they allow a person of a particular age—that is, under 18—or with a particular skin type to use their facilities.

As honourable members are aware, my electorate is on the Gold Coast—a place seen by some in other regions to be overly concerned with superficial vanities. It is to be hoped that the effects and implications of this bill may ring through to our younger residents, and by delaying the timing of cosmetic surgery on minors until they turn 18 it is to be hoped that more maturity will place those contemplating surgery in a better position to make wiser judgements. It can be put without fear or favour that cosmetic surgery on minors is an issue of much contention, and rightly so. In this 'plastic fantastic' age, where false and inflated bombards even the very young on television screens, web sites, Facebook, magazines and billboards, there are serious questions to be asked as to what is morally acceptable and in the best interests of the child and what is not.

Unquestionably, cosmetic surgery for the purpose of medical and other therapeutic reasons should be undertaken. It is important to remind honourable members that plastic surgeons do some of the most amazing reconstructive 'cosmetic' surgery on severely deformed children and adults and they also remove deadly skin cancers with as little disfigurement as possible. It is noble work indeed. As a trainee nurse many years ago at the Adelaide children's hospital, I saw miracles performed on a regular basis under the talented hands of Dr David David and his team. Today we still marvel at these surgeons' skills, particularly when we see their handiwork performed on children from poor countries who have shocking deformities and injuries.

When I was a nurse, children with cauliflower or bat ears often had their ears pinned back—an otoplasty. These children had suffered from cruel jibes in the schoolyard and many people also were jibed for having crooked teeth and wore braces to improve their smile. No doubt with this legislation there will be some testing cases, presuming this legislation does become law, and there will be arguments such as, 'If you can fix crooked teeth and you can fix sticking-out ears, why can't you fix a crooked nose?' Of course, the invasion is much less for braces than for a rhinoplasty—and much safer, too, as no anaesthetics or scalpels are involved. I am very pleased to see that the minister has grasped a better understanding of the implications of this bill that, in some ways, was hastily drafted despite the widespread consultation in reaction to public comments. The amendments that he has proposed bring some common sense and were necessary to this bill.

It is sad, though, that surgery that is performed under the auspices of improving social image is not always the answer to happiness that one is led to believe, either by the receiver or by their peer groups. Guarantees that individuals will be happy with the final result cannot be given and expectations as to the appearance after surgery can be unmet. I am not suggesting that this is the fault of the surgeon, as most times it is not. Rather, it is the high expectation of the individual who has sought to change the way they look. In speaking in support of these regulations, there is also a very real prospect that once a person, especially a young and impressionable person, undergoes one cosmetic procedure they will want to change another of their natural features in the belief that they will make more friends, be prettier or fix a host of other insecure behaviours. In fact, they may be constantly unsatisfied with their appearance.

Proper counselling for procedures that change the way people look should be mandatory so that anyone of any age contemplating surgery knows as much as is possible about what to expect and how they will react. The majority of plastic surgeons do this, as happy patients mean busy practices and a steady flow of referrals. As many members have already mentioned, the external influences of television and related multimedia with the role models and celebrities they present leave some people, but especially the young, in a predicament where they often believe that the answers to life's problems lie in the tip of a skilled surgeon's scalpel rather than in correcting the norms in society. But not all surgeons are equally skilled and mistakes and botched operations do occur, further exacerbating the issues of a vulnerable young person.

The public view of body image, particularly children's views, provide astonishing correlations with our obesity crisis. Childhood obesity and in fact obesity in general has reached somewhat epidemic proportions. As one article put it, the fat stats keep piling up. Despite its sugar-coated title, the state government's Healthy Kids Queensland Survey actually details a very serious problem by sampling some 3,691 schoolchildren in years 1, 5 and 10 aged between five and 17. This report does produce the most astonishing figures. Some 21 per cent, which is more than one in five, of children are either overweight or obese. The figure is double the national child obesity rate of 1985. More girls are afflicted than boys at 22.7 per cent and 19.5 per cent respectively. It is also sad to acknowledge that 20 per cent of girls and one in six boys are already overweight in year 1. On average, a child's intake of saturated fat is at about 45 per cent higher than recommended by the National Health and Medical Research Council and one in two children have inadequate levels of potassium in their diet, reflecting low consumption of vegetables. Unsurprisingly, these statistics do not improve greatly in adults, with the National Health and Medical Research Council classing two-thirds of adult Australian men and 50 per cent of women as overweight or obese.

With these facts in mind, it is easy to see the body image problem that has vested itself in our culture and which has led in part to the formulation of this bill. I welcome the government's initiatives to correct this issue and also to set mandated minimums of moderate physical activity. That is a step in the right direction.

The trend towards young people seeking lap-banding or stapling operations is increasing. I ask the minister whether this legislation will apply to those procedures. Perhaps he could address that issue in his reply.

In our quick-fix society, more and more we are seeing people not taking responsibility for their actions. But surely we owe it to our kids to guide them towards healthy eating and to warn them of overeating. It is very easy to stuff yourself with junk food and then go along to a surgeon and ask them to literally cut off the fat. Many thousands of adult lives—people who are morbidly obese—have been saved by lap-banding surgery. But that operation should be considered to be a last resort and certainly not put forward for children, because there are many other measures that could be taken first. Other honourable members have already stated in their contributions that we need to look at the cause rather than treat the effect.

In 2007, Mission Australia conducted a national survey of young Australians, surveying 15,000 of our youth aged between 11 and 24 years. That survey revealed that body image was of significant concern to one in three of these young people. Twenty per cent of the respondents came from Queensland. The primary issue for young Queenslanders was body image, with around one in three indicating that body image was a significant concern.

Young people's perceptions of themselves can change with age and maturity, but they certainly need our assistance and our guidance. In addition, cultural norms and concepts of beauty are dynamics that change over time. Consequently, decisions made by young people to enhance aspects of their physical self through cosmetic procedures may well be regretted in later years.

Furthermore, there is the concern, as is outlined in the explanatory notes to the bill, that young people may not be developmentally able to fully understand the risks, consequences and limitations of cosmetic procedures. One frightening case that I would like to draw to members' attention is that of young Georgia Maybery, a small child with Down syndrome. Since the tender age of five, Georgia has been subjected to a rhinoplasty and an autoplasty. She has had her tongue reduced to stop it protruding and has had folds of skin removed from the corners of her eyes to take away the 'slantiness' characteristic of Down syndrome. This surgery has all been performed under the pretence that she may look less like someone who has Down syndrome. It is these precise abuses that this bill plans to combat.

For reasons relating to maturity, which I have outlined previously in my speech, this bill provides a cooling-off buffer for any children under the age of 18. This period prior to reaching the age of maturity will serve as some serious time of reflection over whether the child actually wants to press ahead with an invasive and serious procedure.

I note that *Alert Digest No. 8 of 2008* makes a number of comments in relation to sufficient regard to the rights and liberties of individuals, with particular attention to clause 5. In that regard I understand that the minister has been able to allay the concerns of the Scrutiny of Legislation Committee.

I want to comment very briefly on the regulation of solariums and, in that regard, the amendments that this bill makes to the Radiation Safety Act. I understand that national legislation is under consideration at the moment. The shadow minister has already indicated that we would be very keen to hear from the minister about the progress of this national legislation, and if it is to proceed. The amendments to the Radiation Safety Act that are contained in this bill seek to make it an offence to allow children under the age of 18 to be treated in a solarium. In that regard, only recently we read an article about a child who was not asked their age.

The issue that I have a concern about is the 24-hour notification of officers coming in to inspect solariums. Many youngsters will make a spur-of-the-moment decision, less than 24 hours ahead, to visit a solarium. Often it is done when girls are out together and they say, 'Let's all go and get a tan,' or, 'Gee, we're going out tonight,' and they think by having a session in a solarium they will come out with an instant tan. A treatment in a solarium is very unlike receiving a spray tan; it is radiation.

Australia has the highest melanoma rate in the world. Therefore, it is very important that we regulate the solarium industry. So many other industries are regulated, but to date it would appear that the solarium industry is not regulated. But I believe it will be very difficult to implement that particular clause which requires giving solariums 24-hour notifications.

As members of parliament, we all have a responsibility to pass legislation that is practical. There are genuine concerns as to whether this bill meets that criteria as it presents a number of hurdles. Having said that, it can be argued that any legislation will require some careful navigation. But in this case the issues of consent and regulation, particularly of the solarium industry, will no doubt create a plethora of difficult court cases.

In terms of cosmetic surgery, it is the tremendously overwhelming view of the public that it should be properly regulated. Of the 290 submissions received by the government in relation to this bill, a huge

majority—some 95 per cent—called for more regulation of cosmetic surgery being undertaken by young people. Convincingly, 96 per cent of respondents called for restrictions on minors using solariums. With those few words, I commend the bill to the House.