



Speech by
Ray Stevens

MEMBER FOR ROBINA

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

Mr STEVENS (Robina—LNP) (2.42 pm): I rise to speak on the Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008. From the outset, I would like to state that any legislation that protects our children is good legislation and I, along with my LNP colleagues, agree with this bill.

The Health Legislation (Restriction on Use of Cosmetic Surgery for Children and Another Measure) Amendment Bill 2008 will see amendments to the Public Health Act 2005 and the Radiation Safety Act 1999 in order to place strict regulations on the performing of surgical and non-surgical procedures on young people. This is imperative in ensuring the health and wellbeing of the children of Queensland.

The bill will protect children under the age of 18 from undergoing higher risk and more invasive surgeries such as those which involve the removal of excess skin or fat from the human body; skin resurfacing procedures such as chemical peels, dermabrasions and laser resurfacing; insertion of facial contour implants and injectable fillers; alterations to the chin or nose; the attachment of porcelain veneers; and any breast related procedures including breast augmentations, reductions and lifts.

Exceptions will be granted in medically based cases where the doctor determines the surgery to be 'in the best interests of the child'. Unfortunately, this is one of the areas that I have serious concerns about. My colleague the good member for Surfers Paradise, who is a doctor of dentistry—and, with Fabio-like looks, is far more familiar with these invasive procedures than I am—has assured me that this legislation will be almost impossible to implement on the basis that most of these people will be able to use the defence in undertaking these operations that they were acting in the best interests of the child. That will be very, very hard to differentiate. I look forward to the minister explaining to me later how that will occur.

Mr Robertson: Perhaps I can advise you this: the member for Surfers Paradise—

Mr DEPUTY SPEAKER (Mr Wendt): Order! Minister, we might do that later on.

Mr STEVENS: Yes, when it is appropriate. The minister will get another chance.

Mr Robertson: As a lawyer—

Mr DEPUTY SPEAKER: Member for Robina, please continue.

Mr STEVENS: Thank you, Mr Deputy Speaker. In addition to the monitoring and control of surgical procedures, the bill will also place a ban on the use of prescribed radiation sources, including solariums, for patrons under the age of 18. This will follow the lead of the Victorian state government, which implemented similar legislation in February this year, and it seems to be a habit that our Queensland government follows a lot of legislation that is introduced in other states. We are quite happy about that in this case as it is good legislation for the youth of Queensland.

The mentioned policy objectives will be achieved by making it an offence to perform, offer to perform or offer or accept payment for a cosmetic procedure on a child for non-medical purposes. It will also provide authorised persons the power to enter a place to monitor procedural happenings. Furthermore, it will be made an offence to allow minors to have access to solariums in all commercial settings.

These proposals will be implemented by Queensland Health from within existing resources. The briefing paper tells us that it will be from within existing resources, and I find that very difficult to believe. Again, I look forward to the minister explaining how this legislation can be effectively introduced from within existing resources. There is no point bringing in good legislation, which we agree with, if the legislation is not going to be implemented effectively.

In terms of implementing the legislation effectively, administrative resources would need to be allocated at a cost to the government to ensure that these surgery practices were not going ahead. If that is the case, there will be a cost involved in implementing this legislation. If there is no cost—in other words, if there are a heap of people lying around in Queensland Health somewhere who are not doing anything and therefore this will not involve any further costs—we would like to know where those areas are in Queensland Health where people are lying around doing nothing. I find it very difficult to believe that it is not going to cost anything further, and I need the minister to explain that to me later.

A number of alternatives to legislative reform were considered in the development of this bill. However, in order to successfully achieve the policy objectives, a regulatory approach has been necessary for the protection of our children. A Mission Australia national survey conducted last year proved that one in three Australians between 11 and 24 years of age considered body image to be of significant concern to them—I am a bit older than that and I still have a few concerns about it—with an outstanding percentage admitting to being dissatisfied with their appearance. This concern was deemed to be not so much that they were dissatisfied with themselves personally but more so that they were dissatisfied that their appearance did not reflect the culturally determined stereotypes emphasised in today's media-driven society.

Cosmetic surgery is often seen as the easiest way to achieve the 'ideal' body as it is portrayed to children by external influences. With this in mind, it must be noted that the notion of appearance-enhancing procedures for children carries with it a wide range of emotional and social concerns as well as the obvious physical concerns.

Emotionally, we must consider the increased level of hormones present in developing teenagers' bodies. Many young people suffer from stress caused by social pressures in their late teen years which can cause emotional instability and impulse decision making. Many of these stresses will disappear post high school as maturity levels increase and teen emotional stresses decrease. The social concerns relate to the notion of conformity and social acceptance. Young people are particularly exposed to media and social pressures to look and act a certain way. This could potentially be a major influencing factor when contemplating high-risk cosmetic procedures. This further proves that allowing children to receive these procedures is completely irresponsible and inappropriate.

The physical implications for children wishing to enhance their appearance are quite obvious. Their bodies are still in the development stages and are not built for any kind of cosmetic adaptation. In addition to this, many of the cosmetic surgeries in discussion such as the tummy tuck—near to my heart—

Mrs Reilly interjected.

Mr STEVENS:—the arm lift, liposuction, liposculpture, the thigh lift and the body lift could easily be obtained by children via alternative methods such as regular exercise and a healthy, balanced diet, which the member for Mudgeeraba enjoys.

Besides the aforementioned concerns for children wishing to alter their appearance, invasive cosmetic surgery procedures come with a range of dangers of their own for all subjects. It has been proven by American researchers that breast augmentations can cause pain, hardness and numbness for an indefinite period of time post operation. The implants also pose other risks, with patients being twice as likely to contract brain cancer, three times more likely to contract lung cancer and four to five times more likely to attempt suicide. In addition to this, a long-term study conducted by the United States National Cancer Institute has proven silicon breast implants to severely decrease the chances of early detection of breast cancer. We spend a lot of money every year on breast detection programs through the health systems of Queensland and Australia. Breast cancer affects one in eight Australian women.

Over half of all implants are inserted above the chest muscle. Where this is the case, the likelihood of detecting the cancer in its early stages is minimised by up to 50 per cent. The implants decrease the ability to sense breast lesions via mammogram by becoming radio opaque and preventing visualisation of the tissue below. The implant can also affect the architecture of the breast to make hallmark signs of

cancer such as microcalcifications, tissue distortion and small, dense masses invisible to clinical examinations.

Many of these risks are unknown by the patients receiving the augmentation, particularly the younger demographic who decide on surgery on impulse. Furthermore, it has come to my attention that no studies have been done on the safety and long-term risks of silicon implants or liposuction of any type on patients under the age of 18, and further risks are therefore completely unknown. By allowing these kinds of surgeries to go ahead, we are doing nothing but endangering the lives of our children.

Following an initiative by the Victorian state government and recommendations made by Cancer Council Queensland, this bill will allow for the implementation of strict regulations regarding the use of solariums by minors. Research has proved that people under the age of 35 have a much higher risk of contracting deadly melanomas than people over the age of 35. In addition to this, young people are increasing their chances of contracting skin cancer by up to 98 per cent by using tanning beds. Considering that solariums emit ultraviolet radiation up to five times stronger than the sun and the fact that Queensland already has the highest rate of skin cancer in the world, the move to exclude children from solariums is crucial to ensuring the future safety of the children of our state. A document composed by Cancer Council Queensland earlier this year states that the number of solariums in Brisbane has increased by more than 320 per cent since 1992. It also notes that more than 2,300 Queenslanders are diagnosed with a skin melanoma each year, with at least 270 of these having fatal results.

These statistics have been increasing annually with the increase in solariums throughout Queensland. The fight against solarium use in our state was heightened after the death of antisolarium campaigner Clare Oliver in September last year. The Queenslanders died after doctors detected a rare but deadly melanoma on her skin caused by the use of a prescribed radiation source. The chances of contracting this type of skin cancer increased by 22 per cent after one use of a solarium. Clare attended the solarium just 10 times in her teens. She was 26 years old when she died after battling the disease for four years. If this does not illustrate the point that children are especially vulnerable to the deadly rays emitted by solariums, then I do not know what will.

As stated in the bill, statistics regarding the types and numbers as well as the age of citizens receiving cosmetic surgery in Australia are not publicly available. However, in the United States of America it has been documented that nearly 11.7 million cosmetic procedures are performed annually. Of these, two per cent are to persons under 18 years of age. The figure may seem low but on such a grand scale it equates to approximately 234,000 children doing irreparable damage to their bodies in America.

In the States, the most common procedures children are receiving are laser hair removal, microdermabrasion, chemical peels, ear surgery and nose surgery. In October last year the government publicly released a discussion paper and survey on this topic. These documents were released with the aim to find out the extent to which young people are using solariums and cosmetic surgery procedures, and whether the current regulations are strong enough to protect Queensland's children. The feedback from stakeholders proved that there was enough concern in the community for legislative reform. Consultation then occurred with several government and non-government organisations including the Australasian College of Cosmetic Surgery, the Australian Association of Surgeons, the Queensland Nurses Council, the Youth Affairs Network Queensland, the National Council of Women of Queensland, the Department of Child Safety, the Department of Communities and the Office of the Medical Board of Queensland—and even Treasury got in on the act.

It was found that the bill is generally supported by both government and non-government stakeholders. The bill proposes that, in order for a child to receive a cosmetic procedure, the person offering to perform the procedure must deem that it is in the best interests of the child. This will mean that fundamental legislative principles in regard to the rights of individuals may be overridden. In this case, this will mean the rights of parents.

The bill also provides for a new power of entry to facilitate the monitoring and enforcement of the new cosmetic procedure offences. This will allow for authorised persons to enter premises without a warrant issued by a judge or other judicial officer. This is essential to ensure the compliance of the new requirements regarding cosmetic procedures for children. The passing of this bill will help resolve problems in our society caused by body image problems amongst teenagers. It is important for this particularly vulnerable age group to learn to embrace their individuality and not try to change it with a quick-fix solution as promoted by many magazines, idols, television programs et cetera. I certainly commend the bill to the House.