

# MARK KNIGHT

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**PAUL FLETCHER**

## Powers give more protection

**A**USTRALIANS take it for granted that if they are attacked in the street, they can get help. But if you are subject to savage, humiliating, repeated online abuse, it can be hard to get help. Overwhelmingly, victims want the material to be taken down. Yet often social media platforms take no action, even when the material breaches their terms of use. The consequences can be devastating. For every prominent person whose case attracts media attention, there are hundreds of other Australians, similarly being subject to vicious online abuse, whom we don't hear about.

The eSafety Commissioner, Julie Inman Grant, receives thousands of reports of cyber abuse each year but is limited in the actions she can take to assist adults.

If a child is the subject of cyberbullying on social media, and the platform fails to act, the eSafety Commissioner can order the material to be taken down.

If an intimate image is shared online without consent, the victim can go to the eSafety Commissioner, who can order that the material is taken down.

If abhorrent violent material is distributed online during a crisis event, the eSafety Commissioner can order internet service providers to block access for a period.

But she does not yet have the power to order cyber abuse material directed at an adult to be taken down. That is about to change.

In 2019 the Liberals promised to introduce a new Online Safety Act to further boost the powers of the commissioner. The government has finalised a draft of this new Act and is seeking comment.

The new Online Safety Act will give the commissioner the powers she needs to deal with new online dangers. At the moment, if a child is bullied on a gaming platform, for example, the eSafety Commissioner has no power to respond.

The act will set a higher bar digital platforms must meet in protecting their Australian users. If they disregard a direction from the eSafety Commissioner, they will face penalties.

Today, perpetrators hide behind anonymous accounts online. Under the new act, the eSafety Commissioner can compel online services to give identity or contact information to those using their services for abuse of others.

The new act will be clear about what the government expects of digital platforms, by setting out "basic online safety expectations". Service providers will have to report on how they are meeting these, or face penalties. I look forward to introducing the legislation into parliament in the new year.

**PAUL FLETCHER IS COMMUNICATIONS, CYBER SAFETY AND ARTS MINISTER**

# Standards need to lift in cosmetic surgery

**T**HE 12 weeks between Melbourne Cup Day and Australia Day is the busiest time of the year for people seeking cosmetic procedures.

Unless managed carefully, Victorians face a new health threat brought on by the emergence of underground, unsafe and poorly qualified cosmetic entrepreneurs.

As many as 150,000 Australians are expected to splurge on cosmetic medical procedures having emerged from COVID-induced lockdown with heightened disposable income.

New ways of working from home have led people to become increasingly focused on their online screen appearance, in addition to their physical shape.

It is estimated Australians spend \$1bn on up to 500,000 separate cosmetic procedures a year, excluding the "underground" black market, making Australia one of the "cosmetic surgical capitals" of the world. The country now spends more per capita in this area than the US.

In recent months, the industry has already seen a 50 per cent increase in demand for procedures such as breast augmentation, facelifts, liposuction, tummy tucks, gynaecomastia (man boobs) and blepharoplasty (eyelid surgery).

With international borders closed, access to overseas "budget" cosmetic surgery, which can be unregulated and dangerous, is now denied. Patients can now only seek cosmetic surgery inside Australia.

However, a close look at our own regulatory system is worrisome.



**PATRICK TANSLEY**

Currently, there is no nationally accredited and easily recognisable system for patients to know whether they are in safe hands, or even if the doctor has any training in cosmetic surgery, as any Australian medical practitioner may call themselves a "cosmetic surgeon".

Only Australian Medical Council accredited specialist plastic surgeons can call themselves a "plastic surgeon". Alarmingly, it turns out such plastic surgical training alone offers no protection to patients undergoing cosmetic surgical procedures.

In 2018, the AMC reported plastic surgeons trained in Australia by the Royal Australasian College of Surgeons had a "deficit" in their experience of cosmetic surgery and qualify with a "gap in this area of practice".

Other government regulators across the Western world have highlighted similar issues. In 2017, the UK's General Medical Council recognised qualifications in any given speciality does not imply expertise in cosmetic surgery.

Therefore, selecting an appropriately qualified surgeon can be a complete lottery for patients. Tragically, numerous examples

already exist demonstrating the dangers of the current system.

Lauren James, a 26-year-old Victorian liposuction patient, lost her life in 2007 at the hands of a plastic surgeon who she thought was adequately trained in cosmetic procedures.

According to the coroner, Ms James's death was avoidable, but her surgeon delivered a "wholly inadequate clinical response" when complications developed. The Medical Board subsequently required him to undergo further education.

Up to 1000 women have recently been granted permission by the NSW Supreme Court to launch a class action against The Cosmetic Institute, whose head of surgery was a plastic surgeon. The case was brought after two women, aged 21 and 22, suffered life-threatening complications on the operating table at two Sydney clinics.

Separately, Les Blackstock had his registration cancelled under the Health Practitioner Regulation National Law by the NSW Civil and Administrative Tribunal. He promoted himself as a "cosmetic surgeon" but was in fact a registered medical practitioner without any cosmetic surgery qualifications.

And in Victoria, a patient recently had his leg amputated after botched calf-implant surgery at the hands of another plastic surgeon.

Given the AMC does not accredit any doctor as a specialist in cosmetic surgery, it is easy to understand why patients find it difficult to distinguish between a fellow of the Australasian College of Cosmetic

Surgery who has undergone a minimum of 12 years of training, including two years of dedicated cosmetic surgery training, and medical practitioners who do not have appropriate knowledge, training and skills to undertake and deliver high-quality cosmetic surgical outcomes.

The good news is there is a way to protect patients. Only doctors who are trained and have reached a recognised competency standard in cosmetic surgery should be allowed to call themselves a "cosmetic surgeon" in the same way only those trained and accredited in neurosurgery may call themselves a neurosurgeon.

Regulators should lead the way by introducing a national accreditation system for all medically qualified providers of cosmetic surgical procedures, irrespective of medical background and including AMC accredited plastic surgeons.

Such an objective benchmark would protect patients by allowing them to identify easily appropriately trained and skilled surgeons.

Victorians should not have to wait any longer for what senior health officials have already described as a "no-brainer".

What matters is competency. Acceptance of competency-based accreditation is fundamental to provide a better standard in cosmetic surgery and safer care for patients.

**DR PATRICK TANSLEY IS PRESIDENT OF THE AUSTRALASIAN COLLEGE OF COSMETIC SURGERY**