



Focus

SPECIAL REPORT

TAXPAYER BOOBYTRAP



Plastic surgeons accept some people will choose to venture overseas in search of cheap cosmetic surgery. What concerns them is that taxpayers are increasingly picking up the bill when things go bad. **DWAYNE GRANT** reports.

WHEN plastic surgeon Paul Belt tells his mates about the cosmetic surgery swindle unfolding within the walls of Medicare, their reaction doesn't surprise him.

After all, it's also how he feels.

"Most people get pretty angry," he says. "When that guy allegedly embezzled \$16 million (from Queensland Health) everyone was repulsed because he wasn't stealing from a rich corporation. He was stealing from a health care system that's struggling to provide an adequate level of care for ordinary people."

"Yet here we are talking about a loophole that is costing us millions of dollars every year – and it's getting worse."

The loophole is this – while medical services performed solely for cosmetic reasons are not covered by Medicare, hundreds of Australians are travelling overseas for cut-price cosmetic surgery and returning with complications that can then be claimed on the public purse.

And the worst part? Medicare can't even say how much the loophole is costing because doctors aren't required to declare if a patient's claim is related to previous cosmetic procedures.

"I've got no objection with people wanting to

THE MEDICARE RORT

go overseas to have surgery," veteran Southport plastic surgeon Ian McDougall says. "What I'm objecting to are (cosmetic tourism companies) promoting low-cost surgery and when people come back with complications, who pays for it? The taxpayer."

"The guy organising the trip should be paying for any complications. As the promoter he's gaining a percentage and he's got to wear some of the risk."

And there clearly are risks.

An Australian Society of Plastic Surgeons survey recently revealed more than half of its surgeons who conduct cosmetic tourism revisions had seen more patients requiring assistance compared to the previous year, with an average rise of 38 per cent.

The most common overseas procedures that required corrective treatment were breast surgery (68 per cent), facial surgery (15 per cent) and abdomen revisions (8 per cent).

Worryingly, more than two-thirds of the surgeons had cases they were unable to completely correct and almost half had seen complications that would have been life-threatening without corrective treatment.

A rising number of "dental tourists" are experiencing similar holiday hangovers. Unlike their cosmetic cousins, they are forced to pick up the tab as Medicare doesn't cover dentistry.

"We are picking up the bill for people who are looking to save money," says Dr Belt, ASPS's Queensland secretary-elect.

"We're talking about simple operations that are done badly . . . every week I see someone who has had surgery performed, particularly in Thailand, that is not to the standard we would regard acceptable here."

"In the last five weeks I've seen or heard of cases where an implant labelled 'Sample – Not for Implantation' was placed in a patient and a

breast augmentation was closed with a six-inch needle that went straight into the implant and cut through it.

"Another lady had eyelid surgery and they've taken so much skin she can't close her eyes. She now needs to have major reconstructive surgery . . . if these doctors were practising in this country I would be duty bound to report them."

"Medicare doesn't keep numbers on the cost but it's huge."

As is the impact cosmetic tourists can inadvertently have on the health of others.

"Not only are they costing the Government money but they often take the place of someone who has been on a public hospital waiting list for a long time," Dr Belt says.

"If we get an emergency case because of a failed breast implant, we may have to cancel someone's elective skin cancer operation."

The Federal Government clearly has concerns about the risks discount medical practices pose, with current "medical tourism" advisory warnings issued against countries including Thailand, Malaysia and India.

Dr McDougall wishes such concern extended to the taxpayer's hip pocket.

"Medicare should simply be told it can't cover these costs," he says. "That would make people think twice about whether they risk having these surgical procedures done overseas."

"Some still will and good luck to them, but at least they'll know there could be another cost at the end."

And that's something Dr Belt's mates would like the sound of.

"No Australian can be refused treatment in an Australian hospital – that's the whole ethos of Medicare," he says. "We should treat these people and correct their life-threatening conditions, but we should also report if it's a complication arising from overseas surgery. Then Medicare can hand them the bill."



Dr Ian McDougall is tired of the public paying for overseas surgeons' mistakes.

NIP/TUCK HOT SPOTS

The most popular destinations for cosmetic surgery holidays

