

## healthcare that builds community

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Department of Treasury Australian Government

## Submission in relation to review of Early Release of Superannuation to fund Essential Medical Procedures.

I am a general practitioner with full specialist registration with the Australian Health Practitioner Regulatory Agency. I work full time in Melbourne Victoria and I spend three days per week in routine general practice and two days per week in specialized clinics catering for gender diversity and sexual health.

I fully acknowledge that superannuation or other financial provision for later life and retirement is important.

However a proportion of the patients I see now have urgent medical needs that are not currently addressed or adequately addressed by the health system in Australia. The example of the funding of bariatric or obesity surgery is an appropriate one and the often quoted comment that without substantial weight loss many morbidly obese patients would never live to see their retirement is apt. In such a setting I may well strongly support an application for release of superannuation funds to support what may very well be life saving or life extending surgery.

Of far greater relevance to my present work is gender re assignment surgery. True pervasive gender dysphoria probably affects about one in two hundred people in Australia. Not all people with gender dysphoria need surgery to address their condition. However for a substantial proportion of this minority group such surgery may literally be life saving. Whilst a proportion of these people may be able to fund the relevant surgery and other requisite treatments, by their very nature of being marginalized many such clients are impoverished and have little chance of finding the necessary funds for the procedures they require. True gender dysphoria if unaddressed leads to a lifetime of significant mental illness with a substantial risk of suicide that is far higher than in the general community.

An appropriate and moral approach for people fitting into the groups listed above would be adequate provision of publicly funded bariatric surgery and gender re assignment surgery. Some provision already exists but in a quantity very much less than required. There would not seem to currently be any likelihood of such public provision being adequately increased to match the demand.

Until Australia provides a more equitable access to these life-changing and at times life-saving procedures, I strongly support the concept of release of superannuation funds, subject to the present protocol requiring two signatures, to permit access to necessary medical care.

Indeed I have written reports recommending such release of funds on a number of occasions and in all the cases in which I have been involved the relevant funds have subsequently been released.

Many of the questions and issues raised in the discussion document are pertinent. It is totally reasonable that the regulator—have power to investigate the realistic cost of the planned medical procedure whether it is bariatric surgery or gender re-assignment surgery. In my limited experience the sum available for early release from superannuation funds is often less than the cost of the planned surgery in the marginalized groups whom I treat. This presumably lessens the likelihood of opportunism by the treating specialist in overcharging in the knowledge that superannuation funds are being used. Notwithstanding this, the regulator should have the power to investigate costs.

I believe that a general medical practitioner who is very acquainted with the patient's situation is very well placed to recommend release of superannuation. The specialist opinion most definitely should come from a relevant specialist who may well be a psychiatrist; or in the case of bariatric surgery, an endocrinologist or similar relevant specialist.

Yours sincerely

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