
2. The Authority is of the view that there is sound medical-scientific evidence that indicates that cerebrovascular accident and death from cerebrovascular accident can be related to particular kinds of service. The Authority has therefore determined pursuant to subsection 196B(2) of the VEA a Statement of Principles, Instrument No. 51 of 2006 concerning cerebrovascular accident. This Instrument will in effect replace the revoked Statements of Principles.

3. The provisions of the Military Rehabilitation and Compensation Act 2004 (‘the MRCA’) relating to claims for compensation commenced on 1 July 2004. Claims under section 319 of the MRCA for acceptance of liability for a service injury sustained, a service disease contracted or service death on or after 1 July 2004 are determined by the Military Rehabilitation and Compensation Commission by reference to Statements of Principles issued by the Authority pursuant to the VEA.

4. The Statement of Principles sets out the factors that must as a minimum exist, and which of those factors must be related to the following kinds of service rendered by a person:
   - operational service under the VEA;
   - peacekeeping service under the VEA;
   - hazardous service under the VEA;
   - warlike service under the MRCA;
   - non-warlike service under the MRCA,
before it can be said that a reasonable hypothesis has been raised connecting
cerebrovascular accident or death from cerebrovascular accident, with the
circumstances of that service.

5. This new instrument results from an investigation notified by the Authority in the
Government Notices Gazette of 15 June 2005 concerning cerebrovascular
accident in accordance with section 196G of the Act. The investigation involved
an examination of the sound medical-scientific evidence now available to the
Authority, including the sound medical-scientific evidence it has previously
considered.

6. The contents of the new Instrument are in similar terms as the revoked
Instruments. Comparing the new and the revoked Instruments, the differences
include:

- adopting the latest revised Instrument format, which commenced in 2005;
- deleting the ICD code from the Instrument header;
- revising the definition of ‘cerebrovascular accident’ in clause 3;
- rewording factor 6(a) concerning hypertension;
- rewording factor 6(b) concerning physical activity;
- rewording factor 6(c) concerning a category 1A stressor;
- rewording factor 6(d) concerning panic disorder;
- new factor 6(e) concerning depressive disorder;
- rewording factor 6(f) concerning alcohol;
- rewording factor 6(g) concerning infection;
- rewording factor 6(h) concerning vasculitis;
- new factor 6(i) concerning disease of the cerebral vessels;
- rewording factor 6(k) concerning drug use;
- new factor 6(l) concerning serotonergic drugs;
- new factor 6(m) concerning heat stroke;
- new factor 6(n) concerning envenomation;
- expanding factor 6(o)(i) & (ii) concerning smoking;
- new factor 6(o)(iii) concerning passive smoking;
- rewording factor 6(o)(iv) concerning diabetes mellitus;
- new factor 6(o)(v) concerning dyslipidaemia (this incorporates the previous
  cholesterol factor);
- new factor 6(o)(vi) concerning nonsteroidal anti-inflammatory class of
  drugs;
- new factor 6(o)(vii) concerning intravenous immunoglobulin;
- rewording factor 6(o)(viii) concerning combined oral contraceptive pill;
- new factor 6(o)(ix) concerning hormone replacement therapy;
- new factor 6(o)(x) concerning tamoxifen;
- rewording factor 6(o)(xi) concerning cerebral embolus;
- rewording factor 6(o)(xii) concerning disease of the precerebral artery;
- rewording factor 6(o)(xiii) concerning cerebral vasospasm;
- rewording factor 6(o)(xiv) concerning haematological disorder;
- rewording factor 6(o)(xv) concerning acute hypotensive episode;
- new factor 6(o)(xvi) concerning sleep apnoea;
• rewording factor 6(o)(xviii) concerning hyperhomocysteinaemia;
• rewording factor 6(o)(xix) concerning nephrotic syndrome;
• rewording factor 6(o)(xx) concerning trauma;
• expanding factor 6(o)(xxi) concerning artery obstruction;
• new factor 6(p)(i) concerning smoking;
• rewording factor 6(p)(iii) concerning aspirin;
• rewording factor 6(p)(v) concerning haematological disorder;
• rewording factor 6(p)(vi) concerning intracerebral space occupying lesion;
• rewording factor 6(p)(vii) concerning head injury;
• rewording factor 6(p)(viii) concerning intracranial surgery;
• expanding factor 6(p)(ix) concerning cerebral aneurysm and cerebral vascular malformation;
• new factor 6(p)(x) concerning acute hypertensive episode;
• new factor 6(p)(xi) concerning tyramine and monoamine oxidase inhibitor;
• revising the definitions of 'a haematological disorder from the specified list of haematological disorders that are associated with a hypercoagulable state'; 'a haematological disorder from the specified list of haematological disorders that are associated with an excessive bleeding tendency'; 'a potential source of cerebral embolus'; 'alcohol'; 'anticoagulant therapy'; cerebral ischaemia'; 'cigarettes per day or the equivalent thereof in other tobacco products'; 'precerebral artery'; 'puerperal period'; 'relevant service'; 'thrombolytic therapy'; and 'trauma to the neck or the base of the skull', in clause 9;
• deleting definitions of 'ICD-9-CM code'; 'inflammatory vascular disease'; 'panic disorder'; 'specified list of conditions leading to cerebral vasospasm'; thrombocytopenia'; and 'vertebrobasilar ischaemia', from clause 9;
• including new definitions of 'a category 1A stressor'; 'a course of therapeutic radiation'; 'a disease of the cerebral vessels from the specified list'; 'a drug from the specified list'; 'an acute hypertensive episode'; 'cerebral infection'; 'dyslipidaemia'; 'exertional heat stroke'; 'hormone replacement therapy'; 'ICD-10-AM code'; 'intravascular lymphomatosis'; 'MET'; and 'pack year of cigarettes or the equivalent thereof in other tobacco products', in clause 9; and
• specifying a date of effect for the Instrument in clause 11.

7. Further changes to the format of the Instrument reflect the commencement of the MRCA and clarify that pursuant to subsection 196B(3A) of the VEA, the Statement of Principles has been determined for the purposes of both the VEA and the MRCA.

8. Prior to determining this instrument, the Authority advertised its intention to undertake an investigation in relation to cerebrovascular accident in the Government Notices Gazettes of 15 June 2005, and circulated a copy of the notice of intention to investigate to a wide range of organisations representing veterans, service personnel and their dependants. The Authority invited submissions from the Repatriation Commission, organisations and persons referred to in section 196E of the VEA, and any person having expertise in the field. Three submissions were received for consideration by the Authority during the investigation.

10. A list of references relating to the above condition is available, on written request, from the Repatriation Medical Authority Secretariat.