1. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA) revokes Instrument No. 133 of 1995 determined under subsection 196B(2) of the VEA concerning **benign prostatic hypertrophy** and **death from benign prostatic hypertrophy**.

2. The Authority is of the view that there is sound medical-scientific evidence that indicates that **benign prostatic hyperplasia** and **death from benign prostatic hyperplasia** 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. 19 of 2008 concerning benign prostatic hyperplasia. This Instrument will in effect replace the revoked Statement 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 **benign prostatic hyperplasia** or **death from benign prostatic hyperplasia**, with the circumstances of that service.
5. This new instrument results from an investigation notified by the Authority in the Government Notices Gazette of 28 June 2006 concerning benign prostatic hypertrophy in accordance with section 196G of the VEA. 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 Instrument. Comparing the new and the revoked Instruments, the differences include:

- renaming the Statement of Principles 'benign prostatic hyperplasia' which was previously known as 'benign prostatic hypertrophy';
- adopting the latest revised Instrument format, which commenced in 2005;
- deleting the ICD code from the Instrument header;
- new definition of 'benign prostatic hyperplasia' in clause 3 in lieu of the definition for 'benign prostatic hypertrophy';
- new factors 6(a) & 6(b) concerning 'physical activity';
- new definitions of 'death from benign prostatic hyperplasia', 'ICD-10-AM code', 'MET', 'relevant service' and 'terminal event' in clause 9;
- deleting definition of 'ICD code'; 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 benign prostatic hypertrophy in the Government Notices Gazette of 28 June 2006, 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. No 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.