Statement of Principles concerning erectile dysfunction No. 43 of 2013

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 18 September 2017
Includes amendments up to: Veterans' Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017) (F2017L01067)

The day of commencement of this Amendment Determination is 18 September 2017.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane
About this compilation

This compilation
This is a compilation of the *Statement of Principles concerning erectile dysfunction No. 43 of 2013* that shows the text of the law as amended and in force on 18 September 2017.

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments
The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments
If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Modifications
If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions
If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.
Statement of Principles concerning

ERECTILE DYSFUNCTION

No. 43 of 2013

for the purposes of the

Veterans’ Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title

1. This Instrument may be cited as Statement of Principles concerning erectile dysfunction No. 43 of 2013.

 Determination

2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):

   (a) revokes Instrument No. 17 of 2005 concerning erectile dysfunction; and

   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about erectile dysfunction and death from erectile dysfunction.

   (b) For the purposes of this Statement of Principles, "erectile dysfunction" means persistent or recurrent inability to develop or
maintain an erection adequate for sexual intercourse. This definition excludes transient failure of erection due to fatigue, situational anxiety, alcohol or drugs.

**Basis for determining the factors**

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **erectile dysfunction** and **death from erectile dysfunction** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the **Military Rehabilitation and Compensation Act 2004** (the MRCA).

**Factors that must be related to service**

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

**Factors**

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **erectile dysfunction** or **death from erectile dysfunction** with the circumstances of a person’s relevant service is:

   (a) having a clinically significant psychiatric disorder from the specified list at the time of the clinical onset of erectile dysfunction; or

   (b) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of erectile dysfunction; or

   (c) the presence of hypertension at the time of the clinical onset of erectile dysfunction; or

   (d) being obese at the time of the clinical onset of erectile dysfunction; or

   (e) an inability to undertake any physical activity greater than three METs for at least the five years before the clinical onset of erectile dysfunction; or

   (f) having a specified medical condition at the time of the clinical onset of erectile dysfunction; or

   (g) having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the lower abdomen, pelvis, penis or perineal region within the ten years before the clinical onset of erectile dysfunction; or

   (h) undergoing a course of therapeutic radiation for cancer, where the lower abdomen, pelvis, penis or perineal region was in the field of
radiation, within the ten years before the clinical onset of erectile dysfunction; or

(i) having a specified endocrinological disorder at the time of the clinical onset of erectile dysfunction; or

(j) experiencing blunt or penetrating trauma to the external genitals, perineum or pelvis, including surgical trauma, within the three months before the clinical onset of erectile dysfunction; or

(k) having surgery to the prostate, excluding biopsy, within the three months before the clinical onset of erectile dysfunction; or

(l) experiencing a traumatic injury, including surgery, that results in acute and permanent neurological sequelae involving the brain, spinal cord, thoracolumbar nerve roots, cauda equina or the somatic or autonomic nerve supply to the penis, within the three months before the clinical onset of erectile dysfunction; or

(m) having a specified neurological disorder at the time of the clinical onset of erectile dysfunction; or

(n) having chronic renal disease requiring renal transplantation or dialysis at the time of the clinical onset of erectile dysfunction; or

(o) having a renal transplantation before the clinical onset of erectile dysfunction; or

(p) being treated with a drug or a drug from a class of drugs from the specified list at the time of the clinical onset of erectile dysfunction; or

(q) having ischaemic priapism for a continuous period of at least the four hours before the clinical onset of erectile dysfunction; or

(r) having Peyronie’s disease before the clinical onset of erectile dysfunction; or

(s) having a condition from the specified list which causes lower urinary tract symptoms, for the three months before the clinical onset of erectile dysfunction; or

(t) inhaling, ingesting or having cutaneous contact with a specified organic solvent, on more days than not, for a cumulative period of at least six months within the two years before the clinical onset of erectile dysfunction; or

(u) having a clinically significant psychiatric disorder from the specified list at the time of the clinical worsening of erectile dysfunction; or
(v) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of erectile dysfunction; or

(w) the presence of hypertension at the time of the clinical worsening of erectile dysfunction; or

(x) being obese at the time of the clinical worsening of erectile dysfunction; or

(y) an inability to undertake any physical activity greater than three METs for at least the five years before the clinical worsening of erectile dysfunction; or

(z) having a specified medical condition at the time of the clinical worsening of erectile dysfunction; or

(aa) having received a cumulative equivalent dose of at least 0.5 sievert of ionising radiation to the lower abdomen, pelvis, penis or perineal region within the ten years before the clinical worsening of erectile dysfunction; or

(bb) undergoing a course of therapeutic radiation for cancer, where the lower abdomen, pelvis, penis or perineal region was in the field of radiation, within the ten years before the clinical worsening of erectile dysfunction; or

(cc) having a specified endocrinological disorder at the time of the clinical worsening of erectile dysfunction; or

(dd) experiencing blunt or penetrating trauma to the external genitals, perineum or pelvis, including surgical trauma, within the three months before the clinical worsening of erectile dysfunction; or

(ee) having surgery to the prostate, excluding biopsy, within the three months before the clinical worsening of erectile dysfunction; or

(ff) experiencing a traumatic injury, including surgery, that results in acute and permanent neurological sequelae involving the brain, spinal cord, thoracolumbar nerve roots, cauda equina or the somatic or autonomic nerve supply to the penis, within the three months before the clinical worsening of erectile dysfunction; or

(gg) having a specified neurological disorder at the time of the clinical worsening of erectile dysfunction; or

(hh) having chronic renal disease requiring renal transplantation or dialysis at the time of the clinical worsening of erectile dysfunction; or
(ii) having a renal transplantation before the clinical worsening of erectile dysfunction; or
(jj) being treated with a drug or a drug from a class of drugs from the specified list at the time of the clinical worsening of erectile dysfunction; or
(kk) having ischaemic priapism for a continuous period of at least the four hours before the clinical worsening of erectile dysfunction; or
(ll) having Peyronie’s disease before the clinical worsening of erectile dysfunction; or
(mm) having a condition from the specified list which causes lower urinary tract symptoms, for the three months before the clinical worsening of erectile dysfunction; or
(nn) inhaling, ingesting or having cutaneous contact with a specified organic solvent, on more days than not, for a cumulative period of at least six months within the two years before the clinical worsening of erectile dysfunction; or
(oo) inability to obtain appropriate clinical management for erectile dysfunction.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(u) to 6(oo) apply only to material contribution to, or aggravation of, erectile dysfunction where the person’s erectile dysfunction was suffered or contracted before or during (but not arising out of) the person’s relevant service.

Inclusion of Statements of Principles

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

"a clinically significant psychiatric disorder from the specified list" means one of the following conditions, which is of sufficient severity to warrant ongoing management, which may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner:
(a) alcohol dependence;
(b) anxiety disorder;
(c) major depressive episode or mixed episode of bipolar disorder;
(d) depressive disorder; or
(e) posttraumatic stress disorder;

"a condition from the specified list which causes lower urinary tract symptoms" means:
(a) benign prostatic hyperplasia;
(b) bladder outlet obstruction;
(c) overactive bladder;
(d) prostatitis; or
(e) a condition which presents with urinary storage, voiding or post-micturition symptoms;

"a drug or a drug from a class of drugs from the specified list" means:
(a) antiandrogens, including finasteride, dutasteride and cyproterone acetate;
(b) anticholinergics, including atropine, scopolamine and benztrpine mesylate;
(c) antidepressants, including tricyclic antidepressants, monoamine oxidase inhibitors and selective serotonin reuptake inhibitors;
(d) antiemetics, including prochlorperazine, metoclopramide and domperidone;
(e) antiepileptics, including barbiturates, carbamazepine, phenytoin and sodium valproate;
(f) antihypertensive agents, including beta-blockers, central acting sympatholytics, angiotensin converting enzyme inhibitors and calcium channel blockers, but excluding alpha-blockers;
(g) antipsychotics, including phenothiazines, butyrophenones, risperidone and clozapine;
(h) cytotoxic agents, including alkylating agents, antimetabolites, vinca alkaloids, cisplatin, etoposide and bleomycin;
(i) digoxin;
(j) diuretics, including loop diuretics, thiazides and spironolactone;
(k) histamine H2-receptor antagonists, including cimetidine and ranitidine;
(l) lipid lowering drugs, including statins and fibrates;
(m) lithium;
(n) narcotics;
(o) oral ketoconazole;
(p) steroid or sex hormones, including oestrogen, progesterone, corticosteroids, anabolic steroids and testosterone; or
(q) tranquillizers, including benzodiazepines;
"a specified endocrinological disorder" means a disorder of the endocrine system which can result in sexual dysfunction, and includes:

(a) acromegaly;
(b) Cushing’s syndrome;
(c) hyperprolactinaemia;
(d) hyperthyroidism;
(e) hypogonadism;
(f) hypothyroidism;
(g) panhypopituitarism;
(h) pituitary gland adenoma;
(i) pituitary or hypothalamic dysfunction; or
(j) testicular hypofunction;

"a specified organic solvent" means:

(a) a ketone;
(b) an acetate;
(c) an aromatic hydrocarbon solvent; or
(d) carbon disulphide;

"a specified medical condition" means:

(a) atherosclerotic peripheral vascular disease;
(b) cirrhosis of the liver;
(c) diabetes mellitus;
(d) iron overload;
(e) ischaemic heart disease;
(f) malignant neoplasm of the reproductive organs;
(g) non-aneurysmal aortic atherosclerotic disease;
(h) sleep apnoea; or
(i) systemic sclerosis;

"a specified neurological disorder" means:

(a) a lesion of the temporal lobe;
(b) cerebrovascular accident;
(c) epilepsy;
(d) Guillain-Barre syndrome;
(e) multiple sclerosis;
(f) multiple system atrophy;
(g) Parkinson’s disease or secondary parkinsonism;
(h) peripheral autonomic neuropathy; or
(i) compression, neoplasm, infection or inflammation of the brain, spinal cord, thoracolumbar nerve roots, cauda equina or the somatic or autonomic nerve supply to the penis;
"acromegaly" means a chronic disease of adults resulting from hypersecretion of growth hormone after closure of the epiphyses;

"being obese" means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of thirty or greater.

The BMI = W/H^2 and where:
W is the person’s weight in kilograms; and
H is the person’s height in metres;

"blunt or penetrating trauma" means an injury that results in pain and swelling or tenderness for at least forty-eight hours and which is of sufficient severity to warrant medical attention;

"cumulative equivalent dose" means the total dose of ionising radiation received by the particular organ or tissue from external exposure, internal exposure or both, apart from normal background radiation exposure in Australia, calculated in accordance with the methodology set out in Guide to calculation of 'cumulative equivalent dose' for the purpose of applying ionising radiation factors contained in Statements of Principles determined under Part XIA of the Veterans' Entitlements Act 1986 (Cth), Australian Radiation Protection and Nuclear Safety Agency, as in force on 2 August 2017;

Note 1: Examples of circumstances that might lead to exposure to ionising radiation include being present during or subsequent to the testing or use of nuclear weapons, undergoing diagnostic or therapeutic medical procedures involving ionising radiation, and being a member of an aircrew, leading to increased levels of exposure to cosmic radiation.

Note 2: For the purpose of dose reconstruction, dose is calculated as an average over the mass of a specific tissue or organ. If a tissue is exposed to multiple sources of ionising radiation, the various dose estimates for each type of radiation must be combined.

"death from erectile dysfunction" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s erectile dysfunction;

"iron overload" means an accumulation of excess iron in tissues and organs which has been confirmed by elevated ferritin or transferrin saturation levels. Causes include haemochromatosis or blood transfusions;

"ischaemic priapism" means a persistent erection marked by rigidity of the corpora cavernosa, and little or no cavernous arterial inflow;

"malignant neoplasm of the reproductive organs" means:
(a) malignant neoplasm of the penis or other male genital organs;
(b) malignant neoplasm of the prostate; or
(c) malignant neoplasm of the testis or paratesticular tissues;
"MET" means a unit of measurement of the level of physical exertion.  
1 MET = 3.5 ml of oxygen/kg of body weight per minute, or 1.0 kcal/kg of 
body weight per hour, or resting metabolic rate;

"pack-years of cigarettes, or the equivalent thereof in other tobacco 
products" means a calculation of consumption where one pack-year of 
cigarettes equals 20 tailor-made cigarettes per day for a period of one calendar 
year, or 7300 cigarettes.  One tailor-made cigarette approximates one gram of 
tobacco or one gram of cigar or pipe tobacco by weight.  One pack-year of 
tailor-made cigarettes equates to 7.3 kilograms of smoking tobacco by weight.  Tobacco products means either cigarettes, pipe tobacco or cigars, smoked 
alone or in any combination;

"Peyronie’s disease" means induration of the corpora cavernosa of the penis, 
characterised by a circumscribed, firm, painless plaque or band, usually 
situated on the dorsum of the penis;

"relevant service" means:
(a) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(d) British nuclear test defence service under the VEA;
(e) warlike service under the MRCA; or
(f) non-warlike service under the MRCA;

"terminal event" means the proximate or ultimate cause of death and 
includes:
(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function.

Application
10.  This Instrument applies to all matters to which section 120A of the VEA or 
section 338 of the MRCA applies.

Date of effect
11.  This Instrument takes effect from 3 July 2013.
Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes
Endnote 2—Abbreviation key
Endnote 3—Legislation history
Endnote 4—Amendment history

Abbreviation key—Endnote 2
The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4
Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Misdescribed amendments
A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.
## Endnote 2—Abbreviation key

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### Endnote 3—Legislation history

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**Endnote 4—Amendment history**

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