Statement of Principles concerning peritoneal adhesions (Reasonable Hypothesis) (No. 3 of 2016)

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 peritoneal adhesions (Reasonable Hypothesis) (No. 3 of 2016)* 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If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.
The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the Veterans’ Entitlements Act 1986.

Dated 18 December 2015
## Contents

1. Name .................................................................................................................................................. 3
2. Commencement .................................................................................................................................. 3
3. Authority ........................................................................................................................................... 3
4. Revocation ........................................................................................................................................ 3
5. Application ......................................................................................................................................... 3
6. Definitions ......................................................................................................................................... 3
7. Kind of injury, disease or death to which this Statement of Principles relates ............................... 3
8. Basis for determining the factors ...................................................................................................... 4
9. Factors that must exist ....................................................................................................................... 4
10. Relationship to service ...................................................................................................................... 5
11. Factors referring to an injury or disease covered by another Statement of Principles .................. 5

### Schedule 1 - Dictionary

1. Definitions ......................................................................................................................................... 6
1 Name
This is the Statement of Principles concerning peritoneal adhesions (Reasonable Hypothesis) (No. 3 of 2016).

2 Commencement
This instrument commences on 25 January 2016.

3 Authority
This instrument is made under subsection 196B(2) of the Veterans’ Entitlements Act 1986.

4 Revocation
The Statement of Principles concerning peritoneal adhesions No. 103 of 2007 made under subsection 196B(2) of the VEA is revoked.

5 Application
This instrument applies to a claim to which section 120A of the VEA or section 338 of the Military Rehabilitation and Compensation Act 2004 applies.

6 Definitions
The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

(1) This Statement of Principles is about peritoneal adhesions and death from peritoneal adhesions.

Meaning of peritoneal adhesions

(2) For the purposes of this Statement of Principles, peritoneal adhesions means pathological bonds that abnormally join abdominopelvic organs to each other, or to the abdominal wall or diaphragm. The adhesions may consist of a thin film of connective tissue, a thick fibrous bridge containing blood vessels and nerve tissue, or a direct adhesion between two organ surfaces.

(3) While peritoneal adhesions attracts ICD-10-AM code K66.0, K56.5, N73.6 or N99.4, in applying this Statement of Principles the meaning of peritoneal adhesions is that given in subsection (2).

**Death from peritoneal adhesions**

(5) For the purposes of this Statement of Principles, peritoneal adhesions, in relation to a person, includes death from a terminal event or condition that was contributed to by the person’s peritoneal adhesions.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

**8 Basis for determining the factors**

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that peritoneal adhesions and death from peritoneal adhesions 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 MRCA.

Note: *relevant service* is defined in the Schedule 1 – Dictionary.

**9 Factors that must exist**

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting peritoneal adhesions or death from peritoneal adhesions with the circumstances of a person’s relevant service:

1. having intra-abdominal or pelvic surgery at least two days before the clinical onset of peritoneal adhesions;
2. having peritonitis at least two days before the clinical onset of peritoneal adhesions;
3. having a disease from the specified list of inflammatory diseases involving the peritoneum or peritoneal cavity at least two days before the clinical onset of peritoneal adhesions;
4. having a perforation of the peritoneum at least two days before the clinical onset of peritoneal adhesions;
5. having penetrating trauma to the peritoneum or major blunt trauma to the abdominopelvic region at least two days before the clinical onset of peritoneal adhesions;

Note: *specified list of inflammatory diseases* is defined in the Schedule 1 - Dictionary.
Note: *major blunt trauma* is defined in the Schedule 1 - Dictionary.

(6) having a bacterial or fungal infection involving the peritoneal cavity at least two days before the clinical onset of peritoneal adhesions;

(7) undergoing a course of therapeutic radiation for cancer, where the abdominopelvic region was in the field of radiation, at least four weeks before the clinical onset of peritoneal adhesions;

(8) having received a cumulative equivalent dose of at least ten sieverts of ionising radiation to the abdominopelvic region at least four weeks before the clinical onset of peritoneal adhesions;

Note: *cumulative equivalent dose* is defined in the Schedule 1 - Dictionary.

(9) undergoing intraperitoneal chemotherapy or intraperitoneal dialysis at least two days before the clinical onset of peritoneal adhesions;

(10) having a primary or secondary malignant neoplasm involving the peritoneum at least two days before the clinical onset of peritoneal adhesions;

(11) inability to obtain appropriate clinical management for peritoneal adhesions.

10 Relationship to service

(1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.

(2) The factor set out in subsection 9(11) applies only to material contribution to, or aggravation of, peritoneal adhesions where the person’s peritoneal adhesions was suffered or contracted before or during (but did not arise out of) the person’s relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

(1) if a factor referred to in section 9 applies in relation to a person; and

(2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.
Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

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.

major blunt trauma means severe, non-penetrating trauma that causes the immediate development of pain and tenderness lasting for a period of at least three days.


peritoneal adhesions—see subsection 7(2).

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.

specified list of inflammatory diseases means:
(a) appendicitis;
(b) cholecystitis;
(c) diverticular disease of the colon with diverticulitis;
(d) endometriosis;
(e) inflammatory bowel disease;
(f) pancreatitis;
(g) pelvic inflammatory disease; or
(h) another condition that causes serosal inflammation.

**terminal event** means the proximate or ultimate cause of death and includes the following:

(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function.

**VEA** means the *Veterans' Entitlements Act 1986*. 
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.
Endnotes

Endnote 2—Abbreviation key

ad = added or inserted
am = amended
amdt = amendment
c = clause(s)
C[x] = Compilation No. x
Ch = Chapter(s)
def = definition(s)
Dict = Dictionary
disallowed = disallowed by Parliament
Div = Division(s)
exp = expires/expired or ceases/ceased to have effect
F = Federal Register of Legislation
gaz = gazette
LA = Legislation Act 2003
LIA = Legislative Instruments Act 2003
(md) = misdescribed amendment can be given effect
(md not incorp) = misdescribed amendment cannot be given effect
mod = modified/modification
No. = Number(s)
o = order(s)
Ord = Ordinance
orig = original
par = paragraph(s)/subparagraph(s)
/ sub-subparagraph(s)
pres = present
prev = previous
(prev…) = previously
Pt = Part(s)
disallowed
reloc = relocated
renum = renumbered
rep = repealed
rs = repealed and substituted
s = section(s)/subsection(s)
Sch = Schedule(s)
Sdiv = Subdivision(s)
SLI = Select Legislative Instrument
SR = Statutory Rules
Sub-Ch = Sub-Chapter(s)
SubPt = Subpart(s)
underlining = whole or part not commenced or to be commenced
### Endnote 3—Legislation history

<table>
<thead>
<tr>
<th>Name</th>
<th>Registration</th>
<th>Commencement</th>
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<td>F2016L00004</td>
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<td>18 September 2017</td>
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### Endnote 4—Amendment history

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<thead>
<tr>
<th>Provision affected</th>
<th>How affected</th>
</tr>
</thead>
</table>
| Schedule 1 – Dictionary  
- "cumulative equivalent dose"……. | rs. No. 58 of 2017 |