

Statement of Principles
concerning

DIVERTICULAR DISEASE OF THE COLON

No. 13 of 2008

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 diverticular disease of the colon No. 13 of 2008.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 67 of 1994, as amended by Instrument No. 87 of 1997, concerning diverticular disease of the colon; and
 - (b) determines in their place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **diverticular disease of the colon** and **death from diverticular disease of the colon**.
 - (b) For the purposes of this Statement of Principles, "**diverticular disease of the colon**" means acquired herniations (diverticula) of the mucosa of the colon through the muscular layers of the bowel wall, termed diverticulosis, and such herniations may become inflamed, termed diverticulitis.
 - (c) Diverticular disease of the colon attracts ICD-10-AM code K57.2 or K57.3.

- (d) In the application of this Statement of Principles, the definition of "**diverticular disease of the colon**" is that given at paragraph 3(b) above.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **diverticular disease of the colon** and **death from diverticular disease of the colon** 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 **diverticular disease of the colon** or **death from diverticular disease of the colon** with the circumstances of a person's relevant service is:
- (a) having scleroderma before the clinical onset of diverticular disease of the colon; or
 - (b) an inability to consume an average daily intake of at least 30 grams of dietary fibre (or a total of 36 500 grams of dietary fibre) over a continuous period of at least the five years before the clinical onset of diverticular disease of the colon; or
 - (c) for diverticulitis only,
 - (i) using a drug belonging to the nonsteroidal anti-inflammatory class of drugs on more days than not, for a continuous period of at least the one month before the clinical worsening of diverticular disease of the colon; or
 - (ii) using a systemic corticosteroid drug (other than topical or inhaled) on more days than not, for a continuous period of at least the one month before the clinical worsening of diverticular disease of the colon ; or
 - (d) inability to obtain appropriate clinical management for diverticular disease of the colon.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(c) to 6(d)** apply only to material contribution to, or aggravation of, diverticular disease of the colon where the person's diverticular disease of the colon 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:

"death from diverticular disease of the colon" in relation to a person includes death from a terminal event or condition that was contributed to by the person's diverticular disease of the colon;

"dietary fibre" means the complex carbohydrates of plant origin consumed as vegetables, fruits, cereals or supplements which resist digestion by gastrointestinal enzymes in the gastrointestinal tract, and include plant cell walls and non-starch polysaccharides from sources other than cell walls, including cellulose and pectins;

"ICD-10-AM code" means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), Fifth Edition, effective date of 1 July 2006, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 772 3;

"relevant service" means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

"scleroderma" means a multisystem disorder characterised by the association of vascular abnormalities, connective tissue sclerosis and atrophy, and autoimmune changes;

"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 5 March 2008.

Dated this **twentieth** day of
 February 2008

The Common Seal of the)
Repatriation Medical Authority)
was affixed to this instrument)
in the presence of:)

KEN DONALD
CHAIRPERSON