



**Australian Government**  
**Repatriation Medical Authority**

**REPATRIATION MEDICAL AUTHORITY**

**INSTRUMENT NO. 23 of 2013**

***VETERANS' ENTITLEMENTS ACT 1986***  
***MILITARY REHABILITATION AND COMPENSATION ACT 2004***

**EXPLANATORY NOTES FOR TABLING**

1. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA) revokes Instrument No. 21 of 2000 determined under subsection 196B(2) of the VEA concerning **goitre** and **death from goitre**.
2. The Authority is of the view that there is sound medical-scientific evidence that indicates that **goitre** and **death from goitre** 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. 23 of 2013 concerning goitre. 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;
  - British nuclear test defence 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 goitre or death from goitre, with the circumstances of that service.

5. This Instrument results from an investigation notified by the Authority in the Government Notices Gazette of 30 June 2010 concerning goitre 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 this Instrument are in similar terms as the revoked Instrument. Comparing this Instrument and the revoked Instrument, 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 'goitre' in clause 3;
  - revising factors 6(a) & 6(k) concerning 'being iodine deficient';
  - new factors 6(b) & 6(l) concerning 'having iodine excess';
  - revising factors 6(c) & 6(m) concerning 'being treated with a drug or a drug from a class of drugs';
  - revising factors 6(d) & 6(n) concerning 'being treated with amiodarone';
  - revising factors 6(e) & 6(o) concerning 'radiographic contrast agent';
  - revising factors 6(f) & 6(p) concerning 'smoking';
  - revising factors 6(g) & 6(q) concerning 'a specified form of thyroiditis';
  - new factors 6(h) & 6(r) concerning 'a chronic infiltrative or infectious disease of the thyroid gland';
  - revising factors 6(i)(i) & 6(s)(i) concerning 'ionising radiation', for non-toxic thyroid adenoma and non-toxic multinodular goitre only;
  - new factors 6(i)(ii) & 6(s)(ii) concerning 'a course of therapeutic radiation', for non-toxic thyroid adenoma and non-toxic multinodular goitre only;
  - new factors 6(j) & 6(t) concerning 'chronic renal disease';
  - deleting factors concerning 'amyloidosis' as they are now covered by factors 6(h) & 6(r) concerning 'a chronic infiltrative or infectious disease of the thyroid gland';
  - deleting factors concerning 'hypothyroidism', 'hyperthyroidism' and 'being treated with an anti-thyroid drug';
  - new definitions of 'a chronic infiltrative or infectious disease', 'a drug or a drug from a class of drugs from the specified list', 'a specified form of thyroiditis', 'being iodine deficient', 'having iodine excess' and 'the recommended iodine intake' in clause 9;
  - revising the definitions of 'cumulative equivalent dose', 'pack-years of cigarettes, or the equivalent thereof in other tobacco products' and 'relevant service' in clause 9;
  - deleting the definitions of 'amyloidosis', 'atomic radiation', 'being treated with a specified drug', 'being treated with an anti-thyroid drug', 'hyperthyroidism', 'hypothyroidism', 'ICD-10-AM code', 'iodine deficiency' and 'thyroiditis'; 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 goitre in the Government Notices Gazette of 30 June 2010, 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.
9. On 7 December 2012, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instrument and the medical-scientific material considered by the Authority. This letter emphasised the deletion of factors relating to *suffering from hypothyroidism or hyperthyroidism* and *being treated with an anti-thyroid drug*. The Authority provided an opportunity to the organisations to make representations in relation to the proposed Instrument prior to its determination. No submissions were received for consideration by the Authority. Minor changes were made to the proposed Instrument following this consultation process.
10. This instrument is compatible with the Human Rights and Freedoms recognised or declared in the International Instruments listed in Section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*. A Statement of Compatibility with Human Rights follows.
11. The determining of this Instrument finalises the investigation in relation to goitre as advertised in the Government Notices Gazette of 30 June 2010.
12. A list of references relating to the above condition is available to any person or organisation referred to in subsection 196E(1)(a) to (c) of the VEA. Any such request must be made in writing to the Repatriation Medical Authority at the following address:

The Registrar  
Repatriation Medical Authority  
GPO Box 1014  
BRISBANE QLD 4001



**Australian Government**  
**Repatriation Medical Authority**

## **Statement of Compatibility with Human Rights**

*(Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011)*

**Instrument No.:** **Statement of Principles No. 23 of 2013**

**Kind of Injury, Disease or Death:** **Goitre**

This Legislative Instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

### **Overview of the Legislative Instrument**

1. This Legislative Instrument is determined pursuant to subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA) for the purposes of the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA).
2. This Legislative Instrument:-
  - facilitates claimants in making, and the Repatriation Commission in assessing, claims under the VEA and the MRCA respectively, by specifying the circumstances in which medical treatment and compensation can be extended to eligible persons who have goitre;
  - facilitates the review of such decisions by the Veterans' Review Board and the Administrative Appeals Tribunal;
  - outlines the factors which the current sound medical-scientific evidence indicates must as a minimum exist, before it can be said that a reasonable hypothesis has been raised, connecting goitre with the circumstances of eligible service rendered by a person, as set out in clause 4 of the Explanatory Notes;
  - replaces Instrument No. 21 of 2000; and
  - reflects developments in the available sound medical-scientific evidence concerning goitre which have occurred since that earlier instrument was determined.
3. The Instrument is assessed as being a technical instrument which improves the medico-scientific quality of outcomes under the VEA and the MRCA.

## Human Rights Implications

4. This Legislative Instrument does not derogate from any human rights. It promotes the human rights of veterans, current and former Defence Force members as well as other persons such as their dependents, including:
- the right to social security (Art 9, *International Covenant on Economic, Social and Cultural Rights*; Art 26, *Convention on the Rights of the Child* and Art 28, *Convention on the Rights of Persons with Disabilities*) by helping to ensure that the qualifying conditions for the benefit are 'reasonable, proportionate and transparent'<sup>1</sup>;
  - the right to an adequate standard of living (Art 11, ICSECR; Art 27, CRC and Art 28, CRPD) by facilitating the assessment and determination of social security benefits;
  - the right to the enjoyment of the highest attainable standard of physical and mental health (Art 12, ICSECR and Art 25, CRPD), by facilitating the assessment and determination of compensation and benefits in relation to the treatment and rehabilitation of veterans and Defence Force members; and
  - the rights of persons with disabilities by facilitating the determination of claims relating to treatment and rehabilitation (Art 26, CRPD).

## Conclusion

This Legislative Instrument is compatible with human rights as it does not derogate from and promotes a number of human rights.

Repatriation Medical Authority

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<sup>1</sup> In General Comment No. 19 (The right to social security), the Committee on Economic, Social and Cultural Rights said (at paragraph 24) this to be one of the elements of ensuring accessibility to social security.