



Australian Government  
Repatriation Medical Authority

**Statement of Principles  
concerning  
VISUAL REFRACTIVE ERROR  
(Reasonable Hypothesis)  
(No. 35 of 2025)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 18 February 2025.

Professor Terence Campbell AM  
Chairperson  
by and on behalf of  
The Repatriation Medical Authority

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**1 Name**

This is the Statement of Principles concerning *visual refractive error (Reasonable Hypothesis)* (No. 35 of 2025).

**2 Commencement**

This instrument commences on 25 March 2025.

**3 Authority**

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

**4 Repeal**

The Statement of Principles concerning myopia, hypermetropia and astigmatism (Reasonable Hypothesis) No. 9 of 2016 (Federal Register of Legislation No. F2016L00245) made under subsection 196B(2) of the VEA is repealed.

**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 visual refractive error and death from visual refractive error.

*Meaning of visual refractive error*

- (2) For the purposes of this Statement of Principles, visual refractive error:
- (a) means a group of eye diseases where the refractive power of the optical system in a relaxed state does not match the length of the eyeball; and
  - (b) includes:
    - (i) myopia (nearsightedness);
    - (ii) hyperopia (hypermetropia, farsightedness);
    - (iii) astigmatism; and
    - (iv) anisometropia; and
  - (c) excludes presbyopia (age-related farsightedness).

Note 1: The eye's optical system is a compound lens primarily consisting of the cornea and the internal lens.

Note 2: Visual refractive errors produce symptoms of blurred vision and signs of decreased visual acuity through distortion of focus as the light rays pass through the eyeball to the retina

Note 3: There is also potential for the difference in refractive errors between the eyes to be substantially different ( $\geq 1$  diopter). This is called anisometropia and can lead to suppression of visual acuity of one of the eyes.

### Myopia:

- (a) means a visual refractive error where the refractive power of the optical system in the relaxed state is too strong for the eyeball length (the focal length of the optical system is too short), with the focus point appearing in front rather than on the retina; and
- (b) includes:
  - (i) nearsightedness;
  - (ii) benign myopia, simple myopia, school myopia, physiological myopia;
  - (iii) pathological myopia, non-pathological myopia;
  - (iv) curvature myopia, index myopia, refractive myopia, axial myopia;
  - (v) progressive myopia, stationary myopia;
  - (vi) degenerative myopia; and
  - (vii) low myopia, high myopia.

Note: High degrees of myopia can be associated with structural change to the retina, and past terminology of pathological myopia and degenerative myopia have indicated the presence of such complications of high myopia.

### Hyperopia:

- (a) means a visual refractive error where the refractive power of the optical system in the relaxed state is too weak for the eyeball length (the focal length of the optical system is too long), with the focus point appearing behind rather than on the retina; and
- (b) includes:
  - (i) farsightedness;
  - (ii) hypermetropia;
  - (iii) curvature hyperopia, index hyperopia, axial hyperopia; and
  - (iv) low hyperopia, high hyperopia; and
- (c) excludes presbyopia (age-related farsightedness).

### Astigmatism:

- (a) means a visual refractive error where the refractive power of the optical system in the relaxed state is mismatched to the eyeball

length as one moves around the axis of the eye, with light unable to converge to a single focus point on the retina; and  
(b) includes:

- (i) myopic astigmatism, hyperopic astigmatism, mixed astigmatism;
  - (ii) simple astigmatism, compound astigmatism;
  - (iii) regular astigmatism, irregular astigmatism;
  - (iv) with-the-rule astigmatism, against-the-rule astigmatism, oblique astigmatism, bioblique astigmatism; and
  - (v) corneal astigmatism, lenticular astigmatism, retinal astigmatism.
- (3) While Myopia attracts ICD-10-AM code H44.2 or H52.1, Hypermetropia attracts ICD-10-AM code 52.0, and Astigmatism attracts ICD-10-AM code H52.2, in applying this Statement of Principles the meaning of Myopia, Hypermetropia and Astigmatism is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

#### *Death from visual refractive error*

- (5) For the purposes of this Statement of Principles, visual refractive error, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's visual refractive error.

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 visual refractive error and death from visual refractive error 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: **MRCA**, **relevant service** and **VEA** are 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 visual refractive error or death from visual refractive error with the circumstances of a person's relevant service:

- (1) having an acquired eyelid mass of the affected eye at the time of clinical onset or clinical worsening of hyperopia or astigmatism;
  - (2) having a pterygium of the affected eye at the time of clinical onset or clinical worsening of astigmatism or hyperopia;
  - (3) having corneal surgery of the affected eye, within the 2 years before clinical onset or clinical worsening;
  - (4) having penetrating keratoplasty (corneal transplantation) of the affected eye, within the 2 years before clinical onset or clinical worsening;
  - (5) having corneal scarring of the affected eye at the time of clinical onset or clinical worsening;
  - (6) having keratoconus of the affected eye at the time of clinical onset or clinical worsening of myopia or astigmatism;
- Note: *keratoconus* is defined in the Schedule 1 – Dictionary.
- (7) having scleral buckle surgery of the affected eye, within the 6 months before clinical onset or clinical worsening of myopia or astigmatism;
  - (8) having a natural or artificial intraocular lens that is tilted or positioned off-centre within the affected eye at the time of clinical onset or clinical worsening;
  - (9) having acquired aphakia (absence of an intraocular lens) at the time of clinical onset or clinical worsening of hyperopia;
  - (10) having acquired displacement of the intraocular lens at the time of clinical onset or clinical worsening;
- Note: Displacement of the lens is also known as ectopia lentis.
- (11) having an acquired nuclear cataract of the affected eye at the time of clinical onset or clinical worsening of myopia;
  - (12) having an acquired posterior subcapsular cataract of the affected eye at the time of clinical onset or clinical worsening of myopia;
  - (13) having cataract surgery of the affected eye, within the 6 months before clinical onset or clinical worsening;
  - (14) having surgery for retinal detachment of the affected eye, within the 6 months before clinical onset or clinical worsening of myopia or astigmatism;
  - (15) whilst aged 12-19 years, focusing on objects within 40 cm of the eyes at least 2 hours a day for at least 1 year before clinical onset or clinical worsening of myopia;

Note: Tasks that require focusing on objects within 40 cm of the eye may include reading, writing, computer work, and use of digital devices such as smartphones or tablets.

- (16) having blunt or penetrating trauma to the affected eye during the 1 month before clinical onset or clinical worsening;

Note 1: Examples of blunt trauma include a direct blow to the eye by a fist, ball, or stone; or accidental injuries as a result of motor vehicle, sporting, or work-related accidents.

Note 2: Examples of penetrating trauma include injuries by sharp and pointed objects such as needles, knives, nails, arrows, screwdrivers, pens, bullets, or glass.

- (17) taking any of the following medications (which cannot be ceased or substituted in the long term) within the 2 weeks before clinical onset or clinical worsening of myopia;

- (a) acetazolamide;
- (b) chlortalidone/chlorthalidone;
- (c) daratumumab;
- (d) indapamide;
- (e) methazolamide;
- (f) metronidazole;
- (g) pilocarpine;
- (h) topiramate;
- (i) zonisamide.

- (18) inability to obtain appropriate clinical management for visual refractive error before clinical worsening.

## **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 clinical worsening aspects of factors set out in section 9 apply only to material contribution to, or aggravation of, visual refractive error where the person's visual refractive error 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:

***keratoconus*** means a condition characterised by noninflammatory, usually bilateral, protrusion of the cornea.

***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.

***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.

Note: ***MRCA*** and ***VEA*** are defined in the Schedule 1 - Dictionary.

***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*.

***visual refractive error***—see subsection 7(2).