1. Being of the view that there is sound medical-scientific evidence that indicates that gastro-oesophageal reflux and death from gastro-oesophageal reflux can be related to operational service rendered by veterans, peacekeeping service rendered by members of Peacekeeping forces and hazardous service rendered by members of the Forces, the Repatriation Medical Authority determines, under subsection 196B(2) of the Veterans’ Entitlements Act 1986, that the factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting gastro-oesophageal reflux or death from gastro-oesophageal reflux with the circumstances of that service, are:

(a) having spasmodically raised intra-abdominal pressure at the time of clinical onset of gastro-oesophageal reflux disease; or

(b) being treated with a smooth muscle relaxant drug at the time of clinical onset of gastro-oesophageal reflux disease; or

(c) suffering from hiatus hernia at the time of clinical onset of gastro-oesophageal reflux disease; or
(d) undergoing a surgical procedure in the area of the lower oesophageal sphincter within the five days before the clinical onset of gastro-oesophageal reflux disease; or

(e) suffering from scleroderma at the time of clinical onset of gastro-oesophageal reflux disease; or

(f) suffering from Zollinger-Ellison syndrome within the five days before the clinical onset of gastro-oesophageal reflux disease; or

(g) having delayed gastric emptying within the five days before the clinical onset of gastro-oesophageal reflux disease; or

(h) having increased gastric pressure within the five days before the clinical onset of gastro-oesophageal reflux disease; or

(j) having spasmodically raised intra-abdominal pressure at the time of clinical worsening of gastro-oesophageal reflux disease; or

(k) being treated with a smooth muscle relaxant drug at the time of clinical worsening of gastro-oesophageal reflux disease; or

(m) suffering from Zollinger-Ellison syndrome within the five days before the clinical worsening of gastro-oesophageal reflux disease; or

(n) having delayed gastric emptying within the five days before the clinical worsening of gastro-oesophageal reflux disease; or

(o) having increased gastric pressure within the five days before the clinical worsening of gastro-oesophageal reflux disease; or

(p) inability to obtain appropriate clinical management for gastro-oesophageal reflux disease.

2. Subject to clause 3 (below) at least one of the factors set out in paragraphs 1(a) to 1(p) must be related to any service rendered by a person.

3. The factors set out in paragraphs 1(j) to 1(p) apply only where:

(a) the person’s gastro-oesophageal reflux disease was contracted prior to a period, or part of a period, of service to which the factor is related; and

(b) the relationship suggested between the gastro-oesophageal reflux disease and the particular service of a person is a relationship set
out in paragraph 8(1)(e), 9(1)(e), 70(5)(d), or 70(5A)(d) of the Act.

4. For the purposes of this Statement of Principles:

“area of the lower oesophageal sphincter” means the region immediately surrounding the intra-abdominal oesophagus and the diaphragmatic crura;

“delayed gastric emptying” means delay in the emptying of the stomach, resulting in a higher level of gastric contents than normal;

“hiatus hernia” means a protrusion of part of the stomach through the oesophageal hiatus determined either radiographically or by endoscopy;

“ICD code” means a number assigned to a particular kind of injury or disease in the tenth edition of the International Classification of Diseases 9th Revision, effective date of 1 October 1993, copyrighted by the US Commission on Professional and Hospital Activities, and having the Library of Congress number 77-94472;

“increased intra-gastric pressure” means the intra-gastric pressure is continuously raised above normal levels, for example, with ascites, obesity or pregnancy;

“scleroderma” means a multisystem disorder characterised by the association of vascular abnormalities, connective tissue sclerosis and atrophy, and auto-immune changes, attracting ICD code 710.1;

“smooth muscle relaxant drug” means a beta-adrenergic drug, aminophylline, a nitrate, or a calcium channel blocker drug;

“spasmodically raised intra-abdominal pressure” means an acute elevation of intra-abdominal pressure such as would occur with coughing, sneezing or intense physical effort at the rate of at least once every two hours;

“Zollinger-Ellison syndrome” means a condition characterised by gastric hypersecretion of acid, ulceration of the upper gastro-intestinal mucosa and usually the presence of a gastrinoma (a tumour, secreting the hormone gastrin) or a diffuse hyperplasia of the gastrin secreting beta cells of the pancreas.

Dated this day of 1994
The Common Seal of the Repatriation Medical Authority was affixed to this instrument in the presence of:

KEN DONALD
CHAIRMAN