Statement of Principles  
concerning  

HEART BLOCK  
No. 4 of 2006  

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 heart block No. 4 of 2006.

Determination  
2. This Statement of Principles is determined by the Repatriation Medical Authority under subsection 196B(3) of the Veterans’ Entitlements Act 1986 (the VEA).

Kind of injury, disease or death  
3. (a) This Statement of Principles is about heart block and death from heart block.  
(b) For the purposes of this Statement of Principles, “heart block” means a delay in the conduction of electrical current as it passes through the atroventricular node, bundle of His, or the bundle branches.  
(c) Heart block attracts ICD-10-AM codes I44, I45.0, I45.1, I45.2, I45.3, I45.4, I45.9.  
(d) In the application of this Statement of Principles, the definition of “heart block” is that given at paragraph 3(b) above.
**Basis for determining the factors**

4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that heart block and death from heart block can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, heart block or death from heart block is connected with the circumstances of a person’s relevant service is:

   (a) having a specified autoimmune disease before the clinical onset of heart block; or

   (b) having infiltration of the myocardium due to sarcoidosis, lymphoma, amyloidosis or haemochromatosis at the time of the clinical onset of heart block; or

   (c) having a primary or metastatic neoplasm involving the heart before the clinical onset of heart block; or

   (d) having myocardial infarction within the 30 days before the clinical onset of heart block; or

   (e) having variant angina within the 24 hours before the clinical onset of heart block; or

   (f) having myocarditis before the clinical onset of heart block; or

   (g) having an infection of the myocardium with an organism from the specified list before the clinical onset of heart block; or

   (h) having infective endocarditis before the clinical onset of heart block; or

   (i) having a specified mineral or electrolyte abnormality at the time of the clinical onset of heart block; or
(j) being treated with a drug from a class of drug in Specified List 1, for a condition for which the drug cannot be ceased or substituted, at the time of the clinical onset of heart block; or

(k) being treated with a drug in Specified List 2, for a condition for which the drug cannot be ceased or substituted, at the time of the clinical onset of heart block; or

(l) being treated with daily chloroquine sulphate, chloroquine phosphate or hydroxychloroquine for at least two years before the clinical onset of heart block; or

(m) experiencing penetrating trauma to the heart, including surgical trauma, within the one year before the clinical onset of heart block; or

(n) having a heart transplant within the three years before the clinical onset of heart block; or

(o) having a bone marrow transplant within the 24 hours before the clinical onset of heart block; or

(p) experiencing a non-penetrating blow to the chest resulting in injury to the heart within the 30 days before the clinical onset of heart block; or

(q) undergoing a course of therapeutic radiation involving the mediastinum within the 25 years before the clinical onset of heart block; or

(r) undertaking physical activity greater than six METs, for at least one hour per day on more days than not for at least the six months before the clinical onset of heart block; or

(s) being envenomated by a scorpion or snake within the 24 hours before the clinical onset of heart block; or

(t) having diabetes mellitus at the time of the clinical onset of heart block; or

(u) inability to obtain appropriate clinical management for heart block.
Factors that apply only to material contribution or aggravation

7. Paragraph 6(u) applies only to material contribution to, or aggravation of, heart block where the person’s heart block 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:

“a course of therapeutic radiation” means one or more fractions (treatment portions) of ionising radiation administered with the aim of achieving palliation or cure with gamma rays, x-rays, alpha particles or beta particles;

“a drug from a class of drug in Specified List 1” means:
(a) a beta blocker;
(b) a calcium channel blocker, including diltiazem and nimodipine;
(c) a class 1A, class 1C or class III anti-arrhythmic agent, including procainamide, flecainide and amiodarone; or
(d) an anthracycline chemotherapeutic agent, including doxorubicin and daunorubicin;

“a drug in Specified List 2” means:
(a) carbamazepine;
(b) digitalis;
(c) chloroquine, including chloroquine sulphate, chloroquine phosphate and hydroxychloroquine;
(d) mefloquine;
(e) quinine;
(f) interferon;
(g) antimony, including trivalent and pentavalent antimony;
(h) paclitaxel; or
(i) lithium;
“a specified autoimmune disease” means:
(a) ankylosing spondylitis;
(b) rheumatoid arthritis;
(c) psoriatic arthritis;
(d) Reiter’s syndrome;
(e) inflammatory bowel disease;
(f) scleroderma;
(g) systemic lupus erythematosus;
(h) polymyositis;
(i) dermatomyositis;
(j) Sjogren’s syndrome; or
(k) Wegener’s granulomatosis;

“a specified mineral or electrolyte abnormality” means:
(a) hypercalcaemia; or
(b) hyperkalaemia; or
(c) hypermagnesaemia;

“an organism from the specified list” means:
(a) Borrelia burgdofer (Lyme disease); or
(b) Trypanosoma cruzi (Chagas’ disease); or
(c) Treponema pallidum (tertiary syphilis); or
(d) Echinococcus species (hydatid disease);

“death from heart block” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s heart block;

“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), Fourth Edition, effective date of 1 July 2004, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 594 1;

“MET” means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute or, 1.0 kcal/kg of body weight per hour, or resting metabolic rate;

“relevant service” means:
(a) eligible war service (other than operational service) under the VEA; or
(b) defence service (other than hazardous service) under the VEA; or
(c) peacetime service under the MRCA;
“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;

“variant angina” means coronary artery spasm in the absence of significant coronary artery stenosis.

Date of effect

10. This Instrument takes effect from 8 March 2006.

Dated this twenty-third day of February 2006

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

KEN DONALD
CHAIRPERSON