Statement of Principles
concerning

ANALGESIC NEPHROPATHY

No. 29 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 analgesic nephropathy No. 29 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. 56 of 1994, as amended by Instrument No. 277 of 1995, concerning analgesic nephropathy; and
   (b) determines in their place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about analgesic nephropathy and death from analgesic nephropathy.
   (b) For the purposes of this Statement of Principles, "analgesic nephropathy" means a bilateral chronic renal disease characterised by papillary necrosis, chronic interstitial nephritis, renal cortical atrophy and capillary sclerosis and a clinical state of progressive loss of endogenous renal function in an individual with a history of consumption of large amounts of analgesic substances, occurring in the absence of other biochemical, anatomical or metabolic cause for renal impairment.
(c) Analgesic nephropathy attracts ICD-10-AM code N14.0.

(d) In the application of this Statement of Principles, the definition of "analgesic nephropathy" 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 **analgesic nephropathy** and **death from analgesic nephropathy** 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 **analgesic nephropathy** or **death from analgesic nephropathy** with the circumstances of a person’s relevant service is:

   (a) consuming a total of at least one kilogram of phenacetin in phenacetin-containing analgesics before the clinical onset of analgesic nephropathy; or

   (b) consuming an average of at least one gram per day of phenacetin in phenacetin-containing analgesics for a continuous period of at least one year before the clinical onset of analgesic nephropathy; or

   (c) inability to obtain appropriate clinical management for analgesic nephropathy.

**Factors that apply only to material contribution or aggravation**

7. Paragraph 6(c) applies only to material contribution to, or aggravation of, analgesic nephropathy where the person’s analgesic nephropathy 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 analgesic nephropathy" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s analgesic nephropathy;

"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;

"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 30 April 2008.

Dated this fourteenth day of April 2008

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

KEN DONALD
CHAIRPERSON