Statement of Principles
concerning
AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE
No. 39 of 2015
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 autosomal dominant polycystic kidney disease No. 39 of 2015.

Determination
2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 55 of 2007 concerning autosomal dominant polycystic kidney disease; and
   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death
3. (a) This Statement of Principles is about autosomal dominant polycystic kidney disease and death from autosomal dominant polycystic kidney disease.
   (b) For the purposes of this Statement of Principles, "autosomal dominant polycystic kidney disease" means a genetic disorder of the kidney, heritable as an autosomal dominant trait, which is characterised by the development of multiple bilateral renal cysts and enlarged kidneys, associated with gradual deterioration of renal function. Cysts may also occur in other organs. This definition excludes autosomal
recessive polycystic kidney disease, medullary sponge kidney disease, medullary cystic kidney disease or acquired cystic disease of kidney.

(c) Autosomal dominant polycystic kidney disease attracts ICD-10-AM code Q61.2.

(d) In the application of this Statement of Principles, the definition of "autosomal dominant polycystic kidney disease" is that given at paragraph 3(b) above.

Basis for determining the factors

4. After examining the available sound medical-scientific evidence the Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that the only factor that may be related to the cause of or material contribution to or aggravation of autosomal dominant polycystic kidney disease or death from autosomal dominant polycystic kidney disease and which 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) is that set out in clause 5.

Factors that must be related to service

5. The factor that must as a minimum exist in relation to the circumstances of a person’s relevant service causing or materially contributing to or aggravating autosomal dominant polycystic kidney disease or death from autosomal dominant polycystic kidney disease is inability to obtain appropriate clinical management for autosomal dominant polycystic kidney disease.

Other definitions

6. For the purposes of this Statement of Principles:

"death from autosomal dominant polycystic kidney disease" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s autosomal dominant polycystic kidney disease;

"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), Eighth Edition, effective date of 1 July 2013, copyrighted by the Independent Hospital Pricing Authority, and having ISBN 978-1-74128-213-9;

"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;
"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

7. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

8. This Instrument takes effect from 27 January 2015.

Dated this nineteenth day of December 2014

The Common Seal of the Repatriation Medical Authority was affixed at the direction of:

PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON