



Australian Government
Repatriation Medical Authority

EXPLANATORY STATEMENT

**STATEMENT OF PRINCIPLES CONCERNING
ATRIAL FIBRILLATION AND ATRIAL FLUTTER
(REASONABLE HYPOTHESIS) (NO. 1 OF 2023)**

VETERANS' ENTITLEMENTS ACT 1986
MILITARY REHABILITATION AND COMPENSATION ACT 2004

1. This is the Explanatory Statement to the *Statement of Principles concerning atrial fibrillation and atrial flutter (Reasonable Hypothesis)* (No. 1 of 2023).

Background

2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), repeals Instrument No. 49 of 2014 (Federal Register of Legislation No. F2014L00481) determined under subsection 196B(2) of the VEA concerning **atrial fibrillation and atrial flutter**.
3. The Authority is of the view that there is sound medical-scientific evidence that indicates that **atrial fibrillation and atrial flutter** and **death from atrial fibrillation and atrial flutter** can be related to particular kinds of service. The Authority has therefore determined pursuant to subsection 196B(2) of the VEA a Statement of Principles concerning **atrial fibrillation and atrial flutter** (Reasonable Hypothesis) (No. 1 of 2023). This Instrument will in effect replace the repealed Statement of Principles.

Purpose and Operation

4. The Statement of Principles will be applied in determining claims under the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA).
5. The Statement of Principles sets out the factors that must as a minimum exist, and which of those factors must be related to the following kinds of service rendered by a person:
 - operational service under the VEA;
 - peacekeeping service under the VEA;
 - hazardous service under the VEA;
 - British nuclear test defence service under the VEA;
 - warlike service under the MRCA;
 - non-warlike service under the MRCA,

before it can be said that a reasonable hypothesis has been raised connecting atrial fibrillation and atrial flutter or death from atrial fibrillation and atrial flutter, with the circumstances of that service. The Statement of Principles has been determined for the purposes of both the VEA and the MRCA.

6. This Instrument results from an investigation notified by the Authority in the Government Notices Gazette of 2 November 2021 concerning atrial fibrillation and atrial flutter in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered.
7. The contents of this Instrument are in similar terms as the repealed Instrument. Comparing this Instrument and the repealed Instrument, the differences include:
 - adopting the latest revised Instrument format, which commenced in 2015;
 - specifying a day of commencement for the Instrument in section 2;
 - revising the definition of 'atrial fibrillation and atrial flutter' in subsection 7(2);
 - including ICD-10-AM code for 'atrial fibrillation and atrial flutter' in subsection 7(3);
 - revising the reference to 'ICD-10-AM code' in subsection 7(4);
 - revising the factors in subsections 9(1) and 9(45) concerning having valvular heart disease by the inclusion of a note;
 - new factors in subsections 9(3) and 9(47) concerning having non-infectious myocarditis;
 - new factors in subsections 9(4) and 9(48) concerning having viral myocarditis;
 - new factors in subsections 9(5) and 9(49) concerning having a non-viral infection of the myocardium;
 - revising the factors in subsections 9(6) and 9(50) concerning having pericarditis;
 - revising the factors in subsections 9(8) and 9(52) concerning having heart failure;
 - revising the factors in subsections 9(9) and 9(53) concerning having hypertension;
 - new factors in subsections 9(10) and 9(54) concerning having pulmonary thromboembolism;
 - revising the factors in subsections 9(11) and 9(55) concerning having a thyroid condition;
 - revising the factors in subsections 9(12) and 9(56) concerning consuming alcohol;
 - revising the factors in subsections 9(13) and 9(57) concerning binge drinking;
 - revising the factors in subsections 9(14) and 9(58) concerning having a thoracic or cardiac surgical procedure;
 - revising the factors in subsections 9(15) and 9(59) concerning having a non-cardiothoracic surgical procedure;
 - new factors in subsections 9(17) and 9(61) concerning having asthma;
 - revising the factors in subsections 9(18) and 9(62) concerning undertaking strenuous physical activity;
 - new factors in subsections 9(19) and 9(63) concerning inability to undertake physical activity;
 - revising the factors in subsections 9(21) and 9(65) concerning having a malignant neoplasm involving the cardiac atrium by the inclusion of a note;
 - revising the factors in subsections 9(22) and 9(66) concerning having a non-neoplastic lesion by the inclusion of a note;

- new factors in subsections 9(23) and 9(67) concerning having a malignant neoplasm;
- new factors in subsections 9(24) and 9(68) concerning undergoing a course of therapeutic radiation;
- revising the factors in subsections 9(25) and 9(69) concerning having diabetes mellitus;
- revising the factors in subsections 9(26) and 9(70) concerning experiencing penetrating trauma to the heart;
- revising the factors in subsections 9(27) and 9(71) concerning experiencing a blunt chest injury;
- revising the factors in subsections 9(28) and 9(72) concerning having a spinal cord injury;
- revising the factors in subsections 9(29) and 9(73) concerning having sepsis;
- revising the factors in subsections 9(30) and 9(74) concerning having infiltration of the myocardium;
- revising the factors in subsections 9(31) and 9(75) concerning having an autoimmune or inflammatory disease;
- revising the factors in subsections 9(32) and 9(76) concerning being overweight or obese;
- revising the factors in subsections 9(33) and 9(77) concerning having obstructive sleep apnoea;
- revising the factors in subsections 9(34) and 9(78) concerning having smoked tobacco products;
- revising the factors in subsections 9(36) and 9(80) concerning having chronic renal failure;
- new factors in subsections 9(37) and 9(81) concerning having systemic chemotherapy;
- new factors in subsections 9(38) and 9(82) concerning having glucocorticoid therapy;
- new factors in subsections 9(39) and 9(83) concerning taking a non-topical, non-steroidal, anti-inflammatory drug;
- new factors in subsections 9(40) and 9(84) concerning taking a drug from a specified list of drugs;
- new factors in subsections 9(41) and 9(85) concerning taking a bisphosphonate;
- new factors in subsections 9(42) and 9(86) concerning inhaling ambient, chronically polluted air;
- new factors in subsections 9(43) and 9(87) concerning inhaling ambient, highly polluted air as specified;
- new factors in subsections 9(44) and 9(88) concerning having a viral lower respiratory tract infection.
- new definitions of '*ambient, chronically polluted air as specified*', '*ambient, highly polluted air as specified*', '*blunt chest injury*', '*chronic renal failure*', '*equivalent glucocorticoid therapy*', '*glucocorticoid therapy as specified*', '*low-dose aspirin*', '*one pack-year*', '*sepsis*', '*specified list of drugs*' and '*specified list of thyroid conditions*' in Schedule 1 - Dictionary;
- revising the definitions of '*binge drinking*', '*specified list of autoimmune or inflammatory diseases*' and '*valvular heart disease*' in Schedule 1 – Dictionary.

- deleting the definition of '*pack-year of cigarettes or the equivalent thereof in other tobacco products*'.

Consultation

8. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to atrial fibrillation and atrial flutter in the Government Notices Gazette of 2 November 2021, and circulated a copy of the notice of intention to investigate to a wide range of organisations representing veterans, service personnel and their dependants. The Authority invited submissions from the Repatriation Commission, the Military Rehabilitation and Compensation Commission, organisations and persons referred to in section 196E of the VEA, and any person having expertise in the field. A submission was received for consideration by the Authority in relation to the investigation. That submission related to receiving treatment with oral steroids. That submission was considered by the Authority.
9. On 23 August 2022, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instrument and the medical-scientific material considered by the Authority. This letter emphasised the deletion of the following factor; 'experiencing a powerful, non-penetrating blow to the chest, resulting in injury warranting medical attention, within the one month before the clinical onset/ worsening of atrial fibrillation or atrial flutter' to be replaced by; 'experiencing a blunt chest injury within the 7 days before the clinical onset/ worsening of atrial fibrillation or atrial flutter'. The Authority provided an opportunity to the organisations to make representations in relation to the proposed Instrument prior to its determination. No submissions were received for consideration by the Authority. No changes were made to the proposed Instrument following this consultation process.

Human Rights

10. This instrument is compatible with the Human Rights and Freedoms recognised or declared in the International Instruments listed in Section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*. A Statement of Compatibility with Human Rights follows.

Finalisation of Investigation

11. The determining of this Instrument finalises the investigation in relation to atrial fibrillation and atrial flutter as advertised in the Government Notices Gazette of 2 November 2021.

References

12. A list of references relating to the above condition is available on the Authority's website at: www.rma.gov.au. Any other document referred to in this Statement of Principles is available on request to the Repatriation Medical Authority at the following address:

Email: info@rma.gov.au

Post: The Registrar
Repatriation Medical Authority
GPO Box 1014
BRISBANE QLD 4001



Australian Government
Repatriation Medical Authority

Statement of Compatibility with Human Rights

(Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011)

Instrument No.: **Statement of Principles No. 1 of 2023**

Kind of Injury, Disease or Death: **Atrial fibrillation and atrial flutter**

This Legislative Instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

Overview of the Legislative Instrument

1. This Legislative Instrument is determined pursuant to subsection 196B(2) of the *Veterans' Entitlements Act 1986* (the VEA) for the purposes of the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA). Part XIA of the VEA requires the determination of these instruments outlining the factors connecting particular kinds of injury, disease or death with service such being determined solely on the available sound medical-scientific evidence.
2. This Legislative Instrument:-
 - facilitates claimants in making, and the Repatriation Commission and the Military Rehabilitation and Compensation Commission in assessing, claims under the VEA and the MRCA respectively, by specifying the circumstances in which medical treatment and compensation can be extended to eligible persons who have atrial fibrillation and atrial flutter;
 - facilitates the review of such decisions by the Veterans' Review Board and the Administrative Appeals Tribunal;
 - outlines the factors which the current sound medical-scientific evidence indicates must as a minimum exist, before it can be said that a reasonable hypothesis has been raised, connecting atrial fibrillation and atrial flutter with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
 - replaces Instrument No. 49 of 2014; and
 - reflects developments in the available sound medical-scientific evidence concerning atrial fibrillation and atrial flutter which have occurred since that earlier instrument was determined.
3. The Instrument is assessed as being a technical instrument which improves the medico-scientific quality of outcomes under the VEA and the MRCA.

Human Rights Implications

4. This Legislative Instrument does not derogate from any human rights. It promotes the human rights of veterans, current and former Defence Force members as well as other persons such as their dependents, including:
- the right to social security (Art 9, *International Covenant on Economic, Social and Cultural Rights*; Art 26, *Convention on the Rights of the Child* and Art 28, *Convention on the Rights of Persons with Disabilities*) by helping to ensure that the qualifying conditions for the benefit are 'reasonable, proportionate and transparent'¹;
 - the right to an adequate standard of living (Art 11, ICESCR; Art 27, CRC and Art 28, CRPD) by facilitating the assessment and determination of social security benefits;
 - the right to the enjoyment of the highest attainable standard of physical and mental health (Art 12, ICESCR and Art 25, CRPD), by facilitating the assessment and determination of compensation and benefits in relation to the treatment and rehabilitation of veterans and Defence Force members;
 - the rights of persons with disabilities by facilitating the determination of claims relating to treatment and rehabilitation (Art 26, CRPD); and
 - ensuring that those rights "will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" (Art 2, ICESCR).

Conclusion

This Legislative Instrument is compatible with human rights as it does not derogate from and promotes a number of human rights.

Repatriation Medical Authority

¹ In General Comment No. 19 (The right to social security), the Committee on Economic, Social and Cultural Rights said (at paragraph 24) this to be one of the elements of ensuring accessibility to social security.