



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**ANALGESIC NEPHROPATHY**  
**(Balance of Probabilities)**  
**(No. 78 of 2016)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 28 October 2016

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

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *analgesic nephropathy (Balance of Probabilities)* (No. 78 of 2016).

**2 Commencement**

This instrument commences on 28 November 2016.

**3 Authority**

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

**4 Revocation**

The Statement of Principles concerning analgesic nephropathy No. 30 of 2008 made under subsection 196B(3) of the VEA is revoked.

**5 Application**

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

**6 Definitions**

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

**7 Kind of injury, disease or death to which this Statement of Principles relates**

- (1) This Statement of Principles is about analgesic nephropathy and death from analgesic nephropathy.

*Meaning of analgesic nephropathy*

- (2) 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 loss of renal function in an individual with a history of consumption of large amounts of analgesic agents, occurring in the absence of another biochemical, anatomical or metabolic cause for renal impairment.
- (3) While analgesic nephropathy attracts ICD-10-AM code N14.0, in applying this Statement of Principles the meaning of analgesic nephropathy is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The*

*International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-020-5.*

*Death from analgesic nephropathy*

- (5) For the purposes of this Statement of Principles, 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.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

**8 Basis for determining the factors**

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that analgesic nephropathy and death from analgesic nephropathy can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *relevant service* is defined in the Schedule 1 – Dictionary.

**9 Factors that must exist**

At least one of the following factors must exist before it can be said that, on the balance of probabilities, analgesic nephropathy or death from analgesic nephropathy is connected with the circumstances of a person's relevant service:

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

Note: *phenacetin* is defined in the Schedule 1 - Dictionary.

- (2) consuming an average of at least one gram per day of phenacetin in a phenacetin-containing analgesic for a continuous period of at least two years before the clinical onset of analgesic nephropathy;

Note: *phenacetin* is defined in the Schedule 1 - Dictionary.

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

**10 Relationship to service**

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factor set out in subsection 9(3) 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 did not arise out of) the person's relevant service.

**11 Factors referring to an injury or disease covered by another Statement of Principles**

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

# Schedule 1 - Dictionary

Note: See Section 6

## 1 Definitions

In this instrument:

***analgesic nephropathy***—see subsection 7(2).

***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.

***phenacetin*** means an aniline derivative that has analgesic and antipyretic properties, and was formerly used as a constituent of several over-the-counter compound analgesic medications, including Bex or Vincent's powder, Empirin Compound and Bromo seltzer. Phenacetin is also known as acetophenetidin, aceto-p-phenetidine, acetylphenetidin, phenacetinum, N-(4-ethoxyphenyl) acetamide, p-ethoxyacetanilide, or CAS 62-44-2.

***relevant service*** means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

Note: *MRCA* and *VEA* are also defined in the Schedule 1 - Dictionary.

***terminal event*** means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

***VEA*** means the *Veterans' Entitlements Act 1986*.