



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

**Statement of Principles**  
**concerning**  
**MYOPIA, HYPERMETROPIA AND**  
**ASTIGMATISM**  
**(Reasonable Hypothesis)**  
**(No. 9 of 2016)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 4 March 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 *myopia, hypermetropia and astigmatism (Reasonable Hypothesis)* (No. 9 of 2016).

**2 Commencement**

This instrument commences on 4 April 2016.

**3 Authority**

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

**4 Revocation**

The Statement of Principles concerning myopia, hypermetropia and astigmatism No. 69 of 2007 made under subsection 196B(2) of the VEA is revoked.

**5 Application**

This instrument applies to a claim to which section 120A of the VEA or section 338 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 myopia, hypermetropia and astigmatism and death from myopia, hypermetropia and astigmatism.

*Meaning of myopia, hypermetropia and astigmatism*

- (2) For the purposes of this Statement of Principles:
- (a) myopia means a refractive error in which rays of light entering the eye parallel to the visual axis come to focus in front of the retina in the unaccommodated eye; and
  - (b) hypermetropia means a refractive error in which rays of light entering the eye parallel to the visual axis come to focus behind the retina in the unaccommodated eye; and
  - (c) astigmatism means a refractive error in which eye refraction varies in different meridians, such that no two-dimensional object can be brought to focus on the retina, giving rise to blurred vision; and

- (d) excludes transient changes in refraction resulting from pharmacological agents.
- (3) While myopia attracts ICD-10-AM code H44.2 or H52.1, hypermetropia attracts ICD-10-AM code H52.0, and astigmatism attracts ICD-10-AM code H52.2, in applying this Statement of Principles the meaning of myopia, hypermetropia and astigmatism 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 myopia, hypermetropia and astigmatism*

- (5) For the purposes of this Statement of Principles, myopia, hypermetropia or astigmatism, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's myopia, hypermetropia or astigmatism.

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

## **8 Basis for determining the factors**

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that myopia, hypermetropia or astigmatism and death from myopia, hypermetropia or astigmatism 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 MRCA.

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

## **9 Factors that must exist**

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting myopia, hypermetropia or astigmatism or death from myopia, hypermetropia or astigmatism with the circumstances of a person's relevant service:

- (1) having decentration or tilting of the lens of the affected eye at the time of the clinical onset of myopia, hypermetropia or astigmatism;

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

- (2) having corneal surgery of the affected eye, within the six months before the clinical onset of myopia, hypermetropia or astigmatism;

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

- (3) having surgery for cataract of the affected eye, within the six months before the clinical onset of myopia, hypermetropia or astigmatism;
- (4) having albinism at the time of the clinical onset of myopia, hypermetropia or astigmatism;
- (5) for myopia only:
  - (a) having a nuclear cataract of the affected eye at the time of the clinical onset of myopia;
  - (b) having lenticonus of the affected eye at the time of the clinical onset of myopia; or

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

- (c) having Marfan syndrome at the time of the clinical onset of myopia;
- (6) for hypermetropia only:
  - (a) having anterior displacement of the retina of the affected eye, at the time of the clinical onset of hypermetropia; or

Note: *anterior displacement of the retina* is defined in the Schedule 1 - Dictionary.

- (b) having aphakia or posterior displacement of the lens into the vitreous of the affected eye at the time of the clinical onset of hypermetropia;

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

- (7) for astigmatism only:
  - (a) having surgery involving the sclera of the affected eye, within the six months before the clinical onset of astigmatism;
  - (b) having corneal scarring of the affected eye, at the time of the clinical onset of astigmatism;

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

- (c) having a pterygium of the affected eye at the time of the clinical onset of astigmatism; or
  - (d) having a lid or limbal mass of the affected eye at the time of the clinical onset of astigmatism;
- (8) for myopia and astigmatism only:
  - (a) having keratoconus of the affected eye at the time of the clinical onset of myopia or astigmatism; or

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

- (b) having surgery for retinal detachment of the affected eye, within the six months before the clinical onset of myopia or astigmatism;
- (9) for hypermetropia and astigmatism only, having a cortical cataract of the affected eye at the time of the clinical onset of hypermetropia or astigmatism;
- (10) having decentration or tilting of the lens of the affected eye at the time of the clinical worsening of myopia, hypermetropia or astigmatism;  
Note: *decentration* is defined in the Schedule 1 - Dictionary.
- (11) having corneal surgery of the affected eye, within the six months before the clinical worsening of myopia, hypermetropia or astigmatism;  
Note: *corneal surgery* is defined in the Schedule 1 - Dictionary.
- (12) having surgery for cataract of the affected eye, within the six months before the clinical worsening of myopia, hypermetropia or astigmatism;
- (13) for myopia only:
- (a) having a nuclear cataract of the affected eye at the time of the clinical worsening of myopia; or
- (b) having lenticonus of the affected eye at the time of the clinical worsening of myopia;  
Note: *lenticonus* is defined in the Schedule 1 - Dictionary.
- (14) for hypermetropia only:
- (a) having anterior displacement of the retina of the affected eye, at the time of the clinical worsening of hypermetropia; or  
Note: *anterior displacement of the retina* is defined in the Schedule 1 - Dictionary.
- (b) having aphakia or posterior displacement of the lens into the vitreous of the affected eye at the time of the clinical worsening of hypermetropia;  
Note: *aphakia* is defined in the Schedule 1 - Dictionary.
- (15) for astigmatism only:
- (a) having surgery involving the sclera of the affected eye, within the six months before the clinical worsening of astigmatism;
- (b) having corneal scarring of the affected eye, at the time of the clinical worsening of astigmatism;  
Note: *corneal scarring* is defined in the Schedule 1 - Dictionary.

- (c) having a pterygium of the affected eye at the time of the clinical worsening of astigmatism; or
  - (d) having a lid or limbal mass of the affected eye at the time of the clinical worsening of astigmatism;
- (16) for myopia and astigmatism only:
- (a) having keratoconus of the affected eye at the time of the clinical worsening of myopia or astigmatism; or
- Note: *keratoconus* is defined in the Schedule 1 - Dictionary.
- (b) having surgery for retinal detachment of the affected eye, within the six months before the clinical worsening of myopia or astigmatism;
- (17) inability to obtain appropriate clinical management for myopia, hypermetropia or astigmatism.

## **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 factors set out in subsections 9(10) to 9(17) apply only to material contribution to, or aggravation of, myopia, hypermetropia or astigmatism where the person's myopia, hypermetropia or astigmatism 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(2) 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:

***anterior displacement of the retina*** means displacement of the retina in the direction of the cornea bringing the retina closer to the lens;

***aphakia*** means the absence of the lens from the eye.

***corneal scarring*** means irreversible damage to the corneal epithelium due to chronic inflammatory diseases of the cornea, interstitial keratitis, corneal infection, trauma or surgery.

***corneal surgery*** means radial keratotomy, laser in-situ keratomileusis (LASIK), photorefractive keratectomy, phototherapeutic keratectomy, Epi-LASIK, laser epithelial keratomileusis (LASEK) or penetrating keratoplasty (corneal transplantation).

***decentration*** means the optical axis not passing through the geometric centre.

***keratoconus*** means a condition characterised by noninflammatory, usually bilateral, protrusion of the cornea.

***lenticonus*** means a conical protrusion of the substance of the crystalline lens, covered by capsule or connective tissue, usually occurring more frequently on the posterior surface and usually affecting only one eye.

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

***myopia, hypermetropia and astigmatism***—see subsection 7(2).

***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 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*.