



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

**EXPLANATORY STATEMENT**

**STATEMENT OF PRINCIPLES CONCERNING  
SUBDURAL HAEMATOMA  
(REASONABLE HYPOTHESIS) (NO. 100 OF 2019)**

***VETERANS' ENTITLEMENTS ACT 1986***  
***MILITARY REHABILITATION AND COMPENSATION ACT 2004***

1. This is the Explanatory Statement to the *Statement of Principles concerning **subdural haematoma** (Reasonable Hypothesis)* (No. 100 of 2019).

**Background**

2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), repeals Instrument No. 33 of 2011 (Federal Register of Legislation No. F2011L00784) determined under subsections 196B(2) and (8) of the VEA concerning **subdural haematoma**.
3. The Authority is of the view that there is sound medical-scientific evidence that indicates that **subdural haematoma** and **death from subdural haematoma** 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 **subdural haematoma** (Reasonable Hypothesis) (No. 100 of 2019). This Instrument will in effect replace the repealed Statement of Principles.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 subdural haematoma or death from subdural haematoma, 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 6 November 2018 concerning subdural haematoma 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 'subdural haematoma' in subsection 7(2);
  - revising the reference to 'ICD-10-AM code' in subsection 7(4);
  - revising the factor in subsection 9(1)(a) concerning head trauma, for intracranial subdural haematoma only;
  - new factor in subsection 9(1)(b) concerning intracranial neurosurgery or penetrating cranial trauma, for intracranial subdural haematoma only;
  - revising the factor in subsection 9(1)(c) concerning active epilepsy, for intracranial subdural haematoma only;
  - revising the factor in subsection 9(1)(d) concerning epileptic seizure, for intracranial subdural haematoma only;
  - revising the factor in subsection 9(1)(f) concerning alcohol use disorder, for intracranial subdural haematoma only;
  - revising the factor in subsection 9(2) concerning a cerebrospinal procedure;
  - revising the factor in subsection 9(3) concerning trauma to the spinal region, for spinal subdural haematoma only;
  - revising the factor in subsection 9(5) concerning aspirin;
  - revising the factor in subsection 9(6) concerning an acquired disorder resulting in impaired haemostasis;
  - revising the factor in subsection 9(7) concerning haemodialysis;
  - new factor in subsection 9(8) concerning a cerebrospinal fluid shunt;
  - new factor in subsection 9(9) concerning diabetes mellitus;
  - deleting clinical onset factors concerning *Paget's disease of bone*, *ankylosing spondylitis* and *sudden change in intracranial pressure or spinal intravenous pressure* and clinical worsening factors relating to *antithrombotic therapy*, *aspirin*, *an acquired haematological disorder* and *haemodialysis*;
  - new definitions of 'active epilepsy', 'cerebrospinal procedure', 'head trauma', 'MRCA' and 'VEA' in Schedule 1 - Dictionary;
  - revising the definitions of 'relevant service', 'specified form of dementia' and 'trauma to the spinal region' in Schedule 1 - Dictionary; and
  - deleting the definitions of 'a specified activity', 'an acquired haematological disorder from the specified list' and 'head injury'.

### **Consultation**

8. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to subdural haematoma in the Government Notices Gazette of 6 November 2018, 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. No submissions were received for consideration by the Authority during the investigation.

9. On 7 June 2019, 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 onset factors relating to *Paget's disease of bone, ankylosing spondylitis, sudden change in intracranial pressure or spinal intravenous pressure* and worsening factors relating to *antithrombotic therapy, aspirin, an acquired haematological disorder* and *haemodialysis* from the reasonable hypothesis and balance of probabilities Statements of Principles. 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. Minor typographical 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 subdural haematoma as advertised in the Government Notices Gazette of 6 November 2018.

### **References**

12. A list of references relating to the above condition is available to any person or organisation referred to in subsection 196E(1)(a) to (c) of the VEA. Any such request must be made in writing to the Repatriation Medical Authority at the following address:

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. 100 of 2019**

**Kind of Injury, Disease or Death:** **Subdural haematoma**

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 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 subdural haematoma;
  - 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 subdural haematoma with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
  - replaces Instrument No. 33 of 2011; and
  - reflects developments in the available sound medical-scientific evidence concerning subdural haematoma 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'<sup>1</sup>;
  - the right to an adequate standard of living (Art 11, ICSECR; 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, ICSECR 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

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<sup>1</sup> 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.