

Statement of Principles  
concerning

**PERIPHERAL NEUROPATHY**

**No. 41 of 2005**

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 peripheral neuropathy No. 41 of 2005.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 79 of 2001, as amended by Instrument No. 13 of 2003; and
  - (b) determines in their place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **peripheral neuropathy** and **death from peripheral neuropathy**.
  - (b) For the purposes of this Statement of Principles, “**peripheral neuropathy**” means an acquired acute, subacute or chronic disorder of the peripheral nervous system producing
    - (i) symptoms, and
    - (ii) signs or electrodiagnostic evidenceof impaired motor, sensory or autonomic functioning.

- (c) This definition includes:
  - (i) diffuse symmetrical peripheral neuropathy (polyneuropathy);
  - (ii) mononeuritis multiplex; and
  - (iii) autonomic neuropathy.
- (d) This definition excludes:
  - (i) nerve root and plexus disorders (including brachial plexopathy and lumbosacral plexopathy);
  - (ii) spinal cord disease (myelopathy or myelitis);
  - (iii) motor neuron disease (amyotrophic lateral sclerosis);
  - (iv) intercostal neuropathy;
  - (v) cranial mononeuropathies;
  - (vi) hereditary neuropathies;
  - (vii) Guillain-Barre syndrome; and
  - (viii) isolated mononeuropathies of the upper and lower limbs.

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

- 4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **peripheral neuropathy** and **death from peripheral neuropathy** 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).

#### **Factors that must be related to service**

- 5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

#### **Factors**

- 6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **peripheral neuropathy** or **death from peripheral neuropathy** with the circumstances of a person's relevant service is:
  - (a) having a systemic disease at the time of the clinical onset of peripheral neuropathy; or
  - (b) having alcohol dependence or alcohol abuse at the time of the clinical onset of peripheral neuropathy; or
  - (c) consuming at least 350 kilograms of alcohol within the ten years before the clinical onset of peripheral neuropathy; or

- (d) having a malignant neoplasm, other than non-melanotic malignant neoplasm of the skin, at the time of the clinical onset of peripheral neuropathy; or
- (e) having a haematological or lymphoproliferative disorder at the time of the clinical onset of peripheral neuropathy; or
- (f) having a systemic vasculitis at the time of the clinical onset of peripheral neuropathy; or
- (g) having an inflammatory connective tissue disease at the time of the clinical onset of peripheral neuropathy; or
- (h) having a viral, bacterial or protozoal infection at the time of the clinical onset of peripheral neuropathy; or
- (i) having an electrical burn or thermal burn within the thirty days immediately before the clinical onset of peripheral neuropathy; or
- (j) having a critical illness requiring mechanical ventilation support within the thirty days immediately before the clinical onset of peripheral neuropathy; or
- (k) inhaling, ingesting or having cutaneous contact with a specified chemical on at least thirty occasions within the six months before the clinical onset of peripheral neuropathy; or
- (l) inhaling, ingesting or having cutaneous contact with a volatile substance, in an unventilated and confined space, on at least thirty occasions within a continuous period of six months, and where the clinical onset of peripheral neuropathy occurs within three months of that period; or
- (m) having inhalant abuse or inhalant dependence at the time of the clinical onset of peripheral neuropathy; or
- (n) inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD) within the thirty days before the clinical onset of peripheral neuropathy; or
- (o) inhaling, ingesting or having cutaneous contact with methyl bromide within the thirty days before the clinical onset of peripheral neuropathy; or

- (p) having an episode of acute cholinergic poisoning from exposure to an organophosphorus ester or a carbamate pesticide within the thirty days before the clinical onset of peripheral neuropathy; or
- (q) being poisoned with an organic toxin, as demonstrated by clinical, haematological or biochemical evidence, within the thirty days before the clinical onset of peripheral neuropathy; or
- (r) being poisoned with a specified metal, as demonstrated by clinical, haematological or biochemical evidence, within the thirty days before the clinical onset of peripheral neuropathy; or
- (s) having a nutritional deficiency at the time of the clinical onset of peripheral neuropathy; or
- (t) being treated with a drug from Specified List 1, for a condition for which the drug cannot be ceased or substituted, at the time of the clinical onset of peripheral neuropathy; or
- (u) being treated with a drug from Specified List 2 at the time of the clinical onset of peripheral neuropathy; or
- (v) being treated with cisplatin within the six months immediately before the clinical onset of peripheral neuropathy; or
- (w) inability to obtain appropriate clinical management for peripheral neuropathy.

#### **Factors that apply only to material contribution or aggravation**

7. Paragraph 6(w) applies only to material contribution to, or aggravation of, peripheral neuropathy where the person's peripheral neuropathy was suffered or contracted before or during (but not arising out of) the person's relevant service.

#### **Inclusion of Statements of Principles**

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

#### **Other definitions**

9. For the purposes of this Statement of Principles:

**“a critical illness”** means a clinical condition complicated by septicaemia, adult respiratory distress syndrome, acute renal tubular necrosis, diffuse intravascular coagulation or multiple organ failure;

**“a drug from Specified List 1”** means:

- (a) 5-fluorouracil;
- (b) almitrine bismesylate;
- (c) amiodarone;
- (d) Amphotericin B;
- (e) aurothioglucose;
- (f) carboplatin;
- (g) chloramphenicol;
- (h) chloroquine;
- (i) colchicine;
- (j) cytosine arabinoside;
- (k) d4T;
- (l) dapsone;
- (m) ddI;
- (n) disopyramide;
- (o) docetaxel;
- (p) ethambutol;
- (q) etoposide;
- (r) hexamethylmelamine;
- (s) HMG-CoA reductase inhibitor;
- (t) hydralazine;
- (u) leflunomide;
- (v) metronidazole;
- (w) nitrous oxide;
- (x) perhexiline maleate;
- (y) phenytoin;
- (z) procarbazine;
- (za) suramin;
- (zb) tenoposide;
- (zc) vinblastine;
- (zd) vindesine;
- (ze) vinorelbine; or
- (zf) Zarnestra (R115777);

**“a drug from Specified List 2”** means:

- (a) ddC;
- (b) disulfiram;
- (c) ifosfamide;
- (d) isoniazid;
- (e) linezolid;
- (f) misonidazole;

- (g) nitrofurantoin;
- (h) oxaliplatin;
- (i) pyridoxine;
- (j) taxol;
- (k) thalidomide; or
- (l) vincristine;

**“a haematological or lymphoproliferative disorder”** means:

- (a) acute lymphoid leukaemia;
- (b) acute myeloid leukaemia;
- (c) chronic lymphoid leukaemia;
- (d) chronic myeloid leukaemia;
- (e) Hodgkin’s lymphoma;
- (f) monoclonal gammopathy;
- (g) myeloma;
- (h) non-Hodgkin’s lymphoma;
- (i) polycythaemia vera; or
- (j) Waldenstrom’s macroglobulinaemia;

**“a nutritional deficiency”** means having clinical or biochemical evidence of a deficiency of one of the following:

- (a) vitamin B1 (thiamine); or
- (b) vitamin B6 (pyridoxine); or
- (c) vitamin B12 (cobalamin); or
- (d) vitamin E;

**“a specified chemical”** means:

- (a) acrylamide monomer;
- (b) allyl chloride;
- (c) dimethylaminopropionitrile;
- (d) ethylene oxide; or
- (e) methyl bromide;

**“a specified metal”** means:

- (a) inorganic arsenic; or
- (b) inorganic lead; or
- (c) mercury; or
- (d) thallium salts;

**“a systemic disease”** means:

- (a) acromegaly;
- (b) amyloidosis;
- (c) chronic liver failure;
- (d) chronic renal failure;
- (e) coeliac disease;
- (f) diabetes mellitus;
- (g) hypereosinophilic syndrome;
- (h) hypothyroidism;
- (i) inflammatory bowel disease; or
- (j) sarcoidosis;

**“a systemic vasculitis”** means:

- (a) allergic angiitis;
- (b) Churg-Strauss syndrome;
- (c) cryoglobulinaemia;
- (d) giant cell (temporal) arteritis;
- (e) polyarteritis nodosa; or
- (f) Wegener’s granulomatosis;

**“a thermal burn”** means

- (a) a full thickness thermal burn to at least ten percent of the total body surface area; or
- (b) a partial thickness thermal burn to at least twenty percent of the total body surface area;

**“a viral, bacterial or protozoal infection”** means current or recent infection with:

- (a) *Borrelia burgdorferi* (Lyme disease);
- (b) *Clostridium botulinum* (botulism);
- (c) *Corynebacterium diphtheriae* (diphtheria);
- (d) hepatitis C virus;
- (e) Human Immunodeficiency Virus (HIV);
- (f) Human T-lymphotropic virus type I (HTLVI);
- (g) *Mycobacterium leprae* (leprosy);
- (h) *Treponema pallidum* (tertiary syphilis); or
- (i) *Trypanosoma cruzi* (Chagas’ disease);

**“a volatile substance”** means:

- (a) 1,1,1-trichloroethane;
- (b) carbon disulphide;
- (c) methyl *n*-butyl ketone (MNBK);
- (d) *n*-hexane;
- (e) nitrous oxide; or
- (f) styrene;

**“acute cholinergic poisoning”** means symptoms and signs due to the inhibition of acetylcholinesterase enzyme activity which occur within twenty-four hours following exposure. These symptoms and signs are acute paralysis, overwhelming bronchial secretions, bradycardia, gastrointestinal distress, miosis, lacrimation or diarrhoea;

**“alcohol”** is measured by the alcohol consumption calculations utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink;

**“an inflammatory connective tissue disease”** means:

- (a) mixed connective tissue disease;
- (b) rheumatoid arthritis;
- (c) scleroderma (progressive systemic sclerosis);
- (d) Sjogren’s syndrome; or
- (e) systemic lupus erythematosus;

**“an organic toxin”** means:

- (a) adulterated rapeseed oil (Spanish toxic oil syndrome);
- (b) the fruit of the Buckthorn shrub (*Karwinskia humboldtiana*);
- (c) ciguatera toxin;
- (d) tetrodotoxin; or
- (e) saxitoxin;

**“an organophosphorus ester”** means an agent used to inhibit acetylcholinesterase, and includes the organophosphate pesticides chlorpyrifos, dichlorvos, EPN, leptophos, methamidophos, mipafox (diisopropyl phosphorofluoridate), omethoate, parathion, TOCP (tri-ortho-cresyl phosphate), trichlorfon and trichlorat;

**“death from peripheral neuropathy”** in relation to a person includes death from a terminal event or condition that was contributed to by the person’s peripheral neuropathy;

**“inhalant abuse or inhalant dependence”** means a maladaptive pattern of volatile substance use, involving the deliberate inhalation of petrol, *n*-hexane, methyl *n*-butyl ketone (MNBK) or nitrous oxide for the purpose of achieving intoxication, leading to clinically significant impairment or distress;

**“inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD)”** means:

- (a) decanting or spraying,
- (b) cleaning or maintaining equipment used to apply,
- (c) being sprayed with,
- (d) handling or sawing timber treated with,
- (e) being in an environment shrouded in dust from timber treated with, or
- (f) using cutting oils contaminated with,

one of the following chemicals:

- 2,4,5-trichlorophenoxyacetic acid,
- 2,4,5-trichlorophenoxypropionic acid,
- 2,4,5-trichlorophenol,
- 2-(2,4,5-trichlorophenoxy)-ethyl 2,2-dichloropropionate,
- *o,o*-dimethyl-*o*-(2,4,5-trichlorophenyl)-phosphorothioate,
- pentachlorophenol,
- 2,3,4,6-tetrachlorophenol,
- 2,4,6-trichlorophenol,
- 1,3,4-trichloro-2-(4-nitrophenoxy)benzene,
- 2,4-dichloro-1-(4-nitrophenoxy)benzene, or
- 2,4-dichloro-1-(3-methoxy-4-nitrophenoxy)-benzene;

**“relevant service”** means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) warlike service under the MRCA; or
- (e) 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**

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

### **Date of effect**

- 11.** This Instrument takes effect from 28 December 2005.

Dated this *fifteenth* day of *December* 2005

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of: )

KEN DONALD  
CHAIRPERSON