

REPATRIATION MEDICAL AUTHORITY

STATEMENT of REASONS

REgarding the outcome of the INVESTIGATION INTO SPINA BIFIDA

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1. INTRODUCTION
2. The Repatriation Medical Authority (the Authority) has decided to revoke the Statements of Principles Instrument Nos. 61 and 62 of 2007 concerning spina bifida, in accordance with subsection 196B(9) of the *Veterans’ Entitlements Act 1986* (the Act), following notice of an investigation gazetted on 31 October 2012in the *Commonwealth of Australia Gazette*.
3. On consideration of the sound medical-scientific evidence available to the Authority concerning spina bifida, the Authority formed the view that this condition does not have any factors which can be "related to service" as defined in subsection 196B(14) of the Act.
4. Background to the Investigation
5. Spina bifida is defined in Statements of Principles Instrument Nos. 61 and 62 of 2007 as:

*a congenital malformation characterised by incomplete closure of the bony encasement of the spinal cord, through which the cord and meninges may protrude.*

1. The Repatriation Medical Authority, under section 196G of the Act, decided to review the contents of the Statements of Principles, to find out if there is new information available about how spina bifida may be contracted, or death from spina bifida may occur, or the extent to which spina bifida or death from spina bifida may be due to eligible service.
2. The notice of investigation was signed by the Chairperson of the Authority on 22 October 2012 and was gazetted in accordance with section 196G of the Act in the *Commonwealth of Australia Gazette* on 31 October 2012. Submissions were invited from persons and organisations wishing to make a submission by 4 April 2014.
3. Submissions received by the Authority pursuant to section 196F
4. Following notification of its investigation, the Authority did not receive any information from persons or organisations eligible to make submissions pursuant to section 196F.
5. Evidence/Information Available to the Repatriation Medical Authority
6. The following information was available to the Authority.
	1. Literature search using PubMed, with “spina bifida” as a key term. Recent, relevant review articles were identified.
	2. Medical or scientific publications as set out in the bibliography attached hereto.
	3. Briefing papers prepared for presentation to the Authority by a research officer of the Secretariat.
7. On 10 December 2014 the Authority considered the draft Declaration and Statements of Reasons concerning spina bifida. A decision was made to consult with the major national Ex-Service Organisations (ESOs) regarding the revocation of the spina bifida Statements of Principles and review any submissions received at the April 2015 meeting before proceeding with the revocation. No submissions were received.
8. Disease and injury
9. Section 196B(14) outlines how a factor may cause or contribute to a disease, injury or death, in relation to service rendered by a person. It provides as follows:

(14) A factor causing, or contributing to, an injury, disease or death is ***related to service*** rendered by a person if:

(a)  it resulted from an occurrence that happened while the person was rendering that service; or

(b)  it arose out of, or was attributable to, that service; or

(c)  it resulted from an accident that occurred while the person was travelling, while rendering that service but otherwise than in the course of duty, on a journey:

(i)  to a place for the purpose of performing duty; or

(ii)  away from a place of duty upon having ceased to perform duty; or

(d)  it was contributed to in a material degree by, or was aggravated by, that service; or

(e)  in the case of a factor causing, or contributing to, an injury—it resulted from an accident that would not have occurred:

(i)  but for the rendering of that service by the person; or

(ii)  but for changes in the person’s environment consequent upon his or her having rendered that service; or

(f)  in the case of a factor causing, or contributing to, a disease—it would not have occurred:

(i)  but for the rendering of that service by the person; or

(ii)  but for changes in the person’s environment consequent upon his or her having rendered that service; or

(g)  in the case of a factor causing, or contributing to, the death of a person—it was due to an accident that would not have occurred, or to a disease that would not have been contracted:

(i)  but for the rendering of that service by the person; or

(ii)  but for changes in the person’s environment consequent upon his or her having rendered that service.

1. The Authority relied upon its expert medical knowledge when considering whether any risk factors were associated with spina bifida and if these factors could be related to the service rendered by a person.
2. Reasons for the decision
3. The Authority previously determined that spina bifida (Instrument Nos. 61 and 62 of 2007) could be related to relevant service.
4. Having further considered and evaluated the sound medical-scientific evidence available to it as part of the review, and that evidence only, the Authority is now of the view that it is insufficient to justify the making of Statements of Principles or the amendment of the existing Statements of Principles as spina bifida does not have any factors which can be "related to service", in accordance with subsection 196B(14) of the Act.
5. Existing Factor
6. The current factor in Statements of Principles Instrument Nos. 61 and 62 of 2007 concerning spina bifida, determined under subsections 196B(2) and (3), is as follows:

inability to obtain appropriate clinical management for spina bifida.

1. Severe forms of spina bifida require treatment in childhood and the existence of the severe form of the condition would preclude entry into the Defence Forces. Milder forms of spina bifida (i.e. spina bifida occulta) are more common but rarely cause disability and do not require specific treatment.
2. Having regard to the sound medical-scientific evidence only and having considered and evaluated that evidence the Authority is of the view that treatment of severe forms of this condition generally occurs in childhood and there is no effective clinical management of milder forms, the absence of which might aggravate the condition. It has concluded that inability to obtain appropriate clinical management for this condition is not a factor which can be related to service.

## No other Factors

1. Having regard to the sound medical-scientific evidence only and having considered and evaluated it, the Authority is of the view that there is no other factor by which spina bifida can be related to service.

## Conclusion

1. The Authority concluded that the sound medical-scientific evidence available to it is insufficient to justify the making of Statements of Principles and that the existing Statements of Principles, Instrument Nos. 61 and 62 of 2007 concerning spina bifida, should be revoked.
2. Decision
3. At its meeting on 1 October 2014 the Authority decided not to make a Statement of Principles in respect of spina bifida for the purposes of subsection (9) of section 196B of the Act as the Authority concluded, for the reasons set out above, that there are no applicable factors which can be "related to service".
4. Bibliography

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| RMA ID Number | Reference List  |
| 13052 | Commonwealth Department of Veteran's' Affairs (1998). Male Vietnam veterans - survey and community comparison outcomes. Morbidity of Vietnam Veterans: A study of the health of Australia's Vietnam veteran community, Vol 1. . |
| 12275 | Cowan DN, DeFraites RF, Gray GC, Goldenbaum MB, et al (1997). The risk of birth defects among children of Persian Gulf war veterans. NEJM, 336: 1650-56. |
| 72000 | Foster MR (2014). Spina bifida. . Retrieved 18 June 2014, from http://emedicine.medscape.com/article/311113-overview |
| 73375 | Institute of Medicine (2014). Birth defects. Veterans & Agent Orange: Update 2012: 732-48. National Academies Press - Washington, DC. |
| 12268 | Kawas C, Resnick S, Morrison A, Brookmeyer R, et al (1997). A prospective study of estrogen replacement therapy and the risk of developing Alzheimer’s disease: the Baltimore longitudinal study of aging. Neurology, 48: 1517-21. |
| 72001 | McLone DG, Bowman RM (2014). Overview of the management of myelomeningocele (spina bifida). . Retrieved 18 June 2014, from http://www.uptodate.com/contents/overview-of-the-management-of-myelomeningocele-spina-bifida?source=search\_result&search=overview+of+the+management+of+myelomeningocele&selectedTitle=1%7E150 |
| 72002 | National Institute of Neurological Disorders and Stroke (NINDS) (2014). Spina bifida fact sheet. . Retrieved 19 June 2014, from http://www.ninds.nih.gov/disorders/spina\_bifida/detail\_spina\_bifida.htm |