

Statement of Principles  
concerning

**SUDDEN UNEXPECTED DEATH**

**No. 43 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 sudden unexpected death No. 43 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. 99 of 1996, Statement of Principles concerning sudden unexplained death, as amended by Instrument No. 185 of 1996, Instrument No. 18 of 2002 and Instrument No. 49 of 2003, and
  - (b) determines in their place this Statement of Principles concerning sudden unexpected death.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **sudden unexpected death**.
  - (b) For the purposes of this Statement of Principles, “**sudden unexpected death**” means death which occurs in the absence of disease or injury which could account for the death and within twenty-four hours of first onset of symptoms or signs and includes death delayed beyond 24 hours because of life support by mechanical devices.

- (c) Sudden unexpected death attracts ICD-10-AM code R96.
- (d) In the application of this Statement of Principles, the definition of “**sudden unexpected death**” is that given at paragraph 3(b) above.

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

- 4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **sudden unexpected death** 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. 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 **sudden unexpected death** with the circumstances of a person’s relevant service is:
  - (a) experiencing a direct threat to the person’s life within the twenty-four hours before the sudden unexpected death, and that direct threat to the person’s life would evoke feelings of substantial distress, anger or fear in that person; or
  - (b) undertaking physical activity greater than five METs within the thirty minutes before the sudden unexpected death; or
  - (c) receiving a blow to the chest immediately before the sudden unexpected death; or
  - (d) having a BMI of thirty-five or greater at the time of the sudden unexpected death; or
  - (e) having a blood alcohol content of at least 0.15 percent at the time of the sudden unexpected death; or
  - (f) having diabetes mellitus at the time of the sudden unexpected death; or
  - (g) having hypertension at the time of the sudden unexpected death; or

- (h) having epilepsy at the time of the sudden unexpected death; or
- (i) being treated with:
  - (i) non-potassium-sparing diuretics, or
  - (ii) a drug which inhibits or blocks the cardiac hERG potassium channels,within the seven days before the sudden unexpected death; or
- (j) using cocaine within the twenty-four hours before the sudden unexpected death.

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

7. 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**

8. For the purposes of this Statement of Principles:

**“a blow to the chest”** means a blunt, forceful, non-penetrating blow to the anterior chest without structural injury to the ribs, sternum or heart;

**“a direct threat to the person’s life”** means a major, stressful event, which is life-threatening to the person and which includes, but is not limited to:

- (a) being subject to a life-threatening attack;
- (b) being assaulted, including sexual assault; or
- (c) direct exposure to a life-threatening disaster or incident;

**“BMI”** means body mass index and is calculated as follows:

The  $BMI = W/H^2$  where:

W is the person’s weight in kilograms and

H is the person’s height in metres;

**“ICD-10-AM code”** means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian

Modification (ICD-10-AM), Fourth Edition, effective date of 1 July 2004, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 594 1;

“**MET**” means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute, or 1.0 kcal/kg of body weight per hour, or resting metabolic rate;

“**non-potassium-sparing diuretics**” means drugs known as loop diuretics or those of the thiazide group;

“**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.

### **Application**

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

### **Date of effect**

10. 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