

Statement of Principles  
concerning

**MYOPIA, HYPERMETROPIA AND  
ASTIGMATISM**

**No. 69 of 2007**

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 myopia, hypermetropia and astigmatism No. 69 of 2007.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 23 of 1999 concerning myopia, hypermetropia and astigmatism; and
  - (b) determines in its place this Statement of Principles.

**Kind of injury, disease or death**

3. (a) This Statement of Principles is about **myopia, hypermetropia and astigmatism** and **death from myopia, hypermetropia and astigmatism**.
  - (b) For the purposes of this Statement of Principles:

**"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;

**"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

**"astigmatism"** means a refractive error in which eye refraction varies in different meridians, so that no two-dimensional object can be brought to focus on the retina giving rise to blurred vision.

These definitions exclude temporary changes to refraction.

- (c) 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;
- (d) In the application of this Statement of Principles, the definitions of **"myopia"**, **"hypermetropia"** and **"astigmatism"** are those 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 **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 *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 **myopia, hypermetropia or astigmatism** or **death from myopia, hypermetropia or astigmatism** with the circumstances of a person's relevant service is:
  - (a) for myopia only:
    - (i) having a nuclear cataract of the affected eye at the time of the clinical onset of myopia; or

- (ii) having decentration or tilting of the lens of the affected eye at the time of clinical onset of myopia; or
  - (iii) having keratoconus or lenticonus of the affected eye at the time of the clinical onset of myopia; or
  - (iv) having corneal surgery of the affected eye, within the eighteen months before the clinical onset of myopia; or
  - (v) having surgery for retinal detachment of the affected eye, within the three months before the clinical onset of myopia; or
  - (vi) having surgery for cataract of the affected eye, within the three months before the clinical onset of myopia; or
  - (vii) having albinism at the time of the clinical onset of myopia; or
  - (viii) having Marfan syndrome at the time of the clinical onset of myopia; or
  - (ix) having a nuclear cataract of the affected eye at the time of the clinical worsening of myopia; or
  - (x) having decentration or tilting of the lens of the affected eye at the time of clinical worsening of myopia; or
  - (xi) having keratoconus or lenticonus of the affected eye at the time of the clinical worsening of myopia; or
  - (xii) having corneal surgery of the affected eye, within the eighteen months before the clinical worsening of myopia; or
  - (xiii) having surgery for retinal detachment of the affected eye, within the three months before the clinical worsening of myopia; or
  - (xiv) having surgery for cataract of the affected eye, within the three months before the clinical worsening of myopia; or
- (b) for hypermetropia only:
- (i) having aphakia or posterior displacement of the lens into the vitreous of the affected eye at the time of the clinical onset of hypermetropia; or
  - (ii) having anterior displacement of the retina of the affected eye at the time of the clinical onset of hypermetropia; or
  - (iii) having corneal surgery of the affected eye, within the eighteen months before the clinical onset of hypermetropia; or

- (iv) having surgery for cataract of the affected eye, within the three months before the clinical onset of hypermetropia; or
  - (v) having albinism at the time of the clinical onset of hypermetropia; or
  - (vi) having aphakia or posterior displacement of the lens into the vitreous of the affected eye at the time of the clinical worsening of hypermetropia; or
  - (vii) having anterior displacement of the retina of the affected eye at the time of the clinical worsening of hypermetropia; or
  - (viii) having corneal surgery of the affected eye, within the eighteen months before the clinical worsening of hypermetropia; or
  - (ix) having surgery for cataract of the affected eye, within the three months before the clinical worsening of hypermetropia; or
- (c) for astigmatism only:
- (i) having surgery involving the cornea or sclera of the affected eye, within the eighteen months before the clinical onset of astigmatism; or
  - (ii) having surgery for retinal detachment of the affected eye, within the eighteen months before the clinical onset of astigmatism; or
  - (iii) having surgery for cataract of the affected eye, within the eighteen months before the clinical onset of astigmatism; or
  - (iv) having corneal scarring of the affected eye at the time of the clinical onset of astigmatism; or
  - (v) having a pterygium of the affected eye at the time of the clinical onset of astigmatism; or
  - (vi) having decentration or tilting of the lens of the affected eye at the time of clinical onset of astigmatism; or
  - (vii) having a lid or limbal mass of the affected eye at the time of the clinical onset of astigmatism; or
  - (viii) having keratoconus of the affected eye at the time of the clinical onset of astigmatism; or
  - (ix) having albinism at the time of the clinical onset of astigmatism; or

- (x) having surgery involving the cornea or sclera of the affected eye, within the eighteen months before the clinical worsening of astigmatism; or
  - (xi) having surgery for retinal detachment of the affected eye, within the eighteen months before the clinical worsening of astigmatism; or
  - (xii) having surgery for cataract of the affected eye, within the eighteen months before the clinical worsening of astigmatism; or
  - (xiii) having corneal scarring of the affected eye at the time of the clinical worsening of astigmatism; or
  - (xiv) having a pterygium of the affected eye at the time of the clinical worsening of astigmatism; or
  - (xv) having decentration or tilting of the lens of the affected eye at the time of clinical worsening of astigmatism; or
  - (xvi) having a lid or limbal mass of the affected eye at the time of the clinical worsening of astigmatism; or
  - (xvii) having keratoconus of the affected eye at the time of the clinical worsening of astigmatism; or
- (d) inability to obtain appropriate clinical management for myopia, hypermetropia or astigmatism.

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

7. Paragraphs **6(a)(ix) to 6(a)(xiv), 6(b)(vi) to 6(b)(ix), 6(c)(x) to 6(c)(xvii) and 6(d)** 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 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:

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

**"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);

**"death from 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;

**"decentration"** means the optical axis not passing through the geometric centre;

**"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), Fifth Edition, effective date of 1 July 2006, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 772 3;

**"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;

**"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;

**"surgery for retinal detachment"** means scleral encircling buckling surgery which involves the application of an encircling band with or without the insertion of a scleral buckle;

**"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 4 July 2007.

Dated this *twentieth* day of *June* 2007

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

KEN DONALD  
CHAIRPERSON