

Statement of Principles  
concerning

**TOXIC MACULOPATHY**

**No. 39 of 2009**

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 toxic maculopathy No. 39 of 2009.

**Determination**

2. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the VEA).

**Kind of injury, disease or death**

3. (a) This Statement of Principles is about **toxic maculopathy** and **death from toxic maculopathy**.  
(b) For the purposes of this Statement of Principles, "**toxic maculopathy**" means symptomatic, non-reversible central vision loss due to a lesion or lesions primarily involving the macula of the eye, together with evidence from the history, physical examination, or diagnostic testing that the lesion or lesions are aetiologically related to a chemical agent.

**Basis for determining the factors**

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **toxic maculopathy** and **death from toxic maculopathy** 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 **toxic maculopathy** or **death from toxic maculopathy** with the circumstances of a person's relevant service is:
- (a) being treated with chloroquine, hydroxychloroquine or mepacrine as specified, before the clinical onset of toxic maculopathy; or
  - (b) taking daily tamoxifen for at least the six months before the clinical onset of toxic maculopathy; or
  - (c) having intravitreal gentamicin, amikacin or fomivirsen, at the time of the clinical onset of toxic maculopathy; or
  - (d) having intravenous deferoxamine therapy at the time of the clinical onset of toxic maculopathy; or
  - (e) having iron chelating therapy as specified for at least the one month before the clinical onset of toxic maculopathy; or
  - (f) being treated with a phenothiazine as specified at the time of the clinical onset of toxic maculopathy; or
  - (g) being treated with daily clofazimine for at least the three months before the clinical onset of toxic maculopathy; or
  - (h) inability to obtain appropriate clinical management for toxic maculopathy.

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

7. Paragraph 6(h) applies only to material contribution to, or aggravation of, toxic maculopathy where the person's toxic maculopathy 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 phenothiazine as specified"** means:

- (a) chlorpromazine;
- (b) thioridazine;
- (c) fluphenazine;
- (d) trifluoperazine; or
- (e) pericyazine;

**"being treated with chloroquine, hydroxychloroquine or mepacrine as specified"** means:

- (a) taking daily chloroquine for at least one year, or taking a cumulative dose of chloroquine of at least 100 grams;
- (b) taking daily hydroxychloroquine for at least five years, or taking a cumulative dose of hydroxychloroquine of at least 400 grams; or
- (c) taking daily mepacrine (Atebrin) for at least six months, or taking a cumulative dose of mepacrine of at least 20 grams;

**"death from toxic maculopathy"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's toxic maculopathy;

**"iron chelating therapy as specified"** means:

- (a) subcutaneous or intramuscular deferoxamine;
- (b) daily oral deferasirox; or
- (c) daily oral deferiprone;

**"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.

**Date of effect**

**10.** This Instrument takes effect from 1 July 2009.

Dated this *nineteenth* day of *June* 2009

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

KEN DONALD  
CHAIRPERSON