



DEFENCE SERVICE ASSISTANCE CENTRE RSL WELFARE & BENEVOLENT INSTITUTION NSW Compensation & Welfare Newsletter

Volume 5, Issue 4

July/August 2009

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FROM THE THIRD FLOOR

The following information has been received from the Department of veterans' Affairs and will be re-printed in the September/October edition of Reveille. However could I ask all Pension/Welfare Officers to ensure their members are aware of this information.

Robotic Assisted Prostatectomy

The Primary Care Policy Group of the Department of Veterans' Affairs has received a number of requests for robotic assisted laparoscopic prostatectomy. In 2006, the Medical Services Advisory Committee (MSAC - the body which advises the Government about items on the Medicare Benefits Schedule) evaluated the use of robotic assisted surgery compared to open radical prostatectomy in terms of safety, effectiveness and cost-effectiveness. The MSAC review concluded that there was uncertainty about the comparative cost-effectiveness of robotic laparoscopic surgery as a shorter period of hospitalisation does not offset the additional costs involved. MSAC also noted that there was insufficient evidence on long-term outcomes compared to an open radical prostatectomy that is the remission rates associated with incomplete removal of the cancerous tissue. Open radical prostatectomy is still considered the "gold standard" for this type of procedure.

Consequently, DVA does not accept financial responsibility for robotic assisted surgery, whether requested by a doctor or hospital - except in rare cases where significant clinical evidence has been provided to support its use as the only viable treatment option. Any request for exceptional circumstances to support the funding of robotic surgery is considered on a case-by-case basis and should be submitted to DVA for approval prior to the surgery taking place.

This request must be made by the treating doctor. DVA will not fund robotic laparoscopic prostatectomy on the basis of veteran's or surgeon's personal preference for this procedure. If the robotic assisted surgery is provided without DVA approval - either not obtaining it or proceeding having been rejected by DVA - then DVA will only fund the surgery at the equivalent DVA fee for the open radical prostatectomy.

In terms of requests from hospitals, DVA will not fund requests for the same reasons outlined above.

DVA's decision in this matter reflects a Departmental position to fund the requested treatment. It is not a direction to the

treating doctor on whether to undertake the surgery, which is clearly a medical judgement

NEW/AMENDED STATEMENT OF PRINCIPLES

Fibrosing interstitial lung disease

35 & 36 of '09

Replaces 15 and 16 of '98

- With the creation of this SOP, the RMA non-SOP investigation into fibrosing alveolitis has now concluded. Claims covered by that investigation can now be processed.
- The SOP covers many, but not all diseases that cause inflammation and fibrosis (scarring) in the lung:
- Idiopathic fibrosing alveolitis / pulmonary fibrosis is covered as are a range of inhalational dust diseases (from e.g. silica, coal and beryllium, but not asbestos - asbestosis remains as a separate SOP).
- Radiation fibrosis is covered as is alveolitis/fibrosis from other inhaled and non-inhaled toxins and poisons (e.g. various drugs), but extrinsic allergic alveolitis (hypersensitivity pneumonitis due to inhaled antigens) is excluded and remains covered by a separate SOP.
- Lung disease as part of a multisystem (systemic) disease like sarcoidosis or SLE is excluded (most cases are covered by separate SOPs for the underlying disease).
- There are a number of other exclusions, for interstitial lung diseases that don't lead to fibrosis, e.g. desquamative interstitial pneumonia.

Macular degeneration

13 & 14 of '09

Replaces 25 and 26 of '03

- The SOP still covers both early and late macular degeneration. The previous requirement for visual impairment is no longer stated in the definition.
- There are new factors for consuming alcohol (RH & BOP), being obese (RH only) and having severe chronic renal failure (RH onset only).

- There are new worsening factors for smoking.
- The cataract surgery factor now applies only to late onset macular degeneration.

Schizophrenia

15 & 16 of '09

Replaces 132 and 133 of '96

- The understanding of the effect of environmental factors on this condition has changed significantly since the previous SOPs were gazetted. As a result there are many new causal and worsening factors in the new SOPs. The previous SOPs had only worsening factors.

- The new onset factors are:

RH and BOP

- Cannabis dependence or abuse (early onset for BOP).
- Cannabis use at least twice a week for six months/2 years, before age 18.
- Experiencing severe childhood abuse.
- Experiencing the death of a related child.
- Experiencing the early death of a parent.

RH only

- Having viral meningitis or encephalitis before age 16.
- Infection with *Toxoplasma gondii*.
- Moderate to severe cerebral trauma (as defined) 1 to 5 years before onset.
- Therapeutic radiation to the brain.
- Atomic radiation to the brain.
- There are new worsening factors for:

RH and BOP

- Severe childhood abuse.
- Death of a related child.
- Category 1A and 1B stressors (replaces psychosocial stressors).
- Drug or alcohol dependence or abuse.
- Therapeutic and illicit drug use (replaces cannabis and cocaine).
- Clinically significant psychiatric conditions.

Bronchiectasis

17 & 18 of '09

Replaces 59 and 60 of '01

- The previous pneumonia factor has been simplified.
- There is now an aspiration pneumonia factor, replacing the previous factor for aspiration of gastric contents resulting

in respiratory distress.

- There are new RH only factors for:
- having gastro-oesophageal reflux disease with stricture or erosive oesophagitis, and
- exposure to arsenic (as specified).

Cerebral meningioma

19 & 20 of '09

Replaces 207 and 208 of '95

- This SOP has been updated to comply with the requirements of the Legislative Instruments Act.
- The SOP now covers benign and intermediate grade meningiomas (previously benign meningiomas only).
- A new causal factor has been added for atomic radiation.

Malignant neoplasm of the cerebral meninges

21 & 22 of '09

Replaces 205 and 206 of '95

- This SOP has been updated to comply with the requirements of the Legislative Instruments Act.
- The definition now excludes sarcoma, carcinoid and lymphoma (as is usual in malignant neoplasm SOPs).
- A new causal factor has been added for atomic radiation.

The factor concerning therapeutic radiation was previously restricted to sarcoma only. That restriction has been removed. Sarcoma of the cerebral meninges is now excluded from this SOP, but covered by the soft tissue sarcoma SOP (which also has a therapeutic radiation factor).

Frostbite

23 & 24 of '09

Replaces 166 and 167 of '95

- This SOP has been updated to comply with the requirements of the Legislative Instruments Act.
- There are wording and formatting changes, but no significant changes to the coverage of the SOP or the single causal factor.

Immersion foot

25 & 26 of '09

Replaces 168 and 169 of '95

- This SOP has been updated to comply with the requirements of the Legislative Instruments Act.
- There are wording and formatting changes, but no significant changes to the coverage of the SOP or the single causal factor

Bipolar disorder

27 & 28 of '09

Replaces 25 and 26 of '08

- There have been a series of minor corrections in the SOP,

but no material changes.

Trigeminal neuropathy

29 & 30 of '09

Replaces 81 and 82 of '95

- This SOP covers loss of function of the trigeminal nerve, which supplies parts of the face. Note that there is a separate SOP for trigeminal neuralgia, which is a specific facial pain syndrome. The SOP for trigeminal neuralgia is also being updated and will likely be finalised after the next RMA meeting.
- The SOP definition has been amended and expanded to include motor and autonomic function (previously sensory function only).
- There have been considerable changes to the SOP factors with:
- Expansion of a number of the old factors, now covering a wider range of drugs, infections, diseases and types of trauma.
- A number of new onset factors, for toxins, chemicals and radiation.
- The addition of worsening factors, mirroring the onset factors (previously no worsening factors).

Electrical injury

31 & 32 of '09

Replaces 149 and 150 of '95
& 151 and 152 of '95
& 197 and 198 of '95

- This SOP combines the previous SOPs for (a) effects of lightning and (b) electric shock (non-fatal effects and electrocution).
- External burns were previously excluded from the lightning SOP. External burns due to electric current (including from lightning) are now covered by both this SOP and the external burn SOP.

Cushing's syndrome

33 & 34 of '09

Replaces 249 and 250 of '95

- There is a much more detailed and complex factor for treatment with glucocorticoids (prednisone etc) than previously.
- There is a new factor for treatment with specific agents for MN of the breast or HIV infection.

Epileptic seizure

37 & 38 of '09

Amends 47 and 48 of '05

- The amendment adds a factor for exposure to RDX - a commonly used explosive in military and other settings

WELFARE SUPPORT

Louise Summerhayes
Welfare Support Coordinator

Veterans Health Week

24-28 August 2009

Veterans' Health Week is encouraging the veteran community to get involved in activities that promote and maintain the health and wellbeing of the veteran communities, their families and carers. The week will be jam packed full of exciting, fun and rewarding experiences to highlight the advantages of taking the time to get out there and be **'stronger, healthier and happier'**. This year's focus for Veterans' Health Week is on physical activity and the benefits of taking simple and effective exercises into a daily routine.

Why get involved in Veterans' Health Week?

More than half of Australian adults don't do enough exercise to stay healthy and avoid medical problems later in life. Being physically active is important to maintain your health and wellbeing at any age. Just 30 minutes on most days of the week will provide you with health benefits including an increase in energy and concentration, weight control and a reduction in your risk of chronic diseases.

How you can get involved

Parramatta Van office is hosting an "Under the Bonnet" Health Expo. There will be a variety of stall holders A Thai Chi demonstration. Complimentary back massages, Meditation, Bocce games, Vietnam Veterans Choir and much, much more! Morning tea provided. **Parramatta RSL Monday 24th August 2009 from 10.00 am.**

A range of activities will be occurring during Veterans' Health Week. To find an event in your local area, contact your local Veterans' Affairs Network office on 133 254 metropolitan callers) or 1800 555 254 (for non-metropolitan callers).

RSL Funeral Tribute/Welfare Workshop.

The Workshop that was held on the 22nd June 2009 was a great success. Over 50 people from various Sub-branches attended. Presentation material was provided to each person in either electronic form or handouts. WBI and the Van Office also provided a cocktail of takeaway information.

My sincere thanks to, Parramatta Van Office, Metcalfe & Morris Funeral Directors and RSL State Branch. My personal gratitude to Parramatta RSL Sub-branch Committee in particular Bob Durbin & Maurice Green for their professionalism. Last but not least a huge thanks to Parramatta RSL for providing the venue.

RSL Gift Packs

I personally found that visiting someone for the first time in hospital or at home, it is a great ice breaker if you have a token gift in hand. I have had a great response in regards to the gift packs. The packs contain: tooth brush, tooth paste, tissues, brush comb, Razor, shaving cream, shampoo. Sub-branches have showcased them at various meetings, so keep up the great work! The packs are \$6.50 plus postage. For more info or to place an order contact Louise 02 9264 8188 ext 364 or lsummerhayes@rslnsw.org.au