Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Diabetes Mellitus

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 July 2025;
- A dermatology and occupational medicine assessment by the dermatologist and occupational physician, dated 14 April 2004;
- An operation report and histology by the gynaecological oncologist and pathologist, dated 12 July 2006;
- A radiotherapy treatment summary by the radiation oncologist, dated 14 September 2006;
- A trauma admission by the CT and operation reports, Role 3 hospital, Afghanistan, dated 18 May 2008;
- An infectious diseases consultation by the infectious diseases physician, dated 22 September 2008;
- A liver transplant operation report by the transplant surgeon, dated 14 March 2012;
- A renal medicine consultation by the renal physician, dated 18 September 2012;
- A transplant clinic review and pathology by the hepatologist, dated 5 March 2013;
- A liver graft biopsy report by the pathologist, dated 3 February 2014;
- An antenatal clinic record and pathology by the obstetrician, dated 22 April 2014;
- An endocrinology consultation by the endocrinologist, dated 24 April 2014;
- A CT abdomen by the radiologist, dated 20 May 2014;
- A hospital admission and discharge summary by the endocrinologist and intensive care physician, dated 14 June 2019.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

16 February 1998 and 20 November 2013

Diabetes Mellitus

You have stated that your condition was caused by:

- *having an endocrine disorder from the specified list of endocrine disorders before the clinical onset of diabetes mellitus*
- *having a solid organ transplant or bone marrow transplant before the clinical onset of diabetes mellitus*
- *having glucocorticoid therapy as specified, before the clinical onset of diabetes mellitus, and where the glucocorticoid therapy as specified has ceased or decreased, the last dose of the therapy was received within the 30 days before the clinical onset of diabetes mellitus*
- *being treated with a drug from the Specified List 1 of drugs, which cannot be ceased or substituted, for at least the seven days before the clinical onset of diabetes mellitus*
- *being treated with a drug from the antidepressant or antipsychotic classes of drugs, which cannot be ceased or substituted, for at least the six weeks before the clinical onset of diabetes mellitus*
- *for type 1 diabetes mellitus only: undergoing surgery to the pancreas before the clinical onset of diabetes mellitus*
- *for type 1 diabetes mellitus only: undergoing splenectomy for trauma before the clinical onset of diabetes mellitus*
- *for type 1 diabetes mellitus only: undergoing a course of therapeutic radiation for cancer, where the pancreas was in the field of radiation, before the clinical onset of diabetes mellitus*
- *for type 1 diabetes mellitus only: having a specified pathological condition involving the pancreas before the clinical onset of diabetes mellitus*
- *for type 1 diabetes mellitus only: having haemolytic uraemic syndrome before the clinical onset of diabetes mellitus*
- *for type 1 diabetes mellitus only: ingesting N-3-pyridyl methyl-N'-p-nitrophenyl urea (Vacor) within the 30 days before the clinical onset of diabetes mellitus*
- *for type 1 diabetes mellitus only: being treated with interferon alpha within the six months before the clinical onset of diabetes mellitus*
- *for type 1 diabetes mellitus only: having infection with a Coxsackie B virus within the three years before the clinical onset of diabetes mellitus*
- *for type 2 diabetes mellitus only: having smoked at least five pack-years of tobacco products before the clinical onset of diabetes mellitus, and where smoking has permanently ceased, the clinical onset of diabetes mellitus has occurred within 15 years of cessation*

- *being exposed to second-hand smoke for at least 5,000 hours before the clinical onset of diabetes mellitus, and where exposure to second-hand smoke has permanently ceased, the clinical onset of diabetes mellitus has occurred within 15 years of cessation*
- *being overweight or obese for at least five years before the clinical onset of diabetes mellitus*
- *an inability to undertake moderate physical activity of at least four METs for at least the five years before the clinical onset of diabetes mellitus*
- *having cirrhosis of the liver at the time of the clinical onset of diabetes mellitus*
- *having non-alcoholic steatohepatitis at the time of the clinical onset of diabetes mellitus*
- *having infection with human immunodeficiency virus before the clinical onset of diabetes mellitus*
- *having infection with hepatitis C virus before the clinical onset of diabetes mellitus*
- *having hypertension at the time of the clinical onset of diabetes mellitus*
- *having chronic renal failure at the time of the clinical onset of diabetes mellitus*
- *having gout or hyperuricaemia at the time of the clinical onset of diabetes mellitus*
- *having posttraumatic stress disorder at the time of the clinical onset of diabetes mellitus*
- *having depressive disorder at the time of the clinical onset of diabetes mellitus*
- *having bipolar disorder at the time of the clinical onset of diabetes mellitus*
- *having schizophrenia at the time of the clinical onset of diabetes mellitus*
- *having bilateral orchiectomy before the clinical onset of diabetes mellitus*
- *having anti-androgen therapy as specified for at least the one year before the clinical onset of diabetes mellitus*
- *being exposed to arsenic as specified before the clinical onset of diabetes mellitus*
- *inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD): (i) for a cumulative period of at least 500 hours, within a consecutive period of ten years before the clinical onset of diabetes mellitus; and (ii) where the first exposure occurred at least five years before the clinical onset of diabetes mellitus; and (iii) where that exposure has ceased, the clinical onset of diabetes mellitus has occurred within 25 years of cessation*
- *for parous women only, inability to breast feed for a cumulative period of at least six months before the clinical onset of diabetes mellitus*
- *for gestational diabetes mellitus and type 2 diabetes mellitus only, being pregnant at the time of the clinical onset of diabetes mellitus*

Diagnosis: Diabetes Mellitus

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 July 2025, and is supported by an endocrinology consultation by the endocrinologist, dated 24 April 2014.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Diabetes Mellitus (Reasonable Hypothesis) (No. 48 of 2020)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having an endocrine disorder from the specified list of endocrine disorders before the clinical onset of diabetes mellitus*
- *having a solid organ transplant or bone marrow transplant before the clinical onset of diabetes mellitus*
- *having glucocorticoid therapy as specified, before the clinical onset of diabetes mellitus, and where the glucocorticoid therapy as specified has ceased or decreased, the last dose of the therapy was received within the 30 days before the clinical onset of diabetes mellitus*
- *being treated with a drug from the Specified List 1 of drugs, which cannot be ceased or substituted, for at least the seven days before the clinical onset of diabetes mellitus*
- *being treated with a drug from the antidepressant or antipsychotic classes of drugs, which cannot be ceased or substituted, for at least the six weeks before the clinical onset of diabetes mellitus*
- *for type 1 diabetes mellitus only: undergoing surgery to the pancreas before the clinical onset of diabetes mellitus*
- *for type 1 diabetes mellitus only: undergoing splenectomy for trauma before the clinical onset of diabetes mellitus*
- *for type 1 diabetes mellitus only: undergoing a course of therapeutic radiation for cancer, where the pancreas was in the field of radiation, before the clinical onset of diabetes mellitus*
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- *for type 1 diabetes mellitus only: having infection with a Coxsackie B virus within the three years before the clinical onset of diabetes mellitus*
- *for type 2 diabetes mellitus only: having smoked at least five pack-years of tobacco products before the clinical onset of diabetes mellitus, and where smoking has permanently ceased, the clinical onset of diabetes mellitus has occurred within 15 years of cessation*

- *being exposed to second-hand smoke for at least 5,000 hours before the clinical onset of diabetes mellitus, and where exposure to second-hand smoke has permanently ceased, the clinical onset of diabetes mellitus has occurred within 15 years of cessation*
- *being overweight or obese for at least five years before the clinical onset of diabetes mellitus*
- *an inability to undertake moderate physical activity of at least four METs for at least the five years before the clinical onset of diabetes mellitus*
- *having cirrhosis of the liver at the time of the clinical onset of diabetes mellitus*
- *having non-alcoholic steatohepatitis at the time of the clinical onset of diabetes mellitus*
- *having infection with human immunodeficiency virus before the clinical onset of diabetes mellitus*
- *having infection with hepatitis C virus before the clinical onset of diabetes mellitus*
- *having hypertension at the time of the clinical onset of diabetes mellitus*
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- *having gout or hyperuricaemia at the time of the clinical onset of diabetes mellitus*
- *having posttraumatic stress disorder at the time of the clinical onset of diabetes mellitus*
- *having depressive disorder at the time of the clinical onset of diabetes mellitus*
- *having bipolar disorder at the time of the clinical onset of diabetes mellitus*
- *having schizophrenia at the time of the clinical onset of diabetes mellitus*
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- *for parous women only, inability to breast feed for a cumulative period of at least six months before the clinical onset of diabetes mellitus*
- *for gestational diabetes mellitus and type 2 diabetes mellitus only, being pregnant at the time of the clinical onset of diabetes mellitus*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with thirst, frequent urination, fatigue and blurred vision, which you initially attributed to early pregnancy and dialysis on 22 April 2014.

The diagnosis was confirmed by two positive laboratory tests on separate days: a fasting plasma glucose of 10.6 mmol/L on 22 April 2014 and a fasting plasma glucose of 11.2 mmol/L on 24

April 2014, with an HbA1c of 7.6 per cent. This meets the Statement of Principles definition of diabetes mellitus (two fasting plasma glucose concentrations of at least 7.0 mmol/L on separate days), and the hyperglycaemia has persisted since. It is not impaired glucose tolerance.

This has then led to further investigations and the diagnosis of your condition of *Diabetes Mellitus*. I have accepted your condition of *Diabetes Mellitus*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 18 April 2014.

Diabetes Mellitus (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 July 2025;
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- A hospital admission and discharge summary by the endocrinologist and intensive care physician, dated 14 June 2019.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

16 February 1998 and 20 November 2013

Diabetes Mellitus (Worsening)

You have stated that the worsening of your condition was caused by:

- *having an endocrine disorder from the specified list of endocrine disorders before the clinical worsening of diabetes mellitus*
- *having a solid organ transplant or bone marrow transplant before the clinical worsening of diabetes mellitus*
- *having glucocorticoid therapy as specified, before the clinical worsening of diabetes mellitus, and where the glucocorticoid therapy as specified has ceased or decreased, the last dose of the therapy was received within the 30 days before the clinical worsening of diabetes mellitus*
- *being treated with a drug from the Specified List 1 of drugs, which cannot be ceased or substituted, for at least the seven days before the clinical worsening of diabetes mellitus*
- *being treated with a drug from the antidepressant or antipsychotic classes of drugs, which cannot be ceased or substituted, for at least the six weeks before the clinical worsening of diabetes mellitus*
- *undergoing surgery to the pancreas before the clinical worsening of diabetes mellitus*
- *undergoing splenectomy for trauma before the clinical worsening of diabetes mellitus*
- *undergoing a course of therapeutic radiation for cancer, where the pancreas was in the field of radiation, before the clinical worsening of diabetes mellitus*
- *having a specified pathological condition involving the pancreas before the clinical worsening of diabetes mellitus*
- *having haemolytic uraemic syndrome before the clinical worsening of diabetes mellitus*
- *ingesting N-3-pyridyl methyl-N'-p-nitrophenyl urea (Vacor) within the 30 days before the clinical worsening of diabetes mellitus*
- *having depressive disorder at the time of the clinical worsening of diabetes mellitus*
- *having bipolar disorder at the time of the clinical worsening of diabetes mellitus*
- *having schizophrenia at the time of the clinical worsening of diabetes mellitus*
- *for type 2 diabetes mellitus only: having smoked at least five pack-years of tobacco products before the clinical worsening of diabetes mellitus, and where smoking has permanently ceased, the clinical worsening of diabetes mellitus has occurred within 15 years of cessation*
- *being exposed to second-hand smoke for at least 5,000 hours before the clinical worsening of diabetes mellitus, and where exposure to second-hand smoke has permanently ceased, the clinical worsening of diabetes mellitus has occurred within 15 years of cessation*
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- *having infection with human immunodeficiency virus before the clinical worsening of diabetes mellitus*
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- *for gestational diabetes mellitus and type 2 diabetes mellitus only, being pregnant at the time of the clinical worsening of diabetes mellitus*
- *inability to obtain appropriate clinical management for diabetes mellitus*

Diagnosis: Diabetes Mellitus (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 July 2025, and is supported by an endocrinology consultation by the endocrinologist, dated 24 April 2014.

I am satisfied this is the appropriate diagnosis.
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- *for gestational diabetes mellitus and type 2 diabetes mellitus only, being pregnant at the time of the clinical worsening of diabetes mellitus*
- *inability to obtain appropriate clinical management for diabetes mellitus*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with thirst, frequent urination, fatigue and blurred vision, which you initially attributed to early pregnancy and dialysis on 22 April 2014.

The diagnosis was confirmed by two positive laboratory tests on separate days: a fasting plasma glucose of 10.6 mmol/L on 22 April 2014 and a fasting plasma glucose of 11.2 mmol/L on 24 April 2014, with an HbA1c of 7.6 per cent. This meets the Statement of Principles definition of diabetes mellitus (two fasting plasma glucose concentrations of at least 7.0 mmol/L on separate days), and the hyperglycaemia has persisted since. It is not impaired glucose tolerance.

After the condition arose, it was worsened during your service. Iatrogenic Cushing syndrome persisted before the worsening on 14 June 2019. The liver transplant that followed your warlike service transfusion preceded the worsening. Prednisolone continued to the worsening, increased to 25 mg daily in May 2019. Tacrolimus and darunavir continued throughout the seven days before the worsening. Olanzapine and sertraline continued throughout the six weeks before the worsening, from 3 May 2019 to 14 June 2019. The distal pancreatectomy for blast injury on warlike service preceded the worsening. The splenectomy for blast injury on warlike service preceded the worsening. The 2006 para-aortic radiotherapy, with the pancreas in the field, preceded the worsening. Acute pancreatitis after the warlike service blast injury preceded the worsening. Haemolytic uraemic syndrome in 2012 preceded the worsening. You ingested pyrinuron rodenticide on 30 May 2019, during a relapse of psychiatric illness that followed your warlike service, 15 days before the worsening. Major depressive disorder was active at the worsening. Bipolar I disorder was present at the worsening. Schizophrenia was in relapse at the worsening. About 11 pack-years were smoked during service, including on operations, and the worsening was six and a half years after cessation. More than 5,800 hours of enclosed exposure, including on operations, ended in 2008, eleven years before the worsening. You were overweight

throughout the five years before the worsening. The amputation from warlike service and dialysis prevented activity of four METs throughout the five years before the worsening. Graft cirrhosis from transfusion-acquired hepatitis C persisted at the worsening. Steatohepatitis persisted at the worsening. HIV acquired on warlike service preceded the worsening. Hepatitis C acquired on warlike service preceded the worsening. Hypertension persisted at the worsening, with a blood pressure of 162/98 on admission. You remained on haemodialysis for chronic renal failure at the worsening. Hyperuricaemia, with a serum urate of 0.56 mmol/L, and gout persisted at the worsening. Posttraumatic stress disorder from warlike service in Afghanistan was active at the worsening. The 2006 bilateral orchiectomy preceded the worsening. Goserelin from 5 April 2018 to 22 March 2019 maintained suppression throughout the one year before the worsening. Chronic arsenic toxicity from non-warlike service in the Solomon Islands preceded the worsening. Your about 560 hours of pentachlorophenol-treated timber work in East Timor (warlike) and the Solomon Islands (non-warlike) between 2000 and 2003 fell within one ten-year period, began 19 years before the worsening, and ceased about 15 and a half years before it. You were eleven weeks pregnant at the worsening on 14 June 2019. The insulin pump and continuous glucose monitor recommended in July 2018 were not approved for eleven months, and specialist pregnancy diabetes review was delayed, before the ketoacidosis of June 2019.

This has then led to further investigations and the diagnosis of your condition of *Diabetes Mellitus (Worsening)*. I have accepted your condition of *Diabetes Mellitus (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 18 April 2014.

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.