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.

Erectile Dysfunction

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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A trauma admission and CT report by Role 3 hospital, Middle East, dated 12 March 2006;
- A psychiatric assessment by the consultant psychiatrist, dated 20 June 2007;
- An operation report and oncology letter by the urologist and radiation oncologist, dated 14 April 2008;
- A radiotherapy completion summary by the radiation oncologist, dated 13 June 2008;
- An endocrinology consultation by the endocrinologist, dated 16 February 2009;
- A rheumatology consultation by the rheumatologist, dated 22 November 2010;
- An outpatient health record by the medical officer, Base medical centre, dated 3 March 2011;
- A penile ultrasound and urology consultation by the urologist, dated 7 April 2011;
- A renal medicine consultation by the renal physician, dated 12 March 2012;
- A pre-operative urology review by the urologist, dated 5 June 2012;
- An operation report by the spinal surgeon, dated 2 August 2012;
- An outpatient health record by the medical officer, Base medical centre, dated 24 September 2012;
- A penile duplex Doppler report and urology consultation by the urologist, dated 22 November 2012;
- An operation report by the urologist, dated 20 June 2017;
- A repeat penile Doppler and urology follow-up by the urologist, dated 12 September 2017.

Your service

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

20 January 1984 and 15 March 2017

Erectile Dysfunction

You have stated that your condition was caused by:

- *having a clinically significant disorder of mental health as specified at the time of the clinical onset of erectile dysfunction*
- *having a cardiovascular disease from the specified list of cardiovascular diseases at the time of the clinical onset of erectile dysfunction*
- *having a medical condition from the specified list of medical conditions at the time of the clinical onset of erectile dysfunction*
- *having systemic sclerosis (scleroderma) at the time of the clinical onset of erectile dysfunction*
- *having an endocrine disorder from the specified list of endocrine disorders at the time of the clinical onset of erectile dysfunction*
- *having a neurological disorder from the specified list of neurological disorders at the time of the clinical onset of erectile dysfunction*
- *having a urological condition from the specified list of urological conditions, where that condition causes lower urinary tract symptoms, for at least the 6 months before the clinical onset of erectile dysfunction*
- *having an infection from the specified list of infections at the time of the clinical onset of erectile dysfunction*
- *having herpes zoster affecting a sacral dermatome at the time of the clinical onset of erectile dysfunction*
- *having hypertension at the time of the clinical onset of erectile dysfunction*
- *having chronic renal failure at the time of the clinical onset of erectile dysfunction*
- *having Peyronie disease before the clinical onset of erectile dysfunction*
- *having ischaemic priapism for a continuous period of at least the 4 hours before the clinical onset of erectile dysfunction*
- *having a surgical operation from the specified list of surgical operations within the 3 months before the clinical onset of erectile dysfunction*
- *having a trauma or surgery involving the brain, spinal cord, thoracolumbosacral nerve roots, cauda equina or the nerve supply to the penis, where the trauma or surgery results in permanent neurological impairment, within the 3 months before the clinical onset of erectile dysfunction*

- *having blunt trauma, penetrating trauma including surgical trauma, explosive blast injury or gunshot injury to the external genitals, perineum or pelvis, within the 3 months before the clinical onset of erectile dysfunction*
- *having internal burns, substantial external burns, or electrical injury to the external genitals, perineum or pelvic region within the 3 months before the clinical onset of erectile dysfunction*
- *having smoked tobacco products: (a) in an amount of at least 15 pack-years before the clinical onset of erectile dysfunction; and (b) if smoking has ceased before the clinical onset of erectile dysfunction, then that onset occurred within 20 years of cessation*
- *undergoing a course of therapeutic radiation for cancer, where the penis, pelvis or perineal region was in the field of radiation, within the 10 years before the clinical onset of erectile dysfunction*
- *being obese at the time of the clinical onset of erectile dysfunction*
- *taking a drug from the specified list of drugs at the time of the clinical onset of erectile dysfunction*
- *inability to undertake any physical activity greater than 3 METs for at least the 5 years before the clinical onset of erectile dysfunction*

Diagnosis: Erectile Dysfunction

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a penile duplex Doppler report and urology consultation by the urologist, dated 22 November 2012.

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

Statement of Principles concerning Erectile Dysfunction (Balance of Probabilities) (No. 73 of 2022)

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

I am satisfied that you have met the following factor:

- *having a clinically significant disorder of mental health as specified at the time of the clinical onset of erectile dysfunction*
- *having a cardiovascular disease from the specified list of cardiovascular diseases at the time of the clinical onset of erectile dysfunction*
- *having a medical condition from the specified list of medical conditions at the time of the clinical onset of erectile dysfunction*
- *having systemic sclerosis (scleroderma) at the time of the clinical onset of erectile dysfunction*
- *having an endocrine disorder from the specified list of endocrine disorders at the time of the clinical onset of erectile dysfunction*

- *having a neurological disorder from the specified list of neurological disorders at the time of the clinical onset of erectile dysfunction*
- *having a urological condition from the specified list of urological conditions, where that condition causes lower urinary tract symptoms, for at least the 6 months before the clinical onset of erectile dysfunction*
- *having an infection from the specified list of infections at the time of the clinical onset of erectile dysfunction*
- *having herpes zoster affecting a sacral dermatome at the time of the clinical onset of erectile dysfunction*
- *having hypertension at the time of the clinical onset of erectile dysfunction*
- *having chronic renal failure at the time of the clinical onset of erectile dysfunction*
- *having Peyronie disease before the clinical onset of erectile dysfunction*
- *having ischaemic priapism for a continuous period of at least the 4 hours before the clinical onset of erectile dysfunction*
- *having a surgical operation from the specified list of surgical operations within the 3 months before the clinical onset of erectile dysfunction*
- *having a trauma or surgery involving the brain, spinal cord, thoracolumbosacral nerve roots, cauda equina or the nerve supply to the penis, where the trauma or surgery results in permanent neurological impairment, within the 3 months before the clinical onset of erectile dysfunction*
- *having blunt trauma, penetrating trauma including surgical trauma, explosive blast injury or gunshot injury to the external genitals, perineum or pelvis, within the 3 months before the clinical onset of erectile dysfunction*
- *having internal burns, substantial external burns, or electrical injury to the external genitals, perineum or pelvic region within the 3 months before the clinical onset of erectile dysfunction*
- *having smoked tobacco products: (a) in an amount of at least 15 pack-years before the clinical onset of erectile dysfunction; and (b) if smoking has ceased before the clinical onset of erectile dysfunction, then that onset occurred within 20 years of cessation*
- *undergoing a course of therapeutic radiation for cancer, where the penis, pelvis or perineal region was in the field of radiation, within the 10 years before the clinical onset of erectile dysfunction*
- *being obese at the time of the clinical onset of erectile dysfunction*
- *taking a drug from the specified list of drugs at the time of the clinical onset of erectile dysfunction*
- *inability to undertake any physical activity greater than 3 METs for at least the 5 years before the clinical onset of erectile dysfunction*

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 a sudden and complete inability to achieve or

maintain an erection adequate for intercourse, with loss of morning erections, reduced penile sensation and penile pain following the priapism on 24 September 2012.

The diagnosis was confirmed by a urologist on 22 November 2012, on a history of persistent inability to achieve an erection adequate for intercourse since 17 September 2012, an IIEF-5 score of 7, and penile duplex Doppler showing arteriogenic insufficiency with veno-occlusive dysfunction. The failure was persistent and not transient or situational, so it meets the Statement of Principles definition of erectile dysfunction.

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

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 17 September 2012.

Erectile Dysfunction (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 18 June 2025;
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- A renal medicine consultation by the renal physician, dated 12 March 2012;
- A pre-operative urology review by the urologist, dated 5 June 2012;
- An operation report by the spinal surgeon, dated 2 August 2012;
- An outpatient health record by the medical officer, Base medical centre, dated 24 September 2012;
- A penile duplex Doppler report and urology consultation by the urologist, dated 22 November 2012;
- An operation report by the urologist, dated 20 June 2017;
- A repeat penile Doppler and urology follow-up by the urologist, dated 12 September 2017.

Your service

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

20 January 1984 and 15 March 2017

Erectile Dysfunction (Worsening)

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

- *having a clinically significant disorder of mental health as specified at the time of the clinical worsening of erectile dysfunction*
- *having a cardiovascular disease from the specified list of cardiovascular diseases at the time of the clinical worsening of erectile dysfunction*
- *having a medical condition from the specified list of medical conditions at the time of the clinical worsening of erectile dysfunction*
- *having systemic sclerosis (scleroderma) at the time of the clinical worsening of erectile dysfunction*
- *having an endocrine disorder from the specified list of endocrine disorders at the time of the clinical worsening of erectile dysfunction*
- *having a neurological disorder from the specified list of neurological disorders at the time of the clinical worsening of erectile dysfunction*
- *having a urological condition from the specified list of urological conditions, where that condition causes lower urinary tract symptoms, for at least the 6 months before the clinical worsening of erectile dysfunction*
- *having an infection from the specified list of infections at the time of the clinical worsening of erectile dysfunction*
- *having herpes zoster affecting a sacral dermatome at the time of the clinical worsening of erectile dysfunction*
- *having hypertension at the time of the clinical worsening of erectile dysfunction*
- *having chronic renal failure at the time of the clinical worsening of erectile dysfunction*
- *having Peyronie disease before the clinical worsening of erectile dysfunction*
- *having ischaemic priapism for a continuous period of at least the 4 hours before the clinical worsening of erectile dysfunction*
- *having a surgical operation from the specified list of surgical operations within the 3 months before the clinical worsening of erectile dysfunction*
- *having a trauma or surgery involving the brain, spinal cord, thoracolumbosacral nerve roots, cauda equina or the nerve supply to the penis, where the trauma or surgery results in permanent neurological impairment, within the 3 months before the clinical worsening of erectile dysfunction*
- *having blunt trauma, penetrating trauma including surgical trauma, explosive blast injury or gunshot injury to the external genitals, perineum or pelvis, within the 3 months before the clinical worsening of erectile dysfunction*
- *having internal burns, substantial external burns, or electrical injury to the external genitals, perineum or pelvic region within the 3 months before the clinical worsening of erectile dysfunction*

- *having smoked tobacco products: (a) in an amount of at least 15 pack-years before the clinical worsening of erectile dysfunction; and (b) if smoking has ceased before the clinical worsening of erectile dysfunction, then that worsening occurred within 20 years of cessation*
- *undergoing a course of therapeutic radiation for cancer, where the penis, pelvis or perineal region was in the field of radiation, within the 10 years before the clinical worsening of erectile dysfunction*
- *being obese at the time of the clinical worsening of erectile dysfunction*
- *taking a drug from the specified list of drugs at the time of the clinical worsening of erectile dysfunction*
- *inability to undertake any physical activity greater than 3 METs for at least the 5 years before the clinical worsening of erectile dysfunction*
- *inability to obtain appropriate clinical management for erectile dysfunction*

Diagnosis: Erectile Dysfunction (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a penile duplex Doppler report and urology consultation by the urologist, dated 22 November 2012.

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

Statement of Principles concerning Erectile Dysfunction (Balance of Probabilities) (No. 73 of 2022)

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

I am satisfied that you have met the following factor:

- *having a clinically significant disorder of mental health as specified at the time of the clinical worsening of erectile dysfunction*
- *having a cardiovascular disease from the specified list of cardiovascular diseases at the time of the clinical worsening of erectile dysfunction*
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The diagnosis was confirmed by a urologist on 22 November 2012, on a history of persistent inability to achieve an erection adequate for intercourse since 17 September 2012, an IIEF-5 score of 7, and penile duplex Doppler showing arteriogenic insufficiency with veno-occlusive dysfunction. The failure was persistent and not transient or situational, so it meets the Statement of Principles definition of erectile dysfunction.

After the condition arose, it was worsened during your service. Major depressive disorder remained under monthly psychiatric management at the documented worsening on 12 September 2017. Peripheral artery disease had progressed, with a right ankle-brachial index of 0.48 in July 2017, and was present at the worsening on 12 September 2017. Type 2 diabetes (HbA1c 9.4 per cent in August 2017) and obstructive sleep apnoea were both present at the worsening on 12 September 2017. Limited cutaneous systemic sclerosis remained active at the worsening on 12 September 2017, with progressive sclerodactyly and digital ulcers in 2017. Primary hypogonadism persisted, with testosterone of 6.0 nmol/L in July 2017, at the worsening on 12 September 2017. Autonomic neuropathy and the cauda equina injury of 2012 were present at the worsening on 12 September 2017. Lower urinary tract symptoms from recurrent bladder outlet obstruction and detrusor overactivity (International Prostate Symptom Score 26) persisted throughout the 6 months before the worsening, from 12 March 2017 to 12 September 2017, and storage symptoms continued after the redo resection of 20 June 2017. Chronic hepatitis B infection persisted (HBsAg positive, July 2017) at the worsening on 12 September 2017. A recurrence of herpes zoster in the left S2 dermatome was diagnosed on 1 September 2017 and was active at the worsening on 12 September 2017. Hypertension, treated with metoprolol and amlodipine, was present at the worsening on 12 September 2017. You remained on chronic haemodialysis at the worsening on 12 September 2017. Peyronie disease, with calcification of the dorsal plaque on ultrasound in 2016, was present before the worsening on 12 September 2017. On 30 August 2017 a test dose of intracavernosal alprostadil caused an ischaemic priapism lasting 5 hours, treated by aspiration and phenylephrine. A redo transurethral resection of the prostate was performed on 20 June 2017 for recurrent bladder outlet obstruction from prostatic regrowth. Revision surgery for failed fusion at L5 to S1 on 8 August 2017 injured the left S1 nerve root and left permanent new weakness and sensory loss, within the 3 months before the worsening on 12 September 2017. The redo transurethral resection of 20 June 2017 was surgical trauma within the pelvis, within the 3 months before the worsening on 12 September 2017. During the redo resection of 20 June 2017 a fault in the diathermy return electrode caused a full-thickness electrical burn over the sacrum and left buttock, an electrical injury to the pelvic region within the 3 months before the worsening on 12 September 2017. About 32 pack-years were smoked before the worsening, which occurred on 12 September 2017, less than 8 years after you stopped smoking on 1 January 2010. The pelvic radiotherapy of May to June 2008 was within the 10 years before the worsening, from 12 September 2007 to 12 September 2017. Your BMI was 36.1 on 12 September 2017, at the worsening. At the worsening on 12 September 2017 you were taking sertraline, metoprolol, gabapentin and testosterone, all on the specified list. You

remained unable to exceed 3 METs throughout the 5 years before the worsening, from 12 September 2012 to 12 September 2017. From the onset in September 2012 to April 2016 your requests for erectile dysfunction treatment were declined as not clinically indicated, and your referral for penile prosthesis assessment lapsed for 26 months because the urology clinic was not wheelchair accessible.

This has then led to further investigations and the diagnosis of your condition of *Erectile Dysfunction (Worsening)*. I have accepted your condition of *Erectile Dysfunction (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 17 September 2012.

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