VETAFFAIRS

DVA'S FREE NEWSPAPER FOR AUSTRALIA'S VETERAN COMMUNITY

Vol. 34 No. 4 SUMMER 2018 ISSN 0819-8934

LOOKING TO THE FUTURE
Australian War Memorial's redevelopment plan
PAGE 18

RECRUITMENT PUSH
Employers hunt for ex-ADF talent
PAGE 5

SPIRIT OF INVICTUS
Invictus Games leave an important legacy
PAGE 15

Australia remembers

Remembrance Day ceremony at the State War Memorial, Kings Park, Perth. Photo: Department of Defence.

Remembrance Day 2018 marked an important date in history, the centenary of the Armistice that ended fighting during the First World War.

On Sunday 11 November, world leaders met under the Arc de Triomphe in Paris to commemorate with one minute's silence, and an Australian service was held at the Australian National Memorial, near Villers-Bretonneux in northern France.

The 100th anniversary of the First World War Armistice was a special day of commemoration across Australia.

During the war, some 416,000 enlisted for service from a population of around 4.5 million. Of these, 156,000 were wounded, gassed, or taken prisoner. Tragically, more than 60,000 did not return from the war.

The war affected every community across the nation.

Many communities and families struggled as they grieved for the loss of so many men, or carried the physical and financial burden of caring for their loved ones who had returned. Thousands of ex–service men and service women, many with physical or emotional wounds, had to be re-integrated into a society keen to resume normal life.

Remembrance Day is an opportunity for every Australian to reflect on those who have died in all wars, conflicts and peacekeeping operations, and to acknowledge the service and sacrifice of our defence personnel.

Around Australia, services, commemorations and events were held in cities, towns and local communities. At the Australian War Memorial in Canberra, 12,000 visitors attended a national service, with the address given by the Prime Minister, Scott Morrison. Services in state and territory capitals attracted large, and, in some cases, record numbers of attendees.

Remembrance Day 2018 was a very moving day, with many Australians wearing a red poppy as a symbol of remembrance. Much of the country stopped at 11am to observe one minute's silence, and reflect on the service and sacrifice of so many.

Lest we forget.

Recognising and respecting our veterans

An Australian Defence Veterans' Covenant will be enacted in legislation so the nation can recognise and acknowledge the unique nature of military service, and support veterans and their families.

The Australian Defence Veterans' Covenant will help the Australian community recognise the service and sacrifice of the men and women who defend our nation, and pledge their commitment to support veterans and their families.

As part of this Covenant, a new Australian Veteran Card and Lapel Pin will make it easier for all Australians to recognise and show respect for the unique contribution veterans have made to Australia and for our veterans to reconnect with others who have served.

The Covenant also includes an oath, which the Australian people will be encouraged to take at community commemorative events, such as Remembrance Day.

As we saw throughout the Invictus Games and the Centenary of Armistice, Australians have a deep appreciation and want to acknowledge our veterans, who have given so much in their service. The Card and Lapel Pin will for the first time enable everyone across the nation to recognise this service and may support up to 600,000 veterans in Australia and their families.

Businesses and community organisations can also play their part in recognising and respecting those who have served. The new Card will assist organisations to identify veterans when they aren't wearing their uniform or medals, so they can offer discounts and extra support.

The Government will invest $11.1 million in these measures to deliver a national approach to recognising veterans and is in the process of consulting defence and veterans communities.

The Government will also provide $6.7 million to develop the Soldier On Fussell House accommodation facility at the Concord Repatriation Hospital in Sydney, which the NSW Government is investing more than $340 million to rebuild. This includes an Australian first – the National Centre for Veterans Health – a state of the art centre for specialised health care for veterans.

Named after Lieutenant Michael Fussell, who was killed in action by an Improvised Explosive Device while serving with the Special Operations Task Group in Afghanistan, the facility will house up to 40 veterans and their families at a time and will especially benefit those from regional and rural areas.

The Australian Government is also investing $7.6 million for the Kookaburra Kids Defence Program to boost their targeted support to children of ex-serving ADF members who are experiencing mental health issues due to their service.

The Kookaburra Kids Defence Program has completed a pilot program in New South Wales, the Australian Capital Territory, Queensland and the Northern Territory for 569 children. This extra investment will see the program expand into Victoria, South Australia and Western Australia for 1,750 children.

Veterans and their families, businesses and organisations can find out more on the DVA website at: dva.gov.au/benefits-and-payments/veteran-card.

Further information will be made available on the DVA website as this initiative progresses.

HEALTH

FROM THE CHIEF HEALTH OFFICER AND PRINCIPAL MEDICAL ADVISER

Clarifying 'clinical onset'; more on prostate cancer

PROF IAN R GARDNER
Chief Health Officer and Principal Medical Adviser
Department of Veterans' Affairs

In this issue, I want to cover two key topics which I know are of interest to many veterans, war widows and families.

The first relates to **clinical onset** of a claimed condition. This is not necessarily the same as the date of diagnosis or the date of 'medical imaging'.

This concept is of key importance in many conditions listed under the relevant Statements of Principles (SoPs). One condition where this is especially problematic is cervical spondylosis.

There have been some cases within DVA where decisions by delegates have been inconsistent in this arena, and our policy people have run a workshop and issued informal guidance to delegates to help overcome this issue.

In summary, clinical onset means when sufficient, relevant symptoms or signs or other evidence of a condition were first present, such that they would allow an appropriate medical practitioner to say that the condition first manifested at that time. This is well established in law.

In this case, the relevant SOP definition is:

"cervical spondylosis" means a degenerative joint disorder affecting the cervical vertebrae or intervertebral discs with: clinical manifestations of local pain and stiffness, or symptoms and signs of cervical cord or cervical nerve root compression; and imaging evidence of degenerative change, including disc space narrowing or osteophytes.

The SOP includes factors such as: 'having trauma to the cervical spine at least one year before the clinical onset of cervical spondylosis, and where the trauma to the cervical spine occurred within the 25 years before the clinical onset of cervical spondylosis'.

The way this should work is:

- There will be a date when it is possible to confirm that the SOP definition has been met, including having imaging evidence.
- From there it will generally be possible to work back in time, to identify an earlier clinical onset, based on the available history or other evidence. This may be a short time before confirmation/imaging, or it may be possible to go back some way further.
- This is not always straightforward when dealing with a slowly progressive degenerative condition such as spondylosis, where relevant symptoms may have another explanation. It's a judgement call.

There is advice on this topic in CLIK. Go to clik.dva.gov.au, type in '3.4.4' in the search field and select '3.4.4 Establishing the clinical onset and/or worsening'.

The CLIK advice is sometimes misinterpreted by delegates to mean that clinical onset and date of 'confirmation of diagnosis' (for the purposes of applying the SOP) are the same, because the SOP definition includes 'criteria'. That interpretation is not intended.

However, there are some conditions, such as psychiatric conditions, where the clinical onset is only when certain criteria have been fulfilled (for example, for anxiety disorder, when three of six specified symptoms are present).

The bottom line: DVA delegates should not be using the date of imaging evidence as the time when the 25-year period in relevant SOP factors expires. They should be getting medical advice from our Contracted Medical Advisers or the veteran's own Treating Doctor as to when the clinical onset occurred. In most cases this will be some time before the date when the confirmatory imaging evidence was first obtained.

If you've lodged a DVA claim for a degenerative condition such as cervical spondylosis and the decision doesn't make sense in regards to the 'clinical onset' date, I recommend you raise the issue with your advocate and request an internal review or, if necessary, a review by the Veterans' Review Board or the Administrative Appeals Tribunal. I am happy to provide supportive specialist medical advice on relevant cases when asked by the decision-makers or the external appeals bodies.

The second matter I want to raise again relates to one of my 'favourite' topics – diagnosis of and treatment for **prostate cancer**.

Because of the advanced age of many of our male veterans, this type of cancer diagnosis is unfortunately common. As advised in my article on this subject in the Autumn 2017 issue of *Vetaffairs*, there is rarely any urgency to seek immediate treatment, and there is always time for a proper discussion with your GP and family, and to get independent medical opinions from appropriate specialists such as urological surgeons, radiation oncologists, and so on.

Sometimes the best advice will be to do nothing other than active surveillance. Sometimes surgery will be needed. Other times, radiation and/or hormonal treatment may be required. But in almost every case, there is no urgent need to start treatment, as the cancer may have been slowly developing over the previous 20+ years.

It's also important for veterans and their families to fully understand whether they will be financially out of pocket for any treatments provided which are not billed to the DVA Health Cards. In some cases, this can amount to many thousands of dollars, and there is no evidence that higher cost procedures or treatments lead to better outcomes. So make sure you fully understand ALL the issues in deciding what treatment (if any) is right for you.

You may be interested to know about a new trial being funded by the National Health and Medical Research Council to help men with a new diagnosis of low-risk prostate cancer navigate this extremely difficult decision tree. Men with a new low-risk prostate cancer diagnosis within the last three months are being invited to take part in this trial. This is being coordinated by the Peter MacCallum Cancer Centre in Melbourne. However, veterans and other men from all over Australia are welcome to apply to take part in this trial. Men and their partners can register their interest to participate at navigateprostate.com.au. For more information, please contact Project Manager Natalie Richards on 03 8559 7453 or email navigate@petermac.org.

In closing, I continue to welcome correspondence from veterans and their families on any health issues, especially complex cases which haven't been able to be resolved by DVA in a reasonable time. I don't guarantee that I can 'fix' every issue, but I'll certainly do my utmost to ensure that everything we can do is done for entitled veterans, war widows and their families.

I get around 100 letters a year directly arising from my column in *Vetaffairs*. I always phone the writer (if the letter is polite!), usually on the day of receipt, and I always follow up to ensure that we've done everything possible that we can do from a health/medical perspective, when we fully apply the beneficial provisions of our three Acts in an understanding and veteran-centric way.

Until next time.

Veterans' MATES topics for 2018

DVA's Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES) program helps to improve the use of medicines and related health services in the veteran community. Each year, Veterans' MATES covers four topics. This year's topics were:

March 2018: Preventing falls
By talking to your GP and working through things together, small changes can be made to reduce your chance of having a fall. The Veterans' MATES veteran brochure provides some great tips. The brochure is available to download at veteransmates.net.au/topic-50.

June 2018: Osteoporosis
As you get older, maintaining strong and healthy bones will help reduce your risk of fractures. Information about osteoporosis is available on the Veteran MATES Website at veteransmates.net.au/topic-51.

August 2018: Heartburn
About one in five of us have heartburn from gastro-oesophageal reflux at one time or another. A short course of a medicine such as a proton pump inhibitor (PPI) can be very effective in relieving these symptoms. Like all medicines, PPIs can have side effects. So if you have been taking a PPI for longer than eight weeks for heartburn, ask your GP whether you still need it. For more information, visit veteransmates.net.au/topic-52.

November 2018: Oral health
Dry mouth is a common problem and if left untreated can lead to tooth decay and infections in the mouth. Medicines, diet and lifestyle, medical treatment or an underlying disease can all cause dry mouth. If you have dry mouth, talk to your GP and see your dentist for a check-up. You may also find the latest veteran brochure at veteransmates.net.au/topic-53 helpful.

To see the full range of Veterans' MATES topics visit veteransmates.net.au and click on TOPICS.

Getting to know the DVA Audiology Adviser

Jason Ridgway is an accredited audiologist with more than 25 years' experience and is DVA's Principal Audiology Adviser. He has a background in clinical hearing rehabilitation and has wide-ranging experience in the community, public and private health sectors. Jason holds a post-graduate degree in audiology and earned a PhD studying the motivation of people seeking help for their hearing.

What got you interested in audiology? I first learned about audiology at university. I was interested in health care and working with people, and audiology seemed ideal. Both of my grandfathers returned from the Second World War with hearing loss, and from an early age I knew I wanted to help people with their hearing.

After enlistment, my dad's father was sent to New Guinea. When he returned to Australia his hearing had been affected by gunfire. His high-frequency hearing was most affected, and he had a lot of trouble hearing conversation in noise. He also had a lot of trouble hearing women's voices, which frustrated my grandmother!

Can you tell me about the Audiology Adviser role? My role in DVA is to provide professional advice and recommendations that relate to hearing loss and tinnitus. For example, a veteran or a hearing services provider might contact DVA requesting a specific type of device or treatment, and it's my role to review the request and provide clinical advice. The services and devices available to veterans are extensive and I'm often asked to work through this gamut of information to find the devices that will best match veterans' hearing needs.

What hearing services are available for veterans? The services and devices available to veterans include the Australian Government Hearing Services Program, the DVA Rehabilitation Appliances Program and the DVA Tinnitus Program.

More information is available on the DVA website (Google 'hearing services DVA') or phone 1800 555 254.