

Insurance

Trauma information guide



redefining / insurance

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Helping simplify trauma insurance

It can sometimes be difficult for people without a medical background to fully comprehend the complexities of the various health traumas we may experience during our lifetime.

How much do you really know about some of the more common traumas Australians may encounter, such as cancer, heart attack and stroke?

The latest Cancer Council of Australia statistics reveal that one in two men and one in three women will be diagnosed with cancer before the age of 85. Fortunately though, over 60 per cent of cancer patients will survive more than five years after diagnosis.¹

When it comes to heart attack, stroke and other cardiovascular diseases, the most recent Heart Foundation statistics show that cardiovascular disease affects more than 3.5 million Australians. According to the Heart Foundation, 1.4 million Australians are prevented from living a full life because of disability caused by the disease.²

But there are all kinds of other trauma events which may well strike young healthy people too. At any age, people can receive serious injuries in a car accident which may lead to paraplegia, quadriplegia or a requirement for life support – insurable events under AXA's trauma insurance which covers more than 40 listed traumas.

1 The Cancer Council of Australia, 2008, (<http://www.cancer.org.au/aboutcancer/FAQ.htm>)

2 Heart Foundation, 2008, (http://www.heartfoundation.org.au/Heart_Information/Statistics.htm)

AXA has developed this easy-to-read guide to its trauma insurance to help you better understand the listed traumas via simple explanations of each event, which where appropriate also include symptoms, causes or risk factors, treatments and the relevant statistics.

We hope that ultimately, this guide will help you provide your clients with a simple overview of what can be a very complex area of insurance.

Key definitions

What is trauma insurance?

Trauma insurance can help a person cope financially with the impact a trauma event such as cancer, heart attack or stroke may have on their life. It pays a lump sum, which can be used to:

- pay for expensive recovery costs including rehabilitation
- pay for changes to lifestyle, for example, refitting the home
- pay off the mortgage
- enable a partner to reduce their working hours to look after the person, or alternatively to hire a carer
- provide ongoing income.

We will pay a lump sum if a person suffers one of the trauma events listed below during the term of the plan. Proof of all trauma events must be based on clinical, radiological, histological and laboratory evidence, and evidence from an appropriate specialist medical practitioner. All evidence must be acceptable to AXA.

Trauma events covered by AXA's Trauma Insurance Plans

• Adult insulin dependent diabetes*	• Chronic liver disease	• Loss of limbs and sight	• Occupationally acquired HIV
• Alzheimer's disease and other dementias	• Coma	• Loss of speech	• Paraplegia
• Angioplasty	• Coronary artery surgery*	• Lung disease	• Parkinson's disease
• Aplastic anaemia	• Deafness	• Major head injury	• Pneumonectomy
• Benign brain tumour	• Diplegia	• Major organ transplant	• Primary pulmonary hypertension
• Blindness	• Encephalitis	• Medically acquired HIV	• Quadriplegia
• Cancer*	• Heart attack*	• Medical condition requiring life support	• Severe burns
• Cancer early payment*†	• Heart valve surgery	• Motor neurone disease	• Stroke*
• Cardiac arrest	• Hemiplegia	• Multiple sclerosis	• Surgery of the aorta
• Cardiomyopathy	• Loss of capacity for independent living	• Muscular dystrophy	• Triple vessel angioplasty
• Chronic kidney failure	• Loss of limbs		

* These trauma events are subject to a 90 day qualifying period. For full conditions see pages 3 to 19.

† Available under AXA's Trauma Insurance Plus Plan.

Pre and early cancerous conditions covered by AXA's Trauma Insurance Plus

- T1 prostate tumours
- Early detected small malignant melanomas
- Carcinoma in situ of the breast
- Carcinoma in situ of the vulva
- Carcinoma in situ of the vagina
- Carcinoma in situ of the fallopian tubes
- Carcinoma in situ of the cervix

Listed events

Adult insulin dependent diabetes

Plan definition

Adult insulin dependent diabetes means the diagnosis of type 1 Insulin Dependent Diabetes Mellitus (IDDM) by an appropriate consultant specialist after the age of 30. We will pay the lesser of:

- 10 per cent of the trauma benefit, or
- \$25,000.

The trauma benefit will be reduced by any amount payable under this trauma event.

What is adult insulin dependent diabetes?

It is a carbohydrate metabolism disorder caused mainly by the pancreas not secreting enough or any insulin. Insulin is the key hormone controlling the flow of glucose (sugar) in and out of the cells of the body. Without proper treatment, adult insulin dependent diabetes can result in excessively high blood glucose levels, a condition known as hyperglycaemia.

Long-term complications may include:

- vascular disease, including blocked arteries and heart attacks
- eye problems, including diabetic retinopathy, retinal detachment, glaucoma and cataracts
- kidney disease (diabetic nephropathy)
- nerve damage (diabetic neuropathy).

Studies show tight control of blood glucose can prevent or delay complications to the eyes, kidneys and nervous system. However complications may occur even in those with good diabetes control.

What are the symptoms?

Symptoms can develop suddenly or gradually over several years. They include frequent urination, tiredness, excessive thirst and hunger, and weight loss. Ketoacidosis, a condition caused by starvation or uncontrolled diabetes, is common in insulin dependent diabetes. Symptoms include abdominal pain, vomiting, rapid breathing, extreme lethargy and drowsiness. Patients with ketoacidosis will also have a sweet breath odour. Left untreated, this condition can lead to coma and death.

What are the statistics?

Diabetes is Australia's fastest growing chronic disease. An estimated 275 Australians develop diabetes every day and 890,000 are currently diagnosed with the disease. For every person diagnosed, it is estimated that there is another who is not yet diagnosed; a total of about 1.7 million people.

In 2002 diabetes was listed as the only cause of death in 1.7 per cent of cases. Fifty per cent of deaths from diabetes also had heart disease as an associated cause of death. Twenty-two per cent had stroke as an associated cause, while 15 per cent also had renal failure as an associated cause.

Sources

Diabetes Australia, 2008, www.diabetesaustralia.com.au/Understanding-Diabetes/Diabetes-in-Australia/

WrongDiagnosis.com, 2008, www.wrongdiagnosis.com/d/diabetes/stats.htm

Alzheimer's disease and other dementias

Plan definition

Alzheimer's disease and other dementias means an unequivocal diagnosis of dementia including Alzheimer's disease by a Consultant Neurologist, where there is permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment is defined as a deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing, and which results in a requirement for continual supervision to protect the insured or others.

What is Alzheimer's disease?

The brain is a complex signalling system much like a computer. There is information coming in, information being processed and turned into memories, and information going out. All of this is done by billions of nerve cells, each branching out and connecting with other nerve cells.

Alzheimer's disease occurs where there is permanent irreversible failure of brain function leading to significant cognitive impairment for which no other recognisable cause has been identified. This may result in a need for continual supervision to protect the sufferer or others.

Eventually, it may be necessary for those with Alzheimer's disease to have full-time care.

What are the risk factors?

Risk factors for Alzheimer's are divided into well-established and probable. None of the factors predict development of the disease, they simply suggest increased risk.

Well established factors include:

- increasing age
- family history
- environmental factors.

Probable factors include:

- increased use of medications for arthritis
- deficiency of antioxidants like vitamins A, C, and E
- head injuries that result in the loss of consciousness
- heart disease, stroke, and high blood pressure which can damage blood vessels that carry nutrients to the brain.

What are the statistics?

Currently, in 2008, there are an estimated 227,000 people with dementia in Australia. By 2050 the total number of people with dementia will exceed 730,000 (2.8 per cent of the projected population).

Source

Alzheimer's Australia, 2008, www.alzheimers.org.au

Angioplasty

Plan definition

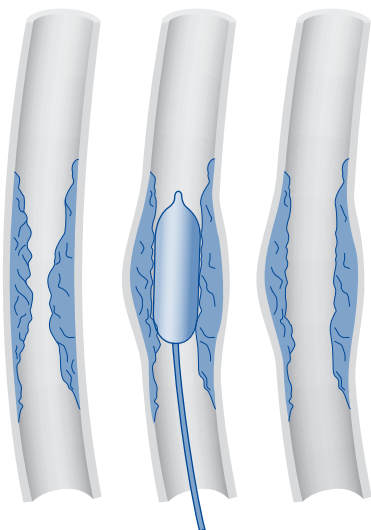
The treatment of a coronary artery obstruction by balloon angioplasty, other catheter-based techniques, or endoscopic surgery, where at least one of the following criteria has been met: the obstruction is giving rise to impairment of ventricular function, the obstruction is giving rise to disabling symptoms, or the obstruction is associated with unstable angina pectoris or myocardial infarction. To be entitled to a benefit for angioplasty, you must have a minimum sum insured under the plan of \$100,000. In the case of angioplasty, we will only pay 10 per cent of the lump sum the client is insured for, up to a maximum of \$100,000. The lump sum the client is insured for will be reduced by the amount we pay you for angioplasty.

What is angioplasty?

Coronary angioplasty (also known as percutaneous transluminal coronary angioplasty), is used to restore adequate blood flow to blocked coronary arteries.

The procedure (see diagram below) involves inserting a catheter with a balloon into a narrowed coronary artery. The catheter is first inserted into an artery in a leg, or occasionally an arm, and is then threaded through the artery back towards the heart and into the coronary arteries towards the area of vessel blockage. The balloon is then inflated against the blocked area to create a wider passage for blood flow. Together with coronary stenting, which is usually done at the same time, it is referred to as percutaneous coronary intervention (PCI).

Angioplasty



If just one section of artery is widened the procedure usually takes about 30 minutes. If several sections are to be widened the procedure takes longer. Patients may need to stay in hospital overnight for observation following the procedure.

What are the statistics?

In 2004-05 there were 34,691 coronary angioplasty and stenting procedures performed in Australia.

Sources

Australia's Health 2006 (Australian Institute of Health and Welfare)
www.aihw.gov.au/publications

Angioplasty and Cardiac Revascularisation Statistics, 2008
www.americanheart.org/presenter.jhtml?identifier=4439

Heart Information Network; A patient guide, 2007
www.heartinfo.org

Aplastic anaemia

Plan definition

A plastic anaemia means permanent bone marrow failure which results in anaemia, neutropaenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions
- marrow stimulating agents
- bone marrow transplantation, or
- immunosuppressive agents.

What is aplastic anaemia?

It is a rare disorder in which the bone marrow fails to produce enough blood cells: red cells, white cells, and platelets. Aplastic anaemia can be very serious, especially if the bone marrow is severely affected and there are very few blood cells left. Without adequate blood cells, people are susceptible to infections, bleeding and bruise more easily.

What causes it?

Aplastic anaemia has multiple causes. Some of these causes are idiopathic, meaning they occur sporadically for no known reason. Other causes are secondary, resulting from a previous illness or disorder. Acquired causes may include the following:

- history of specific infectious diseases, such as infectious hepatitis
- history of taking certain medications, such as antibiotics and anticonvulsants
- exposure to certain toxins, such as heavy metals
- exposure to radiation
- history of an autoimmune disease, or
- an inherited condition.

What causes aplastic anaemia in children?

Nearly 50 to 75 per cent of childhood cases occur sporadically for no known reason. Acquired causes may include a history of specific infectious diseases (such as hepatitis or Epstein-Barr virus), some medications, or exposure to certain toxic chemicals. Children may also inherit a disorder that predisposes them to developing aplastic anaemia.

What are the symptoms?

Signs and symptoms of aplastic anaemia may include:

- headache
- dizziness
- nausea
- shortness of breath
- easy bruising
- abnormal bleeding from the gums or nose.

How is it treated?

Initial treatment involves removing any offending cause. Bone marrow transplant is now the preferred treatment where a suitable sibling donor is available. While the risk of rejection still exists, this has been reduced with improved supportive care and earlier treatment of patients after diagnosis. In cases where bone marrow transplantation is not suitable, treatment is by transfusions of platelets to prevent bleeding and transfusions of packed red blood cells to control symptoms of anaemia. Corticosteroids have also been used with varying success.

Sources

Leukaemia Foundation of Australia, 2008, www.leukaemia.org.au
The Aplastic Anaemia Trust UK, 2008, www.theaat.org.uk

Benign brain tumour

Plan definition

A non-cancerous tumour in the brain that gives rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The tumour must result in neurological deficit, resulting in:

- at least 25 per cent permanent impairment of whole body function, or
- the person insured being totally and permanently unable to perform at least one of the activities of daily living.

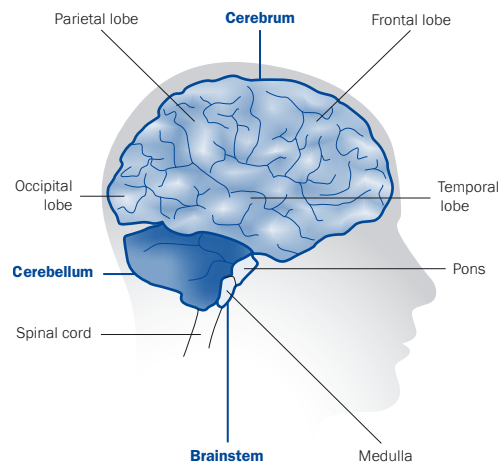
The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging). The following are excluded: cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine, reduced by the amount we pay you for angioplasty.

What is a benign brain tumour?

The brain is a mass of nerve cells and supportive tissue. It has three major parts: the cerebrum, the cerebellum and the brain stem (see diagram below). The parts work together, each having special functions. Brain cells are constantly growing old and dying, and new cells are produced to replace them. Normally, division and growth of cells is orderly and controlled but if this process gets out of control for any reason, the cells will continue to divide and develop into a lump called a tumour.

Tumours can either be benign or malignant. Benign brain tumours are usually slower growing, easier to remove (depending on their location), and less likely to recur than malignant ones. Benign brain tumours don't invade the surrounding normal brain or other nearby structures, but they can still place pressure on sensitive areas.

Brain anatomy



What causes it?

It is not known what causes primary brain tumours. It's possible that heredity, environmental factors, viruses or other factors play a role. Brain tumours affect adults of all ages. Recent data suggests the incidence of primary brain tumours is rising.

What are the symptoms?

The symptoms of brain tumours depend mainly on their size and location. Symptoms are caused by damage to vital tissue and by pressure on the brain as the tumour grows. They may also be caused by swelling and a build-up of fluid around the tumour. Symptoms may also be due to hydrocephalus (water on the brain), which occurs when the tumour blocks the flow of cerebrospinal fluid and causes it to build up in the brain. If a brain tumour grows very slowly, its symptoms may appear so gradually that they are overlooked for a long time.

The most frequent symptoms include:

- headaches that tend to be worse in the morning and ease during the day
- seizures (convulsions)
- nausea or vomiting
- weakness or loss of feeling in the arms or legs
- stumbling or lack of co-ordination in walking
- abnormal eye movements or changes in vision
- drowsiness
- personality or memory changes
- speech changes.

What are the statistics?

Brain tumours affect people of all ages.

In the UK, brain tumours occur in about 14 in 100,000 people each year. The most common types in adults are benign meningioma and a glioma called glioblastoma multiforme. Some types (such as medulloblastoma) are more common in children, and some are more common in adults. Generally, the tumours that tend to occur in adults become more common with increasing age.

More than 1,200 people die each year in Australia from malignant and benign brain tumours.

Sources

Brain Tumours, Patient UK, 2008, www.patient.co.uk/showdoc/27000744/
Brain Australia, 2008, www.brainaustralia.org.au/brain_tumour
National Cancer Institute, 2008, www.cancer.gov

Blindness

Plan definition

Blindness means the permanent loss of sight in both eyes as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 10 degrees or less of arc, irrespective of corrected visual acuity.

What is blindness?

Visual acuity is the sharpness of vision determined by a person's ability to discriminate fine details and is measured using specially designed tests and charts.

Low vision refers to a vision loss that is severe enough to impede performance of vocational, recreational and/or social tasks, but still allows some useful visual discrimination. Low vision cannot be corrected to normal vision by regular eyeglasses or spectacles.

In Australia, legally blind is a term used when a person cannot see at six metres what a normally sighted person can see at 60 metres. A legally blind person is someone who has less than 6/60 vision in their better eye or has a field of vision restricted to 20 degrees in diameter or less, or a combination of both (ie reduced visual acuity and field of vision). A normal field of vision is 180 degrees. A person who is totally blind has no vision at all.

What causes it?

Blindness and vision impairment can be caused by a number of different diseases and conditions as well as accidents. The major categories are:

- head injury
- inherited or congenital conditions
- age related macular degeneration
- glaucoma
- diabetic complications.

What are the statistics?

In 2004, 480,300 Australians were estimated to have low vision, including 50,600 with blindness. The number of people with low vision and blindness is projected to almost double by 2024.

Sources

Centre for Eye Research Australia, University of Melbourne, MJA 2005
The Association for the Blind of WA, 2004

Cancer (malignant tumours)

Plan definition

Cancer means the occurrence of an invasive malignant tumour that is confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. The term cancer also refers to leukaemia, lymphoma and Hodgkin's disease unless excluded in the next column.

The following are excluded:

- tumours classified as carcinoma in situ unless requiring surgery that results in the removal of the entire breast and where the surgery is considered medically necessary to halt the spread of the diagnosed condition
- malignant melanomas which are both less than Clark Level 3 and less than 1.5 mm thickness as determined by histological examination
- other skin cancers unless there has been evidence of metastases
- prostate tumours classified as T1 (all categories) under the TNM classification system and/or of an equivalent or lower classification
- lymphocytic leukaemia less than Rai Stage I
- tumours that are a recurrence or metastases of a tumour that first occurred within the 90-day qualifying period.

Note: further protection for cancer can be purchased through AXA's Trauma Insurance Plus Plan.

What is cancer?

Cancer refers to any one of a large number of diseases characterised by development of abnormal cells that divide uncontrollably and have the ability to infiltrate and destroy normal body tissue.

While there are around 200 different kinds of cancer, cancers can be broadly grouped into different types, depending on the tissues they originate from:

- carcinomas, the most common types of cancer, arise from cells covering external and internal body surfaces
- sarcomas are cancers arising from cells found in supporting tissues of the body such as bone, cartilage, fat, connective tissue and muscle
- lymphomas are cancers that arise in the lymph nodes and tissues of the body's immune system
- leukaemias are cancers of the immature blood cells that grow in the bone marrow and tend to accumulate in large numbers in the bloodstream.

What causes it?

Normal body cells grow, divide, and die in an orderly fashion. During the early years of a person's life normal cells divide more rapidly until the person becomes an adult. After that, cells in most parts of the body divide only to replace worn out or dying cells and to repair injuries. Because cancer cells continue to grow and divide, they are different from normal cells. Instead of dying, they outlive normal cells and continue to form new abnormal cells.

What causes it in children?

Unlike in adults where cancers are often the result of a long biological process related to genetic and other external characteristics, in children, particularly infants, the genetic processes that fail to safeguard against cells with abnormal growth potential occur very early and progress very quickly.

What are the symptoms?

Most of the time cancer causes only some general symptoms, such as weight loss, fever, frequent illness, tiredness or swollen glands. These are symptoms which can also be caused by other illnesses. Medical tests are needed to determine whether a person has cancer.

How is it treated?

Cancer treatment varies depending upon the type of cancer, its stage and overall condition. Additionally, treatment may vary depending on whether or not the goal is to cure cancer, keep it from spreading or relieve the symptoms. Depending on these factors a patient may receive one or more of the following:

- surgery
- chemotherapy
- radiation therapy
- hormonal therapy
- targeted therapy.

What are the statistics?

Cancer is one of the leading causes of death in Australia – in 2005 there were 38,838 deaths from cancer. One in three Australian men and one in four women will develop cancer before the age of 75. It is estimated that in 2008, 108,000 new cases of cancer will be diagnosed. The most common cancers in Australia (excluding non-melanoma skin cancer) are colorectal (bowel), breast, prostate, melanoma and lung cancer.

It is also estimated that 433,000 new cases of non-melanoma skin cancer (the most frequently occurring cancer in Australia, but the least life-threatening) will be diagnosed in 2008.

Sources

The Cancer Council Australia, December 2004, www.cancer.org.au
Australia's Health 2008 (Australian Institute of Health and Welfare) www.aihw.gov.au
Mayo Foundation for Medical Education and Research 2007, www.mayoclinic.com

Cardiac arrest

Plan definition

Cardiac arrest that is the sudden breakdown of the heart's pumping function where it is due to asystole or ventricular fibrillation, and is not associated with any clinical procedure, and is documented by electrocardiographic (ECG) changes, and occurs outside a hospital or other medical facility.

What is cardiac arrest?

Cardiac arrest is the sudden, abrupt loss of heart function. The heart has an internal electrical system that controls the rhythm of the heartbeat. Problems can cause abnormal heart rhythms, called arrhythmias. Sudden cardiac arrest occurs when the heart develops an arrhythmia that causes it to stop beating. This is different from a heart attack, where the heart usually continues to beat but blood flow to the heart is blocked.

What causes it?

There are many possible causes of cardiac arrest, including coronary heart disease, heart attack, electrocution, drowning, or choking. However, there may not be a known cause to the cardiac arrest.

Brain death and permanent death start to occur in just four to six minutes after someone experiences cardiac arrest. Cardiac arrest can be reversed if it's treated within a few minutes with an electric shock to the heart to restore a normal heartbeat. This process is called defibrillation. A victim's chances of survival are reduced by 7 to 10 per cent with every minute that passes without cardiopulmonary resuscitation and defibrillation. Few attempts at resuscitation succeed after 10 minutes.

What are the statistics?

No statistics are available for the exact number of cardiac arrests that occur each year. Where defibrillation is provided within five to seven minutes, the survival rate from sudden cardiac arrest is as high as 30–45 per cent.

Sources

Cardiac Arrest, Medline Plus, 2008, www.nlm.nih.gov/medlineplus/cardiacarrest.html
Cardiac Arrest, American Heart Association, 2008, www.americanheart.org/presenter.jhtml?identifier=4481

Cardiomyopathy

Plan definition

Cardiac arrest that is the sudden breakdown of the heart's pumping function where it is due to asystole or ventricular fibrillation, and is not associated with any clinical procedure, and is documented by electrocardiographic (ECG) changes, and occurs outside a hospital or other medical facility.

What is cardiomyopathy?

Cardiomyopathy is a serious disease in which the heart muscle becomes inflamed and doesn't work as well as it should. There may be multiple causes including viral infections.

Cardiomyopathy can be classified as primary or secondary. Primary cardiomyopathy cannot be attributed to a specific cause, such as hypertension, heart valve disease, artery diseases or congenital heart defects. Secondary cardiomyopathy is due to specific causes and is often associated with diseases involving other organs as well as the heart.

There are three common types of cardiomyopathy:

Dilated cardiomyopathy

The most common, where the heart cavity is enlarged and stretched while the heart is weak and does not pump normally.

Hypertrophic cardiomyopathy

Where the muscle mass of the left ventricle enlarges or hypertrophies.

Restrictive cardiomyopathy

The least common type, where the heart muscle of the ventricles becomes excessively rigid, so it's harder for the ventricles to fill with blood between heartbeats.

What are the symptoms?

Some people with cardiomyopathy never have symptoms, and others have no symptoms in the early stages. As cardiomyopathy progresses and the heart weakens, signs and symptoms of heart failure usually appear, including:

- tiredness
- weakness
- shortness of breath after exercise or even at rest
- swelling of the abdomen, legs, ankles, and feet.

How is it treated?

Treatments for cardiomyopathy may include medicines, surgery, non-surgical procedures and lifestyle changes.

In more serious cases, a transplant may be considered.

What are the statistics?

Currently it is not known how many people in Australia have the condition, but in the United Kingdom, a general estimate suggests that perhaps 1 in 500 may be affected.

Sources

The American Heart Association, 2008, www.americanheart.org

The National Heart Lung and Blood Institute, 2008, www.nhlbi.nih.gov

Chronic kidney failure

Plan definition

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

What is kidney failure?

The main function of the kidneys is to eliminate excess fluid and wastes from the body by filtering them out of the blood. Kidney failure occurs when the kidneys lose their filtering ability and dangerous levels of fluid and waste accumulate in the body.

Some of the most common causes are:

- diabetes
- long standing high blood pressure
- polycystic kidneys.

Less common causes include:

- damage from kidney stones
- regular ingestion of some varieties of pain-killers
- obstructions in the urinary passages.

What are the symptoms?

Symptoms are often non-specific, meaning they can also be attributed to other illnesses. In addition, because the kidneys are highly adaptable and able to compensate for lost function, symptoms of chronic kidney failure may not appear until irreversible damage has occurred. Symptoms include:

- high blood pressure
- unexplained weight loss
- anaemia
- nausea or vomiting
- a general sense of discomfort and unease (malaise)
- fatigue.

How is it treated?

At the end stage of kidney failure, when the kidneys are not able to keep up with waste and fluid clearance on their own, dialysis or a kidney transplant become the only options. Most people require about 12 to 15 hours of dialysis each week, usually as three sessions.

Many people eventually require a transplant.

What are the statistics?

Up to 7.5 per cent of Australians aged 25 years and over may have reduced kidney function. In 2006 there were 16,027 patients receiving renal replacement therapy. Of these, 6,845 had a functioning kidney transplant and 9,182 received dialysis treatment.

Sources

Australia and New Zealand Dialysis and Transplant Registry, 2006

Australia's Health 2008 (Australian Institute of Health and Welfare), www.aihw.gov.au

Chronic liver disease

Plan definition

Chronic liver disease means end stage liver failure resulting in:

- permanent jaundice, and
- ascites or encephalopathy.

What is chronic liver disease?

The liver is situated on the upper right-hand side of the abdomen, just below the diaphragm. It is the largest internal organ of the human body, and weighs around 1.5 kg in the average adult. Blood from the digestive system must first filter through the liver before it travels anywhere else in the body. The principal roles of the liver include removing toxins and processing food nutrients such as carbohydrates.

Infection or disease can prevent the liver from performing its vital functions. Some forms of liver disease are inherited, while others are caused by lifestyle factors. The most common cause of liver disease is excessive alcohol consumption.

The liver has exceptional powers of regeneration, up to a point. Serious conditions include:

- cirrhosis, which is the replacement of normal liver tissue by bands of fibrous tissue
- ascites, an abnormal accumulation of fluid in the abdominal space due to failure of the liver to produce the protein albumin
- encephalopathy, a metabolic state of ammonia intoxication of the brain due to liver disease, which may lead to disturbance of consciousness and deteriorating mental processes.

What are the statistics?

More than 2,000 Australians die each year from chronic liver disease. Almost 3,000 Australian adults and children have undergone a successful liver transplant.

Sources

Australian Liver Foundation, 2008, www.liver.org.au

Department of Human Services, State Government of Victoria, 2008, www.betterhealth.vic.gov.au

Coma

Plan definition

Coma means the failure of cerebral function as shown by total unarousable unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least three days. Coma directly resulting from alcohol or drug abuse is excluded.

What is a coma?

Coma is a state of brain function. The human brain performs at different levels of consciousness. At the highest level of performance the mind is perceived as alert, sharp and quick to respond to varying forms of stimuli. Through a phasing down process, the brain may become progressively less responsive until, at the lowest level of function, it is in a state of coma. This state most frequently occurs abruptly and may be followed by a progressive recovery.

What causes it?

Each year, many people suffer from a brain injury often resulting in a coma. The period of time in a coma can be brief or extend to weeks, months or years. Injuries as a result of motor vehicle accidents are the major cause.

How is it treated?

After coming out of a coma there may be a long road toward optimal rehabilitation. This process, faced by both the patient and their family, addresses many of the effects of prolonged coma: intellectual impairment, speech problems, behavioural changes and a variety of physical disabilities. Since this process can continue for years, there is a real need for help in coping with the stress of long-term care-giving.

Source

Coma Recovery Association, 2006

Coronary artery bypass surgery

Plan definition

Coronary artery bypass surgery means coronary artery bypass grafting surgery, which is considered medically necessary to treat coronary artery disease but does not include:

- angioplasty
- intra-arterial procedures
- laser techniques, or
- other non-surgical techniques

What is coronary artery bypass surgery?

The coronary arteries that bring blood to the heart can become clogged by plaque – a build-up of fat, cholesterol and other substances. This can slow or stop blood flow through the heart, leading to chest pain or a heart attack. Coronary artery bypass surgery aims to increase blood flow to the heart, thereby relieving chest pain and reducing the risk of heart attack.

Surgeons take a segment of a healthy blood vessel from another part of the body and make a detour around the blocked part of the coronary artery. Usually, a vein graft from the leg or an artery from the chest is used for the bypass. A patient may undergo one or more bypass grafts, depending on how many coronary arteries are blocked.

Cardiopulmonary bypass with a heart-lung machine is used for most coronary bypass graft operations. During the past several years, more surgeons have started performing off-pump coronary artery bypass surgery. During surgery, the heart continues beating while the bypass graft is sewn in place. In some patients, this may reduce intraoperative bleeding (and the need for blood transfusion), renal complications and postoperative neurological deficits.

What are the statistics?

Coronary artery disease kills more Australians than any other disease. In 2005, 12,433 males and 11,137 females died as a result of the disease.

Sources

American Heart Association, www.americanheart.org,

Australia's Health 2008 (Australian Institute of Health and Welfare), www.aih.gov.au

Deafness

Plan definition

The total, irreversible and irreparable loss of hearing, both natural and assisted, in both ears as a result of disease, illness or injury.

What is deafness?

There are three types of hearing loss:

Conductive hearing loss

Is due to problems affecting sound transmission through the outer or middle ear. It leads to a loss of volume but can often be corrected. It's like listening to someone speaking very softly or from a distance.

Sensorineural hearing loss

Arises in the inner ear or hearing nerve. It reduces loudness and clarity. As well as the sound not being loud enough, it is distorted so that it can't be understood by the listener – a bit like listening to a language you don't know.

Mixed hearing loss

Results when there is a problem in both the conductive pathway (in the outer or middle ear) and in the nerve pathway (the inner ear). An example of a mixed hearing loss is a conductive loss due to a middle-ear infection combined with a sensorineural loss due to damage associated with ageing.

What causes it?

Some families have a history of deafness and it is passed from one generation to the next. Often the cause of deafness is unknown. Many people were born with good hearing which deteriorates later in life.

Industrial deafness from prolonged exposure to machinery producing high decibel levels, and infections of the ear are other causes of deafness.

What are the statistics?

Twenty per cent of Australians have some degree of hearing loss, while 50 per cent of Australians aged over 60 years are hearing impaired.

Source

Australian Hearing, 2008, www.hearing.com.au

Diplegia

See Paralysis on page 16.

Encephalitis

Plan definition for adults

Encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, with at least 25 per cent impairment of whole body function. Encephalitis as a result of HIV infection is excluded.

What is encephalitis?

Encephalitis is an inflammation of the brain, usually caused by a viral infection. It can be life-threatening and may lead to permanent brain damage or death, although many people make a full recovery. The prognosis for a person with encephalitis varies according to the age of the patient – with the very young and very old particularly at risk – and the particular cause of the disease.

What causes it?

Many different viruses can cause encephalitis, including the herpes simplex virus which also causes cold sores and enteroviruses. In some cases infections are caused by mosquito bites.

What are the symptoms?

Symptoms may include a high fever and headache, accompanied by a stiff neck, vomiting, light sensitivity, and convulsions. Patients may also be drowsy, or confused, and difficult to rouse.

Source

Brain Foundation Australia, 2008, www.brainfoundation.org.au

Heart attack

Plan definition

Heart attack means the death of an area of heart muscle due to a sudden lack of adequate blood supply to the relevant area where:

- there are typical new ischaemic electrocardiographic (ECG) changes at the time of the heart attack, and
- there are diagnostic changes in relevant cardiac enzymes or markers in the days following the heart attack.
- If the above criteria are not met, we will pay a claim based on satisfactory evidence that the life insured has unequivocally been diagnosed as having suffered a heart attack resulting in:
- a permanent reduction in the left ventricular ejection fraction to less than 50 per cent measured in the three months or more after the event, or
- new pathological Q waves.

Chest pain that does not meet the above diagnostic requirements is excluded.

What is a heart attack?

A heart attack refers to damage to the heart caused when the blood supply to part of the heart muscle is blocked (see diagram opposite). It happens because the blood supply has been cut off following a blockage of one of the coronary arteries – the blood vessels which supply the heart muscle.

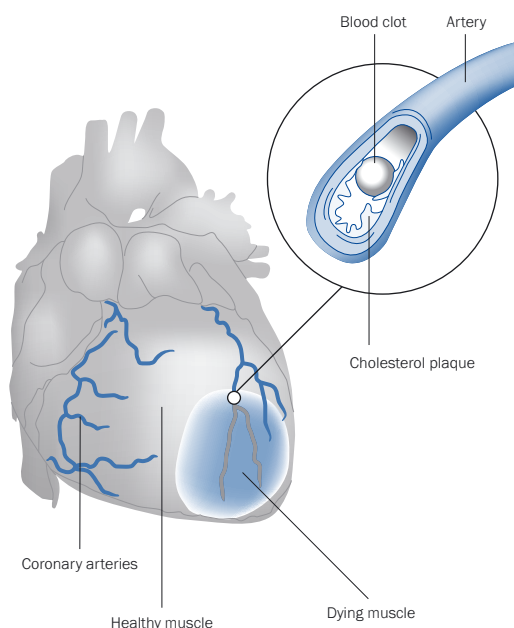
This is usually the result of:

- development over many years of fatty plaques in the walls of the arteries
- formation of a clot on one of the plaques.

Treatments given early during a heart attack can help to dissolve the clot, reducing damage to the heart muscle.

If the blood supply is cut off severely for a long time, muscle cells suffer irreversible injury and die. Disability or death can result depending on how much heart muscle is damaged.

Heart attack



What causes it?

No single cause of coronary artery disease has been identified. The following lifestyle factors are known to increase the risk of a heart attack:

- raised blood cholesterol
- cigarette smoking
- raised blood pressure
- lack of physical activity
- obesity
- diabetes
- stress.

Risk factors that cannot be changed include age, gender and a family history of heart disease. The more risk factors a person has, the greater the chances of having a heart attack.

What are the statistics?

Cardiovascular disease affects more than 3.5 million Australians and accounted for 34 per cent of all deaths in Australia in 2006. The disease kills 1 Australian every 10 minutes.

Source

Heart Foundation Australia, 2008, www.heartfoundation.com.au

Heart valve surgery

Plan definition

The undergoing of heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.

What is heart valve surgery?

The heart has four chambers. Blood is pumped through the chambers aided by four heart valves, which open and close to let the blood flow in only one direction.

Each valve has a set of flaps – when working properly they open and close fully but the flaps of a defective valve will fail to open or close fully. A heart valve can be damaged by:

- infections
- congenital fever
- changes in valve structure in the elderly.

Some valve defects may be repaired with surgery. Others defects may require replacement of the damaged valve, either with a mechanical device, pig-derived tissue or a human graft.

What are the statistics?

In 2000-02, there were 6,298 procedures for heart valve defects, with heart valve surgery accounting for 95 per cent of these procedures (6,005 procedures).

Source

Heart, Stroke and Vascular Diseases 2004 (Australian Institute of Health and Welfare and National Heart Foundation of Australia), www.aihw.gov.au

Hemiplegia

See Paralysis on page 16.

Loss of capacity for independent living

Plan definition

Loss of capacity for independent living means that, as a result of an injury or sickness, the person insured is permanently unable to perform at least two of the 'activities of daily living' without assistance.

What is loss of capacity for independent living?

It is when a person has suffered a serious sickness or injury that restricts them from performing at least two of the everyday tasks or activities of daily living we all take for granted, including:

- bathing/showering
- dressing/undressing
- eating/drinking
- using the toilet to maintain personal hygiene
- getting in and out of bed, chair or a wheelchair, or moving from place to place by walking, a wheelchair or with a walking aid.

What are the statistics?

In 2003, 61 per cent of the 3.8 million people with a disability living in households reported needing assistance to manage their health conditions or cope with the activities of everyday life.

Source

Disability, Ageing and Carers, Summary of findings, Australian Bureau of Statistics, 2004.

Loss of limbs and loss of limbs and sight

Plan definition

Loss of limbs

The total and permanent loss of:

- the use of both hands
- the use of both feet, or
- the use of one hand and one foot.

Loss of limbs and sight

The total and permanent loss of:

- the use of one hand and the sight of one eye, or
- the use of one foot and the sight of one eye

What causes loss of limbs?

Limbs such as the lower arm and hand or lower leg and foot can be damaged by:

- traumatic amputation
- crushing
- paralysis.

What causes loss of sight?

There are many causes of loss of sight with accidents being the most common. Other causes are:

- cancer
- diabetes complications
- head injury
- glaucoma.

Loss of speech

Plan definition

Total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply from the speech centres of the brain, whether caused by injury, tumour or sickness.

What is loss of speech?

It is loss of the ability to produce intelligible language through the coordination of muscles and nerves in the larynx, that is, the voicebox. The voicebox is a short triangle-shaped passageway just below the pharynx in the neck.

What causes it?

There are many causes of speech loss with the most common being removal of the voicebox due to cancer. Other causes include:

- accidents
- multiple sclerosis
- chest tumours
- larynx nerve injury
- lung tumour
- head injury
- neck injury
- stroke.

What are the statistics?

Approximately two per cent of Australians have speech impairment.

Source

University of Southern Queensland, 2008, www.usq.edu.au

Lung disease

Plan definition

Chronic lung disease requiring permanent supplementary oxygen. For the purposes of this definition, the criteria for requiring supplementary oxygen will be an arterial blood oxygen partial pressure of 55mmol/L or less, whilst breathing room air.

What is lung disease?

The lungs are subject to a number of diseases such as:

- abscess
- bronchitis
- emphysema
- chronic obstructive pulmonary disease
- pneumonia
- tuberculosis.

In some cases, the chronic lung condition progresses to a stage where the lungs are damaged and the proportion of oxygen in blood in the arteries is diminished to the extent that additional oxygen has to be supplied from an external source.

What are the statistics?

Chronic lung diseases are prevalent in Australia – an estimated 5.8 million Australians had at least one long-term lung condition in 2001. In 2004, chronic obstructive pulmonary disease was estimated to account for 3.6 per cent of the disease burden, 3.7 per cent of years of life lost due to premature mortality and 3.5 per cent of years of 'healthy' life lost due to poor health or disability.

Sources

Australian Institute of Health and Welfare 2005

Respiratory disease introduction, NSW Department of Health, 2006

Major head injury

Plan definition

Major head injury means cerebral injury caused by external trauma which results in permanent neurological deficit and causes at least 25 per cent impairment of whole body function.

What is the impact of a major head injury?

A blow to the head will frequently cause damage to the brain. The brain may be concussed, contused, lacerated, or if there is intracranial haemorrhage, compressed.

Although brain damage can occur without the skull being fractured, closed head injuries are usually less serious than those which have resulted in depressed fractures of the skull. A depressed fracture requires an operation to relieve pressure on the brain, and following this a bone-graft or metal plate has to be inserted to close any defect in the bone. In some cases, the opening may not be closed.

Other complications can include deafness, blindness, loss of sense of smell, focal paralysis, headaches, dizziness and personality changes.

What are the statistics?

Each year, about 150 out of 100,000 people are admitted to hospital with head injury. However, this figure probably underestimates the true incidence of head injury because of classification and diagnostic errors, as well as under-reporting of mild injury.

Source

Rehabilitation after traumatic brain injury, Fary Khan, Ian Baguley and Ian Cameron, Medical Journal of Australia, 2003

Major organ transplant

Plan definition

Major organ transplant means the receipt of a transplant of human bone marrow or one of the following whole human organs: heart, lung, liver, kidney, pancreas or small bowel.

Why would a transplant be needed?

Transplants are considered when an organ is failing and does not respond to all other therapies, but health is otherwise good. Transplantation may be required as a result of numerous conditions.

Heart

- cardiomyopathy
- congenital heart disease
- valvular heart disease

Lung

- emphysema
- cystic fibrosis
- primary pulmonary hypertension

Liver

- cirrhosis (where healthy liver cells are killed and replaced with scar tissue)
- biliary atresia (where the ducts that carry bile from the liver are damaged)

Kidney

- diabetes
- polycystic kidneys
- cancer

Pancreas

- diabetes

Small bowel

- Crohn's disease
- surgical adhesions
- thrombotic disorders

What are the risks?

The most common causes of death following a transplant are infection, or rejection by the immune system. Cells of the immune system move throughout the body looking for anything that appears foreign or different from the body's own cells. Immune cells recognise the transplanted organ as different to the rest of the body and attempt to destroy it – this is called rejection.

To prevent rejection, patients receive drugs to suppress the immune system so the new organ is not damaged. Rejection can occur at any time after the transplant, so these drugs are given to patients the day before their transplant and thereafter for the rest of their lives.

What are the statistics?

There are currently 3,000 adults and children on the official organ and tissue transplant waiting list in Australia waiting for a new organ such as a heart, kidney, lung, liver, or pancreas. Of those waiting for a heart, lung or liver transplant, 20 per cent will die before they receive one.

There are about 450 kidney transplants in Australia each year.

Sources

Transplant Australia, 2008, www.transplant.org.au

The Australian and New Zealand Dialysis and Transplant Registry, Annual Report, 2004

Medical condition requiring life support

Plan definition

The occurrence of a medical condition that causes the need for continuous mechanical ventilation, via tracheal intubation, 24 hours per day for 10 consecutive days, in an authorised intensive care unit of an acute care hospital. Any medical conditions resulting from alcohol or drug intake, or other self-inflicted means, are excluded.

We will pay the lesser of:

- 10 per cent of the trauma benefit, or
- \$25,000.

The trauma benefit will be reduced by any amount payable under this trauma event.

What is mechanical ventilation?

It is the use of a device to assist or replace spontaneous breathing where patients cannot do so on their own. Currently, the main form of mechanical ventilation is positive pressure ventilation, which works by increasing the pressure in the patient's airway and forcing additional air into the lungs.

Why would it be needed?

Many factors affect the decision to begin mechanical ventilation. No method of mechanical ventilation can cure a disease process. This means the patient should have a correctable underlying problem that can be resolved with the support of mechanical ventilation. This intervention should not be started without thoughtful consideration because it can have potentially harmful effects.

Mechanical ventilation is required when the patient's spontaneous ventilation is inadequate to sustain life, for reasons including:

- respiratory failure
- coma
- acute lung injury
- neuromuscular disease
- chronic obstructive pulmonary disease.

Source

Ventilation, Mechanical, E medicine, 2008, www.emedicine.com/med/topic3370.htm

Medically acquired HIV infection

Plan definition

Medically acquired HIV is the accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which, in our opinion, arose from one of the following medically necessary events which must have occurred to the person insured while in Australia by a recognised and registered health professional:

- a blood transfusion
- transfusion with blood products
- an organ transplant to the person insured
- assisted reproductive techniques, or
- a medical procedure or operation performed by a doctor.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority, that the infection is medically acquired. HIV infection transmitted by any other means, including sexual activity or recreational intravenous drug use is specifically excluded.

This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus, or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any treatment which renders the HIV inactive or non-infectious.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us.

What is HIV?

AIDS is caused by infection with HIV which kills or harms cells of the body's immune system, gradually destroying the body's ability to fight infections and certain cancers. However, it can also attack cells of the brain, nervous system, digestive system, lymphatic system, and other parts of the body.

What causes medically acquired HIV?

HIV is most often spread by sexual contact or through contact with infected blood. People who need blood transfusions on a regular basis, or who have large volume blood replacement procedures are exposed to some risk of medically acquired HIV. Generally, these will be people with blood diseases or accident victims. While screening programmes have been effective in reducing incidence rates, it is still accepted some risk is present.

What are the statistics?

At the end of 2006, 15,670 people were living with HIV in Australia. From the start of the epidemic until the end of June 2007, there had been 23,360 diagnoses of HIV and 10,097 diagnoses of AIDS.

Source

Avert, 2008, www.avert.org

Motor neurone disease

Plan definition

Motor neurone disease means unequivocal diagnosis of motor neurone disease by a Consultant Neurologist and confirmed by neurological investigations.

What is motor neurone disease?

Motor neurone diseases are among the most devastating of neurological disorders. These diseases progressively paralyse the body, while leaving the mind intact and aware.

Amyotrophic lateral sclerosis (ALS) is one of the most common forms of motor neurone disease. ALS occurs when specific nerve cells in the brain and spinal cord that control voluntary movement gradually degenerate. The loss of these nerve cells causes muscles under their control to weaken and waste away, leading to paralysis. There is currently no cure and very little in the way of effective treatment or therapy to prevent or reverse the cause of motor neurone disease.

What are the symptoms?

The disease manifests itself in different ways, depending on which muscles weaken first. Symptoms may include:

- tripping and falling
- loss of motor control in hands and arms
- difficulty in speaking, swallowing and/or breathing
- twitching and cramping.

What are the statistics?

ALS strikes in mid-life and is usually fatal within five years after diagnosis.

Most cases occur spontaneously although about 10 per cent are hereditary.

Approximately 1,200 people in Australia have motor neurone disease and there are about 400 new diagnoses each year. The average age of onset is 50.

Source

Brain Australia, 2003, www.brainfoundation.org.au

Multiple sclerosis

Plan definition

Multiple sclerosis means unequivocal diagnosis of multiple sclerosis by a Consultant Neurologist where there has been more than one episode of well-defined neurological deficit with persisting neurological abnormalities and with at least a 25 per cent impairment of whole body function that is permanent.

We will make an early payment of 25 per cent of the benefit, up to a maximum of \$100,000, once only upon unequivocal diagnosis of multiple sclerosis by a Consultant Neurologist without requiring the insured to have at least a 25 per cent impairment of whole body function that is permanent.

In the event that we make an advance early payment under this benefit, the plan will not end. However, the amount of the benefit will be reduced by the amount we pay for multiple sclerosis.

What is multiple sclerosis?

Multiple sclerosis (MS) is a disease of the central nervous system – the brain, optic nerves and spinal cord. In a normal body, nerve fibres in the central nervous system are insulated by a fatty substance known as myelin. Myelin aids the flow of messages from nerve endings to the brain and vice versa. In MS, the myelin breaks down and is replaced with scar tissue which disrupts the transmission of messages from the brain through the spinal cord to various parts of the body.

What causes it?

The cause of MS is unknown and, as yet, no cure has been discovered.

What are the symptoms?

The symptoms of MS and their severity are completely unpredictable and differ enormously. They may include:

- loss of balance and co-ordination
- diminished vision
- weakness of limbs
- extreme fatigue
- impaired speech
- loss of bladder control.

The symptoms can be severe or mild, short lived or longer lasting. MS is often characterised by intermittent periods of relapse followed by a partial or complete remission. Some people show little or no progression of symptoms after the initial attack while others suffer a rapid progression of the disease which can result in severe disability.

How is it diagnosed?

Diagnosing MS may be difficult and a diagnosis may not be made for some time after the initial symptoms. It is a clinical diagnosis, as there is no single test to make a definitive diagnosis. There are many symptoms of MS that can also be caused by other diseases. The diagnosis is based on the history of episodes of neurological disturbance in different parts of the nervous system over a period of time.

What are the statistics?

Of the estimated 2,500,000 people in the world that have MS, approximately 18,000 of them are Australians.

Sources

Health A to Z, 2008, www.healthatoz.com

Multiple Sclerosis Society of Australia, 2008, www.msaustralia.org.au

Muscular dystrophy

Plan definition

Muscular dystrophy means unequivocal diagnosis of muscular dystrophy by a Consultant Neurologist where there is associated neurological deficit with at least a 25 per cent impairment of whole body function that is permanent.

We will make an early payment of 25 per cent of the benefit, up to a maximum of \$100,000, once only upon unequivocal diagnosis of muscular dystrophy by a Consultant Neurologist without requiring the insured to have at least a 25 per cent impairment of whole body function that is permanent.

In the event that we make an early payment under this benefit, the plan will not end, however the amount of the benefit will be reduced by the amount we pay for muscular dystrophy.

What is muscular dystrophy?

Muscular dystrophy is a general term for a group of chronic, hereditary diseases characterised by the progressive degeneration and weakness of voluntary muscles. It is generally inherited but in some cases no family history exists. Sometimes mutations in genes occur without any mutation being present in the parents.

Clinical onset may occur at any point in life. Degeneration of muscle in muscular dystrophy is a continuing process, with considerable variation in rate and severity among its different forms. As a rule, the earlier the clinical signs appear, the more rapid the progression will be and the more widespread and disabling the deterioration.

In severe forms of the disease, patients lose the power of movement and are confined to wheelchairs, and eventually to bed. In such cases, they are finally unable to carry out the simplest activities.

How is it diagnosed?

The age of onset, distribution and severity of muscle weakness, and the family history provide essential information in the diagnosis. A muscle biopsy can confirm the presence of degeneration.

How is it treated?

There is no known treatment that will arrest or reverse the dystrophic process, but medical management can increase mobility, maximise independence in daily activities, and ease the patient's discomfort. The use of orthopaedic devices and physiotherapy, for example, can keep patients moving longer, minimise crippling, and prevent or delay curvature of the spine.

What are the statistics?

In Australia it is estimated about 20,000 people have some form of neuromuscular disease.

There were 34 hospitalisations in 2002-03 for people with muscular dystrophy, with 71 per cent being male.

Source

Muscular Dystrophy Australia, 2001, www.mda.org.au

Occupationally acquired HIV infection

Plan definition

Infection with the Human Immuno-deficiency Virus (HIV) which resulted from an accident occurring whilst the person insured was carrying out the normal duties of his/her usual occupation. No payment will be made unless all the following are proven to our satisfaction:

- proof of the accident giving rise to the infection
- proof that the accident involved a definite source of the HIV infection, and
- proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by AXA, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us. HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any treatment which renders the HIV inactive or non-infectious.

What is HIV?

AIDS is caused by the infection with HIV which kills or harms cells of the body's immune system, gradually destroying the body's ability to fight infections and certain cancers. However, it can also attack cells of the brain, nervous system, digestive system, lymphatic system, and other parts of the body.

What causes occupationally acquired HIV?

HIV is most often spread by sexual contact or through contact with infected blood. In the health care setting, workers can be infected with HIV after being pricked with needles containing HIV-infected blood or, less frequently, after infected blood gets into a worker's open cut or a mucous membrane, for example, the eyes or inside the nose.

What are the statistics?

Exposures from needlesticks or cuts cause most infections. The average risk of HIV infection after a needlestick exposure to HIV-infected blood is 0.3 per cent or one in 300.

The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be, on the average, 0.1 per cent, or one in a thousand.

The risk after exposure of the skin to HIV-infected blood is estimated to be less than 0.1 per cent. The risk may be higher if the skin is broken, or if the contact involves a large area of skin, or is prolonged.

Source

Occupational Safety & Health Administration (OSHA) - US Department of Labour, 2008, www.eastlandmedical.com.au/faqs.asp

Paralysis

Includes diplegia, hemiplegia, paraplegia and quadriplegia

Plan definition

Diplegia

The total and permanent loss of the use of both sides of the body due to injury or sickness.

Hemiplegia

The total and permanent loss of the use of one side of the body due to injury or sickness.

Paraplegia

The total and permanent loss of use of the lower limbs due to spinal cord injury or disease.

Quadriplegia

The total and permanent loss of use of the upper and lower limbs due to spinal cord injury or disease.

What is paralysis?

Paralysis is essentially a symptom rather than a disease. It indicates a disorder affecting the motor section of the nervous system. The degree and nature of paralysis depends on the site and the extent of nerve damage.

What causes it?

Paralysis can be caused by both disease and accidents involving the spinal cord.

In general, diseases that cause paralysis can be divided into those that:

- involve changes in the make-up of nervous or muscular tissue
- result from metabolic disturbances in the function of nerves or muscles.

Frequent causes of spinal cord injury are motor vehicle accidents, gunshots and falls. In general, the spinal cord doesn't need to be severed in order for a loss of functioning to occur.

What are the effects of spinal cord injury?

The effects depend on the type of injury and the level of the injury. There are two types of injury:

- complete injury, meaning no function below the level of the injury, including no sensation and no voluntary movement
- incomplete injury, meaning some functioning below the level of the injury.

What are the statistics?

In 2006, it was estimated that 9,000 people in Australia were living with a spinal cord injury. Forty-six per cent of cases were related to road transport, and nine per cent to water-related activities. Cases also occurred during sport and work.

Source

Spinal Cord Injuries Australia, 2008, www.scia.org.au

Paraplegia

See Paralysis on page 16.

Parkinson's Disease

Plan definition

Parkinson's Disease means an unequivocal diagnosis of Parkinson's Disease by a Consultant Neurologist and the condition must be unable to be controlled with medication and must show signs of progressive incapacity with at least a 25 per cent impairment of whole body function.

What is Parkinson's Disease?

It is a slowly progressing neurological disorder resulting from degeneration of nerve cells in the brain that control voluntary muscle movements. Every movement from swallowing to walking can be involved. Research has shown Parkinson's is due to reduced production by parts of the brain of a chemical called dopamine, which then impairs the function of other parts of the brain.

What causes it?

There has been no definite cause found as yet, but there are many theories. Until recently, prevailing theory held that one or more environmental factors caused the disease. It's believed some people have an inherited susceptibility to the disease that may also be influenced by environmental factors.

What are the symptoms?

Symptoms may include:

- trembling of hands, arms, legs, jaw and face
- stiffness of the arms, legs and trunk
- slowness of movement
- poor balance and coordination.

As symptoms worsen, people with Parkinson's may have trouble walking, talking or doing simple tasks. They may also have symptoms such as depression, sleep problems or trouble chewing, swallowing or speaking. Eventually it may be necessary for them to have full-time care.

What are the statistics?

It is estimated there are about 100,000 people living with Parkinson's in Australia. While it affects both men and women, it's a little more common amongst men, although the reason is not yet known.

One in seven people living with Parkinson's is under the age of 40, but the average age of diagnosis is around 65 years. Worldwide prevalence of Parkinson's varies from between one in a thousand to two in a thousand with the figure increasing to one in a hundred over the age of 60.

Source

Parkinson's Australia, 2006, www.parkinsons.org.au

Pneumectomy

Plan definition

The excision of an entire lung when deemed medically necessary by an appropriate specialist and supported by our medical advisers.

Why would a pneumectomy be needed?

A pneumectomy is usually performed on someone with a diseased or damaged lung for reasons including:

- cancer and tumours
- lung conditions that cause secondary disease, such as bronchiectasis
- lung disease or infection
- lung abscess.

Primary pulmonary hypertension

Plan definition

Primary pulmonary hypertension means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.

What is primary pulmonary hypertension?

It is a rare disease of unknown cause that results in progressive narrowing of blood vessels in the lungs, causing high blood pressure in these blood vessels and eventually leading to heart failure. The prognosis for people with primary pulmonary hypertension can be quite variable. Many patients report that by changing parts of their lifestyles they can do most of their daily tasks. The average survival period is three years after diagnosis, although the survival rate is generally longer for patients without heart failure and those diagnosed after age 40.

What causes it?

No one knows what causes it, but research suggests a number of factors that may be responsible, including:

- genetic or family predisposition
- immune system diseases
- drugs or other chemical exposure, including appetite suppressants.

What are the symptoms?

Initial symptoms may be very minor and diagnosis may be delayed for several years until symptoms worsen. Typical symptoms may include:

- shortness of breath following exertion
- excessive fatigue
- dizziness, fainting and weakness
- ankle swelling
- bluish lips and skin
- chest pain.

The disease is difficult to detect in a routine medical examination. Even when the disease has progressed, its signs and symptoms may be confused with other heart or lung conditions. Primary pulmonary hypertension is diagnosed only after other possible causes are excluded.

What are the statistics?

Primary pulmonary hypertension has an estimated incidence of two per million of population.

Source

Pulmonary arterial hypertension, The Medical Journal of Australia, a new era in management, Anne Keogh, Keith McNeil, Trevor Williams, Eli Gabbay, 2003 www.mja.com.au/public/issues/178_11_020603/keo10709_fm.html#intro

Quadriplegia

See Paralysis on page 16.

Severe burns

Plan definition

Severe burns means third degree burns to 20 per cent or more of the body surface, or to the whole of the face or the whole of both hands, requiring surgical debridement and/or grafting.

What is a severe burn?

A burn is defined as tissue damage caused by agents such as:

- heat
- chemicals
- electricity
- sunlight
- nuclear radiation.

Most common are burns caused by scalds, building fires, and flammable liquids and gases.

First degree burns affect only the outer layer (the epidermis) of the skin, are superficial and have similar characteristics to a typical sunburn.

Second degree burns damage the epidermis and the layer beneath it (the dermis). They can cause blistering of the skin.

Third degree burns cause the deepest damage. Subcutaneous tissue, connective tissue, muscle, or bone may also be damaged. People who experience such burns often require skin grafts.

Burns that cover more than 20 per cent of the total body surface area can lead to shock and require hospitalisation for intravenous fluid resuscitation and skin care.

What are the statistics?

In the 2007 National Health Survey, approximately 135,000 of the 2.25 million respondents reported an injury as a result of a burn or scold.

Source

Burn Foundation Australia, 2008, www.burnfoundation.org.au

Stroke

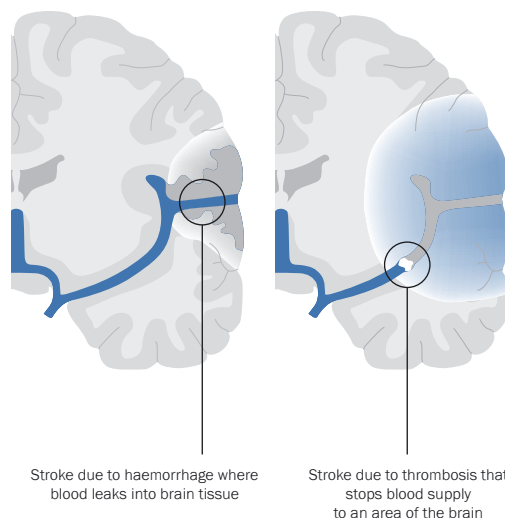
Plan definition

The damage of brain tissue as a result of a cerebrovascular incident caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit. The incident must be demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques approved by us.

Excluded:

- transient ischaemic attack
- cerebral symptoms associated with reversible neurological deficit
- cerebrovascular disorder of the eye or optic nerve
- symptoms due to migraine or headache, and
- brain tissue damage caused by head injury.

Stroke



What is a stroke?

A stroke occurs when one of the arteries of the central nervous system either bursts (haemorrhage) or becomes clogged by a blood clot (thrombosis). When this happens, part of the brain does not receive the flow of blood it needs (see diagram above). As a result, the affected brain cells die. Depending on what function the damaged part of the brain has, a person may lose one or more of:

- speech
- part of vision
- co-ordination
- balance
- memory
- perception
- the ability to perform movements – usually affecting one side of the body.

Stroke is a leading cause of serious, long-term disability in Australia.

What are the symptoms?

Initially, people suffering from a stroke may feel sick and look pale and very unwell. They may complain of a headache or stiff neck. Sometimes a seizure or loss of consciousness occurs.

What are the statistics?

Stroke is the second single greatest killer and one of the leading causes of disability among adults in Australia. It is estimated that Australians will suffer 60,000 new and recurrent strokes in 2008 – that's 1 every 10 minutes. Approximately 20 per cent of all strokes occur in people under 55 years old.

Source

National Stroke Foundation Australia, 2008, www.strokefoundation.com.au

Subacute sclerosing panencephalitis – children’s trauma option

Plan definition

The certain diagnosis of subacute sclerosing panencephalitis.

What is subacute sclerosing panencephalitis?

A progressive infection of the central nervous system that affects children and young adults, subacute sclerosing panencephalitis (SSPE) is also known as Dawson’s encephalitis. It may develop due to reactivation of the measles virus or an inappropriate immune response to the virus. SSPE usually develops two to ten years after the original viral attack.

Although spontaneous improvement or stabilisation can occur, the vast majority of patients die within one to three years. No proven effective treatment is currently available, although research is being done to learn more about the cause, prevention and treatment.

What are the symptoms?

Initial symptoms may include:

- memory loss
- irritability
- seizures
- involuntary muscle movements
- behavioural changes.

Onset of the disease is subtle and often only recognised after significant neurological deficits occur. Affected children progress through four loosely defined clinical stages, at differing rates.

Diagnosis is based on clinical presentation, an electroencephalogram, and abnormal cerebral spinal fluid studies.

What are the statistics?

In the US, the reported incidence rate among children and young adults under 20 is estimated at one in one million. There is a male to female ratio of 4:1.

Source

National Institute of Neurological Disorders and Stroke, 2006, www.healthatoz.com

Surgery of the aorta

Plan definition

Surgery of the aorta means surgery performed to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

How does damage to the aorta occur?

The aorta is the main artery in the body, carrying oxygenated blood from the heart to the rest of the body via two branches. It can be damaged by narrowing, tearing or an aneurysm.

Narrowing can occur when deposits of fatty or calcified material build up inside the aorta. Once this build-up has developed, there may be a further narrowing due to a blood clot. Narrowing can be either congenital or acquired.

If the inner wall of the aorta is weakened and is then put under strenuous exertion, it can split or tear. Blood can leak through these tears into the aortic wall, separating its layers.

An aneurysm is an area of bulging in a blood vessel due to weakening of the wall by disease, injury or abnormality present at birth. Aneurysms are often caused or aggravated by high blood pressure. They are not always life-threatening, but there could be serious consequences, such as internal bleeding, if the aorta bursts.

How is it treated?

Treatment for narrowing is usually by surgery or balloon angioplasty. Aneurysms and dissections are treated surgically by sewing a patch or artificial piece of blood vessel onto the site where the aneurysm or dissection was located.

The most common procedures used are:

Thoracotomy

A surgical incision of the chest wall

Laparotomy

A surgical incision of the abdomen.

What are the statistics?

In 2001-02 there were 1990 abdominal aortic aneurysm surgeries performed in Australia.

Sources

American Heart Association, 2000, www.americanheart.org

Australian Institute of Health and Welfare and National Heart Foundation of Australia, 2004, www.aihw.gov.au

Triple vessel angioplasty

Plan definition

Triple vessel angioplasty means the actual undergoing, for the first time, of coronary artery angioplasty to correct a narrowing or a blockage of three or more coronary arteries within the same procedure. Angiographic evidence, indicating obstruction of three or more coronary arteries, is required to confirm the need for this procedure.

Please refer to information on Angioplasty, on page 4.

Viral encephalitis – children’s trauma option

Plan definition

Viral encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, with at least 25 per cent impairment of whole body function. Viral encephalitis as a result of HIV infection is excluded.

What is viral encephalitis?

Viral encephalitis is an inflammation of the brain most often caused by a virus. Exposure to infection can occur through insect bites, food or drink, or skin contact. Once the virus has entered the blood stream, it can localise in the brain causing inflammation of brain cells and surrounding membranes. White blood cells invade brain tissue as they try to fight off the infection. Brain tissue then swells which can destroy nerve cells and cause bleeding in the brain and brain damage.

The prognosis varies – some cases are mild, short and relatively benign and patients have full recovery. Other cases are severe and permanent impairment or death may result.

The acute phase can last for one to two weeks, with gradual or sudden resolution of fever and neurological symptoms. However, neurological symptoms may remain for many months before full recovery.

What are the symptoms?

Possible symptoms are:

- sudden fever
- headache
- vomiting
- photophobia (abnormal visual sensitivity to light)
- confusion
- memory loss and/or disorientation
- drowsiness
- clumsiness.

Emergency symptoms include:

- loss of consciousness
- poor responsiveness
- stupor or coma
- seizures
- muscle weakness or paralysis
- sudden severe dementia.

How is it treated?

Encephalitis can be treated by:

- antiviral medications
- anticonvulsants to prevent or treat seizures
- corticosteroids to reduce brain swelling and inflammation
- sedatives for irritability or restlessness.

Source

www.betterhealth.vic.gov.au, 2006

Glossary

What is children's trauma option insurance?

A parent can choose to cover up to five of their children under this option for any amount between \$10,000 and \$200,000.

Children aged between 2 and 15 can be covered against the following trauma events:

- Aplastic anaemia*
- Cancer*
- Major organ transplant*
- Subacute sclerosing panencephalitis*
- Viral encephalitis*
- Diplegia
- Hemiplegia
- Loss of limbs
- Loss of limbs and sight
- Major head injury
- Paraplegia
- Quadriplegia
- Severe burns.

After age 15 all events under the Trauma Insurance Plan will apply (except adult insulin dependent diabetes).

* These trauma events are subject to a 90 day qualifying period.

What does 'activities of daily living' mean?

Where a trauma event definition refers to 'activities of daily living' these are:

- bathing/showering
- dressing/undressing
- eating/drinking
- using the toilet to maintain personal hygiene
- getting in and out of bed, a chair, or wheelchair, or moving from place to place by walking, a wheelchair or with a walking aid.

What does '25 per cent impairment of whole body function' mean?

Where a trauma event definition refers to a 25 per cent impairment of whole body function, we will rely on the latest published edition of American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment at the time of claim. Assessment must be carried out by a medical practitioner accredited in the evaluation of permanent impairment.

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