

Attachment to: The Thoracic Society of Australia and New Zealand’s response to the New South Wales Review of the Dust Diseases Scheme.

NSW Parliamentary Council Law and Justice Committee 2024 Review of the Dust Diseases Scheme Hearing: **Questions on Notice**

Excerpt from transcript:

Ms ABIGAIL BOYD: I apologise in advance. I’m going to ask some pedestrian questions—questions that you’ll probably find not very clever. Taking a step back, we had some submissions this morning from people saying that these silica-related diseases are not all lung diseases. At the moment, for the purposes of the dust diseases scheme, we only recognise those lung-based diseases. If we were to include that broader group of diseases within the scheme, what level is the evidence at and what would we need to be shown in order to link it causally with the exposure?

ARUVI THIRUVARUDCHELVAN: That is a very interesting question. It is a question that is currently being researched. I’m probably not best placed to give the details into that. At present, there does appear to be an association between silica exposure and autoimmune diseases which can affect the joints, the blood vessels and the skin. For any further detail, I may have to defer to others or provide an answer at a later point.

The CHAIR: You certainly can take it on notice.

ARUVI THIRUVARUDCHELVAN: Yes, I will take it on notice.

JANE MUIR: In terms of the other lung diseases associated with silica, I know there is definitely an association that is heavily reported and recognised in the literature. In terms of any evidence for causation, I will have to take that on notice.

1. This question is essentially the same as supplementary question 1 and hence the same response is returned.

Supplementary Question 1: “If the scheme were to include non-lung diseases related to silica exposure, what specific diagnostic criteria should be used to establish causality and eligibility for benefits?”

It would not be difficult to include non-lung diseases related to silica exposure in the scheme. Currently, in such cases, the Medical Authority Panel (MAP) for iCare Dust Diseases requests the opinion of a rheumatologist for a disability assessment. There is an existing format for such assessment by the NSW State Insurance Regulatory Authority (SIRA). It should be noted that the Australian Medical Association (AMA) Guidelines for evaluation of disability for musculoskeletal disorders have been updated in 2024 and could also provide information for updating any new evidence-based system.

TSANZ suggests that consultation with Arthritis Australia and the Australian Rheumatological Society (ARA) would be valuable on this area.

TSANZ would be happy to collaborate with other medical organisations to accelerate development of the criteria for causality, noting that the ARA has led the field in exploring the link between silica exposure and rheumatological disease in the past.

It is recommended that independent research is commissioned to enable the rapid development of evidence-based recommendations.