Recent Reflections on the Ethical Basis of Radiological Protection

2nd International Symposium on Ethics of Environmental Health

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Disclaimer

Some of this presentation summarises results of workshops where participants discussed a wide variety of views.

This presentation does not necessarily reflect the views of the presenter, the International Commission on Radiological Protection, or any other individual or organisation.
Clearer ethical framework for the system of radiological protection

1. Professionals and public better understand what the system is designed to **achieve** and why (how is more a matter for professionals)

2. Solid basis, together with science and experience, for evolution of the system
Ethics and the System of Radiological Protection

- Inherent in the system
- Developing the system: ICRP Code of Ethics
- Implementing the system: IRPA Code of Ethics
ICRP Code of Ethics

Committed to public benefit:  
ICRP acts to protect humans and the environment from the harmful effects of radiation

Independent:  
ICRP acts independently of governments and organisations, including industry and other users of radiation

Impartial:  
ICRP acts impartially in its development of recommendations and guidance

Transparent:  
ICRP engages stakeholders and strives to be transparent in its actions and judgements

Accountable:  
ICRP is accountable to the framework that governs the activities of a charity
“Fundamentals” of the system of radiological protection
The System of Radiological Protection

- **Exposure situations**
  - Existing
  - Planned
  - Emergency

- **Categories of exposure**
  - Medical
  - Occupational
  - Public

- **Principles of protection**
  - Justification
  - Optimisation
  - Limitation

- **Dose criteria**
  - Reference levels
  - Dose constraints
  - Dose limits

- **Requirements**
  - Information
  - Training
  - Monitoring
The System of Radiological Protection

Principles of protection

- Justification
- Optimisation
- Limitation

Categories of exposure
- Medical
- Occupational
- Public

Exposure situations
- Existing
- Planned
- Emergency

Dose criteria
- Reference levels
- Dose constraints
- Dose limits

Requirements
- Information
- Training
- Monitoring
The System of Radiological Protection

Fundamental Principles

Radiological Protection Tools

- Categories of Exposure
- Exposure Situations
- Limits, Reference Levels, Constraints
- Information, Training, Monitoring
The System of Radiological Protection

- Justification
- Optimisation
- Dose Limitation
The System of Radiological Protection

Protection Goals

“Fundamental” Principles
- Justification
- Optimisation
- Dose Limitation

Tools
Manage and control exposures so that:

- Deterministic effects (harmful tissue reactions) are prevented
- The risks of stochastic effects (cancer or heritable effects) are reduced to the extent reasonably achievable

ICRP Publication 103 §29
Prevent or reduce the frequency of deleterious radiation effects to have a negligible impact on:

- the maintenance of **biological diversity**
- the **conservation** of species
- the health and status of natural **habitats**, communities and ecosystems

- No universal definition of environmental protection
- Radiation is one factor to consider, often likely to be a minor one
The System of Radiological Protection

Protection Goals
- Human Health
- Environment

“Fundamental” Principles
- Justification
- Optimisation
- Dose Limitation

Tools
The System of Radiological Protection

Primary Aim

Protection Goals

“Fundamental” Principles

Tools

- Human Health
- Environment
- Justification
- Optimisation
- Dose Limitation
to contribute to an appropriate level of protection for people and the environment … without unduly limiting the desirable human activities that may be associated with such exposure

ICRP Publication 103 §26
The System of Radiological Protection

Primary Aim

Protection Goals

“Fundamental” Principles

Tools

SCIENE (fact)

ETHICS (value)
Some results of two recent workshops
1st Asian Workshop

1st Asian Workshop on the Ethical Dimensions of the Radiological Protection System

2013 Aug 27-28, Daejeon, Korea

Organised by the Korean Association for Radiation Protection (KARP), and hosted by the Korea Institute of Nuclear Safety (KINS) and
Main Points: Daejeon

(Public) Communication

- Complexity of the system of radiological protection
- Communicating radiological protection in simpler language
- Failure of patriarchal top-down approach to risk communication
  - Need to address questions asked by the public
- Public misunderstanding
  - Living in a “radiation free” world
  - Equating radiation with atomic bombs
Main Points: Daejeon

Tolerability/Acceptability of risk

- Failure of broad acceptance due to overemphasis of solely scientific approach
- Primarily a question of ethics, informed by science

Well-being

- For protection of people: consider well-being vs. “classical” health protection
- People need to be protected from harm AND to feel “safe”
Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

From the Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

The Definition has not been amended since 1948.
1st European Workshop on the Ethical Dimensions of the Radiological Protection System

2013 Dec 16-18, Milan, Italy

Organised jointly by the Associazione Italiana di Radioprotezione (AIRP), and Société Française de Radioprotection (SFRP)
Main Points: Milano

A set small of central values were identified

Focus on understanding and applying these values, rather than worrying too much about classical philosophical traditions

Use plain language and examples of practical application of these values to ensure a broad common understanding

ICRP is charged with development of the System of Radiological Protection, but it is essential to prepare the ethics publication cooperatively with the broader RP community
Moving from competing ethical schools to a common set of values
Behind the System of Protection

Ethical schools of thought

Primary Aim
Protection Goals
“Fundamental” Principles
Tools
Behind the System of Protection

Ethical schools of thought

Primary Aim

Protection Goals

“Fundamental” Principles

RP Tools

Ethical values
The system of RP is a guide to human conduct, individual and societal, in the domain of radiological protection.

Conduct is about action, so focus on right and wrong action.

Actions can be right:
- Because they produce good (Bentham)
- Inherently (Kant)
- Because they arise from virtue (Aristotle)
Ethics (Moral Philosophy)

The study of the moral value of human conduct

**Normative Ethics:** Figuring out what is right and wrong behaviour

### VIRTUE
- **Virtue Ethics**
  - Focus on habits of character of a person

### DUTY
- **Deontological Ethics**
  - Actions are judged based on duty or obligation

### CONSEQUENCE
- **Utilitarian Ethics**
  - Actions are judged by their consequences
Kant: actions are inherently right or wrong (deontology)

Aristotle: right actions are those that arise from virtuous character (virtue ethics)

Bentham: right actions are those that result in good outcomes (utilitarianism)
Value Judgements in Radiological Protection

Utilitarian Ethics

- Actions are judged by their consequences
  - Justification
    - Do more good than harm
  - Optimisation
    - Maximize good vs. harm

Deontological Ethics

- Actions are based on duty or obligation
  - Dose Limitation
    - No individual is unduly harmed
  - Dose Constraints aid optimization & increase equity
## Utilitarianism

- Consequence is central

### Problems with justice
- e.g. killing one person for the happiness for millions

### Unknowable consequences
- Calculating total utility (good) is as impossible as predicting the future

## Deontology

- Duty is central

### Duty is not always clear
- It does not always seem rational to ignore the consequences

### Duties cannot all be categorical
- In case of moral dilemma, relative stringency must be considered
A More “Complex” Alternative

W.D. Ross (1877-1971)
“The Right and the Good” (1930)

- Rejects ideal utilitarianism and Kantian deontology
- Emphasises the complexity of ethical decisions
- Obligations must be balanced depending on each circumstance
- Ethical intuitionism
What is right is a matter of balancing potentially conflicting responsibilities (values)
Which Values?

- Accountability
- Accuracy
- Adaptability
- Benevolence
- Candor
- Charity
- Clarity
- Compassion
- Competence
- Confidence
- Consistency
- Correctness
- Credibility
- Decisiveness
- Dignity
- Effectiveness
- Efficiency
- Empathy
- Environmental protection
- Fairness
- Fidelity
- Gratitude
- Harmonisation
- Honesty
- Human health
- Individual autonomy
- Individual benefit
- Integrity
- Justice
- Knowledge
- Leadership
- Logic
- Mercy
- Meticulousness
- Modesty
- Non-maleficence
- Open-mindedness
- Partnership
- Paternalism
- Peace
- Practicality
- Pragmatism
- Precaution
- Promise-keeping
- Promotion of aggregate good
- Protection of animals
- Protection of children
- Protection of future generations
- Privacy
- Rationality
- Reasonableness
- Reparation
- Responsibility
- Human rights
- Scientific correctness
- Significance
- Simplicity
- Sincerity
- Social benefit
- Societal autonomy
- Soundness
- Stability
- Timeliness
- Tolerance
- Trustworthiness
- Truth
- Understanding
- Usefulness
- Vision
- Wisdom
Group 3

- Values of RP ethics
  - Tolerance of people’s views (positive and negative aspects)
  - Human dignity
  - Justice
  - Respect for persons
  - Beneficence
  - Prudence
  - Understanding / simplicity
  - Wellbeing
    - Physical, mental, and social aspects
One of the most widely used frameworks of biomedical ethics is the one developed by Beauchamp and Childress (1979). It is based on four principles:

1) Autonomy
2) Non-Maleficence
3) Beneficence
4) Justice

These are assumed to be rooted in a “common morality”, which is “not relative to cultures or individuals, because it transcends both”.

Borrowed from: Friedo Zölzer
Ross on Right: Balancing Fundamental Responsibilities *(prima facie duties)*

- **Fidelity**
  (keeping promises)

- **Gratitude**
  (returning services to those from whom we have accepted benefits)

- **Reparation**
  (righting our wrongs)

- **Non-maleficence**
  (avoidance of the bad)

- **Promotion of aggregate good**
  (including justice and self-improvement)
Underlying Ethical Values

- **Autonomy** and Dignity, Personal Control
- **Justice** and Distribution of Risks
- **Community Values** and Societal Impacts

Relevance can be grounded in ethical theories, common cultural values, biomedical principles, ...
The value system of Classic Confucianism

- The five virtues:
  - Benevolence
  - Righteousness/justice
  - Courtesy (Propriety, Manners)
  - Wisdom
  - Sincerity/trust

- The traditional ethics in China is mainly derived from Classic Confucian thought.

Borrowed from: Senlin Liu / KunWoo Cho

Courtesy of Mr. Senlin Liu, ICRP C4
& slightly modified by K. Cho, ICRP C4
Ethical and societal values underlying the system  
- Where are we after the Daejeon seminar? -

- **Benevolence**: to do more good than harm
- **Prudence**: to keep exposure ALARA
- **Justice**: to reduce inequities in the dose distribution
- **Dignity**: to involve stakeholders
- Two ‘values’ to be carefully considered: *reasonableness* and *tolerability*
- A prospective question: should we broaden the objective of protection and consider moving to the promotion of the *well-being* of persons?

*Borrowed from: Jacques Lochard*
Seek a set of values:

- Relevant to the system of radiological protection
- Common (or at least acceptable) to the widest possible range of cultures today
  - International recommendations must be broadly applicable
- That stand the test of being applied to current and foreseeable problems, with sensible results
Towards a Set of Common and Relevant Values

**Beneficence / Non-maleficence**
*Do good / do no harm*

**Prudence**
*Wisdom, avoidance of unnecessary risk*

**Justice**
*Fairness, people get what they deserve*

**Dignity/Autonomy**
*Treat people with respect*
Central to medical ethics, where implications of balancing beneficence and non-maleficence are well studied

**Beneficence**: Do good

**Non-Maleficence**: Do no harm

- Not absolute: doing good may do or risk lesser harm
Prudence

- Long ethical tradition: Aristotle, Buddhism, Confucianism, ancient peoples of Oceania and America
- In early use: The *wisdom* to see what is virtuous

- OED: “The ability to recognize and follow the most suitable or sensible course of action ... caution”
- MW: “The ability to govern and discipline oneself by the use of reason ... good judgment ... caution ... as to danger or risk”
Prudence & Precaution

• Prudence can be seen as reluctance to accept unnecessary risks

• Rio 1992: “the precautionary approach … where there are threats of serious or irreversible damage, lack of full scientific certainty shall be not used as a reason for postponing cost-effective measures to prevent environmental degradation”
Justice (1/2)

- Justice: the perpetual and constant will of rendering to each one his right

- Linked to fairness, entitlement and equality

- In natural law: justice means individuals or groups get what they deserve, merit, or are entitled to

- In radiological protection: fair sharing of benefits and detriments
Justice (2/2)

Look beyond humans today as the only moral entities:

+ Descendants $\rightarrow$ protection of future generations

+ “Environment” $\rightarrow$ protection of the environment for its intrinsic value not just its instrumental value

+ Animals $\rightarrow$ questions of animal welfare
Dignity

“All human beings are born free and equal in dignity and rights”
(Article 1 of The universal declaration of human rights adopted by the UN General Assembly on 10 December 1948)

- Something is due to every person because she/he is human. Every individual deserves unconditional respect regardless of age, sex, health, social condition, ethnicity, religion, etc.

- Dignity requires that individuals are treated as subjects, not objects

- “Act in such a way that you treat humanity, whether in your own person or in the person of any other, never merely as a means to an end, but always at the same time as an end.” (Immanuel Kant, Grounding for the Metaphysics of Morals, 1785)
Dignity & Autonomy

- Related to dignity, autonomy is about having control over one’s life:
  - freedom, i.e., the absence of constraint
  - the capacity to deliberate, decide and act

Possible conflict: decision makers with a duty of beneficence which may conflict with the autonomy of those effected (paternalism vs. individualism)
Values in Radiological Protection (1/2)

**Beneficence / Non-maleficence**
- Avoid unduly limiting beneficial uses of radiation
- Prevent harmful tissue reactions (equivalent dose limits)
- Justification: positive net benefit
- Protection of vulnerable groups

**Prudence**
- Reduce risks of stochastic effects to the extent reasonably achievable (optimisation)
- Assume there may be risks even at very low doses
Values in Radiological Protection (1/2)

Justice

- Protection of people and the environment from radiation balanced with beneficial uses of radiation
- Ensure no individual carries an unfair share of risk/harm (effective dose limits)
- Reduce inequities in dose distribution (optimisation with constrains and reference levels)
- Protection of future generations

Dignity/Autonomy

- Right to know
- Stakeholder involvement
- Self-help protection
Using a “draft” set of values:

- **Describe** each (and interactions between) in reference to the system of radiological protection

- **Examine** the broad acceptability of the set

- **Test** and **refine** the set through application to current and foreseeable problems (Rawls’ reflective equilibrium or Habermas’ discourse?)
Nomenclature: What are we balancing?

- values
- principles
- (primae facie) duties
- (primae facie) obligations
Prudence in Radiological Protection

From ICRP Publication 103:

(35) … It is prudent to take uncertainties in the current estimates of thresholds for deterministic effects into account … Consequently, annual doses rising towards 100 mSv will almost always justify the introduction of protective actions.

(36) At radiation doses below around 100 mSv in a year, the increase in the incidence of stochastic effects is assumed by the Commission to occur with a small probability and in proportion to the increase in radiation dose … the LNT model remains a prudent basis for radiological protection at low doses and low dose rates.

(74) There continues to be no direct evidence that exposure of parents to radiation leads to excess heritable disease in offspring. However, … there is compelling evidence that radiation causes heritable effects in experimental animals. Therefore, the Commission prudently continues to include the risk of heritable effects in its system of radiological protection.
Axiology is the philosophical study of value and value judgments, including their classification, principally:

Aesthetics
- Art, beauty, harmony

Ethics
- “Good”, “Right”, and “Virtuous”
- Individual and collective conduct
“To create these x-ray artworks serious risks and procedural hurdles need to be managed. The results are worth the hassle. X-ray allows us to see what is normally hidden to the human eye. It reveals the subjects from the inside out and allows us to appreciate what the world around us is truly made of.”

“In a nutshell, the work is a statement against society’s obsession with superficiality.”

http://nickveasey.com/