TG94: The Ethical Foundations of the ICRP System of Radiological Protection

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Ethics Workshop 4-6 February 2015



Terms of Reference/Scope

To develop an ICRP Publication presenting the ethical foundations of the system of radiological protection.

To clarify the rationale for recommendations, to assist in implementation, identify potential conflicts and to provide a basis for communication on radiation risk.

Central focus on values underpining the system, rather than the development and implementation of the system

Full Members

- Deborah Oughton, Norway (Chair)
- Marie-Claire Cantone, Italy
- Kunwoo Cho, Korea
- Sven Ove Hansson, Sweden
- Chieko Kurihara-Saio, Japan
- Thierry Schneider, France
- Friedo Zölzer, Czech Republic
- · Richard Toohey, USA
- Sidika Wambani, Kenya



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Where are we now?



Draft Report Structure

Historical Context Common Values

Core Ethical Values Underpinning the System

- Beneficence/Non.maleficence
- Dignity
- Justice
- Prudence/Acting Prudently

Applications

- Medical
- Worker and Nuclear Safety
- Waste Management
- Accidents
- Environmental Protection



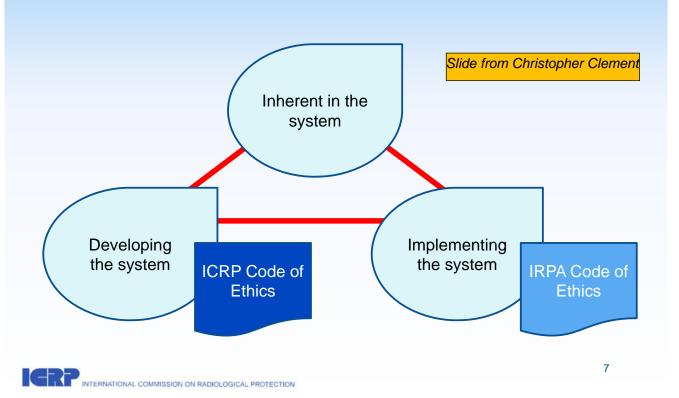
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Important "Floaters"

- Reasonableness and Tolerability
- Transparency and Accountability
- Part of development and implementation of the system rather than key values underpining the system?



Ethics in Radiological Protection



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



Historical Context

Evolution of the System of Radiological Protection: Science, Ethical Values, and Experience

Influence of scientific developments

Influence of different applications – medical, energy, accidents, ...

• Influence of changes in societal and cultural





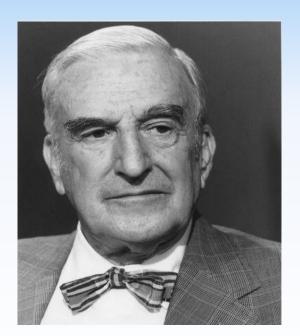






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Science and ethics in radiological protection - A long tradition -



"Radiation protection is not only a matter for science. It is a problem of philosophy, and morality, and the utmost wisdom."

Lauriston S. Taylor (1902 – 2004)

The Philosophy Underlying Radiation Protection Am. J. Roent. Vol. 77, N° 5, 914-919, 1957 From address on 7 Nov. 1956

Slide from Jacques Lochard



Implicit Values

- "the dangers of over-exposure ... can be avoided by the provision of adequate protection" ICRP 1928
- "every effort be made to reduce exposures to all types of ionizing radiation to the lowest possible level". ICRP 1951
- "... to contribute to an appropriate level of protection against the detrimental effects of ionising radiation exposure without unduly limiting the benefits associated with the use of radiation." ICRP 103, § 26
- "... to manage and control exposures to ionizing radiation so that deterministic effects are prevented, and the risks of stochastic effects are reduced to the extent reasonably achievable." ICRP 103, § 29



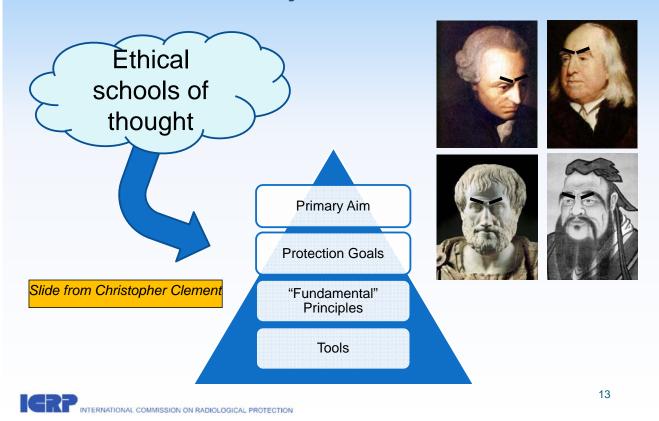
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... implict values

- The principle of justification. Any decision that alters the radiation exposure situation should do more good than harm
- The principle of optimisation of protection. All exposures should be kept as low as reasonably achievable, taking into account economic and societal factors with restrictions on individual exposure to avoid inequities between individuals
- The principle of application of dose limits. The total dose to any individual from deliberately introduced sources other than medical exposure of patients should not exceed the appropriate limits recommended by the Commission



Behind the System of Protection



Common Values Approach

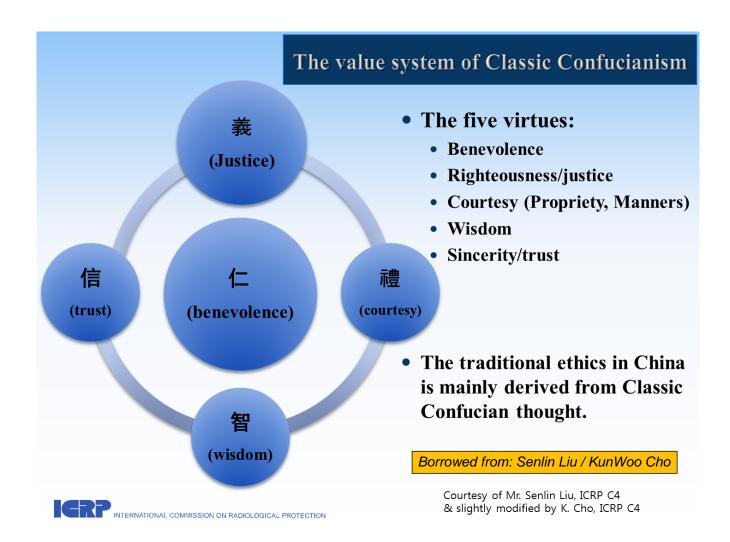






Not grounded in Western Ethical Theories, "but by a **study of the oral and written traditions** which have guided people in different cultures over the ages (Friedo Zoelzer, 2011)" ... including the values implicit in the ICRP Recommendations





Biomedical Ethics - Beauchamp and Childress, 1979 (1st edition)

- Respect for autonomy (a norm of respecting the free-will and decision-making capacities of self-governing persons)
- Nonmaleficence (a norm of avoiding the causation of harm)
- Beneficence (a group of norms for providing benefits)
- Justice (a group of norms for distributing benefits, risks and costs fairly)

UTILITARIANISM DEONTOLOGY

Broadly compatible with the principles of:

Beneficence Non-Maleficence Justice Biomedical Principles



Autonomy

Widely adapted in other areas: public health and environmental ethics, technolog assessment, etc

First Asian workshop on the ethical dimensions of the radiological protection system Daejeon, Korea, August 2013



INTERNATIONAL COMMISSION ON RADIOLOGICAL PROTECTION

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1st European workshop on the ethical dimensions of the radiological protection system 16-18 December 2013, Milan, Italy





UK Workshop on the ethical dimensions of the radiological protection system 11 June 2014, London, United Kingdom





UK Workshop on the Ethical Dimensions of the Radiological Protection System

> Wednesday 11 June 2014 British Dental Association, 64 Wimpole Street London W1G 8YS



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2nd International symposium on ethics of environmental health 15-19 June 2014, Budweis, Czech Republic





Core Ethical Values Underpining the System

- Beneficence/Non.maleficence
- Dignity
- Justice
- Prudence

In no particular order or hierachy. Balance will depend on case and context.

Values or principles (or norms or....)



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Beneficence/Non-Malificence

Definition in ethics

Beneficence (and non maleficence) – promoting or doing good as well as preventing, removing or avoiding evil or harm (Frankena, 1963)

Relevance in RP

Beneficence – health benefits of radiotherapy; indirect benefits of other applications involving radiation exposure; benefits of reducing exposure

Non-Malificence – all exposures have an inherent risk of causing harm

Challenges – distribution of risks, harms and benefits; measurement of benefits and harms
WHO definition of health – well being



Dignity

Definition in ethics

Respecting Autonomy – the capacity to choose freely for oneself and be able to direct one's own life; to be treated as an end, and not only as a means Recognition of human dignity a cornerstone of Human Rights (UN, 1948)

Relevance in RP

Dose limits and constraints – individual rights Consent – patients, workers (public) Stakeholder engagement – empowerment



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Justice

Definition in ethics

Fair distribution of resources, risks and benefits
Focus on the vulnerable/worst-off (Rawls)
Distributive Justice and Corrective/Reciprocal Justice
Equity – equal opportunity/equal treatment or equal status

Relevance in RP

ALARA and constraints
Distribution of risks and benefits
Differences across age, gender time and space
Future generations



Prudence/Acting Prudently

Definition in ethics

Long ethical tradition: Aristotle, Buddhism, Confucianism, ancient peoples of Oceania and America
OED: "to recognize and follow the most suitable or sensible course of action ... caution"

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"

Relevance in RP

Cornerstone of radiation protection ALARA, LNT, etc



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Where to next?

Evaluation of core values against applications/examples



Forthcoming Meeting

- Harvard workshop 10-12 March 2015
- 2nd Asian Ethics Workshop 2-4 June 2015
- ICRP Main Meeting Seoul



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Corresponding Members and Reviewers

Corresponding Members:

- Renate Czarwinski (IRPA)
- Emilie Van Deventer (WHO)

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