



# Report of the North American Workshop on the Ethical Basis of RP

**R. E. Toohey, Ph.D., CHP  
Treasurer@IRPA.net**



## First North American Workshop

- The workshop was held on 17-18 May following the annual meeting of the Health Physics Society.
- Speakers included:
  - Renate Czarwinski
  - Jacques Lochard
  - Dick Toohey
  - Chieko Kurihara-Saio
  - Toshiso Kusako
  - Richard Vetter
  - Raymond Johnson
  - Edgar Bailey



## From the workshop announcement

---

**Although the assumption of the linear no-threshold model is based on the virtue of prudence, its application may lead to violations of the principles of respect for personal autonomy and dignity. It may also result in the imposition of a real risk of premature death to avert a potential risk, such as occurred in the evacuation of elderly and ill persons from the fallout zone of the Fukushima Dai-ichi accident. This appears to have violated a fundamental principle of medical practice: first, do no harm.**

**<http://www.irpa.net/page.asp?id=54577>**



## Discussion Points

---

**Managing competing priorities:**

**Risks imposed to avoid rad risks, e.g., evacuation**

**Dose limits for medical workers vs. patient care**

**Communication of risks and limits in changing situations, e.g., planned vs. existing exposures**

**Stakeholder Engagement before, during, and after an emergency situation; do stakeholders choose their own exposure limits**

**Should limits protect the most vulnerable?**



## Medical discussion group

---

- The hospital area where radiation exposure is a primary concern is the fluoroscopy laboratory.
- The procedure may be related to a life saving treatment or to extend the life of the patient
- If tissue reaction limits are not exceeded, the stochastic limit could be raised, but only if the worker (i.e., the interventional radiologist) signs an informed consent (or similar) document.)



## Medical discussion, con't

---

- Is it ethical to have different limits for different professions? If so, can we allow professions to set their own limits (perhaps as long as an “upper bound” limit is not exceeded)?
- Could evacuation be voluntary in an emergency situation, i.e. could evacuees choose their own action level? What about early return to an evacuated area? Could people choose their own risk level for returning to their homes?
- Use of informed consent would add flexibility to the RP system



## Communications discussion group

- **Communications/Communicators should:**
  - be clear and understandable in the common language
  - facilitate informed decisions by institutions and individuals
  - include science, values (ethical, social, political and cultural) and experience
  - convey prudent and reasonable options for action
  - occur early and preferably before an incident
  - explain the benefits of various options
  - be a resource to help people make informed decisions



## Communications group, con't

- **Communications/Communicators should:**
  - hear and reflect concerns, fears and feelings
  - be truthful, accurate, open, impartial, and honest, and tell what we know and also what we don't know.
  - recognize and respect differences
  - foster rapport and help develop trust
  - convey the prevailing standards
  - provide a service to different publics, groups and organizations
  - be low cost or free
  - bridge from cause to effect



**International Radiation Protection Association**

[www.irpa.net](http://www.irpa.net)