

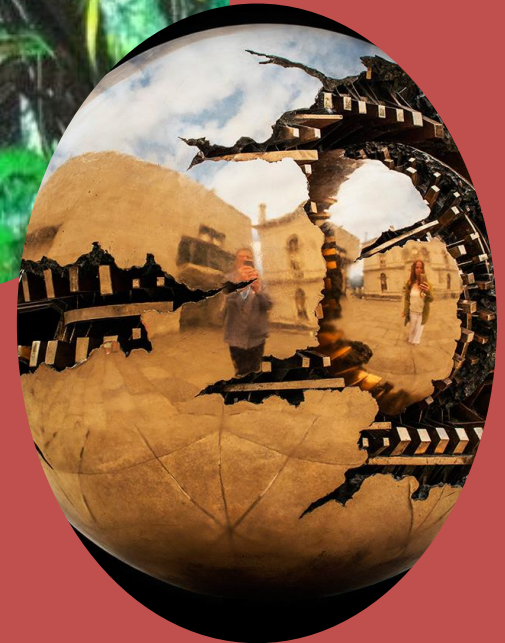
ICRP: A century of governance and ethics for radiation protection in medicine

'All professions are conspiracies against the laity' (George Bernard Shaw in The Doctor's Dilemma)

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Medical RP

- Governance etc.
- Dose Limit and Med
- Attention to Med
- Ethics & Benefit/Harm



Governance & Independence

- Foundation Document: IRXRP, 3.5 pages later clarifications
- Issued: ICR (IEC)
- Mainly for staff
- **INDEPENDENT?**

Independence of Commission, Appointments and Governance

*ICRP [selects] from nominations --
-[by] National Delegations to the
ICR and by ICRP itself. The
selections shall be subject to
approval by the International
Executive Committee (IEC) of the
Congress. Members --- shall be
chosen from ---- fields of medical
radiology, radiation protection,
physics, health physics, biology,
genetics, biochemistry and
biophysics, -----.* The membership
of the ICRP shall be approved
during each International Congress

Dose Limit and Medical Exposures

On the side-line

- Independence??
- *Attention deficit in dealing with Medical*

Medical Exposures

- Rigorous discussion absent in Recommendations
- ICRP-1 (1959)
Medical Exposures excluded (a matter of practical necessity)
- Not since rigorously reviewed openly and transparently
- Comments on Justification and Optimisation
- *Prescribing model including hard limits on pharma doses*

Medical: Lack of Focus (Recommendations)

Year	Total Pages	Medical Pages
1928	3.5	Mention
1959 (ICRP-1)	22	0.5
1977 (ICRP-26)	~130	2.5
1990 (ICRP-60)	~190	1
2007 (ICRP-103)	~320	8

Recommendations:

- Status of Recommendations
- Numerous reports/ interim reports of varying quality/ relevance
- Side-line problems in:
 - Justification & Optimisation
 - Pregnant patients (timid?)
 - Regulator reticence (contagious)
 - Dose Limit exemption
- Many other deficits:
 - Poor engagement with Hu/SS
 - Use of the Sievert (SODS, x2)
 - Et al, et al



Ethics and Benefits/Harms

- ICRP 138 and TG 109
- Inadequate attention/respect to the rich culture, literature, and heritage of medical ethics
- Culture Change: WHO
- Culture Change: Society moved on


More Benefit than Harm?

- Quantitation Fallacy (one exception)
- Lens of Ethics (identify and assess)
- Definition of both much too narrow
- Respect the uncertainty



Things that MIGHT be done

- Revise nomination and appointment processes to the Commission
- Rename one of the Sieverts (e.g.: The Clement)
- Critically review the dose limit exemption
- Serious RECOMMENDATIONS about
 - Justification
 - Optimisation
 - Pregnant patients in both imaging and therapy
 - Ethics (Medical) as an integral component of RP
- Benefits and Harms
 - ✓ Acknowledge the quantitation illusion
 - ✓ Expand the definitions of both
 - ✓ Respect uncertainty, don't just resent it
 - ✓ *Ethics as a lens for both*
 - ✓ Consider the pharma approach
- Many Medical Reports might be done in universities or research institutes?



Malone J. X-rays for medical imaging: Radiation protection, governance and ethics over 125 years. *Physica Medica: European Journal of Medical Physics*. 2020 (79) 47-64. <https://doi.org/10.1016/j.ejmp.2020.09.012> or at https://www.researchgate.net/publication/345314438_Xrays_for_medical_imaging_Radiation_protection_governance_and_ethics_over_125_years

