



HEALTH
PHYSICS
SOCIETY

RADIATION RISK IN PERSPECTIVE

POSITION STATEMENT OF THE HEALTH PHYSICS SOCIETY*

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Contact: Brett Burk

Executive Director

Health Physics Society

Telephone: 703-790-1745

Fax: 703-790-2672

Email: HPS@BurkInc.com

<http://www.hps.org>

In accordance with current knowledge of radiation health risks, the Health Physics Society recommends against quantitative estimation of health risks below an individual dose¹ of 50 millisievert (mSv) in one year or a lifetime dose of 100 mSv above that received from natural sources. Doses from natural background radiation in the United States average about 3 mSv per year. A dose of 50 mSv will be accumulated in the first 17 years of life and 0.25 Sv in a lifetime of 80 years. Estimation of health risk associated with radiation doses that are of similar magnitude as those received from natural sources should be strictly qualitative and encompass a range of hypothetical health outcomes, including the possibility of no adverse health effects at such low levels.

There is substantial and convincing scientific evidence for health risks following high-dose exposures. However, below 50–100 mSv (which includes occupational and environmental exposures), risks of health effects are either too small to be observed or are nonexistent.

In part because of the insurmountable intrinsic and methodological difficulties in determining if the health effects that are demonstrated at high radiation doses are also present at low doses, current radiation protection standards and practices are based on the premise that any radiation dose, no matter how small, may result in detrimental health effects, such as cancer and hereditary genetic damage. Further, it is assumed that these effects are produced in direct proportion to the dose received, that is, doubling the radiation dose results in a doubling of the effect. These two assumptions lead to a dose-response relationship, often referred to as the linear, no-threshold model, for estimating health effects at radiation dose levels of interest. There is, however, substantial scientific evidence that this model is an oversimplification. It can be rejected for a number of specific cancers, such as bone cancer and chronic lymphocytic leukemia, and heritable genetic damage has not

¹ Dose is a general term used to express (quantify) how much radiation exposure something (a person or other material) has received. The exposure can subsequently be expressed in terms of the absorbed, equivalent, committed, and/or effective dose based on the amount of energy absorbed and in what tissues.

been observed in human studies. However, the effect of biological mechanisms such as DNA repair, bystander effect, and adaptive response on the induction of cancers and genetic mutations are not well understood and are not accounted for by the linear, no-threshold model.

Radiogenic health effects have not been consistently demonstrated below 100 mSv

Radiogenic health effects (primarily cancer) have been demonstrated in humans through epidemiological studies only at doses exceeding 50–100 mSv delivered at high dose rates. Below this dose, estimation of adverse health effect remains speculative. Risk estimates that are used to predict health effects in exposed individuals or populations are based on epidemiological studies of well-defined populations (for example, the Japanese survivors of the atomic bombings in 1945 and medical patients) exposed to relatively high doses delivered at high dose rates. Epidemiological studies have not demonstrated adverse health effects in individuals exposed to small doses (less than 100 mSv) delivered in a period of many years.

Limit quantitative risk assessment to doses at or above 50 mSv per year or 100 mSv lifetime

In view of the above, the Society has concluded that estimates of risk should be limited to individuals receiving a dose of 50 mSv in one year or a lifetime dose of 100 mSv in addition to natural background. In making risk estimates, specific organ doses and age-adjusted and gender-adjusted organ risk factors should be used. Below these doses, risk estimates should not be used. Expressions of risk should only be qualitative, that is, a range based on the uncertainties in estimating risk (NCRP 1997) emphasizing the inability to detect any increased health detriment (that is, zero health effects is a probable outcome).

Impact on radiation protection

Limiting the use of quantitative risk assessment, as described above, has the following implications for radiation protection:

1. The possibility that health effects might occur at small doses should not be entirely discounted. The Health Physics Society also recognizes the practical advantages of the linear, no-threshold hypothesis to the practice of radiation protection. Nonetheless, risk assessment at low doses should focus on establishing a range of health outcomes in the dose range of interest and acknowledge the possibility of zero health effects. These assessments can be used to inform decision making with respect to cleanup of sites contaminated with radioactive material, disposition of slightly radioactive material, transport of radioactive material, etc.
2. Collective dose (the sum of individual doses in a defined exposed population expressed as person-sievert) has been a useful index for quantifying dose in large populations and in comparing the magnitude of exposures from different radiation sources. However, collective dose may aggregate information excessively; for example, a large dose to a small number of people is not equivalent to a small dose to many people, even if the collective doses are the same. Thus, for populations in which almost all individuals are estimated to receive a lifetime dose of less than 100 mSv above background, collective dose is a highly speculative and uncertain measure of risk and should not be used for the purpose of estimating population health risks.

Reference

National Council on Radiation Protection and Measurements. Uncertainties in fatal cancer risk estimates used in radiation protection. Bethesda, MD: NCRP; NCRP Report No. 126; 1997.

*The Health Physics Society is a nonprofit scientific professional organization whose mission is excellence in the science and practice of radiation safety. Since its formation in 1956, the Society has represented the largest radiation safety society in the world, with a membership that includes scientists, safety professionals, physicists, engineers, attorneys, and other professionals from academia, industry, medical institutions, state and federal government, the national laboratories, the military, and other organizations. Society activities include encouraging research in radiation science, developing standards, and disseminating radiation safety information. Society members are involved in understanding, evaluating, and controlling the potential risks from radiation relative to the benefits. Official position statements are prepared and adopted in accordance with standard policies and procedures of the Society. The Society may be contacted at 1313 Dolley Madison Blvd., Suite 402, McLean, VA 22101; phone: 703-790-1745; fax: 703-790-2672; email: HPS@BurkInc.com.