

Radiation Risk in Perspective

Health Physics Society* Position Statement

March, 1996

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In accordance with current knowledge of radiation health risks, the Health Physics Society recommends against quantitative estimation of health risk below an individual dose of 5 rem⁽¹⁾ in one year, or a lifetime dose of 10 rem in addition to background radiation. Risk estimation in this dose range should be strictly qualitative accentuating a range of hypothetical health outcomes with an emphasis on the likely possibility of zero adverse health effects. The current philosophy of radiation protection is based on the assumption that any radiation dose, no matter how small, may result in human health effects, such as cancer and hereditary genetic damage. There is substantial and convincing scientific evidence for health risks at high dose. Below 10 rem (which includes occupational and environmental exposures) risks of health effects are either too small to be observed or are non-existent.

Current radiation protection standards and practices are based on the premise that any radiation dose, no matter how small, can result in detrimental health effects, such as cancer and genetic damage. Further, it is assumed that these effects are produced in direct proportion to the dose received, i. e., 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 doses of interest. There is, however, substantial scientific evidence that this model is an oversimplification of the dose-response relationship and results in an overestimation of health risks in the low dose range. Biological mechanisms including cellular repair of radiation injury, which are not accounted for by the linear, no-threshold model, reduce the likelihood of cancers and genetic effects.

Radiogenic Health Effects Have Not Been Observed Below 10 Rem

Radiogenic health effects (primarily cancer) are observed in humans only at doses in excess of 10 rem delivered at high dose rates. Below this dose, estimation of adverse health effects is speculative. Risk estimates that are used to predict health effect in exposed individuals or populations are based on epidemiological studies of well-defined populations (e. g. 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 the 10 rem) delivered in a period of many years.

Limit Quantitative Risk Assessment to Doses at or Above 5 Rem per Year or 10 Rem Lifetime

In view of the above, the Society has concluded that estimates of risk should be limited to individuals receiving a dose of at least 5 rem in one year or a lifetime dose of at least 10 rem in addition to natural background. Below these doses, risk estimates should not be used; expressions of risk should only be qualitative emphasizing the inability to detect any increased health detriment (i. e. zero health effects is the most likely 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. Consequently, risk assessment at low doses should focus on establishing a range of health outcomes in the dose range of interest including the possibility of zero health effects.
2. Collective dose (the sum of individual doses in an exposed population expressed as person-rem) remains a useful index for quantifying dose in large populations and in comparing the magnitude of exposures from different radiation sources. However, for a population in which all individuals receive lifetime doses of less than 10 rem above background, collective dose is a highly speculative and uncertain measure of risk and should not be quantified for the purposes of estimating population health risks.

(1) The rem is the unit of effective dose. In international units 1 rem = 0.01 sievert (Sv).

* The Health Physics Society is a non-profit scientific organization dedicated exclusively to the protection of people and the environment from radiation. Since its formation in 1956, the Society has grown to more than 6,800 scientists, physicians, engineers, lawyers, and other professionals representing academia, industry, government, national laboratories, trade unions, and other organizations. The Society's objective is the protection of people and the environment from unnecessary exposure to radiation, and its concern is understanding, evaluating, and controlling the risks from radiation exposure relative to the benefits derived from the activities that produce the exposures. 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; Telephone: 703-790-1745; FAX: 703-790-2672; e-mail: hpsburkmgmt@aol.com.

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