

# **Participation in radiological protection: from formal to informal (and back)**

Framing the dialogue

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**“Until well into the 1980s the dominant official perception was ‘that the public had no role to play in defining the public interest or social benefit in techno-scientific domains’”**

*—(Felt et al., 2009, 54)*

~ **‘Public deficit model’**

*(Wynne, 1991; Irwin and Wynne, 1996)*

~ **‘Public education model’**

*(Callon, 1999; see also Irwin and Wynne, 1996)*

~ **‘Public dialogue model’**

*(Stilgoe, etc, 2014)*

~ **‘Bottom-up initiatives’**

*(Often w/o expert input: citizen science, etc)*

**“We are...witnessing a strange confluence at which processes of public participation and deliberation have almost become orthodoxy, whilst simultaneously great scepticism is being pronounced about them.”**

*– Tsouvalis & Waterton, 2012*

**“The knowledge gained from these initiatives often seems directed towards anticipating controversy in order to ward it off, rather than to giving the public any actual role in decisions about research trajectories.”**

*– Marris & Rose; Tsouvalis & Waterton, 2012*

**“The involvement of social scientists in the prescription, delivery and evaluation of public engagement with science has been met with the accusation that we are performing a simplistic argument that ‘the technical is political, the political should be democratic and the democratic should be participatory’ ”**

*– Moore, 2010*

**“One can see how post-political theorists naturally hold great scepticism about the potential of public dialogue on techno-scientific issues and trajectories. How can ‘thinking outside the box’ be achieved, and what is its point if there is no possibility of ‘changing the game’ anyway?”**

*– Tsouvalis & Waterton, 2012*



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# Annals of the ICRP

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Radiological Protection of People and the Environment in the  
Event of a Large Nuclear Accident

Update of ICRP *Publications 109 and 111*



1574 (159) The Commission also recommends that all stakeholders should be closely involved  
1575 in the decision-making processes for the lifting of emergency protective actions.

1609 (162) If a radiological protection criterion is selected to allow people to live in affected  
1610 areas, selection of this criterion, and selection of the initial reference level for implementing  
1611 the optimisation of long-term protective actions in these areas, should be discussed and  
1612 decided together to ensure consistency.

1620 **3.5.3. Moving from the emergency response to the recovery process**

1621 (164) The end of the emergency response and the beginning of the recovery process after  
1622 a nuclear accident are substantiated by the decision by the authorities to allow people to live  
1623 permanently in affected areas, if they so desire. The Commission recommends that this  
1624 decision should be taken in close consultation with representatives of the local communities  
1625 and all other stakeholders when the following conditions and means, at least, are met.

1568 (158) The Commission recommends that a functioning physical infrastructure, capable of  
1569 addressing the health and well-being needs of the evacuees, should be available before their  
1570 return. With this in place, individuals have a basic right to decide whether or not to return. All  
1571 decisions about whether to remain in or leave an affected area should be respected and  
1572 supported by the authorities, and strategies should be developed for resettlement of those who  
1573 either do not want or are not permitted to move back to their homes.

2130 (227) Finally, the Commission emphasises the crucial importance of involving  
2131 stakeholders in implementation of the optimisation process. Experience from Chernobyl and  
2132 Fukushima has shown that radiological protection experts and professionals engaged in the  
2133 emergency response and recovery process should, beyond mastering the scientific basis of  
2134 radiological protection and its practical implementation, interact with affected people in  
2135 accordance with the core and procedural ethical values underpinning the radiological  
2136 protection system (ICRP, 2018). They should adopt a prudent approach to manage exposures,  
2137 seek to reduce inequities, and respect the individual decisions of people while preserving  
2138 their autonomy of choice. Experts and professionals should also share the information they  
2139 possess while recognising their limits (transparency), deliberate and decide together with the  
2140 people what actions to take (inclusiveness), and be able to justify them (accountability). The  
2141 issue at stake is not to make people accept the risk, but to allow them to make informed  
2142 decisions about their protection and their life choices (i.e. respecting their dignity).



**For protection of the public and the environment during the recovery process, the Commission recommends a ‘co-expertise’ approach in which authorities, experts, and stakeholders work together to share experience and information in affected communities, with the objective of developing a practical radiological protection culture to enable individuals to make informed decisions about their own lives.**



Fig. 4.1. The co-expertise process.

1996 (211) The co-expertise process is powerful to empower affected people regarding  
1997 radiation and how to protect themselves, and thus to develop the radiological protection  
1998 culture needed to face the consequences of the nuclear accident. This process relies on values  
1999 and proper behaviours: accountability, transparency, inclusiveness, prudence, equity, and  
2000 dignity (ICRP, 2018).

**END**