

RadonSmart 2020

A Very Brief Public Health Ethics Case

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This short document presents a case study comprising a scenario and accompanying resources for further reading. We originally produced this case for use during a workshop offered at the Canadian Public Health Association Conference in May 2015.¹ We have adapted this and other cases and republished them together so that they might be used in combination with the summary versions of ethics frameworks for public health that we have produced to date. They are intended to give public health practitioners some material for practice in ethical deliberation.

Case

Your public health unit has been asked to comment on and participate in implementing some aspects of the provincial RadonSmart 2020 program. Initiatives include an information campaign and easier access to test kits to increase the number of households testing for radon. The target is to have half the buildings in the province tested by 2020. Your health unit would be responsible for informing all residents in your region about the risks of radon and how to access kits. \$28 million has been allocated over five years for this program.

Instructions

Through deliberation, please:

- Identify the ethical issues that arise in this case.
- Make a decision about whether your health unit should
 - Approve this program
 - Approve a modified version of the program
 - Reject this program / propose an alternative.
- Give reasons for your decisions.



Figure 1 Radon test kit

Photo credit: National Cancer Institute.

Public domain: <https://visualsonline.cancer.gov/details.cfm?imageid=2344>

Some considerations

- Radon is an invisible, odourless, naturally-occurring gas that can infiltrate homes from beneath.
- Radon exposure accounts for 16% of lung cancer deaths in Canada (Health Canada, 2012) killing an estimated 3000 Canadians per year (Canadian Cancer Society, 2014).
- 6.9% of Canadian homes have unsafe radon levels (Health Canada, 2012).
- 96% of Canadian homes have not been tested for radon (Canadian Cancer Society, 2014).
- Risks to smokers are multiplied: for a lifelong smoker, the risk of developing lung cancer is 1/10. Adding in exposure to a high level of radon increases that risk to 1/3 (Health Canada, 2015a).
- There is no legal requirement for landlords to test their buildings (Health Canada, 2015a).
- There is no legal requirement for landlords to take any remedial action to lower radon levels in buildings that have been tested by tenants or others (Health Canada, 2015a).

¹ The PowerPoint and handouts are available online at: http://www.nchpp.ca/128/Presentations.ccnpps?id_article=1408



- Remedial action costs on average \$1500-\$3000 (Health Canada, 2015a). Test kits and lab analysis are relatively inexpensive at \$50-\$100 (Health Canada, 2015b).
- The percentages of affected households vary widely by region. For example, in British Columbia, a high rate is found in the Kootenays (29%) while Vancouver has a very low rate (1.2%) (Health Canada, 2012).
- Few homeowners and landlords take remedial actions following information campaigns and financial incentives to test their buildings (NCCEH, 2008).

Resources and additional reading

Adapted summaries of public health ethics frameworks and cases:

http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1525

A repertoire of ethics frameworks for public health (with links to the documents):

http://www.ncchpp.ca/708/Repertoire_of_Frameworks.ccnpps

Population and Public Health Ethics: Cases from research, policy, and practice

This book brings together 16 cases of ethical issues encountered across a range of public health issues and sectors and presents accompanying analyses by leading experts in public health ethics.

http://www.ncchpp.ca/127/Publications.ccnpps?id_article=720

References

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Questions or comments?

Michael Keeling: michael.keeling@inspq.qc.ca

Olivier Bellefleur: olivier.bellefleur@inspq.qc.ca

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