

Plea to the UK government: Put asbestos needs among austerity priorities

Clinica Medtech Intelligence, 21 June 2010

The UK chancellor, George Osborne, is announcing an "austerity budget" designed to pull the country's economy back on track. The budget will include measures that are set to impact public policy for decades to come. As the timing of the budget also coincides with the second anniversary of *Clinica's* exclusive reporting on the growing healthcare need created by asbestos exposure, it brings to the fore the need to address this problem and make it a long-term economic – if not a fundamental ethical – priority.

There are two basic asbestos-related needs which the government must address as a matter of course:

1. the healthcare and R&D needs of asbestos-related diseases, given the certainty that the increasing levels of exposure to the general population is creating a long-term major healthcare – and economic – burden; and
2. to ensure the country does as much as it can to protect present and future generations from airborne asbestos – not least our children: the government is aware that many thousands of schools, even those deemed to be safe, expose children to significant levels of airborne asbestos, and the long-term health-related risks are uncontested and great.

Asbestos is not a palatable subject, nor does it have an easy solution, by any means. But it is simply not going to go away and it must be acted upon with the utmost urgency, not least in the UK.

The first thing this country must do is embrace the reality of this situation. The government must be candid about what it knows – and what it suspects, but cannot be certain of – about asbestos exposure in schools and other public places.

Given the long-term consequences of continuing to ignore the problem, we must all be open to learning about the complex – and indeed debatable – implications and solutions. Only then will we be able to prioritise and/or act upon them accordingly.

A key measure, given the virtual impossibility now of protecting our current population from the impact of the accelerating degradation of asbestos-containing materials, is to ensure that the fullest complement of preventive, diagnostic, therapeutic and palliative medical technologies is as developed as possible to deal with the disease burden.

The prospective National Centre for Asbestos-Related Diseases (NCARD) has an invaluable role in co-ordinating and honing this R&D, and it should be funded as richly as is deemed necessary.

But leaving aside the known – and unknown – safety failures in and around building refurbishment sites, for example, or the general increasing above-background levels of airborne asbestos, it is fundamental that we provide the greatest possible guarantees of safety for our schoolchildren.

This is surely the greatest measure of a country's civilised care to its citizenship. And yet, the government is thoroughly reticent about recognising that there is even a problem, however justifiable it might be to carefully manage how the public is informed about it.

(*Clinica's* reporting on this issue has been questioned by health & safety and other government offices, with the result that the information has not had the mainstream public-interest distribution that this subject desperately needs to inform policy. What a relief it would be to be proved wrong: that our concerns – some learnt off-record and therefore still unpublished – were unfounded. Yet, alas, the exposure evidence and health-related implications are blindingly clear.)

From an international perspective, the UK, as one of the world's leading former users of the most dangerous types of asbestos, must set an example, in terms of raising public awareness and political recognition of the dangers of its use and the need to observe the tightest "precautionary principle" policies. This applies particularly to countries that do not have appropriate bans and controls, especially in the developing world.

Only then will the priorities we establish today, however onerous to individuals and society alike, be truly right and meaningful, not only economically, but from the most basic ethical perspectives.

bernard.murphy@informa.com

For further information on asbestos safety and healthcare, see:
<http://www.clinica.co.uk/marketsector/surgicalwoundcare/Plea-to-the-UK-government-Put-asbestos-needs-among-austerity-priorities-297745>

