

The reference monetary value of the man-sievert Outcomes of an ISOE survey

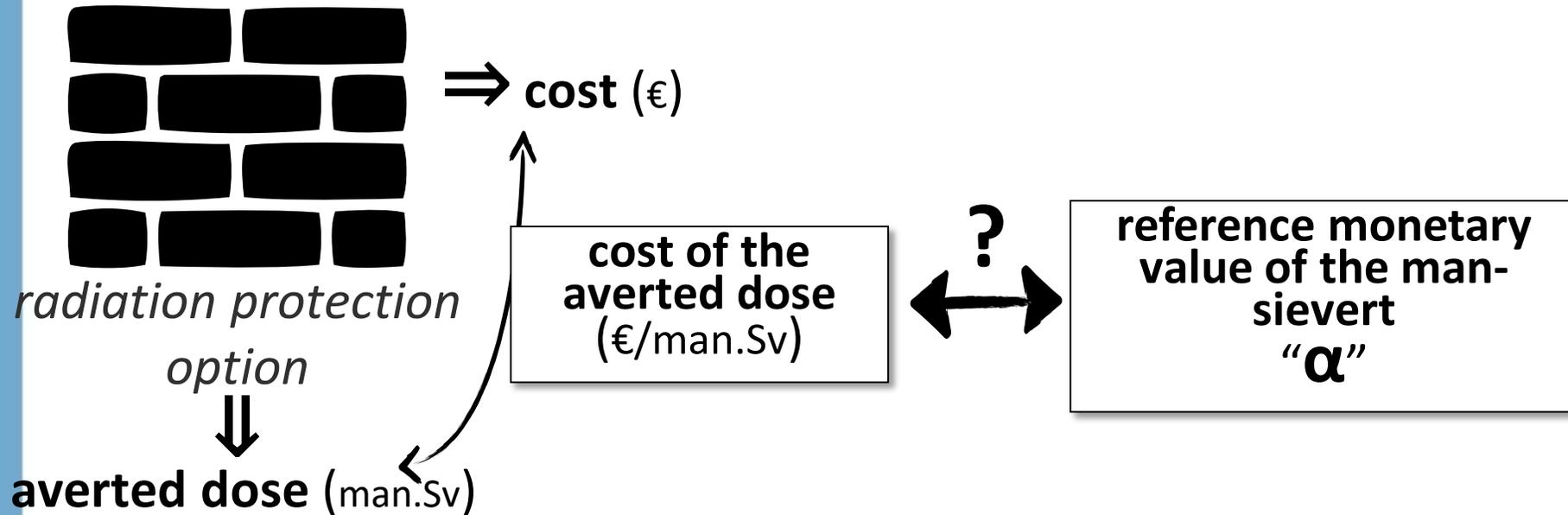
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α : “the amount you agree to spend *a priori* to avoid a unit of collective dose”

⇒ To assess the ‘reasonableness’ of a radiation protection decision, give priority and objectivity to the decision

Who use the concept? For what purposes? Values?



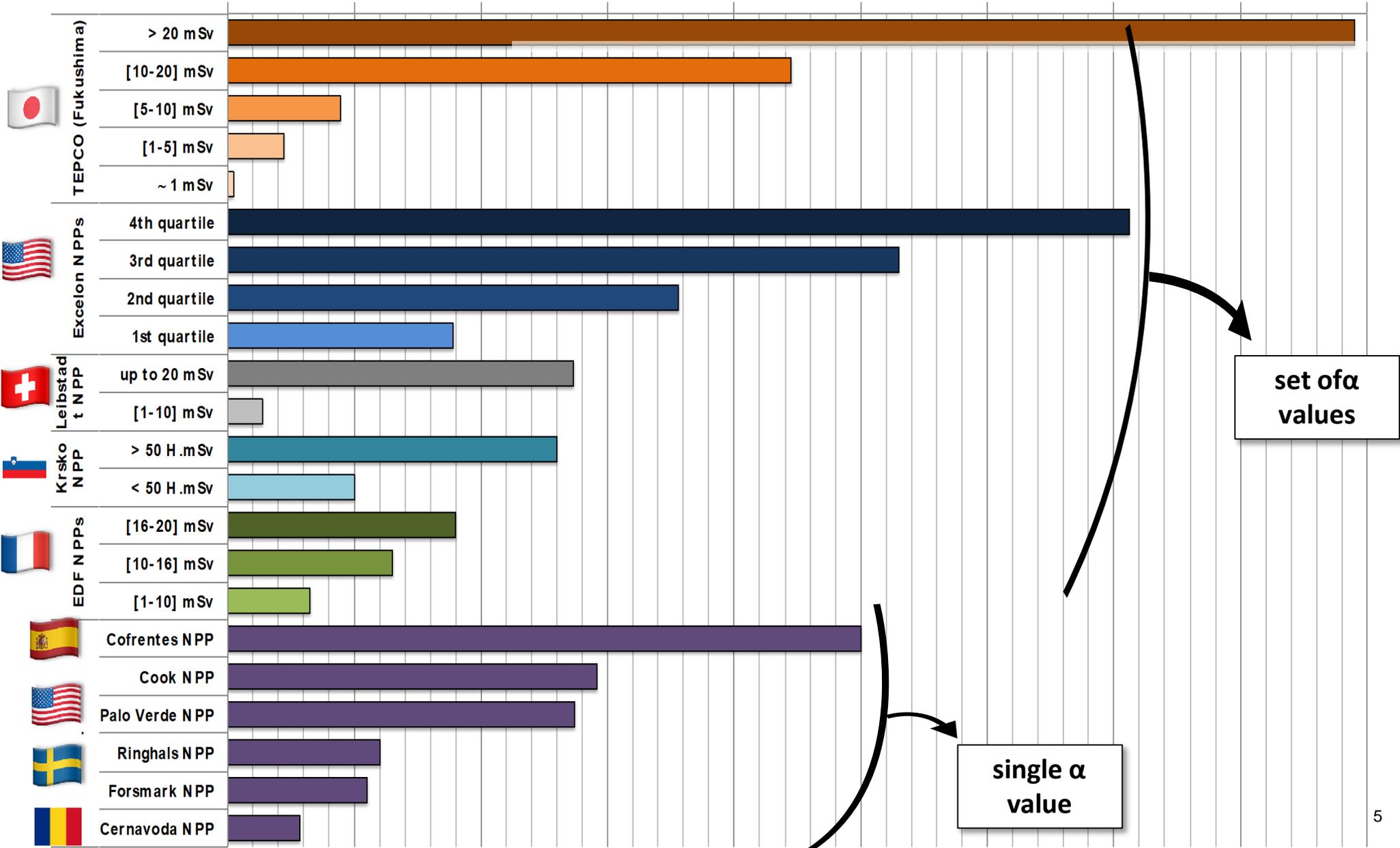
With the data from Asian + North America ISOE Technical Centres:
⇒ **18 regulatory bodies**
⇒ **21 utilities and NPP** (~ 220 reactors)

Answers from regulatory bodies

Countries	α values
Belarus, Belgium, Canada, China, Finland, France, Germany, Japan, Lithuania, The Netherland, Slovenia, Spain, Sweden, Switzerland, Ukraine	
United Kingdom	⇒ To be based on a value of 3 millions € ₂₀₁₇ (general value; associated with the prevention of a cancer)
Czech Republic Slovakia	⇒ Several α values are recommended and appeared in regulatory documents ⇒ 7 values are proposed, depending on the level of exposure and the exposure situation ⇒ From 30 to 600 € ₂₀₁₆ /man.mSv

α (€₂₀₁₇/man.mSv)

0 1000 2000 3000 4000 5000 6000 7000 8000 9000



set of alpha values

single alpha value

- From **446 to 5,000 €/man.mSv** – Median = 1,200 €/man.mSv



⇒ Different ***economics context*** between the countries

⇒ ***Updates ± recent***

but these cannot be the only explanations!



⇒ Essentially: ***different approaches*** for setting α

- *‘human capital’ method (Cernavoda NPP)*
- *Value of Statistical Life + annual costs of a worker (Cook NPP)*
- *α set by considering the values of other utilities (Vattenfall)*



⇒ ***Local radiation protection situation*** can also be taken into account

- *Ex. α linked with the INPO ranking (Exelon (hybrid system))*

Answers from utilities & NPP Analysis – set of α values



⇒ α increases with the **level of exposure**

Allow to spend more as the level of exposure increase

- Level of exposure are expressed very differently
- Dependence of $\alpha_{min}, \dots, \alpha_{max}$ with the **calculation model** :

Ex. EDF: $\alpha(d) = \alpha_{ref} \cdot (d/d_0)^a$; $d_0 = 1 \text{ mSv}$, $a = 0,5$

TEPCO
5 bands of individual exposure; 1-50 mSv

Leibstadt NPP
2 bands of individual exposure; 1-20 mSv

Krsko NPP
2 bands of collective exposure; 50 H.mSv

EDF
3 bands of individual exposure; 1-20 mSv



Some tendencies since the previous ISOE surveys:

- The concept have been maintained or introduced (TEPCO, Japon)
- Increase of some values (USA, Sweden)
- New methods to set α : Statistical Value of Human Life, feedback from other utilities

Answers from utilities & NPP

Uses and users



⇒ Used **1-10 times/year/organisation**

⇒ Several examples of uses described

- *Major modification, large scale project, chemical decontamination of system/circuit, power reduction*
- *Give priority to modifications on a long-term perspective*



⇒ **Only for 'important' decisions** with radiation protection + economic + management etc. impacts

⇒ Radiation Protection Department first involved to elaborate the cost-benefit analysis ; the decision is then taken at higher level

“
A tool that allow more objectivity and transparency in the decision
”
— A tool among many [many] other decision factors

Setting and using the reference value of the man-sievert *A synthesis*



At the Gustavinum museum, Uppsala, Sweden

Setting and using the reference value of the man-sievert

A synthesis

- Introduced in 1973, disseminated and still in use
- Comparing the collected values is not easy
 - different economic conditions, approaches (single vs. set), RP conditions, calculation etc.
- Used by Radiation Protection Department to give objectivity to the decision in a complex decisional context
- An help for the decision, not a decision cutting-value
- Trends:
 - A sustainable use of α over the years; regular updates + introduction
 - Appearance of more overall methods for setting α
- In-line with trends in other sectors:
 - *Judgment-value* (Thomas, P. J., Stupples, D. W., and Alghaffar, M. A., Pro. Saf. Env. Prot. 2006)
 - *Value in Health Journal*, « Everything has a cost » (SFSE congress, France, 2017)

Setting and using the reference value of the man-sievert *A synthesis*



Annexe – Methods for setting alpha value

- **(1) Human capital**
- **Estimation of the output that is lost to society on the premature death** (based on the GNP/inhabitants and/or cost of workers)
 - This is purely economic, and contain no allowance for other costs (e.g. cost to be spend due to the cancer) and subjective value (e.g. pain, suffering etc.)
 - Ex. GNP/inhabitant = 34,300 € (France) ; ICRP risk coefficient $4.2 \cdot 10^{-5} \text{ Sv}^{-1}$; number of years lost due to cancer: 16 years (cf. ICRP Publication 103):

$$34,300 \times 4.2 \cdot 10^{-5} \times 16 = 23 \text{ €/H.mSv}$$

- This is a minimum; can be increased with *aversion*: $\alpha(d) = \alpha_0 \times (d/d_0)^a$, $a = 1.5$
- **(2) Implied or revealed preference**
- **Retrospective analysis of decisions of protection that have been implemented and how much has been spent to reduce the risk**
 - To deduce an implicit socially-acceptable value of life
 - But very specific to the risk, population, decision-maker, ground of decision etc.

Annexe – Methods for setting alpha value

- (3) Willingness to pay
- How much are individuals willing to pay to avoid a given amount of risk?
- Determined by tailored survey + (meta-)analysis
- An overall approach, considered the most theoretically sounded, to evaluate the “Statistical Value of Human Life”
- Ex. 3.14 M€ in France (Quinet, 2013); 3M€ on average in OECD countries (OECD, 2012); 9M\$ for US NRC etc.

