

SECTION 16

“Late Lessons From Early Warnings: Towards realism and precaution with EMF?”

**David Gee, European Environment Agency
Kongens Nytorv 6
DK-1050 Copenhagen K**

Disclaimer.

The views expressed are those of the author and do not represent the views of the EEA or its Management Board. The author has no competing financial interest in the matters dealt with.

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I. INTRODUCTION

The histories of selected public and environmental hazards, from the first scientifically based early warnings about potential harm, to the subsequent precautionary and preventive measures, have been reviewed by the European Environment Agency. (“Late Lessons from Early Warnings: the Precautionary Principle 1896-2000”, EEA,2001). This paper summarises some of the definitional and interpretative issues that arise from the report and subsequent debates, such as the contingent nature of knowledge; the definitions of precaution, prevention, risk, uncertainty, and ignorance; the use of differential levels of proof; and the nature and main direction of the methodological and cultural biases within the environmental health sciences. These issues are relevant to EMF.

II. THE TWELVE “LATE LESSONS FROM EARLY WARNINGS

The paper does not address the specifics of EMF hazards, leaving it to the reader to apply, or not, the “Twelve late Lessons” that conclude the report. These lessons attempt to synthesise the fourteen historical experiences from the very different case study chapters into generic knowledge that can help inform policy-making on current issues such as GMO, nanotechnologies, mobile phones, and endocrine disrupting substances where the luxuries of hindsight are not yet available but where exposures are already widespread and rising.

The idea of the twelve late lessons is to make the most of past experience to help anticipate future surprises whilst recognising that history never exactly repeats itself. When adopted alongside the best available science the lessons aim to help minimize hazards without compromising innovation. The “lessons” are reproduced below.

A. “Identify/Clarify the Framing and Assumptions”

1. Manage “risk”, “uncertainty” and “ignorance”
2. Identify/reduce “blind spots” in the science
3. Assess/account for all pros and cons of action/inaction
4. Analyse/evaluate alternative options

5. Take account of stakeholder values
6. Avoid “paralysis by analysis” by acting to reduce hazards via the precautionary principle.

B. “Broaden Assessment Information”

7. Identify/reduce interdisciplinary obstacles to learning
8. Identify/reduce institutional obstacles to learning
9. Use “lay”, local as well as specialist knowledge
10. Identify/anticipate “real world” conditions
11. Ensure regulatory and informational independence
12. Use more long-term (ie. decades) monitoring and research

III. EARLY USE OF PRECAUTION

The Vorsorgeprinzip, or “foresight” principle, only emerged as a specific policy tool during the German debates on the possible role of air pollution as a cause of “forest death” in the 1970-80s. However, John Graham, one of Bush’s science policy advisors, and trenchant critic of the precautionary principle, has noted that:

“Precaution, whether or not described as a formal principle, has served mankind well in the past and the history of public health instructs us to keep the spirit of precaution alive and well”. (Graham 2002).

Graham might have been thinking of the cholera episode of 1854 when precaution did indeed serve the people of London well. Dr. John Snow, a London physician, used the spirit of precaution to advise banning access to the polluted water of the Broad St. pump which he suspected was the cause of the cholera outbreak. He based his recommendation on the evidence he had been accumulating for some years including his study of S. London populations served by both piped and well water. Snow’s views on cholera causation were not shared by The Royal College of Physicians who considered Snow’s thesis and rejected it as ‘untenable’ as they and other “authorities” of the day believed that cholera was caused by airborne contamination. This particular scientific “certainty” soon turned out to be certainly mistaken, with the last remaining doubt being removed when Koch in Germany isolated the cholera vibrio in 1883.

From the *association* between exposure to water polluted with human faeces, and cholera, observed by Snow in 1854, to Koch's discovery of the "*mechanism of action*", took 30 years of further scientific inquiry. Such a long time lag between acknowledging compelling associations and understanding their mechanisms of action is a common feature of scientific inquiry, as the histories of TBT, PCBs, DES, the Great Lakes pollution, beef hormones and the other cases in the EEA report illustrate.

IV. KNOWLEDGE AND IGNORANCE REQUIRES BOTH PREVENTION AND PRECAUTION

The Broad St. pump, TBT, DES, PCBs and Great Lakes Pollution examples described here also serve to illustrate the contingent nature of knowledge. Today's scientific certainties can be tomorrow's mistakes, and today's research can both reduce and increase scientific uncertainties, as the boundaries of the "known" and the unknown expand. Waiting for the results of more research before taking action to reduce threatening exposures may not only take decades but the new knowledge may identify previously unknown sources of both uncertainty and ignorance, as awareness of what we do not know expands, thereby supplying further reasons for inaction. "Paralysis by Analysis" can then follow.

"The more we know, the more we realise what we don't know" is not an uncommon scientific experience. Socrates observed some time ago:

"I am the wisest man alive, for I know one thing, and that is that I know nothing".
(Plato's Apology 1.21).

This was an early lesson in humility that has been lately forgotten by many scientists and politicians, who often put what turns out to be "misplaced certainty" in today's scientific knowledge: or assume that uncertainty can only be reduced, and not increased, by further research.

The distinction between uncertainty and ignorance is important. (Stirling, 1999)
Ignorance is knowing that today's knowledge is very limited: it is the source of scientific surprises, such as the hole in the ozone layer, the mesothelioma cancer from asbestos, imposex in sea snails etc. It is distinct from the uncertainties that arise from

gaps in knowledge and from variances in sampling and monitoring; parameter variability; model assumptions; and from the other attempts to approximate, model and predict unfolding realities.

Foreseeing and preventing hazards in the context of ignorance presents particular challenges to decision-makers. At first sight it looks impossible to do anything to avoid or mitigate “surprises”. And ignorance ensures that there will always be surprises. However, some measures that could help limit the consequences of ignorance and the impacts of surprises are:

- using intrinsic properties as generic predictors for unknown but possible impacts e.g. the persistence, bioaccumulation and spatial range potential of chemical substances. (Stroebe et al., 2004)
- reducing specific exposures to potentially harmful agents on the basis of credible ‘early warnings’ of *initial* harmful impacts, thus limiting the size of any other ‘surprise’ impacts from the same agent, such as the asbestos cancers that followed asbestosis; and the PCB neurotoxicological effects that followed its wildlife impacts.
- promoting a diversity of robust and adaptable technological and social options to meet needs, which limits technological ‘monopolies’ (such as those like asbestos, CFCs, PCBs etc.), and therefore reduces the scale of any ‘surprise’ from any one technological option.
- using more long-term research and monitoring of what appear to be “surprise sensitive sentinels”, such as frogs and fetuses.

A. Prevention and Precaution

The distinction between *prevention* and *precaution* is also important. Preventing hazards from “known” risks is relatively easy and does not require precaution. Banning smoking, or asbestos, today requires only acts of prevention to avoid the well-known risks. However, it would have needed precaution, (or foresight, based on a sufficiency of evidence), to have justified acts to avoid exposure to the then uncertain hazards of asbestos in the 1930s –50s, or of tobacco smoke in the 1960’s). Such precautionary acts then, if implemented successfully, would have saved many more lives in Europe than today’s bans on asbestos and smoking are doing. As

Cogliano has recently pointed out, the difference between prevention and precaution can be further illustrated by showing that *prevention* is used to justify the restriction of exposure to an IARC Category 1 carcinogen whereas *precaution* is necessary to justify restricting exposure to a Category 2A or B carcinogen, where the evidence is less strong. The section below, on different levels of proof, further elaborates this point.

For EMF, the question is, does the existing strength of evidence justify *precautionary* actions now? Or will exposure reduction be delayed until the evidence is clear enough to justify the more belated and overall less protective *prevention* of “known” causes, so that EMF replicates the fate of asbestos, smoking and most of the other cases in the EEA report?

Some commentators, who have a long and distinguished history in preventing occupational and environmental risks, have queried the added value of the precautionary principle in the field of public health, with its long traditions of prevention. (Goldstein, 2007).

The key to understanding the added value of the PP requires a) acknowledging the distinction between prevention and precaution described above; b) an appreciation of the further distinctions between the primary, secondary and tertiary preventative *measures* that have long been adopted in public health, and the prior *justification* for any such measure, which the PP brings; and c) a recognition of the increased legitimacy and transparency that arises from the articulation and adoption of the PP in legal texts, international agreements and conventions, as opposed to being merely part of general practice.

More empirically, the evidence that many scientific disciples, legal scholars (de Sadeleer, 2007), and international policymakers, have, since the 1970s, recognised the need for legitimising the PP as a new policy tool that is better able to deal with systems complexities, ignorance and uncertainties, suggests that the PP brings added value to the protection of the environment and the public.

There is much discussion generated by the different meanings often attached to the common terms “prevention”, “precaution”, “risk”, “uncertainty” and “ignorance”.

Table 1 attempts to clarify these so as to help reduce unnecessary argumentation.

Table 1: Clarification of Key Terms

<i>Situation</i>	<i>State and dates of knowledge</i>	<i>“Nature of the justification for Action”</i>
Risk	‘Known’ impacts; ‘known’ probabilities e.g. asbestos	Prevention: action taken to reduce known hazards e.g. eliminate exposure to asbestos dust
Uncertainty	‘Known’ impacts; ‘unknown’ probabilities e.g. antibiotics in animal feed and associated human resistance to those antibiotics	Precautionary prevention: action taken to reduce exposure to potential hazards
Ignorance	‘Unknown’ impacts and therefore ‘unknown’ probabilities eg the ‘surprises’ of chlorofluorocarbons (CFCs) in 1974	Precaution: action taken to anticipate, identify and reduce the impact of ‘surprises’

Source: Reproduced, with amendment, from the Late Lessons Report, EEA 2001.

V. THE PRECAUTIONARY PRINCIPLE: DEFINITIONS AND INTERPRETATIONS

There are some relatively rare but successful acts of “precautionary prevention” in the EEA report such as on cholera in 1854, on TBT in France in the 1980s, and on CFCs in the 1970s. Together with the many other examples of the failure to use the precautionary principle in the other case studies (EEA, 2001), these illustrate the wisdom of taking appropriate precautionary actions to avoid plausible and serious threats to health or environments, especially when the impacts are irreversible and likely to be much more costly to society than the precautionary measures.

Some commentators have stressed the need for policymakers to take account of the foreseeable, or plausible, countervailing (secondary) costs of otherwise genuine precautionary attempts to protect the environment and health. (Rushton, 2007). This

consideration of countervailing costs has long been recognised by the better policymakers, even if it is difficult in practice to anticipate and account for all consequences of actions. And of course there are the secondary benefits of precautionary actions as well, which tend to be less stressed, such as the benefit of reduced respiratory and cardiovascular disease from the reduced combustion of fossil fuels: a large and early secondary benefit of that climate change measure.

The outcomes of some controversial actions based on the PP, such as the EU ban on antibiotics as growth promoters, which is a Late Lessons case study, have since been scrutinised, and have been considered sound, or unsound, depending on the science used and its interpretation by different interests. (Cox, 2007, Angulo et al., 2004).

Any policy effectiveness analysis of measures taken to deal with such multi-causal and long term hazards as antibiotics as growth promoters is fraught with methodological difficulties and is hampered by long latencies and complex biological systems: untangling the causal impact of one stressor amongst many inter-dependent ones is virtually impossible. The value of applying more probabilistic and value of information data to such conundrums is recognised by many risk managers. However, this cannot remove the need for scientific and political judgment about how to take appropriate and proportionate action in the face of irreducible uncertainties, ignorance and plausible hazards which could have serious, widespread and irreversible impacts and for which probabilities are not possible at the time when they are most needed. This is the current case with many EMF exposures.

A. Some Definitions and Interpretations of the Precautionary Principle

The increasing awareness of complexity and uncertainty during the 1980/90's led to the German debates on the Vorsorgeprinzip shifting to the international level, initially in the field of conservation (World Charter for Nature UN 1982), but then particularly in marine pollution, where an overload of data accompanied an insufficiency of knowledge. (Marine Pollution Bulletin, 1997). This generated the need to act with precaution to reduce the large amounts of chemical pollution entering the North Sea. Since then many international treaties have included the PP (including the often cited version from the Third North Sea Ministerial Conference, 1990, have included

reference to the precautionary principle, or, as they refer to it in the USA, the precautionary approach.

The N.Sea declaration called for “*action to avoid potentially damaging impacts of substances, even where there is no scientific evidence to prove a causal link between emissions and effects*”.

This definition has often, and sometimes mischievously, been used to deride the precautionary principle by claims that it appears to justify action even when there is “no scientific evidence” that associates exposures with effects. However, the N. Sea Conference definition clearly links the words “no scientific evidence” with the words “to prove a causal link”. We have already seen with the Broad St. pump and TBT examples that there is a significant difference between evidence about an “association” and evidence that is robust enough to establish a “causal” link. (Hill, 1965).

The Treaty of the European Union also cites the precautionary principle, as well as the other key principles of sound public policy on health:

“Community policy on the environment ... shall be based on the precautionary principle and on the principles that preventive action should be taken, that environmental damage should, as a priority, be rectified at the source and the polluter should pay” (Treaty on European Union, 1992).

Other parts of the EU Treaty ,and cases taken at the European Court of Justice, make it clear that these principles also apply to environmental and consumer protection issues.

These principles, as well as the important and legally required *proportionality principle*, which limits disproportion between the costs and benefits of prevention, are not defined in the Treaty but are illuminated by their practical application in case law. However, all serious applications of the precautionary principle require some scientific evidence of a plausible association between exposures and current, or potential, impacts.

There is still much disagreement and discussion about the interpretation and practical application of the precautionary principle, due, in part, to this lack of clarity and consistency over its definition. For example, many definitions in the Treaties and Conventions use a double negative to define the precautionary principle: that is, they

identify reasons that cannot be used to justify not acting, but without specifying that a sufficiency of evidence is needed to justify taking action.

B. Reasonable Grounds for Concern?

The Communication from the EU on the precautionary principle (European Commission 2000) does specify that “reasonable grounds for concern” are needed to justify action under the precautionary principle, but it does not make explicit that these grounds will be case specific: nor does it explicitly distinguish between risk, uncertainty and ignorance. Since the EC Communication, the EU Council of Ministers, EU case law, and the regulation establishing the new European Food Safety Authority, EFSA, (General Food Law Regulation, EC No 178/2002), have further clarified the circumstances of use and application of the precautionary principle. For example, the judgement of the European Court of Justice in the BSE case contained a general definition which authoritative commentators think contain many of the necessary elements of the precautionary principle that are applicable in all areas of the EC law:

“Where there is uncertainty as to the existence or extent of risks to human health, the institutions may take protective measures without having to wait until the reality and seriousness of those risks become fully apparent” (Christoforou, 2002).

The WHO Declaration from the Fourth Ministerial Conference on Environment and Health (WHO, 2004a) refers explicitly to the precautionary principle with the recommendation:

“that it should be applied where the possibility of serious or irreversible damage to health or the environment has been identified and where scientific evaluation, based on available data, proves inconclusive for assessing the existence of risk and its level but is deemed to be sufficient to warrant passing from inactivity to policy alternatives” (WHO, 2004b).

The American Public Health Association (APHA) affirmed endorsement of the precautionary principle as a cornerstone of public health for the protection of children’s health. In a 2000 policy statement, the APHA encouraged governments, the private sector and health professionals to promote and use the precautionary principle to protect the health of developing children (APHA, 2001).

C. The EEA working definition of the Precautionary Principle.

The working definition used in the European Environment Agency that has been developed during debates since 2001 is explicit about specifying both uncertainty and ignorance, as contexts for applying the principle, and in acknowledging that a case-specific sufficiency of scientific evidence is needed to justify public policy actions:

‘The Precautionary Principle provides justification for public policy actions in situations of scientific complexity, uncertainty and ignorance, where there may be a need to act in order to avoid, or reduce, potentially serious or irreversible threats to health or the environment, using an appropriate level of scientific evidence, and taking into account the likely pros and cons of action and inaction’ (Gee, 2006).

The definition is also explicit about the trade off between action and inaction, and widens the conventionally narrow, and usually quantifiable, interpretation of costs and benefits to embrace the wider and sometimes unquantifiable, “pros and cons”. Some of these wider issues, such as loss of the ozone layer, or of public trust in science, are unquantifiable, but they can sometimes be more damaging to society than the quantifiable impacts: and they need to be included in any comprehensive risk assessment. The EEA definition is proving to be useful in clarifying the use and interpretation of the PP, especially in emerging issues such as EMF.

VI. DIFFERENT LEVELS OF PROOF FOR DIFFERENT PURPOSES

The level of proof (or strength of scientific evidence) that would be appropriate to justify public action in each case varies with the pros and cons of action or inaction. These include the nature and distribution of potential harm; the justification for, and the benefits of the agent or activity under suspicion; the availability of feasible alternatives; and the overall goals of public policy. Such policy goals can include the achievement of the “high levels of protection” of public health, of consumer safety, and of the environment, required by the EU Treaty.

The use of different levels of proof is not a new idea: societies often use different levels of proof like for different purposes.

For example, a high level of proof (or strength of evidence) such as “beyond all reasonable doubt” is used to achieve good science where A is seen to cause B only when the evidence is very strong. Such a high level of proof is also used to minimise the costs of being wrong in the criminal trial of a suspected murderer, where it is usually regarded as better to let several guilty men go free than it is to wrongly convict an innocent man. However, in a different, civil trial setting, where, say, a citizen seeks compensation for neglectful treatment at work, which has resulted in an accident or ill health, the court often uses a lower level of proof commensurate with the costs of being wrong in this different situation. In compensation cases an already injured party is usually given the benefit of the doubt by the use of a medium level of proof, such as “balance of evidence or probability”. It is seen as being less damaging (or less costly in the wider sense) to give compensation to someone who was *not* treated negligently than it is to *not* provide compensation to someone who was treated negligently. The “broad shoulders” of insurance companies are seen as able to bear the costs of mistaken judgements rather better than the much narrower shoulders of an injured citizen. In each of these two illustrations it is the nature and distribution of the costs of being wrong that determines the level of proof (or strength of evidence) that is “appropriate” to the particular case.

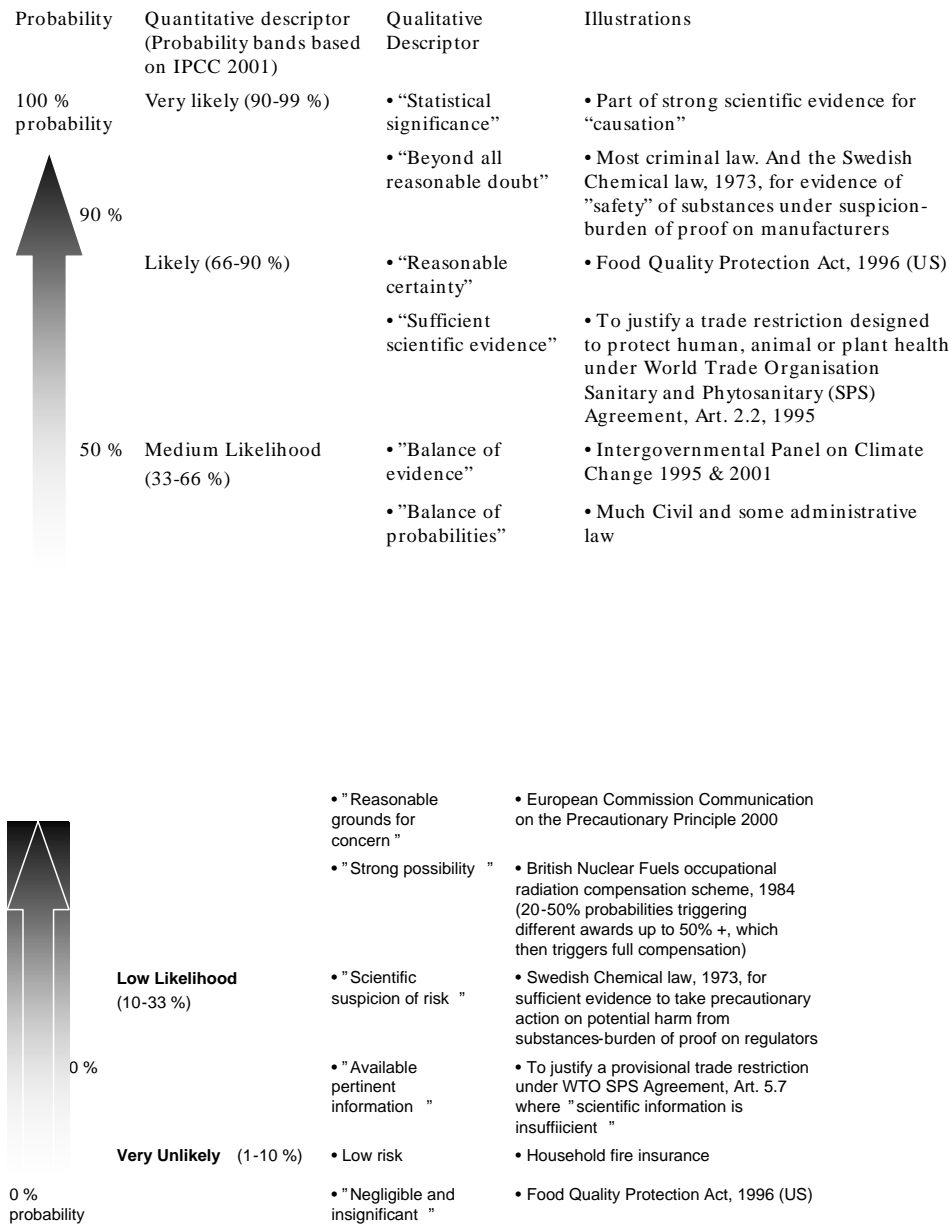
Bradford Hill, cited above, was very concerned about the social responsibility of scientists and he concluded his classic 1965 paper on association and causation in environmental health, which was prepared at the height of the smoking controversy, with a “call for action” in which, *inter alia*, he also proposed the concept of case specific and differential levels of proof. His three examples ranged from “relatively slight” to “very strong” evidence, depending on the nature of the potential impacts and of the pros and cons in each specific case, i.e., possibly teratogenic medicine for pregnant women; a probable carcinogen in the workplace; and government restrictions on public smoking or diets. (Bradford Hill 1965).

Identifying an appropriate level of proof has also been an important issue in the climate change debates. The International Panel on Climate Change (IPCC) discussed

at length this issue before formulating their 1995 conclusion that “on the balance of evidence” mankind is disturbing the global climate. They further elaborated on this issue in their 2001 report where they identified 7 levels of proof (or strengths of evidence) that can be used to characterise the scientific evidence for a particular climate change hypothesis.

Table 2 provides the middle 5 of these levels of proof from the IPCC and illustrates their practical application to a variety of different societal purposes. In the cancer field the International Agency for Research on Cancer also uses several strengths of evidence to characterise the scientific evidence on carcinogens. (Cogliano, 2007)

Different Levels of Proof for Different Purposes: Some Examples and Illustrations



Source: EEA, 2001

VII. FALSE NEGATIVES AND FALSE POSITIVES.

All of the 14 case studies (tributyltin or TBT, benzene, PCBs, CFCs, MTBE, SO₂, Great Lakes pollution, DES, and beef hormones, asbestos, medical x-rays, BSE and Fisheries) are all examples of “false negatives” in the sense that the agents or activities were regarded as not harmful for some time before evidence showed that they were indeed hazardous.

We tried to include a “false positive” case study in the report (i.e., where actions to reduce potential hazards turned out to be unnecessary), but failed to find either authors or sufficiently robust examples to use. Providing evidence of “false positives” is more difficult than with “false negatives” (Mazur, 2004). How robust, and over what periods of time, does the evidence on the absence of harm have to be before concluding that a restricted substance or activity is without significant risk?

Volume 2 of “Late Lessons”, which the EEA intends to publish in 2008, will explore the issues raised by false positives, including lessons to be learned from such apparent examples as the EU ban on food irradiation and hazardous labelling on saccharin in the US. The Y2K computer bug story may also carry some interesting lessons.

Why are there so many “false negatives” to write about, and how might this be relevant to EMF? Conclusions based on the first Late lessons volume of case studies point to two main answers: the bias within the health and environmental sciences towards avoiding “false positives”, thereby generating more “false negatives”, and the dominance within decision-making of short-term, specific, economic and political interests over the longer term, diffuse, and overall welfare interests of society.

The latter point needs to be further explored, particularly within the political sciences. Researchers could examine the ways in which society’s long-term interests can be more effectively located within political and institutional arrangements that have, or could have, an explicit mandate to look after the longer term welfare of society, and thereby to better resist the short-term pressures of particular economic or political interests. The judiciary in democracies can play part of this role, as can long running

and independent advisory bodies, such as the Royal Commission on Environmental Pollution (UK), or the German Advisory Council on Global Change.

The current and increasing dominance of the short-term in markets and in parliamentary democracies makes this an important issue. The experiments we are conducting with planet earth, its eco-systems and the health of its species, including humans, require, *inter alia*, more long-term monitoring of “surprise-sensitive” parameters which could, hopefully, give us early warnings of impending harm. Such long-term monitoring requires long-term funding, via appropriately designed institutions: such funding and institutions are in short supply. The case studies in Vol. 1 of “Late Lessons” illustrate both the great value, (e.g. in the TBT, DES, Great Lakes and CFCs stories), yet relative paucity, of long-term monitoring of both health and environments. Such monitoring can contribute to the “patient science” that slowly evolving natural systems require for their better understanding.

Since the publication of “Late Lessons” we have further explored the second cause of “false negatives” i.e. the issue of bias within the health and environmental sciences. Table 3 lists sixteen common features of methods and culture in the environmental and health sciences and shows their main directions of error. Of these, only three features tend towards generating “false positives” whereas twelve tend towards generating “false negatives”. (Clearly, the weighting of these different biases would be the next step but has not yet been tried).

ON BEING WRONG:**Environmental and Health Sciences and Their Directions of Error**

SCIENTIFIC STUDIES	SOME METHODOLOGICAL FEATURES	MAIN¹ DIRECTIONS OF ERROR-INCREASES CHANCES OF DETECTING A:
Experimental Studies (Animal Laboratory)	<ul style="list-style-type: none"> • High doses • Short (in biological terms) range of doses • Low genetic variability • Few exposures to mixtures • Few Foetal-lifetime exposures • High fertility strains 	<ul style="list-style-type: none"> • False positive • False negative • False negative • False negative • False negative • False negative (Developmental/reproductive endpoints)
Observational Studies (Wildlife & Humans)	<ul style="list-style-type: none"> • Confounders • Inappropriate controls • Non-differential exposure misclassification • Inadequate follow-up • Lost cases • Simple models that do not reflect complexity 	<ul style="list-style-type: none"> • False positive • False positive/negative • False negative • False negative • False negative • False negative
Both Experimental And Observational Studies	<ul style="list-style-type: none"> • Publication bias towards positives • Scientific cultural pressure to avoid false positives • Low statistical power (e.g. From small studies) • Use of 5 % probability level to minimise chances of false positives 	<ul style="list-style-type: none"> • False positive • False negative • False negative • False negative

Source: Gee, 2006

¹ Some features can go either way (e.g. inappropriate controls) but most of the features mainly err in the direction shown in the table

The general bias towards the null helps to produce robust science, basing it on strong foundations of knowledge, but this bias can encourage poor public health or environmental policy. The goals of science and public policy-making on health and environmental hazards are different: science puts a greater priority on avoiding “false positives” by accepting only very high levels of proof of “causality”, whereas public policy tries to prioritize the avoidance of “false negatives” on the basis of a sufficiency of evidence of potential harm.

Table 3 is derived from papers presented to a conference on the precautionary principle organised by the Collegium Ramazzini, the EEA, the WHO and NIEHS in 2002. (Grandjean et al., 2003). It provides a first and tentative step in trying to capture and communicate the main directions of this bias within the environmental and health sciences, a bias which decision makers and the public should be aware of. As they debate the evidence on emerging hazards such as EMF.

The appropriate balance between false negatives and positives was addressed at a JRC/EEA workshop on the precautionary principle and scientific uncertainty which was held during the “Bridging the Gap” Conference, 2001, organised by the Swedish Presidency of the EU, in partnership with the EEA and DG Research. It drew the following conclusion:

“Improved scientific methods to achieve a more ethically acceptable and economically efficient balance between the generation of “false negatives” and “false positives” are needed”. (Swedish EPA 2001).

VIII. SOME CRITERIA FOR ESTABLISHING CAUSATION

Bradford Hill established nine criteria for helping to move from association to causation in environmental health which have been, and still are, widely used in debates on issues such as EMF

Two of the apparently more robust of the “criteria” may not be so robust in the context of multi-causality, complexity and gene/host variability.

For example, “*consistency*” of study findings is not always to be expected. As Prof. Needleman, who provided the first of what could be called the second generation of early warnings on lead in petrol in 1979 has observed:

“Consistency in nature does not require that all or even a majority of studies find the same effect. If all studies of lead showed the same relationship between variables, one would be startled, perhaps justifiably suspicious” (Needleman , 1995).

It follows that the *presence* of consistency of results between studies on the same hazard can provide robust evidence for a causal link, but the *absence* of such consistency may not provide very robust evidence for the absence of a real association. In other words, the “criterion” of consistency is asymmetrical, like most of the other Bradford Hill “criteria”.

Similarly, the criterion of “*temporality*”, which says that the putative cause X of harm Y must come before Y appears, is robust in a simple, uni-causal world. In a multi-causal, complex world of common biological end points that have several chains of causation this may not necessarily be so. For example, falling sperm counts can have multiple, co-causal factors, some of which may have been effective at increasing the incidence of the biological end point in question in advance of the stressors in focus, thereby confusing the analysis of temporality. The resulting overall sperm count trends could then be rising, falling or static, depending on the combined direction and strengths of the co-causal factors and the time lags of their impacts. It follows that say, chlorine chemicals, may or may not be co-causal factors in falling sperm counts: but the use of the “temporality” argument by the WHO, who observed that sperm counts began to fall before chlorine chemistry production took off, does not provide robust evidence that they are not causally involved.

The presence of “temporality”, like “consistency” may be robust evidence *for* an association being causal, but its *absence* may not provide robust evidence *against* an association. Bradford Hill was explicitly aware of the asymmetrical nature of his “criteria”: his followers have not always been so aware.

During 2005, the 40th anniversary year of the Bradford Hill “criteria”, the EEA convened a panel of experts to review the “criteria” and their use in light of advances in knowledge, particularly multi-causality, since 1965. A report will be published in 2007.

How this goal can be achieved without compromising science remains to be explored, (Grandjean 2004; Grandjean et al., 2004). It is clearly necessary, particularly when dealing with EMF, for scientific methods to not only take account of this false negative/positive bias in methodologies but also to more clearly reflect other realities such as multi-causality; thresholds; timing of dose; sensitive sub-populations, such as children, (Jarosinska and Gee, 2007); sex, age, and immune conditions of the host; information physics; effects below the thresholds of “acute” impacts, such as tissue heating; non-linear dose/response relationships; “low dose” effects; and the effects arising from disturbing the balance between opposing elements in complex biological systems. The evidence on EMF needs to take full account of these realities, as well as of the methodological biases of Table 3.

IX. PUBLIC PARTICIPATION IN RISK ANALYSIS

Choosing an appropriate level of proof for a particular case is clearly based, *inter alia*, on value judgements about the acceptability of the costs, and of their distribution, of being wrong in both directions, i.e. of acting or not acting to reduce threatening exposures. This is why it is necessary to involve the public in decisions about serious hazards and their avoidance: and to do so for all stages of the risk analysis process.

Three of the “twelve late lessons” (number 5, number 9 and number 10) explicitly invite early involvement of the public and other stakeholders at all stages of risk analysis, a development which has been actively encouraged in many other influential reports during the last decade. (NRC 1994; US Presidential Commission on Risk Assessment and Risk Management 1997; Royal Commission on Environmental Pollution 1998; CEC Communication on the Precautionary Principle 2000; German Advisory Council on Global Change 2001).

The best available science is therefore only a necessary but not a sufficient condition for sound public policy making on potential threats to health and the environment. Where there is scientific uncertainty and ignorance “it is primarily the task of the risk managers to provide risk assessors with guidance on the science policy to apply in their risk assessments.” (Christoforou, 2003). The content of this science policy advice, as well as the nature and scope of the questions to be addressed by the risk

assessors, need to be formulated by the risk managers and relevant stakeholders at the initial stages of the risk analysis.

Involving the public in not only all stages of risk analysis, but also in helping to set research agendas and technological trajectories, (Wilsdon and Willis, 2004) is not easy. Many experiments, in both Europe and the USA, with focus groups, deliberative polling, citizens' juries, and extended peer review, (Funtovicz and Ravetz, 1990/92) are exploring appropriate ways forward.

The issue of time is also a critical issue for risk analysis and application of the precautionary principle. For example, the time from the first scientifically based early warnings (1896 for medical X rays, 1897 for benzene, 1898 for asbestos) to the time of policy action that effectively reduced damage was often 30-100 years. Some consequences of the failures to act in good time (e.g. on CFCs or asbestos) continue to cause damage over even longer time periods. For example, the ozone hole will cause many thousands of extra skin cancers in today's children but the cancers will only peak around the middle of this century because of the long latent period between exposure and effect. Such long-term but foreseeable impacts raise liability and compensation issues, including appropriate discount rates (if any) on future costs and benefits, which being value-laden choices, need also to be discussed by stakeholder groups. Again, experience in the climate change field with these long-term issues may be helpful in managing them with respect to electromagnetic fields (ELF and RF).

The wider involvement of stakeholders has also been recognised more recently by the International Risk Governance Council (IRGC, 2005) and the EU report on Science and Governance, (Wynne et al., 2007). Whether wider involvement of stakeholders results in better and more acceptable decisions needs to be studied: early indications (Beierle, 2002), and lessons from history, suggests that is. In many cases several decades will be necessary to confidently judge outcomes, given latencies and complexities.

X. SOME EXAMPLES OF EARLY WARNINGS

The 14 case studies in the Late Lessons Report (EEA 2001) include examples some chemicals (tributyltin or TBT, benzene, PCBs, CFCs, MTBE, SO₂ and Great Lakes pollution); two other pharmaceuticals (DES, and beef hormones); two physical agents (asbestos and medical x-rays); one pathogen (BSE); and Fisheries (overfishing).

The main issues discussed so far, such as the contingent nature of knowledge; ignorance and “surprises”; appropriate levels of evidence for policy actions; and public participation in risk analysis are critical to the successful application of both scientific knowledge and the precautionary principle to public policy-making. They are therefore relevant to discussions about the potentially new hazards that are now emerging e.g. from nanotechnology, (Royal Society 2003); from the non-ionising radiations arising from the use of mobile phones, (Stewart Reports 2000, 2004), and from endocrine disrupting substances or EDSs. (WHO, 2002).

With such newly emerging hazards it can be helpful to use historical examples to illustrate what a scientifically based early warning looks like as it is often difficult to properly recognise such warnings at the time they occur. A good example is that provided by the UK Medical Research Council’s Swann Committee in 1969. They were asked to assess the evidence for risks of resistance to antibiotics in humans following the prolonged ingestion of trace amounts of antibiotics arising from their use as growth promoters in animal feed. (Edqvist and Pedersen 2001). They concluded that:

“Despite the gaps in our knowledge .. we believe ... on the basis of evidence presented to us, that this assessment is a sufficiently sound basis for action .. The cry for more research should not be allowed to hold up our recommendations’ ‘sales/use of AFA should be strictly controlled via tight criteria, despite not knowing mechanisms of action, nor foreseeing all effect”. (Swann 1969).

A. Antibiotics in Animal Feed

The Swann Committee also concluded that it would be more rewarding and innovative to improve animal husbandry as a means of encouraging disease free animal growth rather than to the cruder approach of diets containing antimicrobials. Despite the gaps in knowledge, the need for much more research, and considerable ignorance about the mechanisms of action, a sufficiency of evidence was identified and described by the Swann Report that justified the need for public authorities to restrict the possibility of exposures to antibiotics from animal growth promoters. This early warning was initially heeded, but was then progressively ignored by the pharmaceutical companies and regulatory authorities, who wanted more scientific justification for restricting anti-microbial growth promoters. However, in 1985 in Sweden, and then in the EU in 1999, the use of antibiotics as growth promoters was finally banned. Pfizer, the main supplier of such antibiotics in Europe, appealed against the European Commission banning decision, pleading, *inter alia*, an insufficiency of scientific evidence. They lost this case at the European Court of Justice (Case T-13/99-Pfizer 2002), a case which further clarified the proper use and application of the precautionary principle in circumstances of scientific uncertainty and of widespread, if low, public exposures to a potentially serious threat.

B. Lead in Gasoline

A US example of an early warning comes from the lead in gasoline story: a warning that was largely ignored for over 50 years, resulting in much damage to the intelligence and behaviour of children in America, Europe and the rest of the motorised world. Yandell Hendersson, Chair of the Medical Research Board, US Aviation Service, who had been asked to look at the scientific evidence on the possible hazards of tetraethyl lead during the temporary ban on lead in petrol, in 1925, concluded:

“It seems likely that the development of lead poisoning will come on so insidiously that leaded gasoline will be in nearly universal use ... before the public and the government awakens to the situation”. (Rosner and Markowitz, 2002).

Motorised societies would have gained much in dollars, brainpower and social cohesion had they heeded this foresight.

C. Tributyltin (TBT) – A Marine Antifoulant for Ships

The case study on tributyltin (TBT) and DES illustrate the surprises that arise from real life complexities and which may carry some lessons for the EMF debate. For example, the unfolding of the TBT story was accompanied by an increased appreciation of scientific complexity arising from the discoveries that adverse impacts were caused by very low doses (i.e. in parts/trillion); that high exposure concentrations were found in unexpected places e.g. in the marine micro-layer; and that bioaccumulation in higher marine animals, including sea-food for human consumption, was greater than expected. The early actions on exposure reduction in France and the UK in 1982-85 were based on a ‘strength of evidence’ for the ‘association’ only: knowledge about ‘causality’, ‘mechanisms of action’ and other the complexities above came much later.

We were lucky in some ways with the TBT story: a highly specific, initially uncommon impact (imposex) was quickly linked to one chemical, TBT. This relatively easily identified linkage is not likely to be repeated for the more common and multi-causal impacts where, for example, neurodevelopmental diseases and dysfunctions, or common cancers, are the impacts under suspicion.

D. Diethylstilbestrol (DES)

Key lessons from the DES story are also instructive, as it provides the clearest example of endocrine disruption in humans. Diethylstilbestrol, commonly referred to as DES, is a synthetic estrogen . It was originally prescribed to prevent miscarriage, but did not. Later, sons and daughters of mothers given DES to prevent miscarriage developed cancers, reproductive tract anomalies, and had more pre-term babies themselves as a result. The effects of DES include the absence of visible and immediate teratogenic effects **not** being robust evidence for the absence of reproductive toxicity; and the ‘timing of the dose clearly determining the poison’, in contrast to the ‘dose determines the poison’ dictum of Paracelsus. Timing is also relevant to other biological end points:

"the time of life when exposures take place may be critical in defining dose-response relationships of EDSs for breast cancer as well as for other health effects",
(WHO/IPCS, 2002).

Although the exposure levels were higher than the usual environmental levels of other EDSs, the DES story provides a clear warning about the potential dangers of perturbing the endocrine system with synthetic chemicals.

With over 20,000 publications, DES is now a well-studied compound, yet many doubts persist about its mechanisms of action. Since no dose-effect relationship has been found in humans, it cannot be excluded that DES could have been toxic at low doses, and that other less potent xenoestrogens could have similar effects.

If we still have few certainties about DES after so much time and research, what should our attitude be towards emerging hazards, such as other endocrine disrupting substances (EDSs) and EMF?

XI. CONCLUSION

The lessons of history from the EEA report, and subsequent debates and events, indicate that they have much relevance to the EMF issue, as well as to other emerging issues such as nanotechnology, (Royal Society, 2003) and endocrine disrupting substances or EDSs (WHO, 2002). The public health assessment of EMF could apply these lessons, approaches, terms of discussion and interpretations to the precautionary and preventative actions on the different parts of the EMF exposure problem.

There are of course large differences between smoking and EMF. The smoking hazard had at least 10 times the relative risk increase in the exposed population compared to the leukaemia risk from power line exposure; and the size of the smoking exposed population, and its exposure above that needed to generate a doubling of the risk, are both very much greater than with power lines. The larger relative risk for smoking and lung cancer seems to arise from comparing smokers with non, or never, smokers whilst the relative risk of 2 to 3 that arises between moderate and heavy smokers, or between second hand smokers and non smokers, is more relevant to the EMF issue,

where there is an absence of unexposed controls. The lower relative risks of 2 or 3 for EMF are biased towards the null to unknown extent by the absence of such controls (Milham, 1998). However, the parallel between the slow recognition of the smoking hazard and power line EMF hazard is interesting.

The parallel with the history of X rays is also pertinent. The initial discovery, by Alice Stewart in the early 50s, that a few x rays of a pregnant woman in the sensitive period of her pregnancy gave a 2 fold excess of leukaemia, was greeted with much strident disbelief, particularly from the male doctors whose latest toy was under threat. It took another 20 years or so before her result became generally accepted, and only after several negative studies that were conducted in the early response to her study. Many studies of X rays in pregnant women now exist, and, as with the power line studies, the relative risk remains at about 2. (EEA, 2001) What will the history of EMF look like in 2020?

XII. REFERENCES

Angulo, et al., 2004, Antimicrobial use in Agriculture: Controlling the transfer of antimicrobial resistance to humans, *Seminar in Paediatric Infectious Disease*, 15(2), 78-85.

APHA, 2001. The Precautionary Principle and Children's Health. *American Journal of Public Health* March 91, p.20.

Beierle, T.C. The quality of stakeholder-based decisions, *Risk Analysis*, 22(4), 739-749.

Boehmer-Christiansen S. 1994. The Precautionary Principle in Germany: enabling government. In: *Interpreting the precautionary principle* (O'Riordan T. and Cameron J. eds). London: Cameron and May, p. 31-68.

Bradford Hill A. 1965. The Environment and Disease: Association or Causation? *Proceedings of the Royal Society of Medicine* 58: 295-300.

Case C-157/96, BSE, 1998, *European Court Report* 1-2211, Brussels.

Case T-13/99 Pfizer 2002 ECR II-3305 and in Case T-70/99, Alpharma 2002, ECR, II-3495, September 11, 2002.

Christoforou T. 2002. Science, law and precaution in dispute resolution on health and environmental protection: what role for scientific experts? In *Le commerce international des organismes genetiquement modifies*, Centre d'Etudes et de Recherches Internationales et Communautaires, Universite d'Àix-Marseille 111.

Christoforou T. 2003. The precautionary principle and democratising expertise: a European legal perspective, *Science and Public Policy* 30 No 3, June, 205-21, Surrey, England.

Cogliano, V.J. (2007), "The IARC Monographs: a resource for Precaution and Prevention", a Commentary on the Editorial by Martuzzi on "The Precautionary Principle: in Action for Public Health", *oem.bmj.com.*, p569-574.

Cox Jr., L.A., 2007, Does Concern-Driven Risk Management Provide a Viable Alternative to QRA?, *Risk Analysis*, vol 27, No 1.

De Sadaleer, N. (2007), *Implementing the Precautionary Principle : Approaches from the Nordic Countries, EU and USA*, Earthscan, London

Edqvist L, Pedersen KB. 2001. Antimicrobials as growth promoters: resistance to common sense: In *Late lessons from early warnings: the precautionary principle 1896-2000*, Copenhagen, Denmark. EEA 2001.

EEA. 2001. *Late Lessons from Early Warnings. The Precautionary Principle 1896-2000*. Copenhagen, Denmark. European Environment Agency.

European Commission 2000. Communication from the Commission on the Precautionary Principle, COM (2000) 1, Brussels.

European Council 2000). European Council meeting, Nice 7-10 December 2000. Conclusions of the Presidency. Annex III – Council Resolution on the precautionary principle.

Funtowicz S, Ravetz J. 1990. Uncertainty and Quality in Science for Policy, Kluwer Amsterdam.

Funtowicz S, Ravetz J. 1992. Three Types of Risk Assessment and the Emergency of Post-Normal Science: In Social Theories of Risk (S. Krimsky and D. Golding, eds.), 251-273, Praeger, Westport.

Gee D., 2006. Late lessons from early warnings: towards realism and precaution with endocrine disrupting substances. *Environ Health Perspect* 114, Supl. 1, 152-160. General Food Law regulation, EC No 178/2002, Official Journal of the EU, L31, 0.02.2002, Luxembourg.

German Advisory Council on Global Change 2001. Strategies for Managing Global Environmental Risks.

Goldstein, B.D. (2007) , Problems in Applying the Precautionary Principle, Commentary on the editorial on the PP by Martuzzi, *oem.bmj.com*, downloaded on Aug 24th.

Graham J. 2002. Europe's Precautionary Principles: promise and pitfalls, *J of Risk Research* 5, No 4, p. 375.

Grandjean P, Soffriti M, Minardi F, Brazier J. 2003. The Precautionary Principle: Implications for Research and Prevention in Environmental and Occupational Health, *European Journal of Oncology Library Vol 2*, European Ramazzini Foundation, Bologna, Italy.

Grandjean P, Bailar JC, Gee D, Needleman HL, Ozonoff DM, Richter E et al., 2004. Implications of the Precautionary Principle in Research and Policy-Making, *Am. J. Ind. Med.* 45 (4):382-385.

Grandjean P. 2004. Implications of the Precautionary Principle for Primary Prevention and Research, *Annu. Rev. Public Health Vol 25*, 199-223.

IPCC - Intergovernmental Panel on Climate Change. Second Assessment Report – Climate Change 1995. <http://www.ipcc.ch/pub/reports.htm>

IPCC - Intergovernmental Panel on Climate Change. Third Assessment Report – Climate Change 2001. Cambridge University Press <http://www.ipcc.ch/pub/reports.htm>

IRGC, 2005, Risk Governance –Towards an Integrative Approach, IRGC, Geneva.

Jorosinska, D, Gee, D., Children's Environmental Health and the Precautionary Principle, In J. of En. Health, (in press).

Marine Pollution Bulletin 1997. 34, No 9, 680-681

Mazur A. 2004. True Warnings and False Alarms. Evaluating Fears about the Health Risks of Technology, 1948-1971. Resources for the Future, Washington.

Milham S. 1998. Carcinogenicity of Electromagnetic Fields. European Journal of Oncology Vol. 3 #2. Table 14, pages 93-100.

National Research Council. 1994. Science and Judgment in Risk Assessment, National Academy Press, Washington.

Needleman H.L. 1995. Making Models of Real World events: the use and abuse of inference, Neurotoxicology and Teratology, 17, No 3.

Royal Commission on Environmental Pollution 1998. "Environmental Standards", London.

Royal Society 2003. Nanoscience and Nanotechnologies: Opportunities and Uncertainties. London. <http://www.nanotec.org.uk/finalReport.htm>

Rushton, L. (2007), The precautionary Principle in the Context of Multiple Risks, Commentary on the editorial by Martuzzi M. in oem.bmj.com, downloaded on Aug 24th 2007

Sing CF, Stengard JH, Kardia SLR. 2004. Dynamic relationships between the Genome and Exposures to environments as causes of common human diseases.

Chapter in Nutrigenetics and Nutrigenomics World Review of Nutrition and Diet, Basel, Karger, Vol 93, p. 77-91.

Stewart Report 2000 and 2004, Mobile Phones and Health, IEGMP Reports, NRPB. <http://www.iegmp.org.uk/report/text.htm> & http://www.hpa.org.uk/radiation/publications/documents_of_nrbp/pdfs/doc_15_5.pdf

Stirling A. 1999. On science and precaution in the management of technological risk. Final summary report Technological Risk and Uncertainty project, European Scientific Technology Observatory, EC Forward studies unit, Brussels.

Stroebe M, Scheringer M, Hungerbuhler K. 2004. Measures of Overall Persistence and the Temporal Remote State, Environ. Sci. Technol. 2004, 38, 5665-5673.

Swann MM 1969. Report, Joint Committee on the use of Antibiotics in Animal Husbandry and Veterinary Medicine, HMSO, London.
Swedish Environmental Protection Agency 2001:
http://www.naturvardsverket.se/dokument/omverket/forskn/fokonf/dokument/bridging_arkiv/index.htm. [accessed 31 August 2005]

Treaty establishing the European Community (consolidated text), Official Journal C 325 of 24 December 2002 and (http://europa.eu.int/eur-lex/lex/en/treaties/dat/12002E/pdf/12002E_EN.pdf) [accessed 7 September 2005]

UN 1982. World Charter for Nature. UN General Assembly 37th Session (UN/GA/RES/37/ 7), New York

US Presidential/Congressional Commission on Risk Assessment & Risk Management (1997). Framework for Environmental Health Risk Assessment. Final report 1997, Volume 1 <http://www.riskworld.com/Nreports/1997/risk-rpt/pdf/EPAJAN.PDF> [accessed 7 September 2005]

US Surgeon General 1964. Smoking and Health, Dept Health and Human Sciences, Washington.

Vineis P. 2004. A self-fulfilling prophecy: are we underestimating the role of the environment in gene-environment interaction research? *International Journal of Epidemiology* 2004;33:945-946.

WHO, 2004a. Declaration of Fourth Ministerial Conference on Environment and Health, Budapest, Hungary, 23–25 June 2004. Available: <http://www.euro.who.int/document/e83335.pdf> [accessed 03 January 2007]

WHO, 2004 b. Dealing with uncertainty – how can the precautionary principle help protect the future of our children? Working paper for the Fourth Ministerial Conference on Environment and Health, Budapest, Hungary, 23–25 June 2004. Available: <http://www.euro.who.int/document/hms/edoc11.pdf> [accessed 05 January 2007]

WHO 2002. Global Assessment of the State-of-the-Science of Endocrine Disruptors, World Health Organization, Geneva. http://www.who.int/ipcs/publications/new_issues/endocrine_disruptors/en/print.html

Wilsdon J and Willis R. 2004 *See-through Science – why public engagement needs to move upstream*, Demos. London.

Wynne, B. et al., “Science and Governance: Taking European Knowledge Society Seriously”, DG Research, Brussels.