

# Reflection on Risk Analysis

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# Today's lecture is about

*Part 1:* The evolution of safety in nuclear reactor design

- Active, passive and inherently safe reactors
- Different methods of safety improvements

*Part 2:* How to assess the acceptability of risk

- Informed consent
- Risk benefit analysis (and distribution)

# Part 1: The evolution of safety in nuclear reactor design

# Evolution of safety in reactor design

Safety was even important in world's first reactor built by Fermi in 1942



# Evolution of safety in reactor design

Safety has been particularly important after nuclear accidents

- Three Mile Island in 1979: discussions in the US
- Chernobyl in 1986: discussions reached Europe too
- Still unclear how Fukushima affects reactor design philosophy

# Evolution of safety in reactor design

Three safety regimes: (IAEA 1991)

- Active
  - reliance on external mechanisms such as power in accidents
- Passive
  - human intervention unnecessary - natural laws e.g. gravity
- Inherent
  - elimination or exclusion of inherent hazards through design

# Probabilistic Risk Assessments I

Probabilistic Risk Assessments proposed by Rasmussen in 1975

- Mapping all the events that could go wrong
- And assigning probabilities

# Probabilistic Risk Assessments II

Rasmussen calculated the melt-down risk of a reactor:  $5 \times 10^{-5}$

- Or once in every 20,000 reactor years
- Based on 500 reactors, one accident every 40 years



# Probabilistic Risk Assessments III

TMI accident was roughly in line with Rasmussen's estimated risk

What was decisive for designing safer reactors was the anticipated growth

- To possibly 5,000 reactors, thus 10 times more reactors years
- Hence, ten times higher risk of accident: one every 4 years

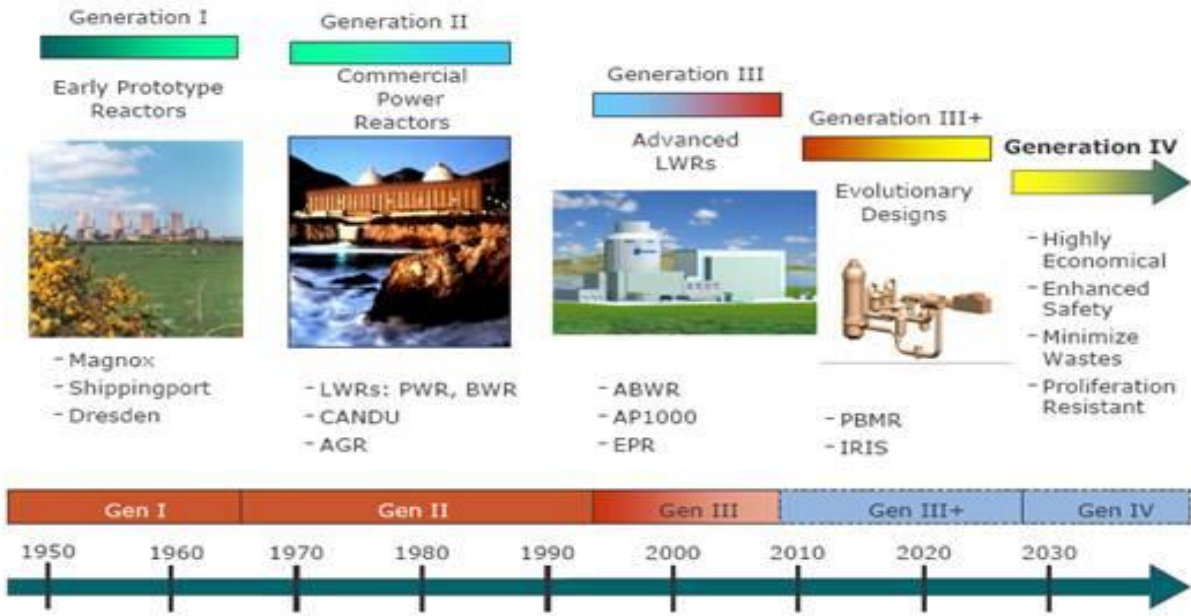
# Two approaches to safer reactors

## **Incremental** changes in the safety

- Taking current designs as the departing point
- And adding safety features (or removing reasons of accidents)

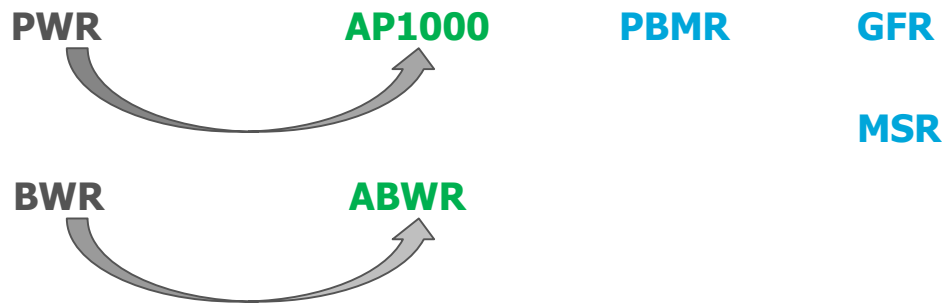
## Taking a **radical** approach to design

- Starting from scratch with safety as leading design criterion



**Green:** incremental improvements

**Blue:** radical design change



## PRA and policy

*PRA, as proposed by Rasmussen, is mainly for identifying and eliminating weaknesses in reactor design*

# PRA and policy

Nowadays, they serve different purposes, mainly in policy

- IAEA: new reactors must have  $CDF < 1$  in 100,000 RY
- Legislators use a variety of such frequencies

In addition to safety, we design reactors for other criteria too

- Security
- Sustainability and resource durability
- Resource durability

# Part 2:

## How to assess the acceptability of risk

# The gap between acceptance and acceptability

*Acceptance refers to public acceptance*

*Acceptability includes broader ethical issues*

- Multidimensionality of risk
- Voluntariness of risk
- Risk benefit distribution

## Reliability of estimated risk

*Both car accidents and nuclear plant melt-down risks in terms of probability times impact*

*How are these risks estimated?*

- The former using statistical data, the latter using many assumptions, models, simulations and expert opinion



# Reliability of estimated risk

## *Bayesian belief in risk estimation*

- Experts with authoritative opinions are asked to assess the risk
- Quantifying risk makes it more tangible, but it adds a subjective element to risk assessment

# Multidimensionality of risk

*Risk has many dimensions (fatalities, injuries etc.)*

*Risk assessments often take fatality as the criterion*

- To avoid discussions on what constitutes an injury
- But, these reduce multidimensional risk to one dimension

# Multidimensionality of risk

*How should we take different risk dimensions into account?*

- How to weight severe injuries and fatalities?
- How many severe injuries equal one death?

# Informed consent

*Many believe that 'consent' is primary ethical criterion*

*Informed consent is the proposed principle*

- The affected parties should be fully informed about the consequences and they should consent to this risk
- This principle is rooted in the moral principle of **autonomy**

# Informed consent

*Informed consent is common in medical ethics*

- The (individual) patient should consent to risk, or veto it

*Ho to apply it to technology and collective risk*

- No *veto* rights could be given to each individual

# Distribution of risks and benefits

*We will discuss the issue of distribution for CBA*

- Hence, a risky treatment should always have benefits

*Distribution also determines acceptability*

- Aggregative methods do not automatically deal with this issue

# Distribution of risks and benefits

*To what extent is the imposition of risk on (a group of) individuals legitimate when the benefits are unevenly distributed*

- In medical ethics this principle is straightforward
- Less straightforward for technological projects and when collective risks involved

# How to deal with uncertainties

Uncertainty and ignorance in technical innovation and application of (new) technology

The Precautionary Principle as a guiding principle

New approaches to the introduction of technology

- New technology as a social experiment that should continuously be evaluated



## In sum,

Part 1: *Safety has always been important in designing nuclear reactors*

- Incremental and radical safety improvements

Other criteria such as security, sustainability are important too

Part 2: *We need to assess societal and ethical issues of risk acceptability*

- Risk distribution
- Informed consent
- The precautionary Principle

**Thank you for your attention!**