

Queen Margaret Hospital Respiratory Medicine

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Dear Ms Jardine

Written Medical Evidence

Damages (Asbestos-Related Conditions) Bill NI 2010

Benign Asbestos Pleural Plaques

The lining inside the chest and over the lung in health is no thicker than a sheet of paper. These two layers are separated by a drop of fluid to lubricate the movements that occur during breathing. Pleural plaques is the name given to patches of marked thickening that maybe a millimetre or two at least on usually the surface lining the chest. These patches of thickening, often irregular in both surface and outline, are the consequence of past, years previously, asbestos exposure. It may well be that the exposure has been long since forgotten, or cannot be remembered, it may well be quite slight. The likelihood of the occurrence of plaques relate a little to the heaviness of exposure and the duration of exposure. Not everyone who is exposed develops even plaques. As years pass following exposure they may become more numerous and collect calcium, calcified. These plaques maybe seen on a chest radiograph x-ray, especially if they have become calcified, and are easier to see on more detailed CT scans that are often performed for other purposes.

In the vast majority of cases they are asymptomatic, without any symptoms. Very occasionally they may cause a grating discomfort or pain as the surfaces move over one another. It is perhaps surprising that this occurrence is so very infrequent. When such an individual's chest is examined by health care worker a few noises may occasionally be heard.

This is the sole direct consequence of these pleural plaques. They are not pre-cancerous. They do not change into cancer or mesothelioma or other malignancy. They do not cause breathlessness. They do not make the development of other asbestos-related conditions more likely. A brief consideration of the other physical consequences of past asbestos exposure is offered below. In contrast to pleural plaques, they all have a burden of, often progressive quantifiable, physical disability and even premature death.

By contrast to the slight physical consequences of plaques, I believe their psychological effects are substantial and often under appreciated. Even when fully and reassuringly informed, individuals are distressed that they have physical abnormalities in their chest as a consequence of past asbestos exposure.

Benign Asbestos Pleural Plaques, continued

The appreciable psychological turmoil of understanding and fear of the possible subsequent developments of other, asbestos-related conditions, that may well be malignant and fatal, is often substantial. Such thoughts are often heightened by memories of past colleagues and friends who have died from the consequences of past asbestos exposure.

Many of the individuals with pleural plaques have contributed through past work in heavy, dirty and often dangerous industries. I believe and respectfully suggest that they deserve some recognition for the risks ran then and still exposed to. After all their past exposure, current evidence and future risk of other asbestos induced diseases including terminal malignancy. There would be no physical disability and psychological distress is difficult to quantify. A modest fixed sum as “no fault” compensation would be a pragmatic way forward.

Other Pleuro-pulmonary Consequences of Past Asbestos Exposure

Benign Asbestos Pleural Thickening occurs relatively early, a couple of decades, after usually heavy exposure. Progressive breathlessness with a collection of fluid then thickening in the pleural space between the lung and chest wall that maybe preceded by pleurisy pain. This remains benign but maybe progressive with breathlessness from restriction of chest movement.

Pleural Malignancy, Mesothelioma. This is the fearful malignancy developing some forty years after exposure that maybe slight. The development of breathlessness and chest discomfort with sweats and weight loss would be a typical picture of presentation as the malignancy spreads around the lining of the chest, constricting the lung and often developing fluid. Although it maybe responsive to some chemotherapy, it is not curable and survival is of the order of twelve-to-eighteen months after diagnosis. Diagnosis may at times be challenging, even a biopsy of the lining of the chest under direct vision may not provide the diagnosis. Many patients become rapidly too ill for that procedure and the diagnosis rests on clinical and supportive radiological test results. There is no blood, urine or pleural fluid marker test that has clinical usefulness currently. Mesothelioma may also rarely occur in the lining of the abdomen, peritoneal, and very occasionally around the male testicle.

Lung Fibrosis, Asbestosis. Heavy exposure can decades later present with breathlessness due to lung scarring. This can progress slowly, well after exposure has ceased. The pattern of lung scarring is identical to other types of lung fibrosis scarring. The diagnosis in life usually depends on obtaining a good occupational history of heavy exposure.

Lung cancer. Exposure to asbestos can cause lung cancer, the presence of tobacco smoke has a multiplying effect on the risk of developing lung cancer. By contrast the risk of developing mesothelioma is unrelated to tobacco use. This combination of tobacco and asbestos is often not well recognised as a cause of an individual’s lung cancer. Exposure needs to be heavy, such as is able to cause lung scarring but scarring need not be present to be able to partially incriminate such industrial exposure.

Industrial Chronic Obstructive Pulmonary Disease (COPD). In addition to tobacco smoking, the exposure to any dusts, fumes or gases increases the risks of development of this common airways disease as a cause of cough and progressive breathlessness. Exposure to asbestos dust is as injurious as any other occupational dust exposure, of which the most well studied and defined is coal mine dust.

Declaration of Interest

Consultant Chest Physician since 1986. Medico-legal including asbestos-related work from 1989. Lead cancer, including mesothelioma clinician, NHS Fife. Director Asbestos Action Tayside charity. Previous written and oral submissions to the Scottish Parliament and Cross Party Committee.

Yours sincerely

COLIN SELBY

Consultant in Respiratory Medicine