

THE WORLD MEDICAL ASSOCIATION, INC.

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Note:	This document was initially proposed by the American Medical Association (AMA) during the Council Session in October 2007, Copenhagen and it has been decided to circulate to the Member Associations for their comments. This revised proposal was prepared by the AMA, considering the comments from the Member Associations. After the consideration by the 179 th Council Session, May 2008, the Council approved this revised version and forwarded to the 2008 General Assembly with the recommendation that it be adopted.

1. Mercury is a naturally occurring heavy metal that is a potent neurotoxin. The most likely routes of human exposure on a population basis are ingestion of methylmercury from contaminated fish. Less commonly, individuals are exposed via inhalation of inorganic mercury vapor after a spill or during a manufacturing process.
2. Mercury has been the ideal choice for use in medical devices that measure temperature and pressure. Therefore, a typical large hospital may have more than a hundred pounds of mercury onsite incorporated into various devices in separate locations.
3. Hospitals and clinics can avoid the occupational or environmental risk of mercury by using products that don't rely on mercury-based technology. Major healthcare institutions around the world have demonstrated that safe, effective alternative products exist, and can be safely used for most situations.
4. Although the rationale for instituting voluntary mercury replacement initiatives is compelling from both occupational and environmental perspectives, financial considerations may ultimately motivate hospitals to undertake a mercury replacement program. Hazardous waste clean-up costs, reporting requirements for spills, disruptions in services, and staff training are costly. The cost of cleaning up one significant contamination can be substantially higher than the cost of converting to mercury-free alternatives.
5. By implementing a "best practices" management method for mercury use, the need for increased government regulations in the future, may be avoided. Such regulations may create costly burdens that some facilities may not be able to meet.

RECOMMENDATIONS

6. The following recommendations are based on the urgent need to reduce both the supply and demand of mercury in the health care sector:

Global

7. The World Medical Association and its member national medical associations should:
 - 7.1 Advocate for the United Nations and individual governments to voluntarily cooperate to implement key features of the United Nations Environment Programme (UNEP) Mercury Programme, which provides a framework for reducing the use, release, trade and risk related to mercury.
 - 7.2 Enhance the activity of existing partnerships.

Regional/National

8. National medical associations should advocate that their governments work to reduce risks related to mercury in the environment by:
 - 8.1 reducing reliance on mercury mining in favor of environmentally-friendly sources of mercury, such as recycled mercury.
 - 8.2 developing options and scientifically sound plans for the long term safe storage of excess mercury supplies.
 - 8.3 urging governments and other stakeholders to continue to enhance their support of the UNEP Mercury Programme partnerships, through the provision of technical and financial resources.
 - 8.4 encouraging a phase-out of mercury use in the health care sector
 - 8.5 designing and implementing regulations and/or requirements designed to significantly reduce mercury emissions from coal combustion and cement production by using specific mercury emission controls.

Local

9. Physicians should:
 - 9.1 Explore eliminating mercury-containing products in their offices and clinical practices, including thermometers, sphygmomanometers, gastrointestinal tubes, batteries, lamps, electrical supplies, thermostats, pressure gauges, and other laboratory reagents and devices.
 - 9.2 Ensure that local hospitals and medical facilities have a plan to identify sources of mercury in their workplace, a commitment to mercury reduction, and a mercury management policy regarding recycling, disposal and education.
 - 9.3 Encourage local hospitals and medical facilities to phase out mercury-containing products and switch to non-mercury equivalents.
 - 9.4 Counsel patients about local and national advisories related to fish consumption designed to limit exposure to mercury in children and women of childbearing age.

