

Can Bronchial Carcinoma be ascribed to Asbestos Exposure for Industrial Disease Compensation Purposes?

In the early 1990s I received an invitation to join the *UK Register of Expert Witnesses*, a publication put together by lawyers for lawyers. I accepted and stipulated breast and cervical cancer and asbestos-related disease as the areas I would advise on in medico-legal litigation and that I was prepared to act on behalf of patients. I had breast and cervical neoplasia publications to back me up and working in Winchester had provided good experience of asbestos-related deaths. Many deaths of former workers in British Rail's workshops in Eastleigh and in the Portsmouth Naval Dockyard, where they had been exposed to asbestos, ended up with our Winchester Coroner and in our autopsy room.

I learnt later that our Coroner had put my name forward to the *UK Register of Expert Witnesses*. He and the Hampshire Constabulary had also asked me to be put forward to act as Home Office Pathologist for Hampshire, but I declined this. I wasn't interested in forensic (crime) pathology and I wished to concentrate on hospital surgical and medical pathology, and not spending a lot of time in Court.

Shortly before returning to Malta in 1995, solicitors in Bristol acting on behalf of the widow of a deceased demolition worker, asked me to review his case. He had made a statement, before he died, claiming he had been heavily exposed to asbestos dust. However, his Bristol Royal Infirmary autopsy report had certified he died from a disseminated bronchial small cell carcinoma. The Bristol Coroner, after questioning the pathologist concerned, therefore concluded that the cause of death was not ascribable to industrial disease, but to a cancer caused by smoking. His widow was therefore not entitled to compensation.

I asked the solicitors to send me the autopsy pathology paraffin blocks from the Bristol hospital because my initial direct request had been ignored. When the blocks arrived and sections cut and stained, there was fortunately enough to go on to try and reverse the Bristol pathology opinion and the Bristol Coroner's judgement.

There is agreement between North American and UK Courts as to which diseases are ascribable to asbestos exposure and the pathological criteria necessary to arrive at such a conclusion of industrial disease. Asbestos exposure is not only an aetiological factor for mesothelioma but also for bronchial carcinoma. But most asbestos-exposed workers have been smokers, so how does one ascribe a bronchial carcinoma to asbestos in a worker who has been a smoker?

The pathological guidelines, which the people at Bristol seemed unaware of, are quite clear. Bronchial carcinoma in a worker who's been a smoker can be ascribed to asbestos exposure if pathological proof of substantial asbestos exposure can be demonstrated. How?

Pathological proof of substantial asbestos dust exposure consists of demonstration of *asbestosis* in lung parenchyma away from the carcinoma, preferably in the other lung. Proving asbestosis means the presence of *frequent asbestos bodies* in the histological sections together with *diffuse pulmonary fibrosis*.

Some months after I returned permanently to Malta the Bristol solicitors acting for the widow thanked me for my report, ascribing her husband's bronchial carcinoma to his substantial asbestos dust exposure, and also passed on the widow's thanks for having subsequently been granted her husband's industrial disease compensation.