Time to Act

Somchai Bovornkitti, MD, FRCP The Academy of Science, The Royal Institute of Thailand, Bangkok

Exaggerated claims of asbestos risks in Thailand first appeared in the media a few years after importation of the mineral for industrial use, and such claims surge from time to time. Pros and cons of the discussions, however, are evidently derived from non-scientific misunderstanding and sometimes fraud, seemingly occurring against a political background which has proven confounding. More recently, arguments have been emerging based on evidence of atmospheric asbestos pollution in Thailand, the results of which did not conform with the incidence of asbestosrelated diseases in the country. Hence, a few skeptical scholarly requests have been made aimed at obtaining information on the genomics and habitats of the victims, such as their susceptibility or whether they have resistant genes or mutations that favor predisposing specific pathologies, such as respiratory cancers, mesotheliomas in particular. The results of postmortem examination of lung tissue for types of

asbestos bodies, to determine whether they are amphibole or chrysotile minerals, have been sought. It is worth noting that information from elsewhere indicated that the needle-like amphibole crystals are indeed pathogenic, but not the common form of the mineral known as white asbestos, or chrysotile, which accounts for almost all of the asbestos used in industry worldwide.

At this point, finally setting aside political decisions, it is the time to act in light of the ample scientific opinion on the industrial uses of chrysotile in this country. The debate should come to an end.

Documents used for this writing:

- Bovornkitti S. Studies on Asbestos Use in Thailand Revisited. Buddhachinaraj Med J 2014; 31: 2-4.
- Bovornkitti S. (Editor). Proceedings of the Forum on the Use of Chrysotile in Thai Industries and Health Impacts. Bangkok: The Royal Institute of Thailand 2014; 112 pages.

- 3. Bovornkitti S. Asbestos Pollution.
 Thammasart Med J 2020; 20: 342.
- 4. Bovornkitti S, Pitulpakorn M. Asbestosrelated Diseases in Thailand: Past Experiences; Current and Future Perspectives. Thammasart Med J 2019; 19: 215-9.
- 5. Incharoen P, Hama T, Arsa L, Kamprerasart S, Wongwichai S, Bovornkitti S, et al. Asbestos burden in the Autopsy Lung Tissue from General Thai Population. The Open Respir Med J 2019; 13:5-10.
- Sriiumpai S, Bovornkitti S, Pacharee P.
 Asbestos Bodies in Randomized
 Autopsied Lungs in Thailand. J Med
 Assoc Thai 1985; 68:174-182.
- 7. Tiamkuo S. Further study on PM2.5 is imperative. TMJ 2020;20: 343.