

The prevention of building related illness – a challenge to the creators or the occupants?



Construction Industry Institute
H O N G K O N G

Professor AJ Hedley¹
Department of Community Medicine, The University of Hong Kong

ABSTRACT

Buildings *may* be the main cause of health problems (*Building Related Illness*) for which a *specific determinant* can be identified and isolated. In many of these cases the causes are associated with fittings, equipment, décor and activities (including risk behaviour) of the occupants, which are not part of the structure. In a minority of cases the term *Sick Building Syndrome* is invoked to describe an apparent cause which we cannot identify and define, other than by labelling the whole building as a “sick” entity.

The identification and prevention of illness in the users of buildings must be founded on sound science. There is a tendency for assumptions to be made that the removal of some identified factors will lead to health improvements – but properly designed enquiries to establish causal associations requires a rigorous epidemiological approach. Some examples of recent work on (a) indoor exposures and (b) risk perceptions and behaviour change will illustrate these points.

KEYWORDS: Building Related Illness, Sick Building Syndrome.

¹ AJ Hedley MD, FHKAM, FRCP, FFPH

Professor Hedley has been chair professor of community medicine in the University of Hong Kong since 1988. He was formerly professor of public health in the University of Glasgow. His main research and public health advocacy interests in recent years have been in the field of environmental health, including outdoor and indoor air pollution, and the prevention of disease caused by tobacco. An important goal of the Department of Community Medicine is to translate epidemiological research findings into public health policy.