

## Climate Change a Worry for Doctors

Despite a wide public acceptance that climate change is a major issue that must be addressed in the interest of the world's environment and future economy it is common to hear health professionals ask what has climate change to do with health. The need to ask this question was hopefully put to rest when the World Health Organization selected "protecting health from climate change" as the theme for World Health Day on April 7 2008. WHO recognized that climate change is posing ever growing threats to global public health security and that "wherever you live, climate change threatens your health"

Nevertheless the implications are difficult to grasp for the consequences are multiple and disparate, some obvious, others complex. Climate change will bring to Australia an increased burden of heat stress, injury from fire and storm, infectious diseases, social disruption and mental illness; in the developing world it will bring famine, water shortage and dislocation of populations with calls to Australia to assist resettlement. But the undoubted coming disruption of ecological services that provide humanity's life support systems is likely to have far reaching health impacts on food and water resources and on the spread of infective disease.

Unfortunately, there are significant hurdles for the profession in garnering interest in the issue. It is an intergenerational problem, one in which we seek to protect the health of future generations that we have not addressed before. In seeking the attention of government it has to compete with the day to day challenges of health service delivery and resources; and there is an underlying difficult political issue impacted upon by the lobbying power of those with vested interests. In some respects the performance of the tobacco lobby has been replayed in denial and subterfuge by the fossil fuel industries.

However, there is increasing recognition that the health professions need to express a commitment to guiding government on the health impacts of climate change and to advise how these might change the clinical practice. A start was made this year when Doctors for the Environment Australia presented its report, Climate Change Health Check 2020 <http://www.dea.org.au/>

We also need to recognise that there are health implications in pending government decisions on infrastructure deployment and the introduction of an Emissions Trading Scheme (ETS). The science is unequivocal that emissions must be curtailed urgently to reduce the possibility of dangerous climate change. This urgency demands an ETS commencing in 2010 with a target of 20% or preferably 25% by 2020, success is likely if renewable energy sources are dispensed aggressively.

Renewable energy is non-polluting and it reduces reliance on fossil fuels which emit carbon dioxide and many other pollutants which are responsible for much cardio-respiratory disease. Renewable energy is decreasing in cost and creates many more jobs per equivalent amount of power than does fossil fuel. It can be used as a distributed energy source, a positive for social welfare and health as it distributes employment opportunities to regional and rural centres. Such support is integral in addressing the burden of stress, depression and suicide which is increasingly prevalent in our communities. It is important that renewable energy is at the forefront of our government's infrastructure proposals. Renewable installation would also be promoted by a feed-in tariff and this can offer additional succour to regional and rural communities by providing a steady, though small, financial return.

Energy saving will also contribute to achieving a 25 % reduction in emissions by 2020, and here the health professions can play a significant role. Many health professionals report that energy wastage in hospitals is prodigious, yet officially it is being successfully addressed in public hospitals. The overall situation in private hospitals is unclear. In our clinics and homes we can effect energy saving, and offer leadership to others with educational material in our practices. This emphasises climate change as a health issue that will affect everyone.

There remains the question as to how much the professions should involve themselves in issues that are in the national political domain. Organisations like the AMA and some medical colleges have made statements seeking action on climate change. When we see health implications in government policy we must all be involved. There is no philosophical difference between our need to advocate measures in climate change and our need to define and prescribe life style changes for the control of obesity; indeed there is a significant coincidence between measures necessary to avoid obesity and those which can reduce green house emissions.

We must act now, for in the words of the French philosopher, Paul Valéry,  
"The future, like everything else, is not what it used to be".

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