

**Giving climate change the right health treatment.
(with George Crisp and David King)
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Leading public health organisations and the peer reviewed health literature have increasingly recognised the serious impacts for our health and quality of life should we fail to tackle climate change.

This has been reflected in the increasing number and urgency of advisories from peak health authorities and prestigious medical journals over the last decade.

The prestigious journal, *The Lancet*, has published a series under the overarching statement “climate change is the greatest threat to human health in the 21st century.” The World Health Organisation has attributed more than 140 000 excess deaths annually from climate change since 2004 and noted that many of the major killers – such as diarrhoeal diseases, malnutrition, malaria and Dengue fever – are highly climate-sensitive, therefore expected to worsen with further climate change.

Australia is not immune and has already experienced increased morbidity and mortality from additional heat related deaths, increased health problems from extreme weather events and increased mental health burden in rural areas from financial stress from failed crop harvests.

In effect, a challenge has been thrown down to all doctors to educate themselves, their patients and governments about the many serious health impacts that will befall humanity if we do not aggressively tackle climate change.

It is the role of our professional medical colleges to first and foremost examine and evaluate the relevant evidence as it applies to their area of health, and then use their expertise to advise accordingly. Like governments, the colleges have recognised that climate change is a current and growing health problem, but have failed to recognise its urgency and magnitude, and the scale of the response required. The chair of the Royal Australasian College of Physicians' (RACP) climate committee [resigned](#), presumably over the College's performance.

A recent press release from RACP, while acknowledging climate change and its impacts, was contentious to many doctors. Its main focus appeared to warn of the adverse health impacts of a carbon tax in disadvantaged groups. Since the government had already promised a compensation package for disadvantaged

groups, some doctors saw this as an unnecessary distraction from the main issue of getting a mechanism for reduced emissions to benefit the health of the entire population.

In contrast to our colleges, our peers overseas have been far more decisive and forthright. The Royal College of Physicians in London established the [Climate and Health Council](#), with international committee members including one of this article's authors. The American Medical Association has hosted three state-based professional [medical education courses on climate change](#) with more to follow, and has been emphasising the public health benefits of reducing greenhouse gas emissions.

The emergence of [Doctors for the Environment Australia](#) (DEA), with its main agenda being health and climate change, can be seen as a reflection of inadequate advocacy elsewhere in Australian medical organisations. Recently DEA used the words: “A price on carbon is a public health measure”. This is not a (party) political statement; rather, it is based on the fact that, in a market economy, pricing carbon is one key component in driving decarbonisation, and that climate change is an established public health problem.

It is now vital to recognise that global environmental changes such as climate change, biodiversity loss, and degradation of ecosystems on land and in the oceans are the major determinants of sustainability and of future population health and survival. In medical terms these are the life support systems for humanity and are therefore an integral part of medical teaching and action.

However, climate change is not a simple problem, such as smoking causing lung cancer. It is more complex and goes to the core of our modern high-consumption and energy intensive lifestyles; it demands fundamental re-evaluation of our values and our way of life, which we all, doctors included, find confronting.

Many political statements from elected representatives indicate a profound lack of understanding of the global and medical impacts of climate change. The RACP has the knowledge, wisdom and financial resources to offer scientific and medical acumen to all governments in carrying forward the necessary national reforms. To those doctors who have read the climate change literature, the health risks appear greater than arise from most of the conditions for which we currently treat our patients. Thus it is imperative that our medical colleges convey this health risk to governments.

The present public difficulty in climate change policy does not seem to arise from the integrity of the science; rather, it indicates divergent views on advocacy. As a goal, several Royal Colleges working together and producing clear advice to governments could be a powerful force in protecting the health of future generations.

The face of public health in Australia should include the illness and mortality caused by the coal industries and the potential health impacts from coal seam gas developments. These are some of the climate-related issues that the medical profession is neglecting in its advocacy.

Nevertheless these topics are at the fore in the advocacy of [Doctors for the Environment Australia](#), with programs to visit members of parliament, develop environment and health policies, contribute submissions to Parliaments regarding potential health impacts of major developments and develop educational material for the public.

We call on the Royal Colleges to stand up and take a lead in addressing the greatest health threat of the 21st century.

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