

Politicians must heed health effects of climate change

The UCL *Lancet* Commission on climate change and health (May 16, p 1693)¹ concludes: "Climate change is the biggest global health threat of the 21st century". In this report, the authors emphasise not only the immediacy and gravity of this threat, but also the directness: while the poorest in the world will be the first affected, none will be spared. The escalating carbon footprint of the developed world has led to the present situation, but the rapid impact on developing countries such as the encroaching deserts in Africa is the immediate price.

This is one reason why doctors must take a lead in speaking out. Another is that there are important co-benefits of tackling climate change for those with long-term conditions in the developed world, such as those that come from more exercise with less use of cars and dietary change with reduced meat consumption. In December of this year, world governments meet in Copenhagen, Denmark, to negotiate a new UN Framework Convention on Climate Change. There is a real danger that politicians will be indecisive, especially in such turbulent economic times as these. Should their response be weak, the results for international health could be catastrophic. Doctors are still seen as respected and independent, largely trusted by their patients and the societies in which they practise. As leaders of physicians across many countries, we call on doctors to demand that their politicians listen to the clear facts that have been identified in relation to climate change and act now to implement strategies that will benefit the health of communities worldwide.

We declare that we have no conflicts of interest.

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Health and climate change



Expectations are running high for the UN climate change conference in Copenhagen this December. But will we get the global commitment for radical cuts in CO₂ emissions that the world so urgently needs? The scientific evidence that global temperatures are rising and that man is responsible has been widely accepted since the 2007 report by the Intergovernmental Panel on Climate Change.¹ There is now equally wide consensus that we need to reduce CO₂ emissions to at most 50% of 1990 levels by 2050,² if we are to have even a 50% chance of preventing temperatures exceeding preindustrial levels by more than 2°C, considered by many to be the tipping point for catastrophic and irreversible climate change. The economic argument that taking action now rather than later will be cheaper is also widely accepted after the Stern report in 2006.³ The election of President Barack Obama has shifted US policy from seeking to block an agreement to seeking to find one.

So the chances of success should be good. But the politics are tough. The most vocal arguments are about equity: the rich world caused the problem: why should the poor world pay to put it right? Can the rich world do enough, through its own actions and through its financial and technological support for the poor, to persuade the poor to join in a global agreement? The present economic climate does not help, giving rich world sceptics arguments for not acting—or at least not acting now. And the sensitive issue of population stabilisation continues to slip off the agenda but is crucial to achieving real reductions in global CO₂ emissions.

These arguments need to be addressed head on. Climate change is global. Emissions know no frontiers. And the necessary measures should be seen not as a cost but as an opportunity. Coal-fired power stations pollute the atmosphere and worsen health. So does the internal combustion engine. Deforestation destroys biodiversity. Saving energy helps hard-pressed household budgets. Drought-resistant crops help poor farmers. So even without climate change, the case for clean power, electric cars, saving forests, energy efficiency, and new agricultural technology is strong.⁴ Climate change makes it unanswerable.

The threat to health is especially evident in the poorest countries, particularly in sub-Saharan Africa, as the recent report by *The Lancet* and the University College

London Institute for Global Health Commission shows.⁴ These countries are struggling to meet the Millennium Development Goals (MDGs). Their poverty and lack of resources, infrastructure, and often governance, make them far more vulnerable to the effects of climate change. Warmer climate can lead to drought, pressure on resources (particularly water), migration, and conflict. The conflict in Darfur is as much about pressure on resources as the desert encroaches as about the internal politics of Sudan. And the implications for the health of local populations are acute—on the spread and changing patterns of disease, notably water-borne diseases from inadequate and unclean supplies, on maternal and child mortality as basic health services collapse, and on malnutrition where food is scarce.⁵ And population stabilisation will not be achieved if, for want of resources, girls are not educated and contraceptives are unavailable.⁶

Climate change is causing other kinds of extreme weather events too: storms, floods, and rising sea levels affecting coastal populations and islands.⁷ Every such event has adverse consequences for health. The poorer the country and its infrastructure, the worse are the consequences, and the poorer the chances of meeting the MDGs.

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Crucially for winning hearts and minds in richer countries, what is good for the climate is good for health. The measures needed to combat climate change coincide with those needed to ensure a healthier population and reduce the burden on health services. A low-carbon economy will mean less pollution. A low-carbon diet (especially eating less meat) and more exercise will mean less cancer, obesity, diabetes, and heart disease.⁴ Opportunity, surely, not cost.

This is an opportunity too, to advance health equity—increasingly seen as necessary for a healthy and happy society. If we take climate change seriously, it will require major changes to the way we live, reducing the gap between carbon-rich and carbon-poor within and between countries. The Commission on Social Determinants of Health said that action to promote health must go well beyond health care.⁸ It must focus on the conditions in which people are born, grow, live, work, and age, and on the structural drivers of those conditions—inequities in power, money, and resources. These insights give further confirmation that what is good for the climate is good for health.

A successful outcome at Copenhagen is vital for our future as a species and for our civilisation. It will require recognition by the rich countries of their obligations to the poor; and recognition by the poor countries that climate change is a global problem that requires a global solution in which we all have to play a part. It will require a new mindset: that the measures needed to mitigate the risks of climate change and adapt to its already

inevitable effects provide an opportunity to achieve goals that are desirable in their own right—the achievement of the MDGs in poor countries and a healthier, more equal society in the rich world and globally. Failure to agree radical reductions in emissions spells a global health catastrophe, which is why health professionals must put their case forcefully now and after Copenhagen.⁹

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