

PLANETARY HEALTH INEQUITY: POLITICAL WILL AND A "SOCIAL VACCINE"

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ADDRESSING the social determinants and the structural consumptogenic system is critically important if we are to avert a planetary health inequity crisis as climate change deepens, according to the author of a Perspective published today by the *Medical Journal of Australia*.

Professor Sharon Friel, ARC Laureate Professor of Health Equity and Director of the Planetary Health Equity Hothouse and Menzies Centre for Health Governance at the Australian National University, wrote that there was "nothing theoretical" about the manifestations of social inequities and their impacts on Australians' health.

"Every day, people living in Australia embody stark inequities in income, working conditions, lived environment, and access to quality health and social care," she wrote.

"People embody these inequities, which makes them sick and contributes to high levels of premature death.

"In 2017, 17% of Victorians reported high psychological distress. In 2020, that rose to 44% and to 60% among those who lost their jobs.

"Across Australia, people living in the lowest socio-economic quintile had mortality rates twice as high as those in the highest quintile, and these inequities widened between 2011 and 2016."

Climate change disasters, such as the fires, hail, floods and droughts experienced by Australians in recent years, "affect everyone, but not everyone experiences them equally", Professor Friel wrote.

"Affluent people can afford to live in insulated buildings with air conditioning and air purifiers, or add flood proofing and extra drainage.

"Meanwhile, people who are poor, older individuals, people with disabilities, and those who are socially marginalised are the least able to adapt to the changing climate, unable to escape the fires and heat, and live in dwellings and environments that amplify its effects.

"As has happened in other countries experiencing similar impacts from climate change, having lost homes and livelihoods, and fearful for the future, some people may leave their communities and perhaps the country," Professor Friel wrote.

"This will exacerbate inequities, with those who have more financial and social capital having more options – wealthy Australians are already buying land in Tasmania to escape the worst ravages of climate change. For people living in caravan parks in Lismore, New South Wales, having insurance is a stretch. Moving is not an option."

Professor Friel described the common drivers of climate change and health inequity as having major structural forces – "power asymmetries between actors, institutions and ideas, a neoliberal fetishism of market forces and individualism, hyperglobalisation, and the associated norms and values that permeate institutions and communities affect policy decisions that structure society and differentially affect daily living conditions and, ultimately, health".

"These structural social determinants of health inequity overlap substantially with the drivers of climate change and can be described collectively as the global 'consumptogenic system'," she wrote.



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"The consumptogenic system is characterised by institutions, policies, business practices, and social norms that embed and entrench principles of extractive capitalism and colonialism.

"Such a system encourages and rewards excessive production and hyperconsumerism of fossil fuel-reliant goods and services that are unhealthy and inequitably valued and distributed. If left on the current trajectory, the consumptogenic system will amplify potentially irreversible consequences for environmental degradation, inequalities and poor health."

Professor Friel said governments now had the chance to do something about health equity.

"The issue is not that it is too theoretical, the issue is the often lack of political will to address inequality, adopt a social model of health, and tackle climate change," she wrote.

A "social vaccine" was required, tackling the four basic requirements for health and equity to flourish – "a life with security, opportunities that are fair, a planet that is habitable by humans and supports biodiversity, and governance that is just".

Professor Friel called on health professionals to be part of the "strong civil society" needed to push for change.

"Public-interest coalitions can support governments to act, as well as hold them to account. Climate change and health alliances are essential – doctors and other health professionals have knowledge, opportunity and political leverage that can help ensure actions are taken.

"To help achieve these, the health community must advocate for and engage in intersectoral policy discussions relating to the social determinants and the structural consumptogenic system," she concluded.

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