

Medical heat for climate change

Richard F Kefford

Australian doctors have a particular responsibility in the fight to achieve urgent international reductions in carbon dioxide emissions

Most people in the scientific community believe that global warming is occurring, and that it will cause dramatic changes in climate patterns, with potentially serious effects on human health in the form of widespread epidemics, trauma, malnutrition and, in vulnerable areas, famine.^{1,2} The special danger to children has been stressed.³ Recent observations on the shrinking Antarctic ice mass suggest that the pace of these changes far exceeds that previously predicted.⁴ There is now little contention that global warming is largely the result of carbon dioxide and other greenhouse gas emissions resulting from human energy consumption,² and that these effects are just within reach of reversal only if worldwide emissions are rapidly stabilised.

Medical debate about global warming has so far emphasised planning and response.^{2,5} It is therefore timely that we draw a parallel to medical involvement in the nuclear weapons disarmament movement in the 1980s. At that time, it rapidly became clear to physicians that civil defence planning for a medical response to nuclear weapons attack was not only futile, but dangerously counter-productive because it fostered a false community belief in a medical fix, thereby reducing the political incentive for preventive action. A remarkably unified international medical response helped turn political attention to prevention of accidental or intentional use of nuclear weapons through political initiatives. Economic factors may have ultimately secured the end of the Cold War, and nuclear weapons have not disappeared. However, the influence of the Nobel Peace Prize-winning organisation, International Physicians for Prevention of Nuclear War, was significant in the withdrawal from the brink of catastrophe, particularly because its protagonists had the ear of both United States and Soviet leaders.⁶

Doctors now have a similar particular responsibility in the fight to achieve urgent international reductions in carbon dioxide emissions.

Firstly, we can point to the futility of expending our energy, enterprise and long-term investment in advancing health care in the absence of action to preserve a liveable planet.

Secondly, we can measure and communicate the effects of the threat of global environmental destruction on the current mental health of our children. At the height of the Cold War, when nuclear war appeared imminent, through accident or pre-emptive strike, school children reacted with despair and loss of motivation.^{7,8} Many children thought they would not survive to adulthood. We can actively contribute to the debate on global warming by providing good data on this specific issue, but the nuclear weapons experience suggests that our children and grandchildren will react to expanding knowledge of climate change with despair.

Thirdly, we are in a strong position to draw attention to the psychology of denial, despondency and paralysing helplessness that characterises human response to the threat of overwhelming catastrophe.⁹ We can help professionally in the educated and rational process of action that can reverse this paralysis, pointing

to the astounding historical successes that can result when an active community converts hopelessness into anger and political action. The abolition of slavery and the end of apartheid are just two examples. In each case, the central humanitarian principles that underpin medicine were guiding principles for those who went into the battle for change, in both cases against seemingly insurmountable economic odds.

Australian doctors have a special responsibility because of the influence of Australia in Asian, American and European discussions on reducing greenhouse gas emissions. We can inform the debate with reliable data on the mental and physical health consequences of global warming, and use our professional voice and leadership to instil it with urgency.

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