

A fine day to take a stand



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It is important for doctors to know how their practice will be affected by climate change. While it is inherently difficult to adapt in response to something that in some respects is yet to happen, the toxic collision of scientific, political and moral sentiments in climate change debates is also grossly unhelpful. Time and time again, those wanting to contribute intelligently need to cut through this by reminding us of what we already know. In this issue, the editorial by McMichael (*page 507*) serves this purpose well. An Intergovernmental Panel on Climate Change report derived from a mass of research and observation is clear in its scientific message: we need to adapt to climate change already in motion and mitigate future adverse effects by altering human practice. Climate change disrupts established ecosystems, of which we are part and on which our survival, health and quality of life depend. Health professionals would be negligent to practise without heed to helping individuals and communities whose health is threatened by climate and ecosystem disruption.

Australia borders a large, populous region particularly susceptible to such disruption. South-East Asia contains 9% of the world's population in a tectonically active 3% of global land area, with a sea area twice as big (http://www.asean.org/images/2013/resources/publication/2013_ACIF_2012%20Mar.pdf). Six hundred million people are consequently susceptible to natural disasters and climate change. McMichael cautions against seeing climate change simply as an increase in extreme weather events. However, Typhoon Haiyan, in November 2013, indicates what may be expected with continued climate change. Martinez Garcia and Brown (*page 512*) reflect on the immediate medical response provided by Médecins Sans Frontières and other agencies after Haiyan devastated parts of the Philippines. Beyond the expected acute trauma and need for surgical services, they emphasise the ongoing need to manage chronic disease and mental, maternal, fetal and neonatal health during disasters, which are just as important and responsible for loss of life in the aftermath. Agencies can risk being underprepared and

too inflexible to meet such needs, but the authors argue that continual monitoring of caseload and outcomes, and willingness to collaborate and share resources, underpins a successfully adaptive health care response. Haiyan surely demonstrates in a microcosm the intimate connection between climate and health.

South-East Asia is not only a locus of sometimes violent natural change, but also rapid social, economic and political development (<http://www.economist.com/blogs/banyan/2011/11/south-east-asias-quiet-revolutions>). Disease burden has shifted towards non-communicable illness, but set against ongoing wide socioeconomic disparity and sometimes fractious political change. Governments in the region continue to work towards health equity in this context, using economic measures to ensure efficient and appropriate access to care. Hipgrave and Hort (*page 514*) outline the diversity of initiatives developed by governments in the region, responding to community needs and aiming to move health objectives beyond the Millennium Development Goals. Through a critical review of an important book on Singapore's health care system, Gross (*page 513*) outlines Singapore's four pillars of health financing to support service access, efficiency and appropriateness. This system may be dependent on the country's unique society, but Singapore's experience in pluralistic financing and service provision could serve as a useful reference point for many countries, including Australia.

Fundamental change is taking place at the doorstep of Australia and of the 21st century. The health professions, and doctors in particular, need to ensure that the actual and potential effects of climate change inform practice and policy. To not do so poses health risks for the people doctors purport to serve. Change is already occurring in South-East Asia and the Pacific, and the response to it is likely to be instructive. For direct action on behalf of Australian patients' interests, the recently released federal government white paper on a fund to pay polluters to stop polluting (<http://www.environment.gov.au/emissions-reduction-fund>) is a good place to start asking the hard questions. □

A hand for the dying

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Palliative medicine is one of Australia's youngest and smallest specialties, with just over 300 Fellows in the Australasian Chapter of Palliative Medicine of the Royal Australasian College of Physicians. Recent US research has shown that integrating palliative care into treatment soon after diagnosis with a life-limiting disease, such as lung cancer, can improve patients' quality of life and mental health, can lead to less inappropriately aggressive end-of-life treatment,

and even allow longer survival. Dr Caitlin Sheehan, a palliative medicine staff specialist at Calvary Health, and Dr Mark Boughey, president of the Australia and New Zealand Society of Palliative Medicine, talked with Annabel McGilvray about the difference they feel they're making to health care (*page C1*). Jessica Dean, new president of the Australian Medical Students' Association, says the Association is targeting the mental health of medical students (*page C3*). □

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