

Judith Harvey, Tim Ballard

Climate change: What GPs can do about it



The biggest threat to global health in the coming decades – as featured in articles in the BMJ, Lancet and JAMA the week of the Wonca conference in Basel – is climate change. The journals focused attention on the importance of doctors taking a leading role in combating climate change. Good timing. We were running a workshop at the conference entitled ‘Climate change: what GPs can do about it’.

Why are GPs important in combating climate change? There are many reasons. Disease patterns are already changing, and we will be diagnosing unfamiliar infections and picking up more melanomas. We have to mop up after adverse weather events and support those who have lost their homes, livelihoods, loved ones and communities. And as people flee from parts of the world made uninhabitable by drought and flooding, we GPs will have to respond to the stress and the conflict that this mass migration will create in our comfortable corner of the planet.

These are important tasks. But still more important and urgent is our moral responsibility as medical professionals. Climate change is going to affect us all, but it is the poor who will bear the brunt, and we doctors commit ourselves to tackling inequality.

We can give advice on adapting to climate change. More significantly we can help mitigate climate change and prevent it getting worse. We control the use of a lot of carbon. We work in premises that use power for heating, lighting and computers. Staff travel to work and patients travel to appointments. Investigations, medications and surgery contribute significantly to the carbon footprint of health services, yet few of us bear that in mind when we initiate a care plan.

We are respected members of our communities. We are in a position to set an example, to take a lead, to demonstrate the co-benefits of cutting down carbon usage, to lobby and to influence our societies and governments.

In our workshop, participants in small groups discussed the changes they could make on a personal, institutional and political level to combat climate change.

Some participants started out sceptical about the benefits of action, but all the groups became engaged in the challenge and at the end of the workshop most people submitted their commitments, which were collated and circulated to participants. We explained that in six months time we would contact participants to find out if they had realised their intentions.

On the personal level, they demonstrated a wish to make themselves better informed. They also pledged to spread the word by informing other people: patients, colleagues, students who will be the next generation of doctors, and children, who will have to live with the consequences of climate change. One participant recognised that our patients may be ahead of us and may be able to teach us a thing or two.

Many participants identified ways they could change their lifestyle. They will be biking to work, and perhaps on holiday. At home and at work they will be recycling and composting more and eating less

meat and more seasonal and local produce, and losing weight! They have undertaken to be more energy aware and efficient. Energy audits show what uses up the fuel and can encourage people to turn off lights and equipment and to use less heating and air conditioning. Awareness of the embodied energy – the total of the energy used in the making, use and disposal of an object – was mentioned, as was switching to an environmental energy provider. All committed themselves to leading by example. For many participants the waiting room is the obvious place to explain to patients about climate change and to demonstrate what the practice and its staff are doing and achieving. The consultation is also an opportu-

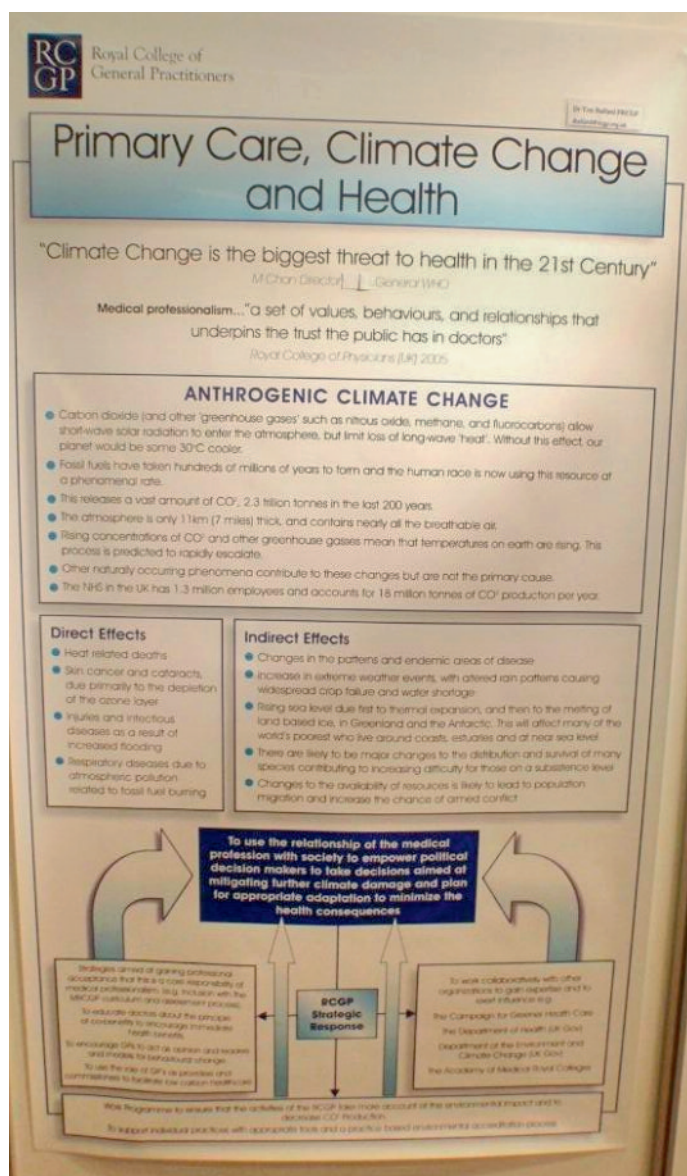


Figure 1
Poster: Primary Care, Climate Change and Health

nity to talk to patients about the issues and to discuss lifestyle, with an emphasis on how exercise benefits the patient and the planet. Participants recognised that they have tremendous opportunities to influence the next generation of doctors, through discussion, setting an example for students and GPs in training, and by getting climate change into medical curricula.

Some participants aim to make the way we practise medicine more sustainable, by taking the carbon cost of investigations into account or by introducing complementary therapies. No-one specifically mentioned using climate change as a stimulus to shaking up the traditional patient pathways, but that is also something doctors can do.

Participants seemed less comfortable about activities outside their usual professional environment, although charity parties, petitions and support for NGOs working on sustainability were proposed, and some doctors expressed a commitment to lobbying politicians to explain to them about the health effects of climate change, proposing specific measures such as veganism, and pushing for an energy tax. Bringing to the attention of politicians the bottom-up activities was also felt to be useful, to show them that there is a constituency for sustainability.

Given the setting for the workshop, not surprisingly participants considered the carbon cost of Wonca, and they found it high. All those rows of plastic bottles of spring water, for a start. Given the publicity about the role and obligations of doctors, a strong theme was that conference organisers had a responsibility which they should recognise. To that end the authors wrote to Wonca to draw attention to the views of Wonca attendees. We asked Wonca to demonstrate a commitment to sustainability and to set an example by reducing the carbon footprint of its events, for which the Basel conference demonstrated lots of scope. We proposed that Wonca use its huge purchasing power to select environmentally sound venues and to demand that both venues and sponsors reduce waste wherever possible and recycle discarded paper, plastic and food and stop the gratuitous supply of conference bags. Wonca could set a lead in supporting green transport, perhaps offering lower conference fees to those who choose the train or who organise fuel-efficient group travel.

However putting good intentions into action is not easy, even for committed professionals. In May 2010 when we contacted the 16 participants who had committed their intentions to paper, only five responded. One participant has developed a module on health care and environmental sustainability for a Masters programme for health professionals and managers. Another, from a country not yet much engaged in sustainability, has started a campaign for greener



Figure 2
Judith Harvey and Tim Ballard during the Workshop.

health care in conjunction with the national organisation of medical managers. Hopefully these initiatives will lead to significant changes. Otherwise, achievements were personal – investing heavily in green energy at home – or still just aspirations – cycling to future conferences, if possible, and making the ride a holiday. Our letter to Wonca was discussed by Wonca executive and its Special Interest Group (SIG) on the environment, and has added support to Wonca's commitment to international conferences that are intellectually stimulating, socially enjoyable and green. There were three workshops with environmental themes at World Wonca's conference in Cancún in May 2010. Wonca, like all of us, still has a long way to go and genuine change takes time and effort. We hope that we have all made a start.

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