A medical classic from the Rolling Stones, p 699

A healthy alternative to climate change negotiations

PERSONAL VIEW **Robin Stott**

The international climate change negotiations in Copenhagen are only weeks away. And the crucial preparatory meeting, at which most of the real negotiations will be finalised, takes place in New York next week. Two months ago I attended a similar conference at Chatham House. Let's hope this wasn't a dress rehearsal for what's to come.

Climate change and the disparity in access to resources between the rich and the poor are the defining public health problems of the 21st century. Tackling climate change has the potential to transform the health of the rich and the poor (*Lancet* 2009;373:1693-733). Most people rate good health as high on their list of wants, so knowing about the benefits to health of tackling climate change will predispose the public to support the radical action we need. The optimistic message that what is good for climate change is also good for health must be widely disseminated.

So the Chatham House conference, featuring senior negotiators from across the globe and influential members of civil society, should have been packed with health professionals, but as has so often been the case in these forums I was the only one present. As ever, the scientists graphically detailed the gravity of the situation, with the economists pointing out that the credit crunch provided an opportunity to transform the global economic order into a low carbon, poverty alleviating, sustainable form. All parties emphasised that, on scientific and economic grounds, business as usual had to be abandoned.

The science means that if we wish to have a 75% chance of keeping a rise in global temperature to below 2°C we need to "decarbonise" the entire economy by 2050 and, crucially, to preserve our forests, as deforestation and changes in land use currently contribute to 20% of global carbon emissions—more than the contribution of the entire transport sector. In practice this means that developed countries must reduce their carbon emissions by around 40% by 2020. The European Union is presently aiming for 20%, with the possibility of increasing to 30%.

Transforming the economy requires a substantial mobilisation of private and public money to support innovative, job producing, low carbon solutions. Many of these solutions may emerge from the G77 group of developing countries, which anyway will need substantial financial inflows if they are to move along low carbon development trajectories. The consensus is that both these objectives will be best realised through a cap and trade mechanism (whereby credits to exceed a cap on carbon emissions can be traded). Financial flows from such a system will take sometime to come on line, and in the interim a fund must be established for adaptation and mitigation of the effects of climate change in poor countries. The G77 countries speak of around $200bn (£120bn; €140bn) a year. This kind of money could be realised by a $7 tax on each of the 20 billion barrels of oil used each year by the member countries of the Organisation for Economic Co-operation and Development, supplemented by an airline ticket tax.

The deal, said the negotiators at the Chatham House conference, requires clarity on emission reduction targets for all involved, clarity on technological and financial transfers for adaptation and mitigation, and an institutional and governance framework to deliver these. Measurement, reporting, and verification will be essential. To achieve these ends the negotiations must be based on trust, fairness, and science, and the negotiators must be given a strong mandate by their electorates. This in turn means that communities must be clear about the benefits to them of the deal. Clear communication, everyone agreed, is imperative.

It was at this point that the conference unravelled. Negotiations to achieve these ends are still mired in self interest and protection of the powerful, with only lip service being paid to the marginalised. European countries will not increase their emissions reduction target to even 30% unless others do, and the United States says it can't achieve European levels of reduction.

The guiding principle of creating a more equal society that lives within its environmental limits, essential for wellbeing and health, gets lost in the traditional negotiating style. The imperative of building a new contract between peoples and with the globe doesn't get a look in at the negotiating table.

PETE STARMAN/THE IMAGE BANK/GETTY

The guiding principle of creating a more equal society that lives within its environmental limits, essential for wellbeing and health, gets lost in the traditional negotiating style

What needs to be done is now clear. We need a commitment to change our business and economic models. This will inevitably mean that countries will have to change their negotiating style. Negotiations as usual can't deliver the new models: it will only deliver business as usual, which is a recipe for disaster.

My role at the conference was to point out that the health perspective can offer negotiators a fresh prism through which to view these problems. The recently published work by the World Health Organization on the determinants of health sets out the many changes needed to promote and protect health and to reduce global health inequalities. These include changes in the conditions in which people are born, grow, live, work, and age and in the structural drivers of those conditions: inequities in power, money, and resources (*BMJ* 2008;336:191-4). The policies needed to mitigate climate change and that have the biggest effects on health at the population level are also those that are likely to act directly on many of these structural drivers. Because we know that what is good for the environment is good for health, this could inspire a fresh approach to negotiation. It will be in everyone's best interests if negotiations in New York and Copenhagen are based not on narrow national self interest but on responsible reciprocity and compassion.

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See also EDITORIAL, p 645 , LETTERS, p 647, FEATURE, p 660

REVIEW OF THE WEEK

Left to rot

In the week after hurricane Katrina, the richest country in the world left hundreds of citizens to die. **Richard Hurley** saw a performance based on the testimony of survivors

Katrina
A site specific performance written and produced by Jonathan Holmes
Bargehouse, Oxo Tower Wharf, London SE1 9PH, until 26 September
www.youngvic.org/whats-on?action=details&id=279
Rating: ★★★☆

Andrea Harris as Beatrice, who floated her dead husband through the flooded city on a wooden door

Four years ago hurricane Katrina hit New Orleans, Louisiana. Twelve people died in the storm itself and almost 2000 more in the floods that followed. The people of the poorest communities were left to fend for themselves for a week, without drinking water, food, or medical supplies, with sanitation lacking and swelling violence.

Lost amid apocalyptic television scenes and politicians' rhetoric are the stories of these ordinary forgotten citizens. *Katrina* presents the verbatim testimony of six interviewed survivors. A dark and dilapidated venue lends a sense of chaos, and although billed as a promenade performance most of the show occurs in one room. The accompanying soundscape of echoes and moving water sometimes struggles to compete with the intensity in the spoken word.

The show proper starts in a bar redolent of the deep South: a trombonist plays, a diva sings jazz, and the barman pours. But television screens of reportage soon destroy the vibe. "Devastating damage expected . . . uninhabitable for weeks . . . human suffering incredible by modern standards." The state governor, Kathleen Blanco, assures that "we are prepared," and Mayor Ray Nagin orders calm evacuation. The screens flicker, the lights fuse, and a visceral crescendo signals the hurricane's landfall and the waters' rise.

Upstairs, on higher ground, is the same bar, but now dark and wrecked by wind and water. One wall is smashed through into a Mardi Gras store, and huge faces grin sardonically through the gloom. More news rolls: a journalist asks why by day five there has been no huge airdrop of aid, when after the Indonesian tsunami aid took only two days to arrive. The governor warns, "Troops know how to shoot and kill, and I expect they will."

Beatrice's husband Virgil died when the oxygen he needed because of his cancer ran out. Rather than leave his body she floated him on a wooden door for five miles through flooded blocks to City Hall. Her story is interwoven with those of others as she meets them on her journey.

The cooperation among the stranded citizens is a recurring and moving theme. The singer Miranda tells how she rescued many people from hospices and hospitals while the National Guard ignored pleas for help. Accounts of aggression and obstruction by police are common. Miranda explains how the owner of Wal-Mart asked for the shops to be opened, but there the police shot at people, before looting for themselves. And when Miranda tried to help people leave the city by a bridge over the Mississippi the police told them, "Turn around or get shot."

Daniel had been arrested. The detainees watched the water rise, screaming as they tried to break out through walls and doors. The 1000 who escaped found the police waiting outside. Relocated, they are taunted by officers, who used mace and bullets, forcing them to drink unsanitary water and thus succumb to disease.

After four days the hotels in the French Quarter asked tourists, including Lorrie and Larry, to leave, with no sign of the buses that officials had guaranteed. The primary shelter, the Superdome, had become a "humanitarian and health hellhole," they say. And police were letting no one else into the Convention Center. To move them on, a police commander promised their group that buses were waiting for them on the expressway, but there they were shot at by sheriffs, who didn't want "no Superdomes in their city."

The survivors often express fear of violence. But Miranda decries the criticism that the people who stayed in the city were there to loot: it was impossible to leave without cars, which many poor people didn't have. When torches failed to attract the helicopters, people fired guns; they couldn't comprehend that they had already been seen.

Cal admits he was initially out for what he could get, but he changed his mind after saving two children and their pregnant mother. His anger at the lack of care by the state for poor and black people is echoed by others. More horrific confessions tell of floating babies, predatory alligators from the Mississippi, and the later refusal of insurers to compensate people for loss of their homes.

Katrina successfully attaches intimate meaning to the people caught up in the disaster, while the repetition of news footage on television has long lost the power to shock. The city, state, and federal authorities must take much of the blame, but *Katrina* presents the politicians only in reportage, except for one mention of the widely criticised president. George Bush's arrival for a photo opportunity closed the airport for use by relief agencies.

As the stories end, the audience joins Virgil's funeral procession into church. After a short lament *Katrina* concludes in a boisterous party. President Bush declared that New Orleans "will rise again," but for some the mourning will take longer than for others.

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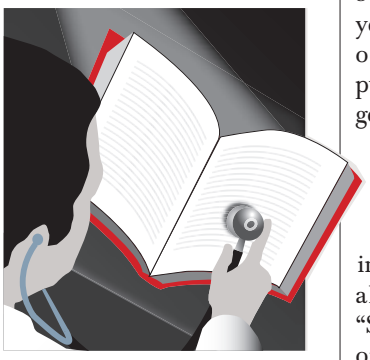
Death shall have no dignity

BETWEEN THE LINES

Theodore Dalrymple



Young men who die have Manchester United scarves draped on their tombs: in heaven, the team never loses. It is not that death shall have no dominion; henceforth, it shall have no dignity, a sign, surely, of unease with the whole business

The criticism of the inscriptions on tombstones from the literary point of view is a minor branch of literary criticism as a whole, but there is no doubt that the quality of such inscriptions has declined precipitously in this country since about 1990.

Just as nurses were taught to address their patients by their first names, and diminutives of their first names, on the grounds that it was friendly to do so, so, on tombstones, Mother became Mum, or more often the Americanised "Mom," there were no fathers any more but only Dads, and Nans, Nanas, Granpas, and Grampys appeared in large numbers. Diminutives appeared in brackets, as, for example, Thomas ("Tommy") Smith or Elizabeth ("Lizzie") Jones. Young men who die have Manchester United scarves draped on their tombs: in heaven, the team never loses. It is not that death shall have no dominion; henceforth, it shall have no dignity, a sign, surely, of unease with the whole business.

It is a relief, in the circumstances, to turn to Frederick Teague Cansick's great work of 1872, that "for several years occupied [his] leisure time from business," namely "A Collection of Curious and Interesting Epitaphs Copied from the Existing Monuments of Distinguished and Noted Characters in the Cemeteries and Churches of Saint Pancras, Middlesex." Included in the work is a very brief history of Highgate Cemetery, then 33 years old, the property of the London Cemetery Company, founded by Stephen Geary, Esq, who by then was himself interred therein, the thanatological equivalent of "le patron mange ici."

Included are the epitaphs of 50 medical men, physicians, and surgeons, many of whom died surprisingly young, in their 20s: "In memory of WILLIAM BINGHAM, Surgeon to the Fever Hospital, Pancras Road, Who departed this life May 31st, 1821, aged 28 years. His death was occasioned by the puncturing of his finger, While sewing up a dead body."

The epitaphs, even of the eminent, are succinct in their praises but always dignified: "Sacred to the memory of / ROBERT LISTON FRS / Late Professor of Clinical surgery / In University College London / Member of the Council, & an Examiner / of the Royal College of Surgeons of England. / Born October 28th, 1794, Died December 7th, 1847." No mention here that he could amputate a limb in two minutes.

The only unfavourable comment is on a non-medical man, John Brindle, who died on 18 June 1822, "after an evil life of 64 years." (As my teachers used to append to my biological or historical essays, "More detail required.")

The epitaph to William Kitchiner, MD, points to a contemporary lesson: "He from an early period devoted himself to knowledge, For the purpose of benevolence; And, among various other objects embraced by his Enlarged mind, was deeply conversant with medical Science . . ." A great healer, then? We have been led up the garden path by the inscription, for it continues: "Which his fortune rendered it unnecessary for him To pursue as a profession." He was, rather, an "improver of the telescope" and a "musical theorist and composer."

Unlike familiarity on tombstones, then, the desire for early retirement among doctors in favour of dilettantism is not a wholly new phenomenon.

Theodore Dalrymple is a writer and retired doctor

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MEDICAL CLASSICS

Sister Morphine

Song by the Rolling Stones

Released in 1971

"Sister Morphine", written and composed by Mick Jagger, Keith Richards, and Marianne Faithful, was released on the *Sticky Fingers* album in 1971, one of the most critically acclaimed of all the Rolling Stones' albums.

It is a song about drug addiction. The song has credibility and integrity, written by those with painful experience of the events it describes. It is a stark confessional: a man at the end of the road of drug addiction wakes up in hospital, with a ravaged body and undergoing cold turkey. He repeatedly begs the nurse to give him a fix.

The song starts in a dazed, gentle way: "Here I lie in my hospital bed / Tell me, sister Morphine, when are you coming round again?"

Mick Jagger's washed-out voice is accompanied by the gentle, restful strumming of a single acoustic guitar, evoking a mind waking from sleep.

Then a jolt of reality is brought in, with a harsh strike of a chord from the acoustic guitar, and then Mick Taylor's electric slide guitar steps in with edgy, longing, whining blues notes accompanying the increasingly pleading vocal, until the singer finally screams in desperation: "What am I doing in this place? / Why does the doctor have no face? / Oh, I can't crawl across the floor / Ah can't you see, sister Morphine, I'm trying to score?"

The piano playing is angry and confused, giving a harsh, messy, out of tune accompaniment, and the frustration crescendos as Charlie Watts comes crashing in on the drums.

There is a short reverie, in which the singer tries to reason and persuade: "Please, sister Morphine, turn my nightmares into dreams / Oh can't you see I'm fading fast? / And that this shot will be my last?"

Confessional: Jagger and Richards

DAVID REDFERN/GETTY IMAGES

In the end the junkie has given up all hope and cries: "Ah, come on, sister Morphine, you better make up by bed / Cause you know and I know in the morning I'll be dead / Yeah, and you can sit around, yeah and you can watch all the / Clean white sheets stained red."

What is this but the manipulative behaviour of an addict? Most doctors will be all too familiar with it. The image is pathetic.

"Sister Morphine" was ahead of its time. It marked a total departure from the playful "turn off your mind, relax, and float down stream" lyrics of bands and singers who had been honeymooning with drugs, such as the Beatles and Jimi Hendrix. It conveys the reality of drug abuse and has a social relevance that marks the end of flower power. But its message is just as relevant today as it was in 1971.

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A wicked encyclopaedia

FROM THE FRONTLINE
Des Spence

I can't help myself. It's the hair, the certainty, the complaints about student debt, the gap year travel tales, and the Facebook avatar: young people irritate me. I go to bed at 10 pm to wake still shattered, but they stay out till 3 am and appear bright (but red) eyed and bushy tailed. The young assume that anyone over 30 knows nothing, anyone over 40 is pre-dementing, and those over 50 should be retired. And the young can't tell middle aged people apart, not even men from women—we all look alike.

How do I know this? Because I thought the same way when I was 23. But, on qualification, young doctors' ship of certainty capsizes: they are left drowning in the swell of clinical life, and we elders help them back onboard. I forgive their youth and hope they enjoy it while it lasts. Bedraggled, they now learn through necessity, not mere vanity, and turn to what they know: the internet.

Just a generation ago we relied on textbooks, but these were little more than opinions, out of date, and chosen for familiarity, not quality. For up to date information doctors turned to Index Medicus, an activity so time consuming that long hair, beards, and retro clothes became the norm for academics imprisoned in the library. Doctors' offices were stuffed full of folders of articles that they could then never find—gravitas measured in clutter. But I am the first of the Medline generation. The sound of dial up and a printer replaced the silence of the library, and I literally binned all the books, guidelines, and journals. Arguments were resolved not in 10 years but in 10 clicks.

But now doctors have learnt to "google" and have turned to the site often appearing at the top of search results, Wikipedia. At first in the practice we used Wikipedia to resolve important disputes—US state capitals, longest rivers—but I confess to now using Wikipedia for medical topics. I know I shouldn't, but I find that its information is accessible, accurate, and untainted by profit and that all "facts" are openly contestable.

Wikipedia is also the source most commonly used by patients. Research indicates that half of doctors have used Wikipedia, and the truth is that the site is increasingly the standard medical "textbook" of old. A debate continues about whether there should be a specific medical Wiki, but it has come too late and it would lack the public ownership that makes Wikipedia credible. So has the time come for doctors to embrace Wikipedia and even a scheme to endorse its content? A new generation is setting sail in a different direction—so be it.

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All that glisters

THE BIGGER PICTURE
Mary E Black

The doctor sat in front of a computer, concentrating hard as she considered how to explain a two year gap in her CV. Nothing unusual there, you might think. Many of us take career breaks, but this doctor's illegal migration in search of a job in western Europe had gone badly wrong, and she had been trafficked and forced to have sex with 10 or more men a night while her young daughter waited without news in Moldova. I met her while helping organise entrepreneurship training for trafficked women in Belgrade.

I was idealistic when I applied to medical school. The smartest girl in my class, I wanted to save the world (more specifically Africa), have an interesting life, and never have to compromise my principles in a war, as I figured they will always need doctors. I assumed that doctors were an honourable, influential, and prestigious group and never imagined having to beg, scrape, or live at the margins of society.

Since those naive days I have met all kinds of doctors. Most would fall into the successful, generally happy, fulfilled, and economically secure category. I have also met others for whom the glittering dream went sour. This includes a few doctors struggling with addiction to morphine, and many more who are alcoholic, and doctors with careers cut in half by a ruinous court case or haunted by a past tragedy on the table. I know doctors who have been killed or injured by their patients. I have spoken with doctors who provided advice on the interrogation of prisoners or enemy combatants; the interrogation sounded more like torture to me. We all know doctors whose relationships did not survive a punishing on-call schedule and colleagues who have been bullied at work. Some doctors are corrupt, and some are incompetent, others nasty. And doctors migrate all the time—those of us who were fortunate and had a choice moved for a better opportunity. But there are also doctors working as taxi drivers and cleaners far from home, trying to send money back to their children.

This is the season of medical school hopefuls, those with straight As heading for the home run with chirpy letters asking for a two week attachment likely to help their application. Medicine is indeed a noble calling, but perhaps we should also tell applicants that it is strenuous and complex and challenges you at all levels. Doctors are not automatically loved and respected. You will have a higher risk of suicide and will at times be scared and shocked. Being a doctor does not confer protection from life's dark corners; for some it will not even guarantee economic security.

The idol has clay feet, and cracks.

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