EDITOR'S CHOICE

Climate change is a health emergency

Fiona Godlee *editor in chief, BMJ*

It's nearly 30 years since Eric Chivian and three other Harvard faculty members won the Nobel peace prize for their work as founders of International Physicians for the Prevention of Nuclear War. At its height IPPNW had a membership of 250 000 doctors from 80 countries. Its leaders spoke directly to the world's leaders and to the public, helping them to understand the terrible things that happen to people's bodies and lives when nuclear bombs explode. As Chivian says in a *BMJ* essay this week, the aim was to help people grasp what a nuclear war would really be like, so that politicians and the public would do everything in their power to prevent such a war from happening (doi:10.1136/bmj.g2407).

Twenty years or so ago, as nuclear war became a more distant threat, Chivian and others turned their attention to climate change. But here the challenge proved far greater and the international medical community far less effective. This has been, he says, "the greatest and most painful disappointment" of his life.

Many of us share that disappointment as well as sharing responsibility for it. Chivian's explanation for our failure is that climate change is far more complex than nuclear war and harder to grasp. "Our human brains are wired to see what is happening right in front of us right now," he says. "We are not very good at seeing things that are not obvious, that happen incrementally, or that occur over large areas or in other parts of the world." Added to this is the contrast between the absolute certainty of those who deny the existence of climate change and the moderation and constraint of the scientists documenting it.

The report of the Intergovernmental Panel on Climate Change on the impact of climate change, published on 31 March, illustrates the point with its cautious tone. But there is no escaping its conclusions (doi:10.1136/bmj.g2512). It concludes,

with more certainty than before, that human activity is driving climate change, that the effects are already being felt in all parts of the world, and that further global warming will bring increased scarcity of food and fresh water, extreme weather events, rises in the sea level, loss of biodiversity, loss of habitable land, mass human migration, and conflict and violence.

Within that list of terrible things loss of biodiversity may be the one that causes us least concern. But Chivian encourages us to think again. The cone snail depends for its survival on tropical coral reefs that are threatened by ocean warming and acidification. Why should we care? Because cone snails produce a huge array of toxic peptides that could be used to treat chronic pain, resistant epilepsy, nerve injury, and myocardial infarction. Only a tiny proportion of these peptides has so far been studied in any detail.

A letter published last week in the *Times* and signed by over 50 senior UK medical professionals, including me, said, "Never before have we known so much and done so little" (<http://thetimes.es/1pHL0AS>). As for what we can do, there is new certainty here too. As summarised in a *BMJ* editorial last week (doi:10.1136/bmj.g2351), we can make clear the urgent need to stop investing in fossil fuels and to invest instead in alternative energy and more active forms of transport. The health benefits of such a change would be substantial.

Responsibility to act rests especially with those of us who profess to care for people's health—and even more with those of us in the world's richest, most powerful nations. As Chivian says, "It is up to us. Who will do it if we do not?"

Cite this as: *BMJ* 2014;348:g2546

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