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Climate, pandemic, and war: an uncontrolled multicrisis of existential proportions

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In the heat of the pandemic we parked our response to climate change. In the heat of Russia's war on Ukraine the pandemic and climate change now take a back seat. That's inevitable to some degree, and it's understandable that an illegal act of aggression that is killing thousands and displacing millions is our most urgent challenge. Yet, climate action is most urgent too, as reinforced by the latest report from the Intergovernmental Panel on Climate Change. "Health professionals and the communities we serve are facing tremendous stress," argue Renee Salas and colleagues, "but we must not turn our attention away from the climate emergency" (doi:10.1136/bmj.0680).¹

Political attention is easily diverted, with a desire to move on. Take Russia's targeting of health workers and facilities, for example, which is in breach of international conventions. Why wasn't Russia held to account for similar tactics in Syria, tactics that drove health workers and facilities underground (doi:10.1136/bmj.0605)?² Why now the headlong rush to say that the pandemic is behind us, when cases are rising and more troubling variants are a distinct possibility (doi:10.1136/bmj.0638, doi:10.1136/bmj.0654)?^{3 4} In mitigation, existential threats rarely come in threes, but our inability, to coin a term, to "multicrisis" might be the most serious existential threat of all.

Climate change and the covid pandemic are contributing to increasing demand for mental health services (doi:10.1136/bmj.0672, doi:10.1136/bmj.0585).^{5 6} But the healthcare workforce is also in crisis (doi:10.1136/bmj.0684, doi:10.1136/bmj.0674),^{7 8} not only struggling with delivering mental health services but also consistently failing to meet cancer care targets (doi:10.1136/bmj.0682).⁹ In a service besieged by patient inquiries and interruptions to care (doi:10.1136/bmj.0665, doi:10.1136/bmj.0655),^{10 11} the importance of clinical leadership has never been more apparent, although clinical leaders, once motivated by a combination of "money, power and glory, and altruism," are harder to find (doi:10.1136/bmj.0651).¹² The answer, says Partha Kar, might be to motivate people to tackle the real world challenges of the NHS rather than overselling a "shiny new world."

Yet simplifying complexity is the political game. "We now have effective antivirals" is the political messaging, when the evidence on molnupiravir says we don't (doi:10.1136/bmj.0443, doi:10.1136/bmj.m3379).^{13 14} "Omicron isn't a worry," when despite vaccination it continues to account for substantial morbidity and mortality (doi:10.1136/bmj-2021-069761)¹⁵; and the neurological impact of covid, among growing evidence on the long term clinical burden of covid-19, is beginning to emerge

(doi:10.1136/bmj-2021-068373).¹⁶ It's this expedient logic that leads to decisions to dismantle genuine world class initiatives, such as the UK's covid surveillance system, which remains essential while a global pandemic continues to rage (doi:10.1136/bmj.0562).¹⁷ and to sell the UK's acclaimed vaccine manufacturing and innovation centre to the private sector (doi:10.1136/bmj-2022-069999).¹⁸ What happens when the next pandemic, the next crisis, inevitably emerges doesn't seem to be a problem for today's leaders.

If you dismantle the pillars of public health (doi:10.1136/bmj.0631),¹⁹ get rid of world class innovations born of adversity, allow dictators to bomb and destroy health workers and facilities; fail to invest in systems, processes, and long term solutions to deal with the health and wellbeing impacts of our multicrisis world—in short, sell a shiny new dream when society's problems are deep and grave—it is no wonder that humanity continues to pile one existential crisis on top of another. As difficult as it is, this global multicrisis demands our full attention and better control.

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