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Editor's choice

So why should I go to the RCGP Annual Conference ...?

I can summarise it in three words: enthusiasm, inspiration, and pride.

Having an event that celebrates our diversity of thoughts, ideas, people, and talent is something I think we should be incredibly proud of. I attended workshops about art and wellbeing, greener practice, burnout in the wider team, new models of practice, developing research interests, and consulting with vulnerable patients (to name a few). I came away inspired to make improvements in my own practice.

After the conference my overarching thoughts about my job are those of pride, not negativity. I can be patient because we are moving in a direction where I will have the time. I will be kind to my team, because they are facing the same pressures as me. I am filled with renewed vigour for the profession I love, and the patient care I provide. I came into this profession wanting to build relationships that help people. It's an absolute privilege, and I never want to lose that.

I feel as though we have the potential to change the landscape, systematically and individually, for our patients. If, as our inspirational chair Helen Stokes-Lampard says, we play Lego instead of Jenga, we can build a future where we can provide the level of care we strive for, where we enjoy going to work because we have the headspace to think around the tricky problems, and people surrounding us who help us through the tough times and celebrate the good times with us. Working together and leading each other with kindness, enthusiasm, and pride. All of which were cultivated and celebrated at a hugely enjoyable conference with friends and colleagues. I can't wait for next year.

We have been surviving individually. Now it's time to thrive together.

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Research in the context of the climate emergency

It was a pleasure to read the article 'Planetary health and primary care: what's the emergency?'¹ in this month's *BJGP*. I fully support the content presented but have one addition. As rightly stated in the article, 'we can no longer say we do not know what we are doing'; however, instead we all too often opt for not saying anything at all.

Even as a genuine threat to our very existence, with impacts already being felt globally, the climate emergency and ecological breakdown are rarely mentioned in the background or acknowledgements of research publications and presentations. When we consider the potential impact of scientific developments that aim to extend the quantity and quality of lives well into future, we must also acknowledge that, given our current trajectory, such a future may not even exist.

As such, I propose a further action that we 'need to do now'. In line with Extinction Rebellion's first demand, we must 'tell the truth': the climate emergency and ecological breakdown should be acknowledged and included as context for interpreting research results, for example, by adding content along the lines of 'the potential impact of this research is only possible if the climate emergency and ecological breakdown is urgently addressed'. Silence has become actively misleading.

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REFERENCE

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Mitigating climate change: using the physician's tool of the trade

I agree that we should be taking action to mitigate climate change.¹ Switching to a plant-based diet, which can save up to 0.8 tonnes of CO₂ per year, is certainly one of these interventions. But this is not an easy change for everybody to make, and we need to be prepared to lead by example, making our own lifestyle changes alongside those we expect of patients. For example, I do not think we should give up so easily when it comes to cutting down our own emissions from airplane flights: 1 hour of flying is equivalent to around 0.25 tonnes of CO₂ per passenger (www.carbonindependent.org/22.html). Although medics are fortunate enough to have opportunities to attend international conferences, this does not entitle us to write off the option of cutting down on flying to reduce our carbon emissions. There are other options to consider, for example, broadcasting conferences over the internet or holding conferences in places that are easily accessible by rail or other more sustainable forms of transport.

We also need to take care about how to broach the subject of lifestyle change. As with any health promotion message involving lifestyle change, there is a fine line between encouraging and empowering patients and making them feel overwhelmed with an impossible task. An environmentally friendly diet may be easy for some to achieve but very difficult for others if they have limited financial resources or other psychosocial stressors taking up their attention and time. We need to use our best consultation skills and assess the possibility of lifestyle change within each individual's life situation. Discussing more manageable possibilities, for example, having a meatless day as suggested in Storz's article, could be an essential step.¹