Climate change and the SEP drive

Fans of Douglas Adams will recognise the scene. There’s a spaceship landed at Lords cricket ground, but no one notices because of the SEP field. As Ford Prefect explains:

‘An SEP is something we can’t see, or don’t see, or our brain doesn’t let us see, because we think that it’s Somebody Else’s Problem ... The brain just edits it out, it’s like a blind spot.’ 1

The technology must have moved on since 1982, as the SEP field seems to have been applied to something much bigger. Described by the Lancet as ‘The biggest global health threat of the 21st century’, climate change is the ultimate SEP for us. We act on other threats to health, such as smoking, alcohol, or air pollution. Yet, despite heatwaves in summer, mild winters, flooding, and all sorts of unseasonal weather, all we have to offer is a report or two, which makes it seem like just another issue in among all the others. It’s rarely raised with our patients, although the actions we advise — healthier eating, and using more active forms of transport — will result in a healthier climate as well as healthier people.

Climate change will affect health in all sorts of ways. The direct effects of more extreme weather will have an effect, especially on an ageing population. The Health Protection Agency2 says there will be a 70% increase in premature deaths due to heatwaves in the 2020s; those are our patients and their friends and families. Other health effects arise through other changes in the environment. It may be exciting for us to imagine more exotic diseases from mosquitoes and ticks, although our patients might disagree. But the health effects from air pollution are less interesting, and only the most fervent immunologist would get excited about the predicted increases in pollen causing hay fever and misery for many.

Other health effects are very difficult to predict, but will be significant. We see in Australia the effects on mental health of severe prolonged drought, as farmers and their families get further into debt while crops fail year after year. This affects whole communities, which are tight knit, both socially and economically. Our bushfires have long-lasting consequences. Both UK and Australia have had severe floods. These disasters, as well as affecting health, prevent us providing a response that is as good as we would wish. It’s very difficult to provide good medical care when your own waiting room is under water, and, like the rest of your community, your supplies are cut off.

The RCGP’s sister college in Australia, the RACGP, has produced guidance for practices to plan for emergency situations such as this, including the long-term consequences.3 While we should be preparing for extreme weather events, with climate change they are likely to be more common and we should be doing all we can to prevent them from happening.

Acting on climate change has huge potential benefits on the health of our patients, too. Currently we use fossil fuels as the basis of our most basic human activities: movement and eating. We can switch over to eating food that is less processed and doing activities powered by our own muscles.

Douglas Adams goes on to tell us about the SEP field:

‘If you look at it directly you won’t see it unless you know precisely what it is.’

So let’s take a long hard look at the climate change SEP, so we know exactly what it is. What we thought was an SEP will turn out to be a PBAU — a Problem Belonging to All of Us.

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REFERENCES

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