

Planetary health and primary care:

what's the emergency?

WHAT HAVE WE DONE?

In 30 years' time, the next generation will be angry with us. In the same way that we puzzle how past generations lived with great evils like slavery, they will wonder how we all watched our planet's health decline and caused the greatest failure of humankind — overwhelming the resilience of the planet to support us. They will think we were selfish, wasteful, and reckless.

There is still time to escape this greatest of failures. Planetary health is a new paradigm for health care¹ and is a tough challenge for primary care. The old paradigm allowed the toxic mix of profligacy, profiteering, and politics to poison the planet. The effects of this mix have already littered the planet with the debris of human activity and labelled this epoch as the Anthropocene.¹ The latest episode in this epoch is the Great Acceleration when both good and bad come faster. Our fast improving health care is matched by the fast worsening state of our planet's natural systems. We are discovering how the planet's capacity to support a stable environment for humankind has its limits. The natural systems that maintain planetary health are complex and complicated by poorly understood feedback loops, but human activity is accelerating disruptions in the climate system; the biogeochemical cycles; land use and land cover; and the availability of resources, including fresh water and arable land.² By the time our privileged lives in high income countries feel harmed, there may be runaway changes that cannot be halted.² These changes will damage population health with worse problems from nutrition, infectious diseases, non-communicable diseases, displacements and conflicts, and effects on mental health. The lens of medicine can zoom in to the most specialised studies of the human body or out to get the bigger picture in public health. If we want to help people stay healthy and well, our lens must now zoom out beyond public health to include how we manage the complexity of the planet's natural systems.

Planetary health links the disruptions of the Earth's natural systems caused by humans with the resulting impacts on public health,

"Our fast improving health care is matched by the fast worsening state of our planet's natural systems."

and then develops and evaluates evidence-based solutions to secure a world that is healthy and sustainable for everyone. Good health will come by seeing the threats and reacting fast enough by switching to better ways of living.

WHAT WE KNOW NOW

'The truth is incontrovertible. Panic may resent it, ignorance may deride it, malice may distort it, but there it is.' Winston Churchill, House of Commons, May 17th 1916.

We may say we do not have enough time or resources to change what we do, but we can no longer say we do not know what we are doing. Widespread awareness of the importance and urgency of the threats to planetary health increases, and the social movement to demand urgent action grows (Extinction Rebellion, the Schools Strike for Climate). Three recent reports confirm this urgent need to preserve planetary health.

First, the Intergovernmental Panel on Climate Change.³ This reported that the world could be 1.5°C warmer as early as 2040. Limiting global warming to 1.5°C requires rapid and far-reaching transitions in land, energy, industry, buildings, transport, and cities. Global net human-caused emissions of carbon dioxide (CO₂) need to fall by about 45% from 2010 levels by 2030, reaching 'net zero' around 2050. Any continuing CO₂ emissions must be balanced by removing the excess CO₂ from the air.

Second, the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES).² This report has harsh news for the future of humanity. The biosphere is being corrupted and biodiversity is declining too fast. The biggest impacts are from changes in land and sea use; direct exploitation of organisms; climate change; pollution; and invasive alien species. Five interventions are

recommended to tackle the causes of this crisis: incentives and capacity-building; cross-sectoral cooperation; pre-emptive action; decision-making in the context of resilience and uncertainty; and environmental law and implementation:

'It is not too late to make a difference, but only if we start now at every level from local to global.' Sir Robert Watson, Chair IPBES.

Third, the UK's Committee on Climate Change (CCC).⁴ This provides independent advice to government on building a low-carbon economy and preparing for climate change. It recommended a new emissions target for the UK: net-zero greenhouse gases by 2050 to deliver on the commitment that the UK made by signing the Paris Agreement. It says this is achievable with known technologies, alongside improvements in people's lives, and within the expected economic cost that Parliament accepted when it legislated the existing 2050 target for an 80% reduction from 1990. However, it goes on to say, this is only possible if clear, stable, and well-designed policies to reduce emissions further are introduced across the economy without delay; current policy is insufficient for even the existing targets.⁴

'This is not about what we hope or think ought to happen, it's about what can happen. We can do it, and therefore if we don't it's because we have chosen not to.' Lord Deben, Chair CCC.

WHAT NEEDS TO BE DONE NOW?

We need to take urgent action to protect the health of the planet and place the wellbeing of future generations at the heart of our decision making. Governments need to collaborate, enforce existing laws, and use the precautionary principle to make new laws and incentives that protect the planet. These protections should be relaxed only if there is evidence that no environmental harm will result. We should all (governments, institutions, industries, communities, and individuals) do our own planetary health impact assessments to evaluate how our

"If we want to help people stay healthy and well, our lens must now zoom out beyond public health..."

"The greatest success of humankind could be keeping the planet in good health."

activity may cause environmental changes that affect natural systems and long-term health, and decide how we can make meaningful restorations and reparations. This will be as difficult as it is important. Luckily, taking urgent action has major co-benefits. We can address the causes of some of the world's public health challenges by improving nutrition, increasing physical activity, and improving air quality; and we can reduce the vast harms and costs that will come from nursing a sick planet.^{5,6}

WHAT PRIMARY CARE NEEDS TO DO NOW

'It is no use saying, "We are doing our best." You have got to succeed in doing what is necessary.' Winston Churchill, 7 March 1916.

This is a crisis for the planet's health. Many institutions are declaring an emergency to resource reducing their carbon emissions to become carbon-neutral sometime between 2030 and 2050. In a crisis we have to act now even though we don't have the best evidence for all the answers and solutions. The World Organization of Family Doctors Working Party on the Environment and the Clinicians for Planetary Health Working Group, supported by the RCGP, have issued calls for action,^{7,8} explained the need for planetary health and advised family doctors what they can do. In addition to their normal busy workload, GPs need to act now to keep our planet and our patients well.

Our GP organisations must promote better policies and practices for health care. Health care has many dirty habits. For example, the US healthcare sector accounts for nearly 10% of all US greenhouse gas emissions⁹ and NHS-related travel accounts for nearly 3.5% of all road miles in England each year with over half of the resulting air pollution generated by patient and visitor travel.¹⁰ We know that improving preventative care in planetary health, public health, and providing better access to high-quality primary care closer to where patients and staff live will always be better than allowing undermanaged problems overwhelm the more distant, downstream, and dirtier secondary and tertiary care services. We need policies and practices that prioritise and resource the early and effective interventions that are more upstream and nearest to the source of the problems.

All GPs and their teams are role models and act as educators in their communities to protect their patients' health. Reframing their advice to benefit both the patient and the planet will include sharing with patients the urgent need to decarbonise our lives, rethink our diets, be more active, and to expect green and healthy buildings, neighbourhoods, and transportation systems. Whenever possible, we need to give a *'it's good for you and it's good for the planet'* prescription nudge to boost more healthy and sustainable living.

Primary care can spread these messages in different ways in our different communities. For example, in low- and middle-income countries the WONCA Air Health Train the Trainer programme trains family doctors and health professionals to influence colleagues and communities to improve air quality and as a consequence, reduce greenhouse gases.¹¹ In Borneo, Health In Harmony has a project that has reduced logging, increased wellbeing, and transformed the landscape.¹²

In the UK, there is an established NHS and Public Health England Sustainable Development Unit and a charity, the Centre for Sustainable Healthcare, that promote and advise on sustainability. Since 2014, the RCGP with its partner, the National Union of Students, has provided a free toolkit designed by GPs for GPs to help any general practice increase its sustainability and reduce its environmental impact.¹³ The toolkit is improved each year to make it more useful and easy to use. Safeguarding the health of the planet needs a major shift away from unthinking, selfish, wasteful, and reckless behaviours.

There is reason to hope that we have not left it too late, that we can make all the urgent actions needed to stop the decline and that the reward will be living healthier lives. The greatest success of humankind could be keeping the planet in good health.

Terry Kemple,

Past President of the RCGP. RCGP representative for sustainability, climate change and green issues, Bristol.

Provenance

Commissioned; externally peer reviewed.

Competing interests

The authors have declared no competing interests.

DOI: <https://doi.org/10.3399/bjgp19X706145>

ADDRESS FOR CORRESPONDENCE

Terry Kemple

RCGP, 30 Euston Square, London NW1 2FB, UK.

Email: tk@helpmek.demon.co.uk

@TKemple

REFERENCES

1. Whitmee S, Haines A, Beyrer C, *et al*. Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation-Lancet Commission on planetary health. *Lancet* 2015; **386(10007)**: 1973–2028.
2. The Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES). *IPBES Global Assessment Summary for Policymakers (PDF)*. 2019. <https://www.ipbes.net/news/ipbes-global-assessment-summary-policymakers-pdf> (accessed 10 Oct 2019).
3. Intergovernmental Panel on Climate Change (IPCC). *Special Report. Global warming of 1.5°C*. <https://www.ipcc.ch/sr15/> (accessed 10 Oct 2019).
4. Committee on Climate Change. *Net Zero — The UK's contribution to stopping global warming*. 2019. <https://www.theccc.org.uk/publication/net-zero-the-uks-contribution-to-stopping-global-warming/> (accessed 10 Oct 2019).
5. Solomon CG, LaRocque RC. Climate change — a health emergency. *N Engl J Med* 2019; **380(3)**: 209–211.
6. Haines A, Ebie K. The imperative for climate action to protect health. *N Engl J Med* 2019; **380(3)**: 263–273.
7. The WONCA Working Party on the Environment, the Planetary Health Alliance, and the Clinicians for Planetary Health Working Group. *Declaration calling for family doctors of the world to act on planetary health*. <https://www.wonca.net/site/DefaultSite/filesystem/documents/Groups/Environment/2019%20Planetary%20health.pdf> (accessed 10 Oct 2019).
8. Veidis EM, Myers SS, Almada AA, Golden CD; Clinicians for Planetary Health Working Group. A call for clinicians to act on planetary health. *Lancet* 2019; **393(10185)**: 2021.
9. Eckelman MJ, Sherman J. Environmental impacts of the U.S. health care system and effects on public health. *PLoS One* 2016; **11(6)**: e0157014.
10. NHS England. Public Health England. Sustainable Development Unit. *Natural resource footprint. Reducing the use of natural resources in health and social care*. 2018. <https://www.sduhealth.org.uk/policy-strategy/reporting/natural-resource-footprint-2018.aspx> (accessed 10 Oct 2019).
11. WONCA. Global Family Doctor. *Air Health Train the Trainer Program update*. 2019. <https://www.globalfamilydoctor.com/News/AirHealthupdate.aspx> (accessed 10 Oct 2019).
12. Helms J. *Our Solution: How to Stop Deforestation in Borneo*. Borneo: Health In Harmony, 2017. <https://healthinharmony.org/2017/06/21/solution-halt-deforestation-borneo/> (accessed 10 Oct 2019).
13. RCGP. NUS. Welcome to Green Impact for Health. <https://www.greenimpact.org.uk/giforhealth> (accessed 10 Oct 2019).