Australian health professionals' statement on climate change and health

The Australian Government's contemptuous dismissal of the latest report of the Intergovernmental Panel on Climate Change (IPCC), including the panel's recommendation to dramatically reduce coal power by 2050, is unacceptable. As Australian health professionals and scientists, we are dismayed by the implications of our government's ongoing stance to disregard the consensus of the world's leading climate scientists, the precautionary principle, and any idea of duty of care regarding the future wellbeing of Australians and our immediate neighbours.

Australia is the world's largest coal exporter and produces about 7% of the world's coal.[1] Worldwide, fossil fuel burning produces around 72% of all greenhouse gas emissions resulting from human activities.[2] To limit global warming to 2°C, a third of oil reserves, half of gas reserves, and more than 80% of current coal reserves as of 2010 should remain unused.[3] Air pollution from coal burning is responsible for numerous health problems—according to the Global Burden of Disease Study 2016,[4] around 2·5 million deaths were caused by solid fuel burning worldwide.

Ironically, no other member country of the Organisation for Economic Co-operation and Development is as vulnerable to climate disruption as Australia.[5] Climate disruption is already amplifying the frequency, intensity, and duration of extreme weather events such as heatwaves, bushfires, drought, and tropical storms, causing harm and damaging livelihoods. As with other established historical harms to human health (eg, tobacco and exorbitant hepatitis C drug prices), narrow vested interests must be countered to bring about fundamental change in the consumption of coal and other fossil fuels.

The Australian Government must commit immediately to embrace strategies of energy generation that do not put more greenhouse gases into the atmosphere (panel)—with healthier communities reaping the benefits now and in the future. Without concerted action by all, the IPCC recommendation to achieve net zero carbon emissions by 2050 will certainly not be achieved.

Because of processes of colonisation and marginalisation, Aboriginal and Torres Strait Islander communities in Australia have been cut off from lands and seas and are in poorer overall health; climate change will only amplify these inequities. Australia's Pacific Island neighbours are also highly vulnerable[6] to climate-related risks to health, extreme weather events, rising sea levels, coastal erosion, habitability, food security, water supply, and economic growth. Our disregard of their plight through continued coal burning is shameful.

***Panel:* Call to action**

As Australian health professionals in clinical medicine, public health, research, and education, we ask national and international communities to support these calls on our government to protect the health of current and future generations nationally and globally.

- Commit to no new or expanded coal mines and no new coal-fired power stations, phase out existing coal-fired power stations, and rapidly remove all subsidies to fossil fuel industries; the Adani coal mine must not proceed
- Increase the national renewable energy target to at least 50% by 2030
- Develop multisector regional development transition plans for communities and regions affected by the progressive phase-out of fossil fuel industries
- Review Australia's Nationally Determined Contributions to the Paris Agreement (a requirement of signing the agreement), and develop a plan to reduce carbon emissions by at least 50% by 2030, compared with 2005
- Support Pacific Island nations to prepare for and adapt to the effects of climate change

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For the **Intergovernmental Panel on Climate Change report** see http://www.ipcc.ch/report/sr15/

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Memory recall of traumatic events in refugees

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The migratory movement from sub-Saharan Africa, east Africa, and the Middle East towards North America and western Europe is ongoing, implicating more and more health-care professionals.[1] People who are migrating are more susceptible to physical or psychological disabilities, therefore seek increased assistance from health-care professionals, especially because of physical or psychological disabilities, or both.[2–4] These traumas and much of the susceptibility to their development might be sustained by the administrative and political process of obtaining asylum in itself.

Constantly reactivating the memories and experiences of migrants seeking political refugee status is a real ethical problem. Psychiatric therapeutic approaches for post-traumatic stress follow a slow and constructed strategy of degradation of memories, similar to the process of digestion. However, for administrative and sometimes legal reasons, migrants are often asked to recall very precise memories. Each migrant is therefore legally obliged not to forget any particularly abject, degrading, traumatic detail, to increase their chances of benefiting from political refugee status (and this process can be excessively long, up to several years). The expectation for memory precision probably contributes (beyond the problem of language barrier) to the silence or mutism that characterises many migrants, particularly the youngest. However, limited details or precision in recounting conditions of exit from a migrant's country of origin is a frequent argument for refusal of recognition of political refugee status, which appears to be profoundly unfair. The contradiction between the administrative logic and the psychological logic regarding the process of obtaining refugee status is great.

As a result of being asked to recount painful memories, each migrant is unable to heal on a psychopathological level. One solution that would help a patient cope with psychological traumas would be to ask the patient to recount the course of his or her memories in the form of a report (or video) as accurately as possible. Potential outside witnesses—including medical doctors—could be brought in, similar to the judicial system of experts, to increase the amount of information provided by the patient and help in the analysis of the patient report. However, we believe that migrants should no longer be asked to recount memories because this might prevent them from healing completely and fully rebuilding themselves. The question remains as to whether the system maintains and favours, without intending to do so, post-traumatic stress syndrome so frequently found in displaced populations.[5]

Medical professionals have a huge role to play in protecting displaced persons (particularly refugees), and in recognising their political, religious, economical, or environmental rights.

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Kruk ME, Gage AD, Joseph NT, Danaei G, García-Saisó S, Salomon JA. Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries Lancet *2018; https://doi.org/10.1016/S0140-6736(18)31668-4*—In figure 2 of this Article (published Online First on Sept 5, 2018), the y axis should read "deaths in 100 000s". The affiliation for Prof Salomon should read "Center for Health Policy and Center for Primary Care and Outcomes Research, Stanford University School of Medicine, Stanford, CA, USA". These corrections have been made to the online version as of Sept 20, 2018, and will be made to the printed Article.

Kappos L, Bar-Or A, Cree BAC, et al. Siponimod versus placebo in secondary progressive multiple sclerosis (EXPAND): a double-blind, randomised, phase 3 study. Lancet *2018;* **391:** *1263–73*—The appendix of this Article (published Online First on March 22, 2018) has been corrected as of Nov 15, 2018.

GBD 2017 Causes of Death Collaborators. Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet *2018;* **392:** *1736–88*—The bottom row in figure 7 was cut off. This correction has been made to the online version as of Nov 9, 2018, and has been made to the printed Article.

Arabena K, Armstrong F, Berry H, et al. Australian health professionals' statement on climate change and health. Lancet *2018;* **392:** 2169—In this Correspondence, Nicholas Talley's name has been corrected to "Nicholas J Talley", and his affiliation has been corrected to "University of Newcastle, Newcastle, NSW, Australia". These corrections have been made to the online version as of Nov 15, 2018, and have been made to the printed version.