Politicians must heed health effects of climate change

The UCL Lancet Commission on climate change and health (May 16, p 1693)¹ concludes: "Climate change is the biggest global health threat of the 21st century". In this report, the authors emphasise not only the immediacy and gravity of this threat, but also the directness: while the poorest in the world will be the first affected, none will be spared. The escalating carbon footprint of the developed world has led to the present situation, but the rapid impact on developing countries such as the encroaching deserts in Africa is the immediate price.

This is one reason why doctors must take a lead in speaking out. Another is that there are important co-benefits of tackling climate change for those with long-term conditions in the developed world, such as those that come from more exercise with less use of cars and dietary change with reduced meat consumption. In December of this year, world governments meet in Copenhagen, Denmark, to negotiate a new UN Framework Convention on Climate Change. There is a real danger that politicians will be indecisive, especially in such turbulent economic times as these. Should their response be weak, the results for international health could be catastrophic. Doctors are still seen as respected and independent, largely trusted by their patients and the societies in which they practise. As leaders of physicians across many countries, we call on doctors to demand that their politicians listen to the clear facts that have been identified in relation to climate change and act now to implement strategies that will benefit the health of communities worldwide.

We declare that we have no conflicts of interest.

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See **Comment** page 961 This letter is published simultaneously in the *BMJ*

Climate change is not the biggest global health threat

The UCL Lancet Commission (May 16, p 1693)¹ claims that "climate change is the biggest global health threat of the 21st century". But it offers no comparison of the relative magnitude and severity of various health threats to justify this claim.

It claims that climate change was responsible for 5.5 million disability-

	Leading risk factors for DALY loss	DALYs	Leading risk factors for total mortality	Total mortality
1	Underweight	137 801	Blood pressure	7141
2	Unsafe sex	91869	Tobacco	4907
3	Blood pressure	64270	Cholesterol	4415
4	Tobacco	59 081	Underweight	3748
5	Alcohol	58323	Unsafe sex	2886
6	Unsafe water, sanitation, and hygiene	54158	Low fruit and vegetable intake	2726
7	Cholesterol	40 437	Overweight	2591
8	Indoor smoke from solid fuels	38 539	Physical inactivity	1922
9	Iron deficiency	35 057	Alcohol	1804
10	Overweight	33 415	Unsafe water, sanitation, and hygiene	1730
11	Zinc deficiency	28 034	Indoor smoke from solid fuels	1619
12	Low fruit and vegetable intake	26 662	Iron deficiency	841
13	Vitamin A deficiency	26 638	Urban air pollution	799
14	Physical inactivity	19 092	Zinc deficiency	789
15	Risk factors for injury	13125	Vitamin A deficiency	778
16	Lead exposure	12 926	Unsafe health-care injections	501
17	Illicit drugs	11 218	Risk factors for injury	310
18	Unsafe health-care injections	10461	Airborne particulates	243
19	Lack of contraception	8814	Lead exposure	234
20	Childhood sexual abuse	8235	Illicit drugs	204
21	Urban air pollution	7865	Climate change	154
22	Climate change	5517	Lack of contraception	149
23	Noise	4151	Carcinogens	146
24	Airborne particulates	3038	Childhood sexual abuse	79
25	Carcinogens	1421	Ergonomic stressors	0
26	Ergonomic stressors	818	Noise	0

Table: Ranking of 26 global public health risk factors based on the global burden of disease (measured as disability-adjusted life years [DALYS]) and on global mortality for 2000²