British Medical Journal. 2009;339:b5616. Editorials

"Greenwash" at the climate change summit in Copenhagen

Failure of leadership challenges doctors to lead by example

Many people who attended the Copenhagen Conference of the Parties (COP15)—which limped to a conclusion on 18 December—hung entry permits from a lanyard that read, "Lead or Go Home." In the months leading up to Copenhagen, idealism, expectation, and hope competed with a harsher reality. The prospect for a legally binding agreement had long gone, in spite of statements by many world leaders that COP15 represented a last opportunity to avert a critical 2% rise in greenhouse gas emissions. They failed to lead, but before they went home they produced the "Copenhagen Accord"[1]—a document that stands as a witness to their failure and is the "greenwash" that many observers feared.

The naming and shaming soon started, but the fact is that despite the intensive preparation, the conference never built a workable negotiating framework. It turned into a poker game in which the United States left its cards at home, the European Union kept half its hand back, China was too timid to be a real player, and the developing (G77) countries tried to identify who was cheating. As a result, the "accord" contained little more than aspirations from developed countries to improve their targets and to build an aid package for the G77 based on a "Copenhagen green climate fund."

As doctors, we should reflect on this. Not only have we been too timid in highlighting the risks to human health from rises in greenhouse gas emissions, but we have also failed to put a strong and health based case for a reduction. As a result, despite the strenuous efforts of coalitions that included environmentalists, healthcare professionals, and the World Health Organization, health remained stubbornly low on the Copenhagen agenda. It dropped off the final communiqué altogether.

It may be argued that the risks to health from climate change are too obvious to need stating, and when they are, dire predictions of malnutrition, drought, heat waves, and vector borne diseases are simply too big to face. Luckily, a better approach exists—one that provides our leaders with a positive message and the opportunity to frame policy in terms of health benefit.

It is still widely assumed that the costs—financial and social—of climate change adaptation and mitigation are too great, despite evidence to the contrary.[2] Not only would reducing greenhouse gas emissions provide a substantial health "dividend," but major cost benefits would accrue.[3] Although the evidence is there, it still needs framing in a way that gives politicians a new and powerful narrative for justifying funding, both at home and in overseas aid.

A simple and accessible example is that leaving the car at home and cycling to work is both good for the planet and good for personal health. The health gain is intuitive but difficult to quantify. People will be more likely to cycle to work if they have cycle lanes, so the benefit depends as much on an urban transport policy as on personal motivation. A study on the provision of cleaner cooking stoves in India has identified major reductions in childhood respiratory infections, chronic obstructive airways disease, and ischaemic heart disease from cleaner technology.[4] Furthermore, and especially in developing countries, these benefits are achieved quickly; the "return" on a relatively modest investment is substantial.

The gap between what developing countries need and what was on the COP15 table is huge. A health based approach is one way to bridge that gap. A presentational problem with much of the evidence is that it is framed in terms of reductions in disability adjusted life years. What we must now develop is a sound economic argument that identifies where to concentrate aid to maximise the health dividend.

Although this alliance of science, medicine, and economics is urgently needed, we can do more. Firstly, we can deploy ethical arguments that are based on justice. This should be linked to the work already done to identify indices that measure how effectively governments have met their obligations to deliver the highest standard of attainable health.[5] Secondly, policies on climate change overlap with those to reduce the social determinants of ill health.[6] They need to be better integrated.[6]

Finally, the failure of leadership at Copenhagen challenges us all to do better at a personal and professional level. Doctors have provided strong leadership on public health issues such as tobacco control. On climate change, we can start by signing up to the Climate and Health Council's pledge[7] and persuading our medical organisations to endorse the Prescription for a Healthy Planet.[8] Let us lead by example.

Cite this as: *BMJ* 2009;339:b5616.

Michael Wilks, *president (2008-9)*

[1] Standing Committee of European Doctors (CPME), Brussels B-1040, Belgium

mwilks@bma.org.uk

Competing interests: The author has completed the Unified Competing Interest form at www.icmje.org/coi_disclosure.pdf (available on request from the corresponding author) and declares: (1) He has support from CPME for the published work; (2) He has no relationship with any company that might have an interest in the submitted work in the previous three years; (3) His partner or children have no financial relationships that may be relevant to the submitted work; and (4) He has no financial interests that may be relevant to the submitted work."

Provenance and peer review: Commissioned; not externally peer reviewed.

References

1. United Nations. Copenhagen Accord. 2009.

http://unfcc.int/files/meetings/cop_15/application/pdf/cop15_cph_auv.pdf.

2. Stern review: the economics of climate change. www.hm-treasury.gov.uk/d/Executive_Summary.pdf.

3. Haines A, McMichael AJ, Smith K, Roberts I, Woodcock J, Markandya A, et al. Public health benefits of strategies to reduce greenhouse-gas emissions: overview and implications for policy makers. Health and Climate Change Series. Lancet 2009;69-79. Online 25 November.

4. Wilkinson P, Smith K, Davies M, Adair H, Armstrong B, Barrett M, et al. Public health benefits of strategies to reduce greenhouse-gas emissions: household energy. Health and Climate Change Series. Lancet 2009;9-21. Online 25 November.

5. Backman G, Hunt P, Khosla R, Jaramillo-Strouss C, Fikre BM, Rumble C, et al. Health systems and the right to health: an assessment of 194 countries. *Lancet* 2008;372:2047-85.[CrossRef][Web of Science][Medline]

6. WHO. Closing the gap in a generation: health equity through action on the social determinants of health. 2008. www.searo.who.int/LinkFiles/SDH_SDH_FinalReport.pdf.

7. Climate and Health Council. Sign our pledge. www.climateandhealth.org/pledge/.

8. Healthcare Without Harm, Health and Environment Alliance, and WHO. Prescription for a healthy planet. www.climateandhealthcare.org/sign-up.html