

Climate change - debate heats up

CMF File 41 on 'Climate change' triggered opposing responses.
 London SpR in Public Health **Helen Barratt**:

Thank you for the excellent *CMF File*. Climate change has been described as 'the most important public health challenge of the 21st Century'.¹ As readers will be aware, the NHS and the wider medical establishment (including many of the Royal Colleges) are increasingly turning their focus towards efforts to mitigate the effects of climate change, many of which also yield health benefits in their own right. Consequently, a significant part of my work in public health currently focuses on climate change.

The NHS aims to become 'the leading public sector organisation in promoting sustainable development and mitigating climate change'² so the issue is likely to increase in prominence for doctors in the UK. Jason and Rachel Roach provide us with a succinct summary of the problem, as well as a robust Christian response. The *File* has really helped to crystallise my thinking around this issue, and I will certainly be passing it on to friends and colleagues.

references

1. The Faculty of Public Health. *Sustaining a Healthy Future: Taking Action on Climate Change*. London: Faculty of Public Health, 2009
2. www.sdu.nhs.uk/page.php?area_id=1 Accessed 26 May 2010

Consultant anaesthetist **Chris Hanning** took a contrary view and the following is abstracted from correspondence with the authors:

Look to the *CMF Files* as authoritative statements of Christian belief on ethical and medical topics and they do not usually disappoint. However, the paper by Jason and Rachel Roach falls far short of the usual standard and seems to be more a statement of their faith in Anthropogenic Global Warming (AGW) than a balanced review of the science.

I do not dispute the Christian duty to make careful use of the resources God has given us in this planet on which we live, nor our duty to act justly and care for the poor. Such is clear from Scripture alone and does not need the dubious 'science' of AGW to support it. The evidence for AGW, which has now morphed into 'climate change', is not irrefutable nor is it 90% certain. A large number of reputable scientists cast doubt on the degree and rate of temperature change, the relationship of any temperature change to atmospheric CO₂, the consequences of any change, and the appropriate response even if our worst fears are realised. Those who take this stance are varyingly labelled 'sceptics' or 'deniers' and routinely denigrated. It is reminiscent of the Church's persecution of those who denied the earth was flat and was the centre of the Universe.

The claims for unprecedented temperature rise are false. It was clearly much warmer during the Medieval Warm Period, when CO₂ levels were lower. The earth's temperature varies with a periodicity of about 30-40 years as well as with longer cycles. In the 1970s it was relatively cold and the then current scare was for a new Ice Age. The planet then warmed until about 2000 but there has been no significant warming since.

Most of the changes predicted by AGW proponents simply are not happening. The sea levels are not rising, Arctic ice is almost back to recent average while Antarctic ice is growing. Overall global sea ice is steady and the polar bears are doing nicely. Several studies have shown that, even if the IPCC's worst predictions are fulfilled, it is cheaper to mitigate adverse changes when and if they occur rather than to ruin our economy now on the 'precautionary principle'.

There is no evidence that 'extreme' weather events are becoming more common other than by better reporting. The attribution of increasing disease to AGW rather than local factors is also unproven and real studies rather than computer models and apocalyptic predictions have not shown any correlation.

Much of what Roach and Roach advocate for action has my full support, both by helping the poor and by using the resources God has given us responsibly. Scripture commands us so to do and we should not need the overstated and erroneous claims of AGW to do our Christian duty.

Jason Roach responds briefly:

Feedback is always welcome! We were encouraged that you agreed with the substantive application of the article, namely that we have a responsibility to care for the environment. I make three responses.

We entirely agree that the debate has become highly politicised. As we have recently argued, 'climate change' has undoubtedly become the 'gospel' of our age. It claims that our chief problem is neglect of the earth, and that salvation for us and the planet hinges on our repentance. For climate change to be used as a political tool and imbibed as a false gospel in this way is a terrible travesty.

Secondly, we agree it is difficult to predict with certainty the precise rise in temperature and the precise scale of the effects in such a multifactorial process. We also suggested that it is too early to show any change in disease patterns as a result of changes in heat distribution.

Thirdly, we note your criticism of the IPCC's language of '90% certain' and 'irrefutable' evidence for anthropogenic global warming. We agree scientific consensus can be proved wrong; just because the claims are based on broad scientific consensus does not necessarily mean that they are correct. Nevertheless, as we highlighted, we believe we must act on the basis of the information available at a particular time, aware that scientific conclusions are always subject to change in the light of new data.



Abortion referrals

The article summarising four GP members' approaches to abortion 'referrals' (Easter 2010:14-15) stimulated two new contributions and a second bite at the cherry. **Philip Davies**, an STI training in general practice in Birmingham:

I often look to other Christians both as role models and to seek advice from them. I believe it makes it easier for a Christian GP to make a stand on an ethical issue if many other Christians are taking the same stand. I understand that Christians will disagree on some issues, but abortion should not be one of them. We can make a difference by seeking to love the unborn child.

I was recently shocked to hear that Christian GPs refer patients to abortion clinics to undergo a termination of pregnancy (in medical terminology) or killing of the unborn child (if we want to name sin for what it is). I have always held that abortion is wrong, but have recently come to the decision, after discussion with an older, wiser GP, that it is my duty as a future GP to ensure that I don't make it any easier for a baby to have his or her life ended. This may mean telling a patient that in her case, an abortion is not justified legally, morally or medically. This may mean not telling a patient which colleagues do and do not refer for TOPs (at the same time honouring the GMC's guidance regarding doctor's personal beliefs on the 'right to see another doctor').

I also thought it was wrong ever to write a referral letter to an abortion provider. However, reading your article has changed my mind. The idea of 'referring' to an abortion provider stating that there are no grounds in law for a TOP in this instance is a bold and challenging way of handling a request – this would enable a GP to keep a clear conscience and also challenge the abortion provider's own conscience.

We should be seeking to keep our consciences clear before God, seeking to refuse to participate in evil (eg 1 Thessalonians 5:22) and remembering that we are all personally accountable for our actions. As a junior doctor, I urge more of my seniors to take a stand on this issue.

Salaried GP **Jim Newmark**, whose initial enquiry stimulated Triple Helix to canvass the views of other GPs, persisted with his supplementary question:

Thanks for allowing me my say. My other point is a plea to Christian colleagues to clarify what the *theological* (as opposed to *practical*) difference is between a 'referral' to a colleague and a 'referral' to the hospital? In all the correspondence and discussions I have had the response has always been evasive. And to persist makes the other person characteristically irritable, which is perhaps revealing in itself! This point is alluded to, but not clarified, by Greg Gardner in his statement 'it depends on what your view is of complicity'. Precisely.

I am more than impressed with Mark Houghton's response. A 'referral' letter which effectively states that in his view 'if the abortion is to go ahead it would be illegal' is brave...and startling. I would be fascinated to know what the response has been. This seems to be a completely new take on the subject and deserves much wider publicity in Christian circles. It does the Terms of Service job of putting the woman 'into the process' but also firmly nails the 'referring' doctor's colours to the mast. In addition, by not evoking the wretched conscience clause, it involves no other colleague with all the complications that involves. By doing this Mark is far less complicit (whatever that really means) in the process than anybody who evokes the conscience clause to refer to a colleague and then disappears from sight in a puff of righteous froth.

Hilary Cooling works in sexual health in Bristol and argues that we need more data:

As a statement of scientific fact, Mark Houghton's '...abortion is more dangerous than a delivery' is highly contentious, and deserves a robust reference. He provides only his own submission to the Science and Technology Committee of the House of Commons. This submission itself provides references, but is nowhere near a systematic review. Perhaps he could propose just such a systematic review to the *BMJ* or another well recognised medical journal?

The subject could be 'How does morbidity (physical and psychological/psychiatric) after induced abortion compare with that which follows term pregnancy or spontaneous miscarriage?' It is a subject where the conclusions that people draw continue to be so dependent on their prior position on abortion (pro-choice, pro-life) as to make clarity difficult to achieve. The intellectual integrity of health professionals from any position in the abortion debate deserves to be valued. And this is no more than women affected by abortion deserve, to support respect for their autonomy and wellbeing. Let's all aim for increased intellectual honesty.