

CANBERRA Doctor

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Climate and Health: the Future is Now

BY PROF STEVE ROBSON

One year ago, Canberrans – like millions of Australians were choking of thick bushfire smoke. Scorching temperatures made self-isolation inside our homes almost intolerable. At dusk the sickly red sun barely penetrated the thick mixture of dust and smoke that hung over the city, a sight almost apocalyptic. Many of us were almost overwhelmed with foreboding and anxiety.

My very first weekend in Canberra, 18 years ago, was that of the bushfires that razed parts of our city. As I retreated into my home last summer, from my kitchen window I watched the flames of the Orroral Valley wildfire creep like a malignancy over the foothills near the southern suburbs where my practice staff all had their homes. The apprehension I had felt 18 years ago almost overwhelmed me again.

I was working over the festive break and regularly drove to deliver babies during the night. The journey into Deakin – one suburb away from Parliament House – was surreal as I carefully tried to avoid panicky kangaroos bounding across Kent street into the smoky darkness at 2 o'clock in the morning on deserted streets.

Canberra's operating theatres and birth suites were infiltrated by smoke, as it metastasized into the inner sancta where our new generation were born and our most vulnerable were undergoing surgery. For the first time, and after a long career helping couples start their families, I was beginning to hear things I hadn't heard in 30 years of O&G practice – that people were apprehensive about having children because they were worried about the future.

The future is now

My own teenagers were deeply shocked and distressed by the bushfires, the heat, and the malignant drought that had caused a type of national cachexia. They were concerned that my genera-

tion and generations before had irreparably blighted the world – and their future. One morning, at the height of the smoke pall, an ambulance arrived to take one of my elderly neighbours to hospital. I watched him on the stretcher, oxygen running through a Hudson mask, as he was wheeled through the thick smoke and positioned in the ambulance.

At that point I was overwhelmed with a sense of urgency, and an irresistible drive to try to do something. I discussed it with my children and asked them what they wanted. The request was simple – if our leaders weren't prepared to take climate action, then could other community leaders take it out of their hands and take action of their own?



So, the climate consensus summit was born. I met and discussed the idea of a summit with two friends. Professor Penny Sackett is the former Chief Scientist of Australia, a physicist with a deep understanding of the science behind our climate systems. The second was David Templeman, then President of the Public Health Association of

Australia. Our aim was to achieve something that didn't seem to be happening: to bring together the leadership of business, faith, and community organisations and show them the science. To see if they could agree on a call for immediate action for climate change.

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Climate Change and Health

This edition of *Canberra Doctor* looks at the health effects of climate change and looks at those from a range of perspectives – emergency management, climate science, medicine and medical practice, practical steps that individuals can take, personal experience and a particularly vulnerable group of patients. While we can only sample these perspectives, it should nevertheless give us all pause for thought.

My thanks to our contributors in this issue – Prof Penny Sackett, Greg Mullins, David Templeman, Prof Steve Robson, Dr Stef Pidcock, Dr Suzanne Davey and Asthma Australia.

Background

Just over a year ago, the AMA joined other health organisations around the world – including the American Medical Association, the British Medical Association, and Doctors for the Environment Australia – in recognising climate change as a health emergency.

The AMA Federal Council declared that climate change is real and will have the earliest and most severe health consequences on vulnerable populations around the world, including in Australia and the Pacific region.

The then AMA President, Dr Tony Bartone, said that the evidence was 'irrefutable'. He added that

the AMA accepted the scientific evidence on climate change and its impact on human health and human wellbeing.

Health Effects

The scientific reality is that climate change affects health and wellbeing by increasing the situations in which infectious diseases can be transmitted, and through more extreme weather events, particularly heatwaves. What's clear is that,

- Climate change will cause higher mortality and morbidity from heat stress.
- Climate change will cause injury and mortality from increasingly severe weather events.
- Climate change will cause increases in the transmission of vector-borne diseases.
- Climate change will cause food insecurity resulting



from declines in agricultural outputs.

- Climate change will cause a higher incidence of mental ill-health.

These effects are already being observed internationally and in Australia.

AMA and DEA

In October 2020, marking one year since the beginning of Australia's unprecedented Summer of Fires, the AMA and Doctors for the Environment Australia (DEA) called on the Federal Government to adopt a suite of key measures to help reduce the risk of further climate-related disasters.

The AMA and DEA called on the Australian Government to:

- Develop a national climate change and health strategy to facilitate planning for future climate health impacts
- Undertake an ambitious reduction in Australia's greenhouse gas emissions aligned to science-based targets
- Establish an Australian Sustainable Development Unit to support environmentally sustainable practice in healthcare and reduce the sector's own significant emissions

- Support policies that acknowledge the health benefits of a transition to renewable energy.

In calling on the Australian Government to act, AMA President Dr Omar Khorshid said, "As Australia recovers from the acute phase of the COVID-19 pandemic and adjusts to ongoing restrictions and economic changes, it's important that we also prioritise the health impacts of climate change."

The 2019-20 bushfire season in Australia was catastrophic, and had direct and severe health consequences both directly and indirectly. In addition, the mental health impacts of the fires and months of smoke haze are still being felt around the country and are likely to be significant and protracted.

"Just as the Australian Government has been at its best in responding to COVID-19 when basing its strategy on science and evidence, we ask for a similar response to the real threats to the health of Australians due to climate change." Dr Khorshid added.

I think we can all support Omar's call for an approach based on science and evidence as we gear up for the health challenges of climate change.

I hope you enjoy this edition of the Canberra Doctor.

Meeting with Minister for Health

Together with President Elect, Prof Walter Abhayaratna, and AMA (ACT) CEO, Peter Somerville, we held our first meeting with Health Minister Rachel Stephen-Smith, in early December. Ms Stephen-Smith continues in the role and we look forward to a continuing, constructive relationship as she sets about implementing ACT Labor's plans for health.

The Canberra Liberals have appointed their Deputy Leader, Mrs Guilina Jones, to be shadow health spokesperson and we are scheduled to meet with Mrs Jones before Christmas.

New Board Members

I'm also pleased to inform you that Dr Miriam Russo and Dr Betty Ge have joined the Board of AMA (ACT). Miriam brings her experience as a GP and background in public hospital work to her new role and Betty is an RMO who gives us an important link to young doctors and the Medical Women's Society ACT.

I'm particularly pleased to have both Miriam and Betty join the Board; their enthusiasm, knowledge and backgrounds give us a tremendous boost and complement our other, highly experienced Board members.

My best wishes and congratulations to both Miriam and Betty, and I look forward to working with you into the future.



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A Climate Emergency is a Health Emergency

Scientists were the first to predict and understand rapid climate change as a consequence of unabated greenhouse gas emissions, but first responders, fire fighters, those who care for and live on the land, and health and animal care practitioners witness the impacts of climate change up close, at the coalface. Now, all our eyes have been opened.



Professor Penny D Sackett*

The growing climate emergency presents as a health emergency too, and not only in the moment the pyro-tornado hits or the intensified cyclone makes landfall. Heat-waves are notorious killers and are certain to become more severe in Australia. Bush fire smoke can be deadly, and its long-term effects on those exposed over long periods of time is yet to be well understood. The changing climate allows vector-borne diseases to spread to new locations. Repeated, more frequent climate-in-

duced disasters, the resulting economic losses they cause, growing uncertainty, and the slow pace of national governmental response to climate change take a devastating toll on our mental health.

In May 2019, the ACT Legislative Assembly declared a climate emergency. Several months later, Black Summer made that declaration a shared, visceral reality in Canberra. This time, the emergency struck in the form of mammoth fires stoked by climate-induced drought and extended heat. Fires that ravaged more than 18 million hectares of southeast Australia, predominately forest land. Fires that took the lives of at least 34 Australian citizens and 3 million vertebrate animals. Fires that encircled Canberra, producing dangerous, thick smoke that for weeks penetrated our homes, our hospitals, our lungs and even our bloodstreams.

Climate and Health

We respect doctors for their knowledge and dedication. We trust them with our health and lives, and those of our loved ones. That is why the growing chorus of doctors



calling for meaningful action on climate change is so compelling. The COVID-19 crisis has reminded us the value of taking counsel from those with expertise, and acting on that advice quickly. We must do the same in this climate crisis, by placing population health and rapid action, based on the best evidence, at the core of Australian climate policy.


Climate policy is health policy. Not just measures that can ensure we are better prepared for climate change, adapting where possible, but policy that dramatically reduc-

es the amount of damage to our future health — by significantly reducing our emissions now. The health sector, which is estimated to be responsible for about 7% of Australia's greenhouse gas emissions, has its own role to play in reducing future climate change.

Slow half measures, acquiescence to those who advocate for still more business-as-usual, or comments that offer more heat than light in Parliamentary sittings and opinion pages are not safe, clever or effective. They are unhealthy to the point of being dangerous.

Heroes are oft born in times of crisis. We are grateful for those in Australian medical practice, who have fought on the front lines of the battle against COVID, but it is in the Australian Parliament where the need for climate heroes is most critical for the future health of the country. We look forward to more heroes finding their feet.

**Professor Penny Sackett is Honorary Professor, ANU Climate Change Institute and former Chief Scientist for Australia.*



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2020 Bushfire Inquiry's Stark Message

The scientific reports have been stacking up for decades. There are now countless detailed investigations based on painstaking research which tell exactly the same story – and the story gets scarier in every single report, every year.



By David Templeman*



Greg Mullins**

Climate change is real. Climate change is a killer.

Climate change risks the entire future of our planet, and possibly even the ultimate survival of the human species.

Without serious action to address climate change, the world as we know it will be no more. A recent University of Arizona study found one-third of all animal and plant species on the planet could face extinction by 2070 due to climate change.

Closer to home, the two latest reports, coming in the shadow of the most devastating bushfire season in Australia's post-colonial history, send an equally stark message. And we ignore that message at our peril.

Black Summer

The 2019-20 Black Summer fires swept across 24 million hectares of our nation, impacting every state. The fires destroyed more than 3,000 homes, thousands of other build-

ings, and killed or displaced nearly three billion animals. More than 30 lives were lost as a direct result of the fires, and the thick smoke which accompanied the flames has been linked to 445 deaths.

The unprecedented, extreme bushfires occurred in Australia's hottest and driest year on record, and followed a prolonged drought.

The Bushfire Royal Commission delivered 80 recommendations, but the message which comes through loud and clear throughout the inquiry report is that Australia must prepare for an 'alarming' future of simultaneous and worsening natural disasters. It details how due to current emissions, 20-30 years of worsening extreme weather is already locked in, and that if we take no action to drive down emissions, it will continue to worsen after that.

As a nation, we cannot afford to sit back and wait for the next 'unprecedented' event brought on by our warming climate.

Picture this. Another summer like the last; maybe worse. While much of southern Australia burns, to the north, communities are being devastated by cyclones. Throw a summer of scorching heatwaves and the possibility of COVID-19 re-emerging into the mix, and Australia would face unprecedented catastrophe. Sounds out of the



Air Chief Marshal Mark Binskin, Chair of the Bushfire Royal Commission.

question? Not according to the Royal Commission, which warned of compounding disasters.

Is Australia ready to deal with these potentially calamitous scenarios that climate change could bring down upon us if nothing is done? Of course not, and there is no nation on the planet that could cope with disasters of that magnitude.

State of the Climate

The latest expert report to highlight our perilous future comes from the Bureau of Meteorology (BOM) and the CSIRO, Australia's top scientific bodies. Their sixth State of the Climate report documents how Australia's temperatures, extreme weather events frequency, rainfall amounts and intensity, sea temperatures and levels, have all significantly changed in the past 100 years.

The report is unequivocal. Australia's climate has already warmed by 1.440 since 1910, and continues to

warm (on 33 days last year, all of Australia's maximum average temperatures were over 39 degrees), meaning the catastrophic Black Summer fire season will be a more common occurrence in future.

Extreme heat days (we describe these as silent killers) are hotter and more frequent. The oceans around Australia have warmed by one degree Celsius since 1980. Eight of the 10 warmest years have occurred in the past decade.

The report predicts that in 10 to 20 years' time, the extreme heat of 2019 will not be seen as unusual but more the norm.

Changing Priorities

We understand governments have to balance priorities. We understand the importance of keeping people working and recovering from the pandemic-induced recession. But we also see an equally urgent need for action on climate change, and many opportunities to stimulate the economy through a renewables-led recovery.

Already, the Conservative British Prime Minister, Boris Johnson, has told our Prime Minister, Scott Morrison, we need to take 'bold action' on climate change. With a change of leadership in the United States, and Joe Biden ready to follow the lead of the UK and many other nations, in setting a policy of zero net emissions by 2050, Australia is at serious risk of being left behind as our trading partners retreat from coal and gas. We are in an ideal position to lead in the

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global transition to renewables, and to strengthen Australia's economy at the same time.

The rhetoric that 'little old Australia' will have minimal impact on the global picture if we get more serious about reducing our emissions, is an international embarrassment. But, if we refuse to lead, let's at least follow.

Our Message to the PM

Dear Prime Minister, in working collaboratively with our state and territory leaders and taking on board the best expert and scientific advice to control COVID-19, you've shown true leadership and deserve plaudits for a job well done.

On that same basis, we implore you to now heed the clear climate warnings. Read the reports. Listen to the advice. Recognise and act on the risk.

We know the job of Prime Minister isn't an easy one, but it should always put as its highest priority the health, wellbeing, and safety of the nation's citizens. And politicians should always have an eye to the future – a future that extends well beyond the next election cycle.

They are elected to care for the long-term interests of the Australian people, not just the current generation.

More and more of us who care about the future of the planet are speaking out, and those who will follow us – our children and our grandchildren – are speaking out too. Not for any reasons of self-in-

terest, but in the hope that we will do what the Royal Commission tells us we must do – to act now to prevent unbearable suffering in future.

Prime Minister, climate change is the defining crisis of our time, and unlike COVID-19, there is no hope of a vaccine. The only cure, a long term one, is real international action on emis-

sions. Historically, Australia has done more than its fair share in international affairs, in wars, in speaking out against apartheid, nuclear weapons, and human rights. But on climate, we are a stand-out for all the wrong reasons. We call on you to show the leadership required to change our future for the better.

**David Templeman, former Director-General of Emergency Management Australia, and Immediate Past President of the Public Health Association of Australia.*

***Greg Mullins, AO AFSM, former NSW Fire and Rescue Commissioner.*



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How Green is my Practice? Treating this Climate Emergency

Emergencies by their name and nature require swift action to stabilise the patient and, hopefully, avert death or significant disability. Doctors around the country have signalled that swift action is also what is required for our planet and its climate.

In October this year, one year after the horrific bushfires that engulfed the east coast of Australia, the Australian Medical Association joined with Doctors for the Environment Australia to reiterate their earlier declarations of a Climate Emergency. This is yet another statement of commitment to maintain pressure on Australia's governments to take real action on climate change.

Where do we go from here?

In undertaking their daily work, doctors are prescribers and therapists, facilities managers, business managers, educators, community leaders and individuals. This diversity has the great advantage of offering a smorgasbord of actions we can take to reduce our carbon footprint both directly and indirectly. Sometimes these actions can be surprising and significant.

Doctors as Healthcare Providers and Prescribers

In 2014-2015, the Australian healthcare system made up 7% of national CO2 emissions. The main contributors were hospitals and pharmaceuticals.

Hospital emissions must be a focus for hospital administrators, but as doctors we all have a significant role to play in reducing emissions from use of prescription medicines. This is particularly true for general practice, where according to the British Medical Association's sustainable and environmentally friendly general practice report, 65-90% of the carbon footprint in general practice is associated with pharmaceutical prescribing.

What we prescribe, as well as how much, can make a surprisingly large difference to carbon emissions. For example, metered dose



Dr Stef Pidcock*

inhalers (MDI) for asthma and COPD have a significantly higher carbon footprint than dry powder inhalers (DPIs). In Sweden only 13% of respiratory prescriptions are MDIs, with the balance being DPIs. This is compared to England, where 70% of prescriptions are for MDIs. A study applying Sweden's prescribing practices to the English population estimated a 550 kilotonne per annum reduction in carbon equivalent emissions just from this change alone. While DPIs may not be appropriate for all sufferers of respiratory disease, this study demonstrates there are potentially many for whom DPIs

would be just as good as well as being better for reducing carbon intensity.

In addition to choosing what to prescribe, de-prescribing more generally, where safe, makes climate sense simply by reducing pharmaceutical consumption (and production), as well as improving patient safety.

In response to the findings of the study on inhalers, a general practice in the UK decided to take action and conducted an audit of their patients to review use of MDIs and discuss a possible switch to DPIs with patients for whom it was considered clinically appropriate. In addition, they decided to start an education campaign in the practice about safe disposal of unused medications and spent inhalers by returning them to the pharmacist rather than throwing them in the bin, further improving their carbon profile.

These are simple yet significant carbon reduction measures that are achievable in any medical practice.

Doctors as Employers and Facilities Managers

When committing to reducing the carbon footprint of your practice, it's always a good idea to conduct an initial audit. That way you can target actions to greatest effect. Benalla Church Street Surgery in northeast Victoria with 14 doctors, 11 administrative staff and seven nurses began their carbon reduction journey in 2016 with an energy audit. Within nine months of implementing some immediate measures, the practice recorded a 24-70% reduction (reported monthly) in energy use. Other measures the practice implemented helped to reduce waste and improve operational efficiency, thereby reducing operating costs.

Another large contributor to health sector carbon emissions is transport. Provision of bicycle facilities for staff and patients has the potential to significantly reduce emissions. Use of hybrid or electric vehicles in your practice fleet can also make a difference.

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tial for reducing waste and CO2 production, as well as preserving natural resources generally. Single use equipment is a significant contributor to carbon footprint. In the UK, it is considered the highest contributor in hospitals.

While photovoltaics can significantly offset CO2 emissions, an alternative to consider is purchasing green power from your usual provider, or carbon offsets from an organisation certified by Gold Standard. In addition, purchasing offsets internalises the emissions costs of your business, thereby clarifying why continuing to reduce your CO2 production (and thus requirements for offsets) makes good business sense.

As employers, doctors have a role to play in educating and building capacity amongst their staff. Having regular conversations in team meetings around reducing energy use and improving efficiency as well as prescribing practices can have a large and positive impact. Why not set up a partnership with the local pharmacist to improve medications use and patient education?

Doctors as Business Managers

Doctors' surgeries are small businesses. In this respect they are similar to any other business. This provides opportunities for making a positive climate difference that may not be immediately obvious.

Where your business banks, matters. In Australia, there is a range of banks that do not invest in, or

lend to, the fossil fuel industry. Changing your bank is a way of reducing your environmental impact. You might find they also offer better interest rates! Market Forces provides a comparator table of Australian banks and their investment profiles. It is a useful site for exploring which bank you would like to do your business with.

Similarly, many superannuation funds are now offering ethical packages that avoid fossil fuel investments. Share portfolios can also be designed to avoid contributing to carbon production.

Doctors as Educators and Community Leaders

In our day-to-day work, doctors interact with many people from all walks of life. This provides an opportunity to talk to patients about why you might want to review their medications, or why you might choose one medication over an-

other. Discussions around plant-based diets for health and climate could also be considered.

Through these conversations, doctors are able to build understanding and capacity about climate change, its impacts on human health and how changes to many aspects of life including healthcare can make a big difference.

Doctors are held in high regard within the community, which affords both responsibility but also opportunity to engage with members of parliament and other community leaders to encourage change.

Doctors as Individuals

As individuals, we can apply all these measures to ourselves, our choice of transport, our houses and our finances. I have spent the last two years making energy efficiency improvements to my

home, switching from gas heating to a heat pump, making cycling my main mode of transport, switching to an electric car which is charged by photovoltaics on my roof, changing banks and superannuation packages, and subscribing to an offset fund to cover carbon emissions from miscellaneous resource use, food and water. It is an investment in my children's future.

**Dr Stefanie Pidcock is a Board Member for Doctors for the Environment Australia and a recent medical graduate after a career in the environment sector. Stef has worked in the areas of ecological research, regional forest agreements, environmental aid, marine protected areas, climate change and environmental program administration. She is based in Canberra and has a husband, two children and a dog.*

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- > A newsletter with the latest updates and news is available to read online on our website and as a hard copy at the hospital.

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A Year on from the New Year's Fires

Earlier this year, Dr Suzanne Davey wrote about her experiences of being stranded down the south coast as the New Year's bushfires raged all about her. Evacuated to Narooma, and finding her way back to Canberra blocked, Dr Davey experienced at first hand the fury of the fires.



Approaching nearly a year since the New Year's fires, we asked Suzanne to reflect on returning to practice in Canberra, the effects on her patients of a smoke-blanketed Canberra, and her thoughts for the upcoming season.

Dr Suzanne Davey writes:

My experience of returning to practice in Canberra during the smoke was, of course, tempered by my experience of driving to and from work in the eerie gloom with a blood red sun filling one with a sense of impending doom. I recall driving across Kings Avenue bridge and not being able to even see the water on either side due to smoke.

I also had the feeling that my immediate world had changed between Christmas and New Year and that somehow, I was slow to catch on!

Having experienced the fire threat down at the coast, with loss of internet and phone reception, I immediately wanted a battery radio. I found to my annoyance that they were sold out everywhere! Not only that, but air purifiers, long hoses, sprinklers with a large range, and of course, P2 and N95 masks were sold out too.

My neighbours were seen on the paths wearing masks, setting up hoses and sprinklers on their rooftops, talking fire plans, and putting precious things into storage.

The Narooma evacuation site at 4pm on 31 December 2019

Effect on Patients

This sense of heightened anxiety was of course magnified in general practice where the smoke kept the most apprehensive patients away. This anxiety wasn't improved by the constant bombardment by TV and social media with stories of the terrible fires up and down the coast, stories of heroism and stories of tragedy, and stories of wildlife loss, so distressing for many.

Anyone with asthma or a chest infection of course immediately blamed the smoke, and who was I to question this logic? I did a lot of PO2 measurements as some sort of probably false reassurance to the worried! I still find patients come in and say, 'I have had this cough since the smoke', and it is very difficult to establish whether



er this is in fact cause and effect. I listen, sympathise and investigate where I think it is warranted, but I really have no hard evidence of permanent damage from the smoke.

However, far worse than respiratory effects of the smoke, were the patient's complaints of anxiety and frank post-traumatic stress. This was especially relevant for those who had experienced fear and loss in the 2003 fires, a common experience for those living on the suburban outskirts of Canberra where living with such beautiful bush views turned into a nightmare.

Increased Anxiety

Every consultation included a discussion of the smoke and the fire risk. We all had our websites and apps like 'Fires Near Me', 'iAlert', 'AirRater' and 'Windfinder', and traded them and consulted them freely and frequently during consultations!

This heightened anxiety permeated everything. There was such a sense of waiting – waiting for the smoke to clear, waiting for the fire danger to pass, waiting for the rain to come... of course, this led to the thought that the fires and the smoke were the inevitable result of Climate Change and that somehow this was the beginning of the end of life as we have known it.

I feel that my personal experience with the fires made me more empathetic with my patients who told me more of their smoke, fire and climate change related anxieties. I certainly enquired as to how each patient was travelling during those difficult times. That sort of general enquiry would often result in a disclosure of distress at the very least, to be dissected and tamed.

Looking Ahead

I originally wrote the article that appeared in the *Canberra Doctor* just to share the experience of what happened to us during the

fires with friends and family. For some reason, I sent it to my fellow AMA ACT board members and it became more widely distributed than I originally intended when writing it. I find that writing about things makes them less powerful, and it certainly made me feel extremely grateful to have had such a minor experience compared with those who lost so much.

To prepare for our up-coming summer season, I now have my battery radio and I never took down the hose and sprinkler off my roof at home! Of course, I have returned to visiting Tilba, albeit with a new understanding of how quickly weather can change and how wind can change direction and take fire with it.

I will listen to weather forecasts more assiduously and pay much more attention to where the wind is coming from, and I will certainly keep my car full of petrol over the summer just in case!

The Medical Benevolent Association of NSW (MBANSW)

Provides a free and confidential support service to Canberra doctors in need and their family. Financial assistance and counselling support are available to colleagues who have fallen on hard times through illness or untimely death. Support is also available to medical practitioners who may be experiencing difficulties at work or in their personal relationships.

The MBANSW is funded by your donations; please allow us to continue to provide support and assistance to your colleagues in need by making a donation to the Medical Benevolent Association Annual Appeal. Donations can be made visiting our website www.mbansw.org.au

If you are concerned about your own situation or that of a colleague, please contact the MBANSW social workers, Ida Chan and Sue Zicat on 02 9987 0504.

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Karen Groves
Founding Director

Asthma Australia Smoke Survey

Last summer had an impact felt by all Australians. Some had their homes and livelihoods taken, others experienced emotional distress worrying about the livelihoods of loved ones, with many Canberrans keeping the NSW Fires app open on their phone 24/7.

While relatively fortunate to have avoided the direct destruction of the fires, Canberra was still greatly impacted by the thick layers of smoke that hovered over the city for what seemed like to most as an eternity. Not only did this smoke have a great impact on the mental health of Canberrans, but on their physical health as well.

As a result of the national events, Asthma Australia commissioned a report to hear from people with asthma, as well as the broader community, to voice their concerns about the effects of the smoke.

INTRODUCTION

Between July 2019 and March 2020, Australia experienced an unprecedented number of bushfires, particularly affecting populations in New South Wales, Queensland, the Australian Capital Territory, Victoria and South Australia. The bushfire smoke caused a public health emergency, adding to the direct bushfire impacts already felt by communities.

Bushfire smoke contains high concentrations of fine particulate matter, which is harmful to human health. The effects of smoke were unevenly distributed across the population, with people with asthma or other chronic conditions, very young children, pregnant women and the elderly particularly vulnerable to the impacts.

At its worst the smoke resulted in the Air Quality Index reaching more than 25 times the hazardous level

in Canberra on the 1st of January 2020. A recent modeling study estimates the bushfire smoke was responsible for more than 400 deaths, 2,000 respiratory hospitalisations and 1,300 presentations to the Emergency Department for asthma.

SURVEY

Asthma Australia developed and disseminated a survey to give a voice to people with asthma, and the broader community, about their experiences during the prolonged periods of bushfire smoke exposure.

It included both quantitative and qualitative questions to provide insights into who was affected and how. Quantitative analysis compared outcomes and actions taken by asthma status, age and state, using chi-squared test. A sample of qualitative responses were thematically analysed by asthma status, age and location.

KEY FINDINGS:

Asthma Sufferers Particularly Vulnerable

This group were significantly more likely to report experiencing respiratory symptoms, needing to seek medical assistance and being sick for longer than a week. People with asthma reported higher rates of serious health outcomes including attending the Emergency Department, hospitalisation and requiring corticosteroid medication.

These actions represent serious risk to the individuals and significant costs to the health system.

Additionally, people with asthma were more likely to report the financial strain and social restriction as a result of the smoke exposure. These outcomes were despite people with asthma being more likely to report taking actions to reduce exposure to smoke.

Effect on Children and Young People

Despite being less likely to report symptoms than other age groups, children and young people were more likely to report visiting their General Practitioner, attending the Emergency Department and being admitted to hospital as a result of smoke exposure, compared with other age groups.

Effects on Mental Health

Participants reported symptoms of anxiety and depression were a direct result of smoke exposure, as well as an indirect result of being unable to spend time outdoors or exercise to manage poor mental health symptoms.

Effects on Everyday Activities

Participants reported having to take time off work and missing sport or social engagements.

Financial Stress

This was caused by lost or reduced income as well as additional costs due to extra doctors' visits, additional medication and the costs of protective equipment. Some reported they were unable to take action to protect their health due to the cost.



Public Health Advice

Despite their efforts, people with asthma who reported taking steps to minimise smoke exposure and reduce the impact on their health, both before and during bushfire season, were still more likely to report respiratory symptoms, require medical attention and experience negative impacts on their quality of life.

This unexpected finding may be because the smoke was present for unprecedented periods at hazardous levels, which participants reported they were unable to avoid regardless of actions taken. Participants described the many challenges they faced attempting to avoid or minimise their exposure to smoke.

CONCLUSION

These findings highlight the devastating impact of bushfire smoke on vulnerable individuals, and the helplessness people felt trying to protect themselves. Despite their significance, these are often second thought to loss of lives and

property from fire. With fire seasons becoming longer and more intense, the health impacts of smoke must become a policy priority for all jurisdictions.

The survey results indicated the main modifiable factors limiting the ability of individuals to avoid smoke during the 2019/20 Bushfire crisis were the lack of relevant information, financial constraints and ineffective public health messaging. Asthma Australia has used these findings and the broader evidence base to be the voice for people with asthma, calling for action across multiple priority policy areas. These include managing the adverse health impacts of poor air quality through targeted support for vulnerable people, supporting research on the short and long-term health impacts of poor air quality, advocating for improved hazard reduction activities, and calling for an AirSmart public education campaign to be funded.

Read more here: <https://asthma.org.au/what-we-do/advocacy/bushfires/>

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Mental Health Support in a Year Like no Other

BY MEGAN CAHILL, CAPITAL HEALTH NETWORK CEO

It will come as no surprise that mental health issues are the most common problem that GPs treat, as reported by the RACGP. Particularly during a year like no other, patients go to a trusted person for mental health help – their GP.

As the ACT's Primary Health Network, Capital Health Network (CHN) has adopted a stepped-care approach to the funding of mental health services in the ACT region and works in partnership with the mental health services sector to deliver a range of services to meet areas of identified need.

Next Step

One such service is Next Step, a primary mental health stepped care program. In a stepped care model, a person seeking support receives services matched to their needs on entry as well as throughout their journey through the service.

CHN funds CatholicCare and Woden Community Services to provide Next Step which is a free, confidential and evidence-based intensive psychological support service for people experiencing mild, moderate and severe mental health issues. Services are offered across the stepped care continuum by a trained clinical and non-clinical workforce. Using Cognitive Behavioural Therapy (CBT), participants are taught how to change unhelpful or difficult feelings or behaviours.

Benefits of Next Step include:

- free access and support for people who are unable to access other services where cost is a barrier
- online, telephone and face-to-face services in various locations across the ACT
- referrals accepted by individuals, GPs and other health care professionals.
- Despite the challenges of bushfires and COVID-19, service continuity has been constant. Understandably, demand for the program increased by 19% compared to the previous year. In 2019/20:
- 1,301 clients experiencing mild, moderate or severe mental health concerns received free support through Next Step.
- 2,166 sessions of low-intensity service and 3,348 sessions of high-intensity service were delivered.

GPs can access Next Step referral forms here: <https://www.chnact.org.au/for-health-professionals/mental-health-programs/>

Mental Health Services

CHN funds a range of mental health services including:



- Stepped care – Next Step
- Services for Aboriginal and Torres Strait Islander people
- Suicide prevention
- Child and youth specific services
- Services for people with severe and complex needs
- Services for underserved groups
- Psychosocial supports.

For details of these services, please see: <https://www.chnact.org.au/for-consumers/mental-health-programs/>

Support for GPs

Staff in general practice are facing challenging circumstances during the current COVID-19 pandemic. Working on the frontline is rewarding but can sometimes be overwhelming. It's OK to talk about how you feel.

AccessEAP has launched a dedicated counselling hotline for everyone working in healthcare, including key staff such as Medical Receptionists. To support you, CHN is offering you 3 free and confidential counselling sessions with Access EAP's most senior

clinicians and psychologists who have expertise in working in the healthcare sector. Just call the Healthcare Hotline on 1800 571 199 to book a same-day counselling appointment via telephone or video. Please ask them to charge it to 'CHN Medical Practice'.

[Please note that the NSW & ACT Doctors Health Advisory Service is also available for all medical practitioners and medical students. Details are on page 10 of the Canberra Doctor – ed.]

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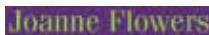
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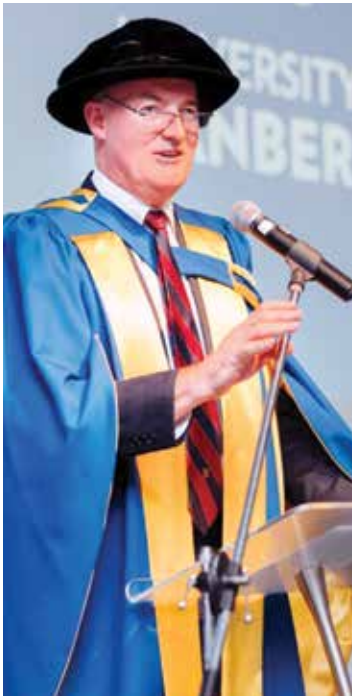


Professor Paul Smith Honoured

Earlier this year, Canberra orthopaedic surgeon, Professor Paul Smith, was appointed as a Member of the Order of Australia (AM) for significant service to orthopaedic medicine as a surgeon, and to medical administration.

Prof Smith's achievements are many, as an orthopaedic surgeon, he's undertaken more than 5,000 hip and knee replacements, as an academic, he was the first professor of surgery at the ANU medical school and has over 160 peer reviewed publications, he's held senior positions in the Australian Orthopaedic Association and RACS, chaired the John James Foundation and been a key part of establishing OrthoACT.

An impressive list by anyone's standard.



Prof Paul Smith AM PhD.

Canberran Born and Raised

Professor Paul Smith was born in the Canberra region and is a sixth generation 'Smith', from the family who first took up land in 1826 near Bungendore. Even today, the family's mark on the area can be found in the naming of 'Smith's Gap', which lies about 5 kilometres north-west of the town of Bungendore.

Paul Smith grew up on a farm in the local area before an injury to his father saw the family move into town, and Paul's education continue in Canberra. Following school, Paul moved to Adelaide to undertake his undergraduate degree, and while in Adelaide he met and married Claire.

In 1996, Paul, and by this stage Claire and two young children, departed overseas to undertake Fellowships in Hip and Knee Replacement- spending a year in Canada and another in the UK.

The Life of a Surgeon

Having always had an interest in academic orthopaedics, and with a new medical school announced for the ANU, Prof Smith returned to Canberra in 1998 and took up his appointment as orthopaedic VMO and subsequently professor in the ANU Medical School.

Since that time, Paul has been involved in a raft of academic, undergraduate and vocational training activities, professional bodies, clinical work and involvement in both charitable and business activities.

Prof Smith is currently Professor of Orthopaedic Surgery at the Australian National University, Director of the Trauma and Orthopaedic Research Unit at the Canberra Hospital and the John Curtin School of Medical Research, and Orthopaedic Unit Director at the Canberra Hospital.

“ We have shared an extraordinary journey

Add to this his positions as chair of the Australian Orthopaedic Association (ACT Branch), Board member of the National Joint Replacement Registry and Chair of the Royal Australasian College of Surgeons (ACT Branch), together with a busy clinical practice, and it all adds up to a man with an immense capacity for work driven by a desire to serve the community and his profession.

Of course, Prof Smith is also well-known to the Canberra community, and local doctors alike, having been a driving force in the setup and ongoing operation of OrthoACT. As he says, 'At OrthoACT, I've been fortunate to work with a group of extraordinary surgeons, some of whom I've trained, and continue to work with. I'm pleased to say they tolerate my research projects!'

In the end though, it's the broad range of Prof Smith's work, willingness to pass on his knowledge and his capacity to give back to the community that sets him apart.



Prof Paul Smith AM – orthopaedic surgeon.

Professor Paul Smith AM PhD

Finally, to end what's been a memorable year, Professor Smith's academic achievements were recognised by the award of an Honorary Doctorate by the University of Canberra.

In delivering the occasional address, Prof Smith observed, "To my wife Claire, who would have thought it? Meeting over a camp-

fire at Renmark when we were both students. We have shared an extraordinary journey."

"It is especially important to share this with our four children. We are watching with anticipation as they begin to fulfil their potential and navigate their way from school, to university and into the world."

A fitting end to an extraordinary year for a fine Canberran.

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Climate and Health ...continued

...from page 1

A pandemic effect

As we prepared to bring together the various groups, another pressing threat emerged – COVID-19. As Canberrans struggled through the bushfire crisis and doctors dealt with the health effects of the heat and smoke, the pandemic threat seemed a distant concern. However, as momentum built for the Climate Consensus summit it became clear that we were racing against an inexorable enemy – a virus that could stop the event in its tracks.

By this time, news outlets were buzzing with stories about babies being born into smoky birth rooms. Social media posts about the smoke and its effects of families – at the time that Canberra had the worst air quality on the planet – went viral as well. The story of the summit – bringing together economists, scientists, the clergy from all faiths, business groups, and most importantly educators – made the news.

As arrangements were made for the day it became clear that expectations were high. Would it be possible for three passionate but neophyte activists – all of us, shall we say, in an older age group – to unite such disparate groups in a call for action? All the while, the COVID-19 threat pressed in on us as the smoke had done across January.



Prof Steve Robson.

The Australian Climate Consensus summit took place in early March, one of the last group events before the country went into lockdown, only a stones throw from Parliament House. We heard from Indigenous leaders, economists, scientists, and doctors. At the heart of the meeting were a group of senior school children, whose futures were dependent on the actions my generation were – or weren't – taking. When I spoke with the students and their teacher after the summit, they told me how amazing it was to see so many people of my generation co-operating to solve the problem.

... it's only the beginning

I would love to be able to tell you that our summit united the business, community, professional, and faith sectors of our country in calling for specific urgent action as one. Unfortunately, it proved

impossible to craft a document that every participant group could support and agree on. In the end, though, that was always going to be difficult. What the summit did achieve was to have a huge room with every single group acknowledging that our climate was sick and that they all supported action.

I was delighted that the school children present on the day were left in no doubt that my generation acknowledged the problem, understood that it affected our children's futures, and all wanted to take action to protect the new generation. We are still working to craft a final consensus document and have it endorsed by the broad coalition of community groups present in the room that day. I'm hopeful.

Whatever the ultimate outcome of the Australian Climate Consensus summit, the message for all of us who work in medicine is clear. Climate change and its effects on our country directly affect each and every one of us. Global warming is perhaps the most serious long term health issue doctors face, something acknowledged by every responsible health body now. For that reason, every doctor and health care worker should think about how they can address the health effects of climate change on the next generation of Australians.

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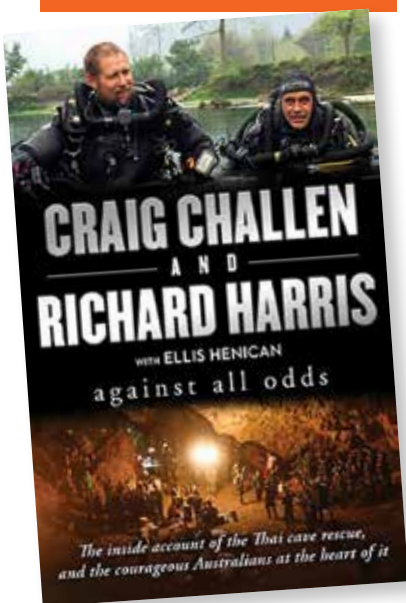
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Mini book reviews:

REVIEWED BY ASSOCIATE PROFESSOR JEFFREY LOOI, ANU MEDICAL SCHOOL

Against all odds

Craig Challen & Richard Harris, 2020, Penguin
ISBN: 9781760899455

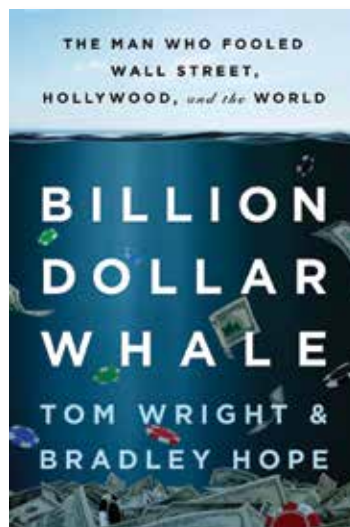


This is an absolutely engrossing first-person account of the rescue of the Wild Boars soccer team trapped in a cave in Thailand, written by key protagonists, Drs Craig Challen and Richard Harris. The authors describe their respective backgrounds, as well as their

shared interest and experience in cave-diving. Drs Challen and Harris describe the challenges they faced, and the details of the unique teamwork coordinating specialist cave-divers, the Royal Thai Navy SEALs, the school boys, their teacher and numerous health and governmental organisations. Their account is leavened by characteristic Australian self-deprecating humour and understatement; prefaced by a foreword by no less than blockbuster director and deep-sea diving aficionado James Cameron. A motion-picture or mini-series must surely follow!

Billion Dollar Whale

Tom Wright & Bradley Hope, 2019, Hachette Books
ISBN: 978-0316453479



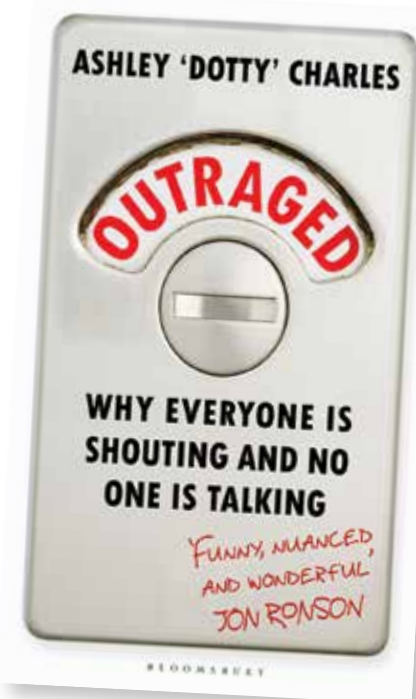
wealth fund. Messrs Wright and Hope also depict the world of the shady ultra-rich, where Hollywood stars, musicians, moguls and celebrities are paid performers and sometimes ornaments to conspicuous consumption. The ramifications of the 1MDB are still yet to fully resound, as it seems there are ongoing investigations and legal actions, which will still likely continue for years, given the billions of dollars whaled away. Similarly, these events would warrant a mini-series indeed!

Outraged: why everyone is shouting and no one is talking

Ashley "Dotty" Charles, 2020, Bloomsbury Publishing
ISBN: 978-1526605030

Ashley Charles, DJ and BBC presenter, provides a succinct account of the issues regarding online, and conventional media discourse, along with self-deprecating humour and insight from her broad experience in public life. She addresses the problem of online outrage, fanned by rapid re-posting of concern, against a background of taking offence, as she quotes from her Guardian article "Everyone is offended by everything. It's exhausting... Being outraged allows you to take the moral high ground... It let's you say I am offended, and therefore I'm principled.... Outrage was once reserved for the truly unjust." The extreme version of outrage elides into "cancel culture".

Ashley Charles addresses these issues, and encourages reasoned discourse as an alternative to kneejerk offence, similar to Tom Nichol's observation that arguments became exhausting when discourse broke down, due to the Death of Expertise [2017].



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QUT PARTICIPANTS WANTED

have your say about DVA's treatment cycle arrangements

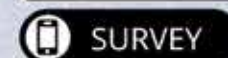
QUT are seeking people with lived experience of the Department of Veterans' Affairs treatment cycle arrangements to participate in a survey to provide feedback on their experiences.

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Follow the link for more information, including access to the survey: <https://www.qut-dva-treatmentcycles-evaluation.com>

Contact the evaluation team via evaluationproject@qut.edu.au



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MBBS, MD, FANZCA, FFPMANZCA



Dr. Anandhi Rangaswamy is a Pain Specialist and
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Anaesthetic Fellowship from Nepean Hospital Sydney and
then went on to do Paediatric Pain Fellowship from Westmead Children's
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Dr. Rangaswamy believes in a whole person's approach to pain management. She
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