[00:00:04] TIM HOFF: Welcome to another episode of the Author Interview series from the American Medical Association Journal of Ethics. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Larry Churchill, a professor emeritus at Vanderbilt University Medical Center in Nashville, Tennessee. Dr Churchill is also an elected member of the National Academy of Medicine, a fellow of the Hastings Center, and coauthor of Bioethics Reenvisioned: A Path Toward Health Justice. He’s with us today to discuss his article, coauthored with Dr Gail E. Henderson and Nancy M.P. King, “Why Climate Literacy Is Health Literacy,” in the February 2024 issue of the Journal, Health Ecology and Disease Transmission. Dr Churchill, thank you so much for being on the podcast. [music fades]

DR LARRY CHURCHILL: My pleasure, Tim.

[00:00:55] HOFF: So, to begin with, what is the main ethics point that you and your co-authors are making in your article?

CHURCHILL: I’d say the major point is that global warming, which is in evidence as we speak—not something in front of us, but already occurring—presents unprecedented health challenges and challenges to our thinking about justice with regard to who’s cared for in this society. And I put it that way because the system seems to be very good at treating illnesses which are well identified, such as the job we did with COVID, although you can count some slips along the way. But generally speaking, the health care system could manage that reasonably well. Global warming is an entire different phenomenon because there will be not only infectious diseases like spreads of malaria and other things that are insect-borne, but also tremendous increases in poverty in terms of hunger, in terms of people who are forced out of their homes and have to move, shortages in all the kind of necessities of living. And the health care system is really not equipped to do that, not equipped to respond to these things, because most of these things fall into the category of what we call the social determinants of health, that is, the reasons people get sick having to do with poverty, lack of nutrition, inadequate housing, no steady and reliable sources of income, and so on. That will simply increase with global warming.
And medicine has really functioned, you know, you’d have to say pretty well in terms of the repair shop paradigm, but it doesn’t do well with public health crises. That, medicine is not yet well-equipped to handle. And it’s because as a country, we’ve put most of our resources in the notion of health as getting sick and then going to see a doctor or other health professional to get yourself fixed or repaired. So, the whole notion of prevention and trying to prevent the kind of things that worsen people’s social conditions and therefore cause them to get sick are not high on the agenda, and they never really have been. But I just feel we’re ill-equipped as a society and as a medical profession to try to deal with what’s coming. And so, I think I and my co-authors, Nancy King and Gail Henderson, thought about this as the need to give a kind of additional wakeup call. We’ve been thinking and writing about this for years, but it’s very nice to have it published and hopefully find a larger audience.

HOFF: And so, what do you see as the most important thing for health professions students and trainees specifically to take from your article?

CHURCHILL: Get prepared, in short. Understand where we are in this process and understand that health needs are going to expand dramatically. It’s also very important that bioethicists, medical professionals, medical students, everyone in the health care field do a better job of trying to educate the general public about this coming set of catastrophes. It isn’t clear at all that anything other than a large public response demanding changes from our national and local political leaders will have any effect. And so, physicians and nurses are always important to educating the public about what the health needs are and what’s coming. So, climate change and the devastation caused by that needs to be on the agenda.

Another important item on the agenda is that health care itself constitutes a grave threat to the environment, because the carbon footprint for health care is very large. It’s about eight-and-a-half percent of all the greenhouse gas produced in the United States comes from the health care system itself. So, finding ways for the system, and especially here hospitals, to do things differently is very important, and physicians can really take the lead in this in terms of saying, “We’re going to provide an example,” rather than contributing to the problem.

HOFF: And finally, if you could add a point to your article that you didn’t have the time or the space to fully explore, what would that be?

CHURCHILL: I would say that the thing that’s important here is that the educational process has been undersold and needs to be actively undertaken. Who, for example, is worried about educating state legislators and local communities about the coming health problems of global warming? That’s a job that all of us could take up, but doctors have a specially important role in that, as do, I think, the people in my profession of bioethics. [theme music returns] So, underlining that, emphasizing it, would be something I would turn to if we had a little more space.
HOFF: Dr Churchill, thank you so much for your time on the podcast today, and thanks to you and your coauthors for your contribution to the Journal this month.

CHURCHILL: My pleasure, Tim.

HOFF: To read the full article, as well as the rest of this month’s issue for free, visit our site, journalofethics.org. We’ll be back soon with more Ethics Talk from the American Medical Association Journal of Ethics.