



Minisymposium

Climate change and rising energy costs: A threat but also an opportunity for a healthier future?

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Summary Health problems caused by overconsumption, growing inequalities and diminished well-being are issues that have been attributed to the prioritization of economic growth as the central purpose of society. It is also known that climate change and rising energy prices will inevitably bring changes to the globe's economic models. Doctors and the wider public health community have campaigned successfully in the past on issues such as the threat of nuclear war. Is it now time for this constituency to make its distinctive contribution to these new threats to health?

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Economic growth as a historical driver of health improvement

In the early stages of industrialization, economic growth and health have grown in parallel. Greater wealth leads to better health, but improved health also contributes to economic growth.¹ Various mechanisms have been proposed for this association, including better nutrition as a result of the agricultural revolution,² improved sanitation and public infrastructure,³ and the creation of

welfare systems and local government.⁴ This historical association is strengthened by evidence from occasions where economic growth has faltered (1970s de-industrialization in parts of Europe⁵ and the economic collapse of the former Soviet Union in the late 1980s⁶), which shows that economic collapse can have a marked impact on health.

This paper argues that the association between increasing wealth and health remains partially true for poorer countries, but that further growth will not yield health gains for industrialized economies such as the UK. Therefore, a fundamental re-examination of the contribution of economic growth to health is urgently required.

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What is driving current concerns about economic growth?

There is concern about economic growth for two reasons. First, economic growth associated with rising consumerism, individualism and economism damages our sense of well-being and the cohesion of our society.^{7,8} Second, economic growth is not sustainable in a finite planet that is showing the detrimental impact of exponential growth in the consumption of energy and resources.⁹ The question is, are these concerns justified, and what is the most appropriate response?

Ideally, a public health response should be based on strong evidence;¹⁰ however, the dilemma of the sigmoid curve proposed by Handy¹¹ suggests that waiting for the accumulation of evidence before taking action may be too late (Position B on Fig. 1), as decline is already established and a change in direction becomes increasingly difficult. The best time for action is Position A, where resources are still growing and are available to grow a new and sustainable curve.

The incomplete evidence base which suggests that we are at Position A and should take action now is framed in four areas: well-being; overconsumption; inequalities; and, most importantly, sustainability.

Well-being

Since the mid-1970s, increased economic growth in the USA, Europe and Australasia has not been accompanied by commensurate improvement in well-being.^{12,13} Despite the difficulties in defining, measuring and providing its historical trends, it has become clear that well-being has not improved substantially in the developed world for at least 25 years, and may even be declining.

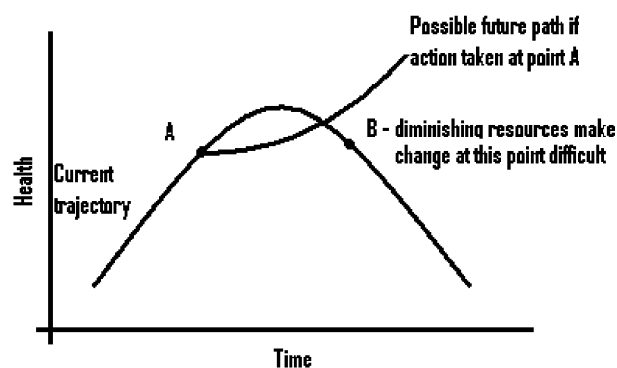


Figure 1 The dilemma of sigmoid curves in the response of health to economic growth.¹¹

Table 1 Hypotheses linking economic growth to unhappiness

Creation of a 'hedonic treadmill'
Choice anxiety
Loss of deeper meaning and purpose to life
Loss of hope with satiation
Uncertainty and insecurity
Homogenization of culture
Deterioration in interpersonal relations
Stresses caused by the 'pace of life'
Personal identity defined by own consumption

There are various hypotheses linking this stasis or decline in well-being to the effects of economic growth and the underlying consumerist society (Table 1). One theory is that of the 'hedonic treadmill', where no matter how much one owns, the persistent visibility and marketing of goods gives the constant feeling of being without, and an associated dysthymia.¹⁴ Another is termed 'choice anxiety', where the multitude of decisions (often trivial) that are made daily give rise to unhappiness.¹⁵ The loss of meaning and purpose as the practice of consumption replaces identity and deeper motivations and meanings in life has also been cited as a causal pathway.¹⁶ Linked to this is the phenomenon of satisfied expectations, where achievement of material wealth leaves an emptiness of hope. This was best expressed by van Goethe: 'Blundering with desire towards fruition, and in fruition pining for desire'.¹⁷ A further feature of the globalized capitalist world has been uncertainty and insecurity in areas such as employment and pensions.¹⁸ This 'footloose' existence has stretched social ties and made interpersonal relations shallower.¹⁹

Inequalities

Inequalities in both the determinants and outcomes of health have always been present in society, but have grown during recent decades in developed countries, and now appear to be accelerating (Fig. 2).²⁰

Whilst there remains debate about the mechanisms through which inequalities limit health,²¹ three facets of this argument are difficult to refute. First, income inequality drives health inequality.²² Second, income and health inequalities have increased during the long recent growth trends of gross domestic product. Third, continued economic growth using the current model is likely to lead to further growth in inequalities of both wealth and health.²³

Inequality levels amongst the most developed countries have increased steadily for the last 25

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