

A doctor's personal reckoning with climate change

Written by Dr. Courtney Howard and Tristan Bronca on December 14, 2017 for CanadianHealthcareNetwork.ca

Dr. Courtney Howard explains how climate change became an unmistakable force in her personal and professional life

Not too long ago, Dr. Courtney Howard's house was sinking. She and her husband (also a doctor) live in Yellowknife and the permafrost around the foundation of their house had begun to slump in. The geotech report suggested the melt was due to climate change. Something had to be done.

Now, two years, a super-insulated sewage tank, a few steel beams, and many thousands of dollars later, the renovations are complete and their home is once again standing securely. But climate change has the harshest impact on the poorest populations, and many in Canada's north and around the world are struggling to find the resources to adapt.

"Were we people of less means, that would have been really frightening," she said.

Dr. Howard is currently the President of the Canadian Association of Physicians for the Environment (CAPE), and in November she was in Bonn, Germany for the United Nations Climate Change Conference. There, she presented on Canada's [Powering Past Coal](#) initiative and on the Canadian elements of the [Lancet Countdown](#), the third commission in what has become the world's largest climate-health-related research initiative.

Action feels better than anxiety—and it gets things done.

The first *Lancet* commission in 2009 famously declared climate change "the biggest public health threat of the 21st century." The second, in 2015, struck a more hopeful chord calling it the "greatest global health opportunity of the 21st century." This most recent commission—the Countdown—was created to track the problem in all its evolving complexity. To do so, the *Lancet* will publish reports annually until 2030, including country-level briefs. Dr. Howard co-authored the first such [Canadian brief](#) this year, laying out several goals and recommendations for policy makers.

It seems fitting that Dr. Howard would be involved in this work. Her own reckoning with climate change followed a similar trajectory as the commission's, from dejection, to hope and, most recently, personal action. She spoke with the *Medical Post* about trying to come to terms with our planetary diagnosis and offered her own prognosis.

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Dr. Courtney Howard

When I first heard the Lancet's diagnosis, I really delved into the IPCC reports and tried to understand what it meant when they said we could be headed for over 4C degrees of warming by 2100.

What I learned, basically, is that isn't considered consistent with global organized civilization.

At that time I had just had my first child and she had three great grandparents who lived to be almost 100. I was adding that up as a new mom, I found it really upsetting that at the tail end of my children's lifetime we are pointed towards temperatures that aren't consistent with global organized civilization. Because, you know, I really like global organized civilization and everything it provides us (laughs).

I'd be in the emergency department doing laceration repairs and I remember looking at the syringe and the lidocaine and the needle and thinking about where all the components came from and the borders they had to cross, and wondering how we would have to adjust in Canada if resource-related migration and conflict started to dissolve the supply chain in other parts of the world. When you start to think about the level of organization it requires to keep a hospital running, it's quite sobering.

I probably had dysthymia for about six months after that. I just felt hopeless and isolated. But since I got involved with CAPE and international efforts like the Countdown I've met a lot of people who went through what I did—lots of them doctors.

What, I think, most people find is that once they start acting, they feel better because they're not overwhelmed by the scope of the problem. That's why I spent a lot of time in the last few years trying to create clear action items, like those in the brief, for people who have some time and energy they'd like to dedicate to this. CAPE has also produced an [active travel toolkit](#) for healthcare professionals, so they can head out into their community.

When I first decided to talk to other doctors about climate change I was quite junior in the profession. Many doctors were my mentors whom I had relied on for good advice for a long time. I really felt that if I brought this to their attention they'd deal with it. When that didn't happen I didn't really understand why.

We have so many of the skill sets required. It's explaining scientific things to people in simple terms. It's calling people to do something inconvenient—we've all woken someone up in the middle of the night who didn't want to get woken up in the middle of the night. Other scientists don't have that experience. They don't have to explain appendicitis in two minutes flat, to people of varying cultural groups and educational levels who may or may not be interested.

You would never take a look at a young patient and say, 'the sepsis looks pretty bad, I guess we'll just go have coffee.' In some ways that's what's happening with our approach to climate change. Still, in terms of a prognosis, I'm at least as hopeful as I am at the beginning of a big resuscitation, but we need to act right now. There is the risk of multi-organ dysfunction setting in and once that happens it's going to be tough to pull it out of the spiral.

The Paris Agreement is designed to prevent that by keeping us to well-below 2C of warming. But we're going to need a societal low-carbon transition within our lifetime to achieve that—and health sector efforts are critical to making that happen. So we're taking what we learned at the bedside about how to do effective CPR to help resuscitate this planet—we're pushing hard, we're pushing fast, and we're not going to stop.

Edited for length and clarity