



Editorial

It seems implausible that it is almost two years since the world was gripped by the CV19 pandemic and saved by the vaccine.

My editorial is brief and brings good tidings. A student section has been created and an editor appointed. The PubMed application has been submitted; fingers crossed for its success! The completion of the form was made possible by the efforts of our new, enthusiastic Student Editor Gui. The journal website itself has been updated and your comments / suggestions would be most appreciated. This issue has been published in a dyslexia friendly font and so shall future issues.

This issue includes a timely guest editorial on climate change and a future green NHS. We all wait for COP26 outcomes on global warming with much interest. This MBMJ issue is fully recyclable. In keeping with a green NHS theme and to contribute to a reduced carbon footprint this issue has been produced without a laminated cover. This does mean the spine of the issue is more fragile.

As always case reports, a historical perspective on the NHS, the A&E series and an innovative pictorial article on mental health complement this publication. Actually this issue includes the broadest range of articles; yet published in any MBMJ. Please note that any article that has been accepted should be included in the future issues.

Please contact me to join the Editorial Board or for involvement as a peer reviewer. For peer reviewers a two hour CME certificate can be provided. The vacancy for a patient representative persists.

My personal gratitude includes all the authors, peer reviewers, Joanne and Bryan Harper. This issue is testament to everyone's diligence. The MBMJ team and I wish your family and you good health, a wonderful festive season and a *toujours perdrix* 2022 😊

THANHS for reading,

Shadaba Ahmed, Editor

GUEST EDITORIAL

Climate Change and the Role of the NHS

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INTRODUCTION

The evidence is now conclusive - the world is warming, largely due to human activity. Without significant changes to the way we live, the world is predicted to warm to dangerous levels with disastrous consequences. We now have the knowledge and technology to limit climate change but the process of adaptation has been slow. Given the intricate link between climate change and human health, health care institutions have a responsibility to act. As one of the largest employers in the world, the National Health Service (NHS) in particular has the power to influence change.

THE PROBLEM

Climate change is largely driven by increasing levels of greenhouse gases in the atmosphere. These act as a blanket around the earth, absorbing infra-red photons and causing warming. Carbon dioxide (CO₂) is the prime culprit, comprising 78% of global greenhouse gases emissions in 2010,¹ and

remains in the atmosphere for thousands of years. Levels are on the rise predominantly due to burning of fossil fuels and deforestation. Other greenhouse gases include methane (10%), nitrous oxide (7%) and fluorinated gases (3%).

CO₂ levels historically have been relatively stable but show a significant rise over the last 50-100 years. (Figures 1 and 2). Evidence from multiple different sources has also shown a rise in average global surface temperatures of approximately 1°C since c1960.^{2, 3, 4, 5}

Projected data from May 2021 suggests that if the current global policies are adhered to, we can expect an average global temperature rise of 2.7-3.1°C by 2100 (Figure 3). Even if the most optimistic of net zero targets are met, we can expect a 2°C rise. The difference between these may seem minimal and irrelevant to most casual observers, but the effects on the world would be huge. These small differences are worth fighting for.

In 2015, an international agreement was finally reached in Paris between the vast majority of our world's nations.⁶ The