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**SPEECH TO THE AUSTRALIAN SUMMIT ON EXTREME HEAT AND HEALTH
MELBOURNE**

WEDNESDAY 2 MARCH 2016

AMA VICE PRESIDENT DR STEPHEN PARNIS

*****Check Against Delivery**

Heatwaves and the Health Sector

Thank you for the invitation to be part of this Summit on Extreme Heat and Health.

As Vice President of the Australian Medical Association, I want to talk about the AMA's formal position on climate change and health, as well as my experience as an emergency physician.

The AMA has had a comprehensive Position Statement on Climate Change and Health since 2004, reviewed and renewed twice in that time.

The AMA believes that climate change poses a significant worldwide threat to human health. It requires immediate action.

We recognise that human activity has contributed to climate change, and there is now comprehensive, indisputable evidence of the current and potential impact of climate change on human health.

The required urgency of our global response is also an established fact, rather than just a worthy opinion.

There is no doubt that harm to human health due to extreme heat and other weather events can be mitigated by addressing climate change and its causes.

The AMA wants to see a national strategic approach to climate change and health.

We want to see doctors and other health professionals playing a direct role in educating the public about the health consequences that are associated with climate change.

Today is part of this process of education and engagement.

My own training in emergency medicine has taught me about the risks of extreme heat.

My clinical experience has demonstrated the speed and severity with which overheating can lead to multi-organ failure and critical illness.

I recall a case, from a decade ago, when I resuscitated a cyclist who suffered heat stroke in the course of a long ride in temperatures in the high 30s.

He suffered rhabdomyolysis, an unstable heart rhythm, an acute confusional state, hypovolaemic shock, and acute renal failure.

In plain English, he could have very easily died. But he survived.

I have no doubt that he did so because of a world-class emergency medical system, which enabled rapid retrieval with expert paramedical care, complex and intensive care, and prolonged rehabilitation.

But this was a young, healthy man, and an isolated incident.

Today, we are talking about heatwaves – extreme events that place entire populations at risk, and so easily overwhelm the health systems we all depend upon.

According to the Bureau of Meteorology, heatwaves are defined as three days or more of high maximum and minimum temperatures that are unusual for that location.

Changes in our weather patterns show that heatwaves are becoming hotter, lasting longer, and occurring more frequently.

And heatwaves cause more Australian deaths than any other natural disaster, by a long way.

In 2009, I was working in Melbourne during the January heatwave – three days above 43 degrees, and very high minimum temperatures being experienced overnight.

This is what happened:

- Ambulance services were overwhelmed, and rates of cardiac arrest soared.
- There was overcrowding in every Hospital and Emergency Department in the State, and it rapidly worsened as each day and night of the heatwave progressed.
- Elective procedures were cancelled to free up precious hospital beds.
- Usual discharge planning changed, and had to be predicated on whether patients could be released to a safe/cool environment. In fact, one of my hospitals was in an old building, and the cooling systems broke down, putting inpatients at immediate risk.
- The elderly, the disabled, the homeless, and children were disproportionately affected.
- Wildlife and pets suffered terribly, and led to a number of patients putting their own safety at risk by ignoring medical advice for their own health, and returning to their overheated homes.
- Tragically, there were 374 more deaths than would be expected for the population of Victoria. And this, we believe, is a conservative estimate.

Why? Because in a heatwave, mortality and morbidity manifests itself in so many different ways.

It contributes to presentations as diverse as confusion, lethargy, falls, and the exacerbation of chronic illnesses such as heart, lung & renal disease.

The Coroners Centre in Southbank required temporary refrigerated containers to handle the surge in notifiable deaths.

One week later, Black Saturday occurred.

There were temperatures of 46 degrees, gale force winds, and humidity in single digits led to bushfires which scar the State to this day, badly burned 100 Victorians, and took 174 lives.

Despite the devastation, it still caused fewer deaths than the insidious heatwave of the prior week.

During the 2014 heatwave, I was again working as an emergency physician, but I was also the State President of the AMA in Victoria.

This time, we had four consecutive days with maximum temperatures greater than 41.5 degrees.

Cardiac arrests rose seven-fold, and there were 139 deaths above the expected numbers.

There was certainly greater recognition of the risks than five years earlier.

Inevitably, however, services struggled with the burden of illness.

My role included public safety messages - everything from heat mitigation strategies, reduction in outdoor work and activity, getting children out of cars, checking on neighbours, and so on.

Calls were made for shopping centres not to evict those who were seeking respite from the heat.

Melbourne City Council opened its swimming pools to the homeless, as a very practical gesture.

Then, only two years ago, south-eastern Australia experienced its second major heatwave in five years. It will not be long before the next one comes along.

And so, what is required in the face of the reality of more frequent, severe heatwaves?

The AMA believes that responding to extreme heat events is everyone's responsibility.

State government, local government, community and private organisations all have an important role to play, as do we all as individuals.

The AMA wants to see more from our governments in terms of priority and strategy, and we have called for the development of a National Strategy for Health and Climate Change.

Implementation of a national strategy, by all three tiers of government in Australia, will better position Australia to respond effectively to the health impacts of climate change and extreme events such as heatwaves – and set in place ways to respond to, and recover from, these events and changes.

As today's Summit will canvass, strategies that address extreme events need to cover a wide range of activities.

This includes regionalised disaster management plans based on specific risks, vulnerable populations, and the ability to mobilise local resources promptly and communicate effectively.

It is easy to forget that essential infrastructure can be rendered unreliable, or even useless during climate emergencies.

Mobile phone network collapses and electricity blackouts are particular hazards.

Communications between hospitals, medical centres, clinics, and local weather forecasters and emergency response agencies are absolutely critical during heatwaves and extreme events.

And I will add that the risks to emergency service workers goes up significantly at these times.

Any plan must recognise the physical and mental consequences of fatigue, as well as working in unsafe environments – and during heatwaves, any outdoor work is in an unsafe environment.

Some States, such as South Australia and Victoria, have detailed and thorough heatwave strategies and plans in place.

Unfortunately, other States and Territories are less developed, and do not make the specific link between climate change and health.

In cases of extreme heat, it is vital that governments, via their emergency agencies, issue warnings to the public in a timely and effective manner.

And they must monitor responses to ensure that harm reduction measures are carried out.

Local councils, public institutions, and private companies have an important role in ensuring that places such as libraries, swimming pools, shopping centres, and other cool places are opened to the public to take refuge without fear of being moved on.

Community organisations should be supported to work with isolated and at-risk people to ensure they are appropriately cared for during such an event.

We have excellent bushfire preparedness systems in some States – surely the same should apply for other disasters like heatwaves.

In conclusion, I want to emphasise that heatwaves are one of the more insidious manifestations of climate change, but one of the most deadly.

Much has been done to better understand and respond to extreme heat.

But I have no doubt that, as a community, and as a nation, we must do more to build our resilience to heatwaves.

If we don't, then the consequences will be predictable, and severe.

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