False climate change narratives undermine health sector engagement

Donald Edmondson, 1 Adam R Pearson, 2 Renee N Salas 3

Health professionals are increasingly learning how climate change is harming their patients’ health 1 and, unsurprisingly, most respondents to a 2020 multinational survey felt a responsibility to educate the public and policy makers. 2 Many also reported, however, that they were not discussing the health risks of climate change because it is too politically controversial, peers would not be supportive, or it may be professionally risky. There is growing evidence that such concerns are unsupported by data about actual social divisions. For example, in the US there is far more public appetite—and more bipartisan consensus—for climate solutions than popular narratives of deep social divisions and entrenched polarisation suggest. This has direct implications for health advocacy. When people misperceive social and cultural norms, including falsely believing that others are dismissive or hostile to climate change information and action, they tend to remain silent. 3

People often equate political, institutional, and other systemic barriers with public dispassion. But research suggests that political divides at a national level often poorly reflect public sentiment or state and local policy debates around climate change, even in hyperpolarised nations like the US. State-level climate action offers a striking illustration: while the Democratic party is most often associated with advancing climate action, nearly a third of state-level decarbonisation bills in the past five years were passed by Republican controlled governments. 4 The reality is that most Americans support climate action, 5 yet the public vastly underestimates the degree of popular support that exists for a wide range of climate measures. 6 People want a clean, healthy, and safe future, especially for their families and children. They also support climate policies that simultaneously improve health and livelihoods, and they want fair policies implemented by trusted legal and administrative institutions—and for polluters to pay. 7

Political beliefs are a weaker predictor of climate change engagement than we might think. In most nations “left” or “right” political ideology is a weak predictor of support for climate taxes or laws—and more consensus often exists for climate action across values and belief systems than we might think. 8 Even people who strongly endorse “self-interested” values—like seeking wealth and personal ambition—are only slightly less supportive of climate action than the average person. 9 In the US, what people believe their friends, family members, and other trusted sources think about climate change (social consensus beliefs) is a stronger predictor of their own climate attitudes—including the belief that we should be doing more to tackle climate change—than their political beliefs. 8 In addition, many communities of colour are far less politically polarised around the matter than white Americans. 10, 11

Culture (perceptions, ideas, and practices that create shared meaning) shapes how people understand climate change, including narratives about how others view societal problems, as well as our collective ability to solve them. 12 In mainstream US culture, climate change is often cast as a global economic or political problem, a narrative that undermines individual agency. But for many, everyday understanding of climate change is shaped in relation to locally salient matters, like food and water security, and political participation. 13 Overly simplistic or mistaken beliefs, such as “Americans lack political consensus” or “people are too selfish to support climate action,” can undermine our collective sense of agency. Lack of agency permeates everyday understandings of climate change in major economically developing nations, including Brazil, China, and South Africa, 13 and hyperpolarised political rhetoric and legislative gridlock may fuel a similar sentiment in the US.

One of the unique strengths of medicine is its focus on developing a mechanistic understanding of the processes—including social and cultural forces—that contribute to health or disease. Tackling the root causes of climate change (such as fossil fuel combustion) and the societal forces that exacerbate their impacts (such as structural racism) requires societal transformation. 14 The mistaken belief that others lack sufficient interest or capacity for climate action poses a formidable barrier to public mobilisation, and undermines our sense of collective agency. 5 Once the health community recognises that cultural barriers are minimal, it is uniquely positioned to spark and shape climate action to protect human health. 15

Health professionals can contribute to collective action by reflecting and building on the existing consensus, particularly when they adopt perspectives and approaches to communication that are informed by social and behavioural sciences. 15 Harnessing the power of health professionals’ communications to influence social consensus narratives, and advocating for local health protective climate actions, are important ways that health professionals can bolster the public’s sense of agency and urgency. 15 Local climate change and health impacts are, arguably, the best framing for personalising and humanising climate change and catalysing behaviour change. 16, 17 Yet fewer than 4% of US cities—and only 40% of US states—currently provide original, location relevant content about climate and health on their websites, 18 so opportunities for more impactful communication abound.

As medicine continues to accelerate its engagement, it is optimally poised to combat false climate
polarisation narratives. Discussing the health impacts of climate change is a critical approach for furthering medicine’s mission—to improve health and accelerate equity.

We have read and understood BMJ policy on declaration of interests and do not have any conflicts of interest to declare.