



Global population explosion: economic and health meltdown

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DECLARATIONS

Competing interests

SM is chair of a voluntary group aiming to promote safer cycling in Eastbourne: www.bespokecyclinggroup.org. She is also on

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A new hard-hitting film: 'mother: caring for 7 billion' suggests that the world's exponentially increasing population is the major cause of poverty, over-consumption, food poverty, riots, wars, de-forestation, ill health, major crises, conflict climate change and catastrophic failure of economies.¹ As doctors, we could act as advocates for change, yet we work best treating just one patient at a time, never judging and rarely crossing boundaries into mass prevention or health improvement.

Humans, as the most successful species ever, have now outgrown their resources.² World population has doubled in just the last 40 years, since Ehrlich's prophesy of a 'Population bomb', and now stands at 7,000,000,000.³ And it keeps inexorably rising.²

The world's population is increasing unsustainably because the topic is seen as too sensitive. There is an urgent need to tackle the issue. The burden of the lowered standard of living that results from population growth and from the decline of resources, falls most heavily on the poor.⁴ Unemployment has a higher five-year mortality than many cancers.⁵ Being born into the most deprived postcodes or areas has a devastating effect on health.⁵ Half the world's population is under 28.¹ Forty percent of pregnancies in the USA are unintended.¹ One-third of maternal deaths in Ethiopia are due to unsafe abortions.¹ Two hundred and fifteen million women have no access to contraception.¹

It is possible to change what is perceived as normal. In Ethiopia, radio soap operas have been used to change cultural norms, for example the public can empathize with a woman refusing an under-age arranged marriage.¹ There has been a reported increase in spousal communication by allowing discussion of taboo subjects.¹ In Bangladesh, there are fines for arranging such a marriage.

Perhaps we also need a different economic paradigm? Countries see growth in gross domestic product (GDP) as a marker of success, yet this encourages consumption of scarce resources and GDP includes burgeoning healthcare industries. Would sustainability be better than growth? Even water is in short supply. The US economy requires 150,000 more jobs each month to cope with 1% population growth; one economist describes economic planning as a giant Ponzi scheme: that we are all paying with money that will never be repaid.¹ There is no easy answer, but some good results with micro-finance initiatives that empower women.^{1,6} In England, there are fledgling 'Health and Well-Being boards' taking shape at county council level to put public health and preventive measures at the heart of decision-making on healthcare.

Melinda Gates is directing their charitable funding towards accessible contraception.⁷ Why are we too embarrassed to discuss this? A large number of women in the world have no control over their own fertility. Modern long-term reversible contraception moves some decision-making away from the moment of sexual intercourse. Has the fight against Aids made things worse? If condoms are promoted as the means of preventing disease with a bonus of reducing unwanted pregnancies, has this reduced the potential for long-term reversible contraception to be offered to large numbers of eligible women of all ages? Perhaps now is the time to separate the two? How large a part has religion played in keeping contraception a taboo?

We need to give women all over the world the same choices that we take for granted. We can delay having children until we are confident, grown-up and established enough to return to work economically independent. Girls who stay

in education have better health, have children later and have fewer children, who in turn have better health, 'the girl effect'.⁶ But cultural change and education needs to include everyone in society.

As healthcare professionals, we are stuck in the paradigm of allowing patient choice and treating each individual patient. We should, perhaps, be using our advocacy role to demand change across societies. If we open up discussion of this taboo with policy-makers and the public we may improve health for billions in the future.

References

- 1 Fauchere C, Johnson J *'Mother: Caring for 7 billion' (film)* 2011. See www.motherthefilm.com (last accessed 20 July 2012)
- 2 Malthus TR *An Essay on the Principle of Population* 6th edn. London: John Murray, 1826. See <http://www.econlib.org/library/Malthus/malPlong.html> (last accessed 21 August 2012)
- 3 Ehrlich PR *The Population Bomb*. New York: Ballantine books, 1971
- 4 *United Nations (2012) Our Common future: Report of the World commission on Environment and Development: Chapter 2: Towards sustainable development*. See <http://www.un-documents.net/ocf-02.htm> (last accessed 31 October 2012)
- 5 *Marmot Review (2010) Fair Society, Healthy Lives*. See <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> (last accessed 20 July 2012)
- 6 Anon (2012) *The Girl Effect*. See http://www.girleffect.org/uploads/documents/4/Girl_Effect_Your_Move.pdf (last accessed 31 October 2012)
- 7 *Bill and Melinda Gates Foundation (2012) Family Planning Strategy Overview*. See www.gatesfoundation.org/global-health/Documents/family-planning-strategy.pdf (last accessed 21 August 2012)