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The recent editorial by Drs. Guillebaud and Hayes evokes food shortages and riots among the dangers of overpopulation. It goes without saying that such events have taken place throughout history at much lower population levels. It is generally understood that food shortages are typically the result of war, corruption, political failure, economic policy, meteorological hazard and maldistribution, rather than global shortage. They go on to invoke the likelihood of logarithmic population growth, despite the WHO projection of a peak in world population around 2050 with a decline thereafter.

Further, they opine that contraception should be offered more aggressively to residents of the UK, invoking the disparity in resource utilization between UK and Ethiopia. They overlook that Ethiopians covet the UK standard of living and not vice versa. In fact, as they fail to mention, the maintenance reproductive rate of 2.1 births/woman is not met in the UK, Europe or North America. Moreover the economic and political consequences of this declining birthrate are considered serious hazards by many of the countries involved which are responding by encouraging higher fertility rates.

It is well demonstrated that birth control increases in relation to the standard of living and level of education. What the authors should have concluded is that their goals would be best met by increasing prosperity and general education (especially of women) rather than by mere availability of contraception or propaganda. By invoking outdated Malthusian doctrine and touting remedies supported by their financial backers, they offer a very skewed view of our problems and solutions.

## Restraint counselling: A doctor's ethical premise

29 July 2008

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John Guillebaud and Pip Hayes editorial on population control and environment is thought provoking.

Environmental changes like global warming, peer competition and global resources throw a formidable challenge. A health professional's counsel to the public to contain this growing menace will no doubt have an impact on society.

Reaching out to the community either in the form of a newsletter or on the lecture circuit or individual face to face interaction would be a noble and laudable deed for the health profession to render advice on environmental issues and our growing numbers and the threat it poses in terms of quality of life for the present and future generations.

## Stop talking: time for action

29 July 2008

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Another advice to our patients stop environmental pollution on top of stop smoking, stop drinking, eating healthy, exercising five times a week, safe sex, no drugs.

As a GP I have been giving all sorts of health promotional advice to my patients for years. Do they take any notice of what I say? I know one of the pharmaceutical companies is in the process of making a polypill containing a low dose aspirin, statin, B blocker and an ACE inhibitor. I suggest can they add a contraceptive pill for our female patients and sperm killing pill for our male patients. Oh, I forgot to mention perhaps stop smoking, stop drinking, a happy pill and an antiobesity pill to be added. All problems solved. It is time for action.

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I agree with some of the views put forward, but feel it is difficult to be coercive with patients regarding family size. However, the human race needs to start taking collective responsibility for all factors leading to climate change, and limitation of population must be considered. India and China have addressed the issue with what may be seen as draconian policies, and we have seen the personal devastation for families in China who lost their only child during the recent earthquakes, but this should not cloud the issue that the world is becoming ever over populated, and there is only a limited amount of resource to go round. Population control is important, and perhaps as healthcare professionals we do have a responsibility to at least highlight the issues of family size, and to ensure that the messages about contraception are being delivered where they are needed - in the UK this would be appear to be most important to the young, to avoid teenage pregnancy.

If we accept this responsibility, there is also the problem of leading by example - how many of the medical profession reading this have limited their own family size based on environmental grounds alone? We have 2 children, but the limit was based on personal economical grounds (school fees, University fees etc) and the fact that pregnancy was not good for my blood pressure. Saving the environment did not feature in our decision making, but my children are in their late teens. If we were making the decision now, I think the environment would be play a part in deciding how many children we had, and even if we had any at all. With recent events i.e. food shortages etc, I wonder what kind of planet my children will inherit, and whether they will have the luxury of making a choice about family size.

Taiyyab Mehmood,  
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I was shocked to open the BMJ today and see such a title of this article, that somehow linking Population growth to climate change!

Following this line of argument, one may look at the other side of the life stage, and make an equally positive argument that all pensioners should be rid off, as they are to add to climate change and have no use to this planet. If one abhors such a comment, then I question your judgement to ironically agree that to "kill" unborn kids for apparent effect on climate change is ok? This reminds me of the film with the great Peter Ustinov's film "Logan's Run", where to have a utopia, people may live to 30. With authors scary notion, this may be the beginning of such film becoming true, in the future, sadly!

This article is leading the reader to the prejudice views of the authors with no concrete or substantial evidence, than to play to the inborn fears of the reader to overlook such a big lack and feel another reason why not to have children, or many. Only here say and opinions back that population growth causes climate change.

Note that Britain during its height conquering the world to its knees, era in the 1800s, its capital was gorged with a blanket of dust and the climate was terrible. Yet now with a population 3 x that the climate is cleaner today in UK. Any scientist will tell you that. These are facts.

The Romans removed most of the forests in Europe -and burning immense amount of trees - comparable to today's situation in Brazil - under its domination/ Yet today we see many are forest are back and under government protection. Europe had a population of a tenth to today's now nears three fourths of a billion. These are facts.

Africa has a population of near 1 billion, yet USA with its population of 300 million, yet pollution wise (Which is hypothesized to cause climate change by one party) USA is several times more a pollutant contributor than Africa. Pollution that few argue is the contributor of climate change, as the authors of the article are indirectly support, as part of their equation to back up their article. These are facts.

To name but a few examples for discussion sake in showing the facts that disreect the notion that population control will help with climate change.

Slightly digressing on what one replier to the article use of the word "safe sex". I would really expect better for the medical profession to not follow the media in using the word "safe sex" as thus to say one is having "dirty sex" if one was in a monotonous relationship with no use of contraception (as in a time before "secular" religion, the previous ones advocated such and still fruitlessly do), as bad. We as doctors must be aware of the powerful subliminal message in using such words without the hindsight or more important WISDOM, of the consequence. Think of the etymology before using such phrases, before its too late.

So don't be shy to have babies. Educate them to not overbuy food (as in UK 25% food bought is binned) and not to overindulge one's desires and ego to have a plasma TV in every room with 4 cars per house - big engines also etc. But don't forget to give them lots of sincere love, protection, care and the gift of wisdom to be ready for the big world.

Put efforts to recycle and be conscious of each act on the world. Be wise and humble.

Peace to you all :)

Competing interests: Pro-life supporter

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While flying around the world in conferences and meetings, one wonders the carbon monoxide load produced by these events. Perhaps, we as privileged professionals should include provision payment for produced carbon monoxide load into our meetings and conferences. Recently, for instance the Scouts have introduced these payments in their camps, which by any standards are less polluting than our international conferences. We have developed subsidies for our colleagues in developing countries in fees and accesses in scientific papers. Physicians worry over climate change needs to change into individual actions.

## caesareans and demography

31 July 2008

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In their editorial about population growth and climate change, Guillebaud and Hayes mention Costa Rica, Iran, Korea, Sri Lanka, and Thailand as countries where voluntary family planning policies have been effective.<sup>1</sup> These countries also have in common an already long history of skyrocketing caesarean rates.<sup>2,3,4,5</sup> There is now more than anecdotal evidence that caesarean-born populations have low fertility rates. The cause and effect relationship is plausible. This factor has not yet been taken into account in the world population projections. The worldwide fast increasing caesarean rates suggest that in the middle of this century the abdominal route might be the most common way to be born. Will the effects of this turning point in the history of childbirth be more effective on population growth control than family planning policies based on education? How difficult is it to marry sexuality and rationality? Can obstetrics save the planet?

1 - Guillebaud J, Hayes P. Population growth and climate change. *BMJ* 2008; 337:a576.

2 - Belizan JM, Althabe F, Barros FC, Alexander S. Rates and implications of caesarean sections in Latin America. *BMJ* 1999;319:1397- 1402

3 - Garmaroudi G, Eftekhari H, Batebi A. Caesarean section prevalence in Tehran, Iran. *Annu Meet Int Soc Technol Assess Health Care Int Soc Technol Assess Health Care Meet.* 2003; 19: abstract no. 16.

4 - Lee SI, Khang YH, Lee MS. Women's attitudes toward mode of delivery in South Korea--a society with high cesarean section rates. *Birth* 2004;31(2):108-16.

5 - Chanrachakul B, Herabutya Y, Udomsubpayakul U. Epidemic of cesarean section at the General, Private and University Hospitals in Thailand. *J Obstet Gynaecol Res (Pub.Country : Japan)* 2000 ;26(5) : 357- 351.

## Population growth

1 August 2008

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Why is it that we, the whole human race apparently, and certainly the UK medical profession, has taken its eye off this particular ball? Population growth is the motor that drives every other component of our current snowballing environmental catastrophe. All efforts to reduce CO2 emissions, reduce carbon footprints, reduce individual waste and consumption and so forth, all are meaningless unless we can rein in and then reverse the growth of our numbers. This is the most important and dangerous crisis we have ever faced, and we are just ignoring it.

## Greenhouse effect of births in developed countries

1 August 2008

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Strong disparity between greenhouse effect of every new birth in developed world compared to that of developing world should be marred by high birth rate in the latter. While it is easier to make educated people adopt more stringent measures, it is very difficult to bring about any change in countries with a large population and rampant illiteracy.

Political pressure and compulsion of contending parties to take up softer stand is rule than exception to come to and remain in power. Rapid removal of carbon dioxide is a possibility. Many are working on this such as Wally Broecker, Columbia University [http://www.sciencentral.com/articles/view.php3?type=article&article\\_id=218392957](http://www.sciencentral.com/articles/view.php3?type=article&article_id=218392957). Allen Wright, president of Global Research Technologies, is working on a prototype of a carbon air capture device.

Having said so in no way undermines the need to stabilize population. Countries with high growth identified should be tackled by broader cooperation.

## Focusing on the broad picture

2 August 2008

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I am glad that the BMJ has decided to break its self-imposed taboo and has highlighted the issue of population growth in relation to public health. Important as it was its previous advice to doctors to keep their tyre pressure to the right level, saving at least 5% in carbon emissions, it is obvious that it was only scratching the problem.

## Not social planners but doctors

2 August 2008

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The Medical Profession enters very dangerous territory when it seeks to confront issues such as “the environment” by recourse to medical intervention such as the prevention of births. We know from recent history what has occurred when doctors have been used to solve “problems” of a non -medical nature. When the profession sees its task to prevent the generation of new human life in the name of “environmental issues” and “global warming” it is acting beyond its remit which is to treat the sick. We are not social planners or instruments of fashionable political thought .The planet was made for man and not man for the planet.

## Infertility treatment

2 August 2008

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Has anyone ever calculated the environmental cost of producing a child by IVF? As someone who gives career advise to junior doctors I am surprised at how popular 'reproductive medicine' is as a specialty. I have never understood why, with 6.7 billion people in the world is it considered right or ethical to try to make babies when nature doesn't want them.

Overpopulation has been discussed for decades. Few people talk about over population in the developed world despite the high population densities of countries like UK and Holland. It is refreshing to see it discussed.

The number of people in nursing homes suggests that having children to have someone to care for you in old age is a high risk strategy. I certainly couldn't have my dementing mother in law living at home with us if we also had small children to care for.

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The population changes in Africa plus the Middle East to Pakistan - the only large region of the world where, in most countries, effective family planning is not easily available - are as follows:

300 million in 1950

600 million in 1976

1,200 million in 2002

2,400 million in 2050

And onwards from there.

(The United Nations low, medium, and high estimates for the 2050 population are 2340 million, 2726 million, and 3143 million respectively.)

I believe there is a strong case for encouraging effective family planning in this region.

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The writers of the editorial on Population Growth and Climate Change assert that Malthus has been proven right after all and that 'population pressure' has led to food shortages. Wrong. The politicisation of food supplies is causing problems. Something like 23 million hectares (an area the size of Britain) of prime agricultural land in the Ukraine lies unused and the U.S. has diverted huge acreages of maize into ethanol production. This rush to produce biofuels to 'save the planet' has had an effect on food prices.[1]

The latter scenario illustrates the folly of following the advice of the global warming crowd. Guillebaud and Hayes write as if the science has been settled once and for all on this issue when it clearly hasn't. The Nongovernmental International Panel on Climate Change[2] is challenging the status quo and the American Physical Society representing nearly 50,000 physicists is reopening the debate.[3] Russian, Australian[4] and German researchers are predicting a period of global cooling due to a decline in solar activity. Awkward questions such as why there has been evidence of warming in other parts of the solar system point to the solar cycle as the main determinant of temperature.

The advice that we should limit the size of our families for posterity is absurd. Europe is in severe population decline. Spain has a total fertility rate of 1.15; Germany of 1.35; the UK of 1.6 and the EU average 1.38.[5] Britain is plundering the human capital of the developing world to supply staff for the NHS and other caring services. For every child not born in Britain as a result of contraception (or abortion) one potential future member of the workforce is lost.

The authors advocate greater access to contraception as a means of curbing population growth but where has this led us? The price of sex for men has historically been marriage. Now it is not much more than the price of a packet of condoms or pills. Are we really any healthier and happier for this? Has the destruction of marriage really helped social cohesion? The damage done to the moral and social environment fostered by contraception has a more severe impact on people's lives than any theoretical global warming scenario.

1 <http://www.dailyreckoning.co.uk/Economic-Forecasts/How-Food-Shortages-Provoke-Economic-Nationalism--00038.html>

2 <http://www.heartland.org/pdf/22835.pdf>

3 <http://www.dailytech.com/Myth+of+Consensus+Explodes+APS+Opens+Global+Warming+Debate/article12403.htm>

4 <http://www.dailytech.com/Australian+Researchers+Warn+of+Global+Cooling/article12250.htm>

5 Steyn, M. America alone. Washington, DC: Regnery Publishing, 2006.

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The obstacles to food availability that Mark Perloth lists are all relevant - and there are more, eg the global trend to meat-eating and the diversion of cropland to biofuels. All must be addressed. But they are additional to the fundamental mismatch on this finite planet between unremitting growth of human numbers and available fresh water, cropland and fisheries. Welcome but unsustainable improvements in agricultural yields (totally dependent as they were on cheap fossil fuel energy) meant it took a little longer than Malthus expected to demonstrate the correctness of his much maligned mathematical model: a very little longer, given that 210 years is 0.02%, a mere blip in the time since humankind initiated agriculture.

Which of our words “doctors .... should advocate for it (family planning) to be supplied only wisely and compassionately” or “We must not put pressure on people” support either Taiyyab Mehmood’s comment about getting rid of pensioners or Mark Perloth’s accusation that we favour contraception being offered more “aggressively” –anywhere, whether in the UK or USA or in resource poor settings? What is obvious is that everywhere, one less birth is one less person to trash the planet: which is what modern humans inevitably do in varying degrees. As we pointed out, people in high resource countries do this far more than the poor are able to, so the climate change impact of one less rich child is greater. But the ever-increasing numbers of low-consumers aspire (as is their right) to exit their poverty. Anyone with a passionate desire (which we hope Mark and Taiyyab share) to abolish poverty, must understand that one less person born into poverty is one less person either to suffer poverty or to produce more greenhouse gases while escaping poverty. Something millions of previously-poor Chinese are currently doing, causing major global impact without even getting close to the individual carbon footprints of Europe or North America.

WWF [1] shows humankind in ‘overshoot’ mode already and estimates that “by midcentury humanity’s demand on nature will be twice the biosphere’s productive capacity”. In simple terms, this means that by 2050 - with a world population of more than 9 billion - we shall be trying to utilise two planet’s worth of bio-capacity (fresh water, cropland and fisheries etc). In this demonstrably unsustainable predicament, with no second planet available, humanity faces a stark choice: EITHER a gigantic cull by Nature of the excess humans, meaning the death of millions through violence, starvation and disease, or climate change, in the second half of this century; OR, achieving the necessary balance humanely by fewer births. We argue that a good start on this can be made through meeting much unmet need for voluntary, accessible family planning, properly resourced and accessible to all, plus the removal of many barriers to women [2,3] (which do indeed include lack of education and much misinformation).

Finally, we state robustly: it is ludicrous as well as false to allege that it is because of any financial backers that we make these evidence-based recommendations.

1 Gland: Worldwide Fund for Nature with Global Footprint Network and Zoological Society of London. Living planet report. 2006. [www.panda.org/news\\_facts/publications/living\\_planet\\_report/index.cfm](http://www.panda.org/news_facts/publications/living_planet_report/index.cfm).

2 Guillebaud J. Youthquake: population, fertility and environment in the 21st century. Optimum Population Trust, 2007. [www.optimumpopulation.org/Youthquake.pdf](http://www.optimumpopulation.org/Youthquake.pdf).

3 Campbell M, Sahin-Hodoglugil N, Potts M. Barriers to fertility regulation: a review of the literature. *Stud Fam Plann* 2006;37:87-98.

Competing interests: JG has received fees and expenses from manufacturers of contraceptives for educational presentations, research projects, and short term consultancies, and is a patron of the Optimum Population Trust. PH is a Trustee of the Optimum Population Trust.

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Dear Sir or Madam

Dr Guillebaud and Dr Hayes' Editorial and their response to the ensuing correspondence simply ignore the fact that endlessly asserting that humans are responsible for global warming and that we face a Malthusian apocalypse, does not constitute any kind of scientific argument, nor is it evidence of the thing being asserted. Their views seem comfortably immune from rational argument, a worrying feature and one which is characteristic of those possessed by fideistic zeal for a pet position. As doctors we should be prepared to look critically at this mantra of "overpopulation", repeated ad nauseam by those with vested interests in the technological, political and/or "New Age" religious dimensions of savage, typically coercive, population reduction.

Guillebaud and Hayes' Editorial presents recyclable or replaceable items of consumption such as water and crops, fish and forests in the same category as fossil fuels, surely a most obvious error? Why too has Taiwan, with a population density five times greater than mainland China's, not exhibited the total meltdown the authors predict? Regardless I suspect of any answer to these questions, the solution offered by Guillebaud and Hayes to the issues they tendentiously present is of course more contraception, more abortion, and more sex education; later no doubt they will tell us why euthanasia needs to be added. While there does indeed need to be far more attention directed to massive overconsumption in the West, the "inbuilt obsolescence" of so many of our goods, and the political decisions that have deliberately reduced global food production, as doctors such attention is required in order to save lives and limit suffering, not to claim pretentiously to be "saving the planet". After all, for what or who are we supposed to be saving the planet? If Guillebaud and Hayes have their way, we shall have very few grandchildren to whom we could pass it on.

Finally, would it be too much to expect the BMJ to offer more balance in commissioning articles by those holding controversial views (I think here of those by Drs Timothy Quill, Malcolm Potts, Savulescu, Burn and others recently) by also presenting the contrary view in its columns?

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When I was an obstetric SHO I asked women in the ante natal clinic if they had planned their pregnancies; 65% of them said no. Perhaps we need the carrot of making sure that family planning education is far higher up the priorities in the National Curriculum and that contraceptive services are made readily available in schools.

The stick could be to offer increased child benefit for the first child and none thereafter. The least the state should do is not to subsidise large families! However, governments, both local and national, continue to think that a growing population is very good for business and good for the economy and are loathed to grasp this nettle. Here in Plymouth our local politicians are actively seeking to increase the population from 250,000 to 350,000 and see this as a good thing.

To organise a society with a falling population is as big a challenge to politicians as reducing consumption and its resulting destruction of the environment we depend on. Our leaders, apart from those in China, are blind to this and unless changes are made the population is likely to increase until a limit is force upon us by nature. In these terms we are behaving like any other species, even bacteria - and our population may grow until it is curtailed by famine, war, pestilence, climate change and environmental collapse.

The future we are building for our children is truly terrifying and it seems sad to see some doctors believe that we can carry on as we are. I place these in the same dimwitted category as the generation of doctors who felt that smoking was harmless.

It seems that our efforts to save and prolong peoples lives may all come to seem blind if we do not attempt to avoid the oncoming catastrophe of climate change and economic collapse.

Perhaps these issues are simply too difficult for us to really address. After all the BMA still organises international conferences which is reassuring to big carbon emitters in the same way as the GP who smoked in the surgery was to smokers.

I personally believe that we are heading for an age where once again a large chunk of the global population will die in difficult circumstances. Doctors have a role to play in being honest with ourselves and our patients, so a big thank you for the leader on population growth.

## Yes to Birth control but confront longevity too

6 August 2008

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Universal availability of acceptable means of birth control is paramount for controlling world population but longevity-how long we are living- must also be considered in a sensible, sensitive way. Extending life longer and longer into extreme old age is contributing to overpopulation in a smaller but still significant manner. As a simple analogy, a bath floods when the taps are left on but only if the rate at which the water enters is greater than that at which it leaves through the overflow.

When doctors in affluent countries use life prolonging interventions to keep very elderly patients alive they need to be sure that this is their patients wish. All too frequently the matter is never really discussed. Many patients when old and 'tired of this life' feel ready 'to go to make way for others.' If we respect this and keep them comfortable with old fashioned 'TLC' while letting nature take its course, then we will help them avoid the needless and unwanted suffering caused by the pointless prolongation of life.

We should respect people's growing desire to have more control over the timing and manner of their death. Indeed, it is our duty as doctors to set aside the emotions unleashed by the much abused word 'euthansia', (good death from Ancient Greek), and instead, take a calm and fresh look at the issue of longevity and individual choice and the part this might play in limiting climate change.

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Guillebaud and Hayes make some valid points in their article<sup>1</sup> but they are distracted by the “red herring” of population growth as they tackle the real problems of climate change. The world’s population has been shown to have risen precipitously over the last decade to 6.7 billion. This information in isolation is misleading on a number of fronts. If we are to address the polemics of climate change and population growth we must be armed with the facts. The most important of which is that the richest 20% of the world’s population consume 86% of the world’s resources. The poorest 20% however are responsible for a consumption of less than 1.3% of resources<sup>2</sup>. Rwanda has a Gross Domestic Productivity (GDP) which is in the bottom 20% on the world scale<sup>3</sup>.

The second point is less well known but equally as important. The population in Africa increased in by 92 million from 2000 to 2005. The population of Asia however grew by over 237 million in the same period. Currently Africa accounts for 12% of the world’s population, Europe 11% and Asia 60%<sup>4</sup>. Africa covers a land mass over three times the size of Europe and two thirds the size of Asia. In spite of these incontrovertible facts, Africa is the universal target to birth control initiatives.

The latest argument espoused for this anomaly, in Guillebaud and Hayes’ article, is that this will somehow prevent climate change. Any drive to counteract climate change by birth control in Africa is clearly doomed to failure. Such a project would involve targeting the minority of the world’s population who consume the least resources. The suggestion, therefore, that birth control in Rwanda can have any significant bearing on climate change is clearly fallacious.

The population status of Africa remains controversial. Many authors believe that the continent is actually under-populated<sup>5</sup>. The full toll of the AIDS pandemic is yet to be determined. In this light some see the aggressive, unbridled and unqualified promotion of birth control in Africa as irresponsible.

Guillebaud and Hayes’ greatest oversight is that they conflate demand and need. Demand for any commodity be it contraception, cars, illicit drugs assisted suicide, abortion, knives, firearms or pornography does not invariably equate with a need for said commodity. Simply because many households demands two cars that does entail there is an “unmet need” for motor vehicles. The belief that the demand equals need is the origin of climate change and the reason why 20% of the population consumes 86% of the earth’s natural resources. The authors state that “demand for contraception increases when it becomes available, accessible, and accompanied by correct information about its appropriateness and safety; when barriers are removed” but they overlook the fact that this can be said of every single commodity be it contraception, abortion, drugs, assisted suicide, knives, firearms, pornography. The authors similarly fail to distinguish effectively “unplanned” from “unwanted” pregnancy. Many couples have unplanned pregnancies but these pregnancies are very much wanted. Surely the objective should be to prevent unwanted rather than unplanned pregnancies.

Climate change is a real problem. The challenges faced by the rise in global population remains to be fully determined. The solution is more likely to lie in the equitable distribution of resources rather than the arbitrary targeting of those peoples who are not causing the problem.

1. Guillebaud J, Hayes P. Population growth and climate change. *BMJ* 2008; 337: 247-248

2. United Nations Development Programme’s 1998 Human Development Report.

3. International Monetary Fund, World Economic Outlook Database, April 2008: Nominal GDP list of countries. Data for the year 2007.

4. <http://www.un.org/esa/population/publications/sixbillion/sixbillion.htm>

5. Ulf Himmelstrand, Kabiru Kinyanjui, E. K. Mburugu African perspectives on development: Controversies, Dilemmas & Openings. Published by E.A.E.P., 1994

## Parkinson's law of population growth

8 August 2008

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If doctors are concerned about environmental problems they should surely be concerned about population growth, since the latter causes the former. A stable population size is known to be consistent with economic prosperity, scientific progress and social well-being. Governments should guide their citizens towards this objective.

In our part of Australia water use is governed by draconian restrictions throughout the year because of population growth. The result is purely negative. The only people in our community who are advocating an increased population are those with businesses that want expanding trade opportunities locally. It should not be assumed in any case that the human race is making a rational choice to go with population growth. The fact is that the process remains largely out of our control in practice (if not in theory).

The old 'Boiling Frog Syndrome' springs to mind ([http://en.wikipedia.org/wiki/Boiling\\_frog](http://en.wikipedia.org/wiki/Boiling_frog)) as does the well-known 'Ostrich Effect' ([http://en.wikipedia.org/wiki/Ostrich\\_effect](http://en.wikipedia.org/wiki/Ostrich_effect)). I propose however a variant of Parkinson's Law ([http://en.wikipedia.org/wiki/Parkinson%27s\\_law](http://en.wikipedia.org/wiki/Parkinson%27s_law)), as follows: population expands to fill the space available.

## Authors should declare their number of children

19 August 2008

Mark T Patten,  
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I think that anybody advocating population control should declare as a conflict of interest how many children they have had, or intend to have. Demographic windows have certainly allowed expansion of economies and empires, it will be interesting to observe how the contracting populations of the western world cope in the future with fewer children.

Competing interests: I have three children

## Population stabilisation and climate change

22 October 2008

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Dear Sir,

I greatly enjoyed John Guillebaud and Pip Hayes recent editorial on the need for population control if we are to successfully combat climate change. I am responding as one of the authors of the articles on climate change which they criticise in their leader for not emphasising the role of population. I wish to offer an explanation, as we agree with the analysis outlined in their editorial.

In the declaration of the climate and health council, which I co- chair, and which is accessible on our website( [www.climateandhealth.org](http://www.climateandhealth.org)) we are clear about the need to stabilise the global population. The relevant section in our declaration reads: Recognising that population stabilisation is fundamental to both global efforts to mitigate climate change and the ability to adapt to it Our position is that enabling females to get primary and preferably secondary education and making available contraceptives in the yet to industrialise world are the measures needed to drive the necessary demographic revolution. The most realistic way of achieving this is by transferring resources to this group. Our immediate objective is therefore to ensure that the control of carbon emissions is linked to this transfer of resources . In common with many others, we state that the most feasible present global framework to enable this is Contraction and Convergence. The possibility of population stabilisation without resource transfer seems so remote that our emphasis is on the need for such a framework, and working for the introduction of such a framework in Copenhagen in 2009 is the key focus of our activities. Contraction and Convergence , by creating a fair shares world will therefore deal with both the need for the over consumers to reduce consumption and the high fertility groups to reduce their birth rate within a regulatory framework which gives fair shares of the earths resources to all. Having said this , we have been remiss in not making our position on the need for population stabilisation more explicit in our editorials, and thank Guillebaud and Hayes for pointing this out. We will in future do so, and encourage all health professionals to join those of us who are advocating for a fair shares world, where stable populations can live in harmony with each other and the environment. .

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Competing interests: Robin Stott is co chair of the climate and health council

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I am delighted Robin Stott agrees that combating climate change simply cannot succeed without - among many other measures - addressing the population issue. We prefer to use different wording, however, since words matter so much in this taboo-infested area.... I have for many years avoided putting the word "control" after either "population" or "birth" - except, as here, if I am explaining WHY I never put them together: which is because the word hints of coercion and "big brother". (Fortunately, after communicating with Dr Stott I now know that he also - and the Climate and Health Council (CHC) - would normally avoid that C-word).

After their November 2007 editorial [1], in my Rapid Response [2] I noted with approval the 8th Bullet of the CHC's Declaration that Stott quotes and signed the Declaration on their website. Yet I was frankly gobsmacked by the complete absence of that wording - or of the word population - in the editorial itself, despite being titled 'Doctors and climate change' .... This seemed odd to me, since as a medical student over 40 years ago I had concluded that THE obvious medical specialty for me, or any other doctor intensely concerned about environmental sustainability, should be family planning....

I agree that improved education for women is crucial, as is much RE- education of the men in this world who produce so many BARRIERS to women accessing contraception. In all settings, family sizes reduce when the barriers have been removed (see our editorial [3], references 10, 11) and correct information made available through education and the media [4].

This can occur without the massive resource transfer through Contraction and Convergence (C and C) that Dr Stott considers a sine qua non of success. I very strongly support the concept of C and C: I just don't think that, realistically, "a fair shares world" will happen, in the timescale required, if ever. I note absolutely no unmet need for the scale of reduced consumption in all rich countries that effective Contraction must mean. Yet it is a crazy tragic fact that there IS much unmet need for poor women to have a realistic choice in how many children they have. Agreeing it is true that "the possibility of population stabilisation without resource transfer seems ... remote", why does the rich world not make a start by adequately resourcing voluntary contraception? As Professor Chris Rapley pointed out at the launch of the Parliamentary Hearings [1], adequate family planning provision is incredibly cheap, measured in a few billions of dollars not the trillions that other climate change mitigation measures require.

Our grandchildren will not forgive us for having allowed the powerful taboos to inhibit effective resourcing of voluntary contraception worldwide, for so many decades.

Closer to home, would the Climate and Health Council consider adding to their TEN PRACTICAL ACTIONS FOR DOCTORS, that helping one UK couple (through voluntary family planning) to not have a baby will, thereafter, save on average about 10 tonnes of carbon emissions per year?

1 BMJ 2007; 335: 1104-1105 2 [www.bmj.com/cgi/eletters/335/7630/1104#182503](http://www.bmj.com/cgi/eletters/335/7630/1104#182503) 3 BMJ 2008; 337:a576 4 [www.populationmedia.org](http://www.populationmedia.org).

Competing interests: I have received fees and expenses from manufacturers of contraceptives for educational presentations, research projects, and short term consultancies, and am a patron of the Optimum Population Trust.