

# Emerging doctors call for action on global epidemic of non-communicable disease

May 12 2015, by Rebecca Kelly And Tim Martin

---



This week, special guest-bloggers and Australian doctors-in-training,

Rebecca Kelly and Tim Martin of the Australian Medical Students' Association, call for greater focus, discussion and action on the world's leading causes of death.

In March this year, the Australian government released the 2015 Intergenerational report revealing a prediction of the economic and social trends over the next 40 years. There's some fantastic news; children born in the middle of this century are projected to live greater than 95 years. Importantly, this increase in life expectancy will involve an improved quality of life and Australians will be more prosperous in real terms.

However, the report comes with a warning. Changing economic forecasts flag some potentially tumultuous decades, and an ageing population comes with its own set of challenges. Firstly, there will be a reduction in the number of active participants in the workforce. To make matters worse, Australian government health expenditure per person is expected to more than double, from \$2,800 to \$6,500 per year in real terms. Finally, with the unavoidable demographic change comes an increase in the rate of non-communicable diseases (NCDs); cardiovascular diseases, cancers, [chronic respiratory diseases](#) and diabetes mellitus representing the big four.

Difficult times lie ahead, and we need to be smart if we want to maintain the health status quo, let alone improve. We already know that the NCD risk factors often start in childhood and adolescence. For instance, greater than 90% of adults who smoke tobacco started in childhood or adolescence and 1 in 4 Australian children are overweight or obese, up from 5% in the 1960s. Subsequently, overweight and obese children are far more likely to be one of the 60% of Australian adults who are overweight or obese. People with risk factors such as obesity, smoking, excessive alcohol consumption, high blood pressure, diabetes, poor diet and sedentary lifestyle are far more likely to develop an NCD.



These figures are striking and extremely worrying. Further, Australia is not immune as NCD rates are skyrocketing around the world. Thus it is timely that the Australian Medical Students' Association (AMSA), the peak representative body of Australia's 17,000 [medical students](#), last month passed a policy calling on the Australian Government to prioritise the prevention in NCDs in youth. Medical students are in the unique position of having exposure to the health system whilst also being the targets of youth advertising relating to alcohol and tobacco et cetera. It is an unforgettable experience having a night out with friends, observing binge drinking and smoking, then heading to the Intensive Care Unit the



next morning to find a 40 year old, obese man breathing artificially through a tube to his lungs after a lifetime of smoking and drinking. Incidents such as these are all too real and all too common.

Now we are not economists, but it would make sense to think that preventing obesity upstream in children will have a much greater, lifelong impact downstream. If we were policy makers, the question that springs to mind is "what can be done earlier in life to decrease the incidence of NCDs in adulthood?" And if one asks, one finds; there is a rich tapestry of evidence painting the road to NCD prevention.

We need to get serious nipping NCD risk factors in the bud with more action and less talk. The McDonalds restaurant on the premises of a children's hospital in Melbourne is a notable example of nonsensical and counterintuitive policy. Another example is the proposed free trade agreement, the Transpacific Partnership Agreement. Clauses in leaked drafts of the agreement could allow big tobacco, big alcohol or big food to sue sovereign governments over public health legislation. This is no fairy conspiracy; Phillip Morris Asia (the Tobacco company) is suing the Australian Government right now over cigarette plain packaging laws through an existing free trade agreement.

Fortunately, there are (relatively) easy solutions to these problems. The evidence overwhelmingly suggests that the cost of inaction in the prevention sphere is far greater than the cost of action. Earlier intervention equates to better long-term outcomes thus childhood and adolescence are critical points to target. Furthermore, the collective Australian governmental spending on prevention is [only around 2%](#); a pitiful amount. If we spent just that little bit extra on primary prevention rather than expensive new gadgets, and seriously looked at tackling the big tobacco, alcohol and food industries which prioritise profits over wellbeing, Australia might find that we don't end up with a doubling of health expenditure.

With Government reports such as the Intergenerational report clearly outlining the challenges our health system will face into the future, it is a form of negligence that Australia isn't doing more to tackle the NCD epidemic. If the Australian Government was fair dinkum about NCD prevention they would be thinking twice about dodgy deals with fast food giants or undercover clauses in secret trade agreements. The medical students of Australia have spoken out in a collective voice; policy settings need to be based in evidence, not ideology. The facts are clear and the yellow brick road has been laid out. We just need to leadership to walk it.

Provided by PLOS Blogs

Citation: Emerging doctors call for action on global epidemic of non-communicable disease (2015, May 12) retrieved 24 April 2024 from <https://medicalxpress.com/news/2015-05-emerging-doctors-action-global-epidemic.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.