

Transcript: Health

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From an expert talk given at the National Emergency Briefing on 27th Nov 2025 at Westminster Central Hall. Full talks can be found at <https://www.nebriefing.org/>.

Well thank you very much for coming. I'd echo the thanks given earlier to all political leaders, the MPs in the room. Thank you very, very much for being here. Your leadership is noted.

I work in climate change, but I'm an NHS lifer. I'm a barefoot doctor working in a north London intensive care unit, and my day job is emergencies, whether it's global pandemics or 7/7 events such as this terrorist attack, or the more mundane, the people who come in acutely unwell on any one of the days of the week.

I know what an emergency looks like, and I know how you respond to an emergency. And you don't respond to emergencies with talk and homoeopathy, you respond with genuine action.

These are the sorts of patients I deal with. And it's not just that I recognise an emergency and what to do - I have to have honest conversations. Those honest conversations might be: "there is nothing I can do to help your loved-one or you, and that your loved-one or you are going to die". Sometimes it's: "this is what we must do to save your life - are you up for the pain and suffering that that will take to get you to that end?"

And I'm used to having conversations about risk and hazard. The risk of, let's say, a lifestyle such as smoking that might be bad for you - to say: "the risks, the likelihood, of a bad thing happening are going up by you doing this. I would strongly suggest we help you not to do that thing". But I'm also used to explaining what the hazard of that is, not just the chance of it happening, but what the bad thing looks like, the suffering that it might cause you, and the fact that if that bad thing happens, I might not actually be able to do anything about it.

And believe it or not, until around 15 years ago, human impacts of climate change weren't even being discussed, full stop. They weren't even in the international negotiating texts. And I was part of this commission that made this statement, that climate change was the greatest threat to human health of the 21st century.

We were pointing out the risk, but we weren't adequately pointing out the hazard because I don't think any more it's about risk. It's about survival. It's about the survival, not of future generations, but of my son, who was 20 last Sunday.

Why? Well, I can talk you through what we originally plotted in the Lancet Countdown, which we now publish. It's an over 50 country, 128 scientist report coming out every single year. And it maps 20 indicators of the health hazards of climate change.

This year's report, 12 of those 20 broke records of hazard. They get worse every year. Why? Well, because we end up with these sorts of consequences for climate change [heatwaves, high rainfall etc - see slide]. You've had many of them alluded to earlier on. And those cause downstream impacts such as these [fires, drought, flooding etc].

Those cause health consequences. And you can start mapping what those are. They're changes, for instance, to respiratory health, to asthma or COPD coming from fires, for instance, or high pollen burden. We get changes in communicable disease.

But I'm guessing most of you looking at that aren't terribly frightened by that. And if I'm completely honest, neither am I.

Because whilst we get those things coming here now, and whilst they're hitting people abroad very hard, we're not really seeing them. And humans aren't wired to manage indeterminate, medium term risk from activities they find currently pleasurable. That's why use of cigarettes, drugs, unprotected sex, alcohol, all continue, because they're all great fun now - although, as one of my fellows once said, not necessarily in that order - and they're associated with risk.

This is the problem. As Professor Michael Marmot points out, the social determinants of health aren't just an adjunct to health. They're the main driver of disease, suffering and death. And that doesn't matter if you're in a poor, resource-poor country, or you're from a wealthier nation such as ours.

The major driver of disease we see is due to the social determinants of health. Come visit my intensive care unit. You will see that writ big. And this is what scares the living daylights out of me, because these sorts of climate impacts, of which we've just heard from other experts, drive catastrophic downstream changes, which affect our socio-economic systems in this sort of way.

Paul alluded to the fact that the Kazakh grain collapse, and then the heat waves around Syria led to the insurgent masses moving into the Syrian capital, destabilising it, the triggering of Arab springs and so forth - very well documented. You're going to hear more about that later. But these are the problems. Without a functioning economy, without food supply available to us, we cannot run a health service - we cannot have health.

And I'm not going to be trying to give everyone else's talks, but let's just pick up on a few of those issues. We're losing somewhere around \$10,000 a second to extreme weather events, to ones we definitely can attribute to climate change. We're already around \$4,500 a second being lost to the global economy. And as you've heard, things don't stop if we just stop emitting. Heating will continue.

We're committed to the loss of 20% of the global economy already. That is going to be gone and it will be gone now in a little over 20 years. Moving forwards, economists are warning us we may lose 50% or north of our global economy.

Without that, we don't have an education system. We sure as hell don't have a health service.

This isn't just the scientists. Let's look at what actuaries say. The actuaries, the people who do the maths, or math if you're American, on the risk faced by insurance companies. I won't read that out to you. These are statements directly from actuaries. [See slide: "At 3C or more of heating by 2050, there could be more than 4 billion deaths, significant sociopolitical fragmentation worldwide, failure of states (with resulting rapid, enduring, and significant loss of capital), and extinction events."]. As they pointed out in the foreword to their report, this isn't some minor rounding error.

We heard Paul talking about food, and he alluded to this report from food seniors. So this isn't just coming from scientists like Tim and others. It's not coming from just ecologists such as Chris Packham. It's not just coming from actuaries and from food industry people as well as academics - it's coming across the suite.

And that was summarised in the state of the climate report from last year, which made the following statements [See slide: "We are on the brink of an irreversible climate disaster." "Much of the very fabric of life on Earth is imperiled." "This is a global emergency beyond any doubt."]

So I recognise an emergency. This is one. We have not been treating it as one. We've had these sorts of warnings too, which we ignored. Not that this might upset our tummies a bit with a bit of salmonella, or that we might get dengue. There may be no livable future for us and our children.

The point was made earlier: we haven't got time for doing a little bit of recycling - we need transformational change now if we're going to survive.

There are some policy wins because, as we also pointed out in one of the Lancet Commissions, action on climate change brings great benefits economically and to health as well. And Paul has alluded to some of those. If you look, for instance, at active transport and getting rid of particulate pollution, but using physical activity to move, getting rid of gas boilers and so forth, which reduces particulate pollution, and moving to the plant based diet that Paul alluded to, you get wins on all of these sorts of disease states, which are the bread and butter in every hospital in the country for which your taxes pay.

We can transform the health of the nation and we can make our NHS actually sustainable in its own right. There are huge wins if we change to active transport, quite modestly, by changes in policy. So these are fiscal wins, whether you're to the right or the left of the

political agenda. This just makes sense. If we look at the food to which Paul alluded, the impacts on respiratory health, cancers, diabetes, cardiovascular disease, stroke and more, if we make these moves to the recommended diet - the plant based diet - we get longer lives, lower emissions, and enormous cash savings.

And if you just look at the contribution to obesity, if we fix that, that would save this country £126 billion a year. That's enough to take 12% of the base rate of income tax.

So I'm going to finish. We've had an honest conversation. I am scared. I'm 63. I may not have that much longer left on the planet, but I'm scared for my own life and future, and I'm absolutely terrified for that of my son. And you should be too.

Is this an emergency? It is an emergency. Now, it is an emergency.
And it requires treating as such.

This is no longer a risk. Without action, these impacts are certainties and the hazards are catastrophic.

If we take action, we might survive to leave the hospital. If we do not, the outcome is absolutely certain. So I leave you with this thought. The climate emergency is a health emergency, and it's about time we started treating it as one.