in Bangladesh, malaria in the east African highlands) may in part reflect regional climatic changes.\(^1\)\(^2\)

Climate change is not merely another addition to the list of environmental health hazards each warranting separate epidemiological study and risk management. It is a complex global environmental hazard, with knock-on effects, and is unlike exposure to a dose of some specific toxic chemical or radiation. Hence the overall risk to health is more than the aggregation of itemised disease risks due to particular climatic factors.

Widely evident, climate induced changes to physical and non-human biotic systems—such as glacial melt and altered seasonal timing of flowering, breeding, and migrating\(^3\)\(^5\)—provide insight into how biogeoophysical systems can become uncoupled and dysfunctional. In similar fashion, the complex array of consequences of climate change, often perturbing social systems, can have impacts on health that are not well captured by itemised tallying. Unabated climate change would impair regional food and water supplies and thereby disrupt social and economic conditions—particularly in already poor and vulnerable populations. Conflicts would arise, migratory flows would increase, and a mix of violence, injury, infectious diseases, malnutrition, mental disorders, and other health problems would result.

The relation between climate change and health is also distinctive in signifying that collectively we are on a non-sustainable path. Viewed anthropocentrically, sustainable development is about improving the quality of human life while maintaining Earth’s life-supporting biogeoophysical systems and ecological processes. Our unprecedented impacts on the planet’s climate system, ecosystems, biodiversity stocks, fresh water supplies, and other systems indicate that we are now eroding natural capital globally.\(^5\)

Recent advances in understanding climate change and its impacts highlight the need for extraordinary and rapid reductions in emissions of carbon dioxide. Russia’s recent decision to ratify (and thus activate) the Kyoto protocol is heartening but insufficient. More and rapid reductions in emissions of carbon dioxide. Improved energy efficiency, reduced deforestation, and passes decreased waste generating consumerism, improved energy efficiency, reduced deforestation, and greater use of non-fossil fuels.

As our understanding of the biosphere and climate system grows, we see that the main issues are not about such things as fine tuning the economic modelling of future emission trajectories, or noting the palaeoevidence that Earth’s climate is ever changeable. The real challenge is to understand the complexity and uncertainties of changes in Earth’s natural systems, the likely human impacts (and adaptive strategies to lessen those impacts) and the fundamental significance of human induced climate change in relation to the great task of achieving a sustainable way of living.

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Getting well from water

**Bottled water exploits our worries about what affects health in the modern world**

Water is now everywhere. It has become a modern fashion and health accessory, as ubiquitous as the mobile phone. Students have a bottle in their bags or in front of them during lectures, people are jogging with water, and office workers have a bottle within easy reach of their desk. The rise of water as a health product is underpinned by people’s worries about modern life. Bottled water is seen as a natural antidote to what the consumer sees wrong with modernity and bad for their health—chemicals and technologies full of risk and hazard, genetically engineered food, low level radiation, harmful medications, and sinister viruses.\(^1\)

Sales figures confirm that bottled water is the world’s fastest selling drink. In the United Kingdom, consumers spent £1bn ($1.9bn; €1.4bn) on bottled water last year, a 70-fold increase from 20 years ago. In the United States, consumption of bottled water has risen from 2.5bn gallons (9.3bn litres) in 1992 to almost 6bn gallons in 2002. Advertisers conjure up a thousand variations on the same theme—the theme of pure, clean, fresh, and unspoiled water. Drinking “pure” water restores energy and ensures health. Samuel Hahneman, the inventor of homoeopathy, knew this well. His product was nothing but the purest of pure water, in which the deliriously added substances had been diluted away beyond

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In my chosen doctor I trust
And that trust transfers from doctors to organisations

The season of goodwill provides the occasion to consider the importance of trust in facilitating social intercourse and a well functioning society. Trust provides the glue that makes cooperation possible without costly and intrusive regulation. Trust has declined in all social institutions in recent decades and medical leaders in the United States elicit as little public confidence as leaders in government and business.

Trust in doctors has also diminished with the explosion of public information on betrayals of trust, failure to follow evidence based standards, and poor quality care, but patients remarkably retain much trust in their personal doctors. Such trust encourages sharing of intimate feelings, cooperation in treatment, and adherence to medical advice. Patients may have assimilated some of the negative media images of doctors and health organisations but they typically believe their doctor is different.

Choosing one’s doctor and care settings, continuity of care, and good communication contribute importantly to such trust and to the quality of health care.

When trust erodes, public authorities may appoint expert commissions and introduce new rules and regulations to control substandard and unethical behaviour. They do this to assure the public that health services meet high standards, and that doctors can be trusted. These measures may help, but rarely do they have the high credibility that trusted doctors have in guiding and reassuring patients.

Trust in doctors is built on patients’ beliefs that doctors are technically proficient, on interpersonal competence, and on indications that the doctor is their ally. Typically, patients cannot judge technical competence but assume that educational and certification requirements ensure this. They also use interpersonal