

Dr Hannah Short on being a plant-based GP

As the world begins to wake up to the fact that a whole-food plant-based diet is beneficial for individual and planetary health, the demand for plant-based health care practitioners is on the rise. Here in the UK, over the last two to three years, an increasing number of doctors have trained in Lifestyle Medicine, and we have seen the formation of Plant-Based Health Professionals UK (PBHP UK): "a non-profit organisation dedicated to the promotion of plant-based nutrition and other lifestyle interventions for optimal health and well-being".

I am an NHS GP, a specialist in female hormonal health, and a passionate advocate of Lifestyle Medicine. In March 2018, I was privileged to speak on the role of plant-based nutrition in post-reproductive health at the inaugural PBHP UK conference. However, whilst I do consider myself a "plant-based doctor", *I choose to identify, first and foremost, as a vegan one*. To some this is a controversial stance; to me it makes sense and aligns perfectly with the underlying principles of medical ethics: Autonomy (of thought, intention and action), Justice (fairness and equality), Beneficence (do good) and Non-maleficence (do no harm).

As doctors, our duty of care applies not only to the individual patient in front of us, but also to wider society. While medical professionals may quibble over whether an absolute whole-food plant-based diet is optimal for human health, or whether 90% will suffice, there can be no doubt that a diet devoid of animal products reigns supreme in other aspects. Some will argue I am on shaky ground here; after all, our ethical persuasion should stay out of our consultation room. But hear me out.

Veganism is not about perfectionism, but about striving to do the least harm. As the Vegan Society states: "Veganism is a way of living which seeks to exclude, as far as is possible and practicable, all forms of exploitation of, and cruelty to, animals for food, clothing or any other purpose."

Not only is a vegan way of living kinder to the other sentient beings with which we share this planet, it is more sustainable and kinder to the earth. Climate change is already happening and affects both the social and environmental determinants of health - clean air, safe drinking water,

sufficient food and shelter. The poorest and most vulnerable communities are disproportionately affected.

According to The World Health Organisation (WHO), between 2030 and 2050 climate change is predicted to cause approximately 250,000 additional deaths per year from malnutrition, diarrhoea, malaria and heat stress. This is, and should be, a concern for all those working in healthcare.

The vast majority of antibiotics are given to farm animals, kept in crowded, appalling conditions, to reduce the incidence of otherwise inevitable disease. This is all driving the crisis of antibiotic resistance; people are dying as we are no longer able to adequately treat certain infections. I have witnessed this here, in the UK, first-hand.

Zoonoses – infectious diseases transmitted from non-human animals to humans – are also on the rise; we need go no further than our television sets to witness the unfolding global devastation from Covid-19. Whilst the SARS-CoV-2 virus is believed to have jumped from bats to humans in a live animal (wet) market, the intensive farming of poultry and pigs is behind the ever-increasing incidence of avian and swine flu outbreaks. Our societal complacency in this regard is sorely misjudged.

Furthermore, factory farming discriminates against low-income communities and minority groups. People living close by breathe more polluted air and drink more polluted water; they are sicker overall. The purchase of cheap meat fuels this. As a doctor, I feel I have a duty and a responsibility to share this information.

Front-line abattoir workers undertake such dangerous and dehumanising work it's hard for most of us to comprehend. Most are on minimum wage, and it is believed a significant minority are trafficked foreign nationals brought in by criminal gangs to fuel gaps in the market. A study commissioned by the Health and Safety Executive found that, over six years, 800 UK abattoir workers suffered serious injuries, 78 required amputations and 4 died whilst at work.

Slaughterhouse work has been linked to a variety of disorders including Post-Traumatic Stress Disorder (PTSD), is associated with increased crime, including higher rates of violent sexual offences, and drug and alcohol abuse. Industrial slaughter is a form of accepted systemic violence, and we would do well to remember the words of Leo Tolstoy, an ethical vegetarian for the last 23 years of his life: "As long as there are slaughter-houses, there will be battlefields".

I believe that most people *do* care about animals; consequently, the cognitive dissonance associated with eating meat is also damaging on a much deeper level. To constantly deny our innate compassion is not without consequence to our psyche. US neurologist, and public-health physician, Dr Aysha Akhtar speaks widely on this, and her message is clear: treating animals better is critical to human welfare.

As I write this, the world remains in the grip of a pandemic and the Western side of the United States is ablaze with forest fires; both exacerbated by the climate crisis and fuelled by human apathy. If now is not the time to bring these issues to the forefront, then when?

Not all plant-based doctors are vegan, but those of us who are should not be afraid to speak out. If we wish to change the public perception of veganism (whether “do-gooder tree-hugger” or “militant extremist”), we need to stand tall, without shame, and demonstrate that compassion and best-evidence can go hand in hand. This is not about preaching to our patients, but involves taking ownership of our core values and applying them to our duties as a doctor. Indeed, we are privileged to be in the position to do so.

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