

Death by Facial Skin Cancer: The Conspiracy of Climate Change Economics and Politics

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ABSTRACT

Background: The consequence of facial skin cancer alone justifies the need to curb environmental abuse. A clement global political climate engendering cooperation is vital to maintaining environmental health. Narrow economic considerations are fueling climate change, such that the human race may be at even greater risk of increased exposure to ultraviolet radiation. It may leave humanity in a poorer state because of the consequential deluge of facial cancer cases which may task health systems beyond their capacity to cope. A global picture of what is to come, must illustrate the grimness of that situation, which surgeons who operate in the head and neck region have a duty to make the world face up to.

Design: Descriptive study.

Methods: Use of scientific method including literature review, to determine the relationship between facial skin cancer, climate change, economics and politics.

Results: Right-wing, nationalistic or hawkish governments are in power in the most populous, richest and largest countries of the world. The poorest regions already accommodate the populations most vulnerable to effects of climate change.

Conclusion: Global political climate needs to be curated for cooperation among all nations to improve health prospects for the whole world. Climate change and global warming present extreme danger to human health.

KEY WORDS

death, facial, skin cancer, climate change, economics, politics

"LETTER TO THE FUTURE: Okjokull is the first Icelandic glacier to lose its status as a glacier. In the next 200 years, all our glaciers are expected to follow the same path. This monument is to acknowledge that we know what is happening and what needs to be done. Only you know if we did it.August 2019, at record-breaking level of 415 parts per million of carbon dioxide recorded in the atmosphere." -- Reads a memorial plaque installed by children to a dead glacier.

The physical environment has been explained to be responsible for 93% of malignant tumors¹⁾, and cancer is easily one of the most dreaded causes of ill-health. Skin cancer is the commonest type of malignancy²⁾, and most commonly manifests around the temple, forehead and preauricular area³⁾, often bilateral and frequently leading to orbital exenteration⁴⁾. It is caused by exposure to ultraviolet (UV) radiation, which level increases following abuse of the environment. Incidence of facial skin cancer is also known to be relatable to the economic condition of the sufferer⁵⁾. The nexus between health and economics is clearly inferred when it is considered that the physical environment, apart from being a determinant of health⁶⁾, is also a necessary factor and determinant of the economy⁷⁾. This implies that there exists a relationship between level of environmental abuse, economic state and human health condition.

Described as the poorest demographic in the world and majorly found in Africa⁸⁾, the human albino population is likely to risk greater exposure to UV radiation and development of skin malignancies as we further degrade our physical environment. Already overwhelmed by disproportionate numbers of facial cancer cases⁹⁾, surgeons in the Third World who operate in the head and neck region must be alarmed by the prospects of further escalation of levels of known environmental causal factors of carcinogenesis¹⁰⁾. The consequence of cancer justifies the need to curb environmental abuse.

Crucially, cooperation is vital to maintaining environmental health, because critical aspects of the environment especially fluids such as air and water, are readily shared around the world^{11,12)}. A single defaulting State can actually set all of humanity onto the road to extinction by abusing its own local environment.

Regrettably, the current global political climate is unlike that of the 1980s under which the most successful international environmental agreement was executed, preventing increase in environmental UV radiation¹³⁾. It can be argued that never since the Second World War has the world had such blatantly opinionated leadership in the most powerful countries flagrantly showing disregard for scientific advice on care for the environment¹³⁾. Poor compliance with measures designed to reduce burning of fossil fuels, alongside unprecedented depletion of the Amazon and other forests¹⁴⁾, are only two examples of different ways world leaders have chosen to burn the candle of our world from both ends. Science has explained that these actions lead to climate change. The transient political and economic glow these few leaders seek to enjoy by degrading the environment shall probably result in extinguishing the lives of millions of the vulnerable among us, if it does not incinerate the world^{10,13,14)}.

Global warming and climate change will certainly imperil the skin health of inhabitants of our increasingly fragile planet. These threats are more likely to worsen, if leaders demonstrate belligerence and intransigence^{10,13,14)}.

Facial skin cancer has been associated with poverty and outdoor lifestyle. Outdoor lifestyle has been associated with changing climate and global warming¹⁵⁾. The latter, quite ominously, have been linked with poverty¹²⁾. The cycle so created, can be as vicious as illustrated in Fig.1. Facial cancer kills mostly by direct spread to the brain or exsanguination following erosion into carotid artery¹⁶⁾. Any further damage to

Received on June 13, 2020 and accepted on September 10, 2020

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Figure 1: shows a case of facial skin squamous cell carcinoma as commonly encountered at patient's first visit to a hospital among African albinos. Note classic fungating metastasis to the neck.

our ecosystem increases the chances of people developing skin cancer, regardless of their place of abode²⁾.

Difficult and costly as it is, producing more surgeons to cater for the needs of an anticipated deluge of facial skin cancer patients is far easier than to reverse global climate change, which effects last for up to a thousand years^{17,18)}. This fact dictates that the health problems created by altered ecosystem should be tackled more comprehensively by anticipatory expansion of our surgical training programs worldwide.

But it must be noted that the relatively few surgeons trained in Africa are already quickly migrating to Europe and North America for economic reasons^{19,20)}. Sub-Saharan Africa and South Asia with the highest population growth rate, account for 85% of the world's poor people, but are also the two regions whose citizens provide the UK with the majority of its foreign-trained Doctors working in the NHS. What, then, in terms of cancer-care, shall be the fate of the population in the already desperately poor countries of these regions? It will probably be unimaginably gruesome, if world politics proceeds in the current trajectory. Little wonder the United Nations (UN) has stated that the "rich will buy their way out of the consequences of climate change while the poor will pay for it"²¹⁾ - even with their lives, perhaps. Yet, "this is only the tip of the iceberg", the same UN warns¹⁰⁾. A global picture of what is to come, must illustrate the grimness of that situation, which surgeons who operate in the head and neck region have a duty to make the world face up to.

ETHICAL STATEMENT

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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