Global climate change has been described as the defining issue for health in the 21st century. The current and potential adverse health effects of climate change have been well described and range from changes in food and water security to the direct and indirect adverse health effects of worsening air quality from greenhouse gases.

Family physicians are ideally poised to lead a response to global climate change. Grant Blashki and his colleagues have persuasively argued:

[The privileged experience and [generalist] way of thinking can make valuable contributions when applied to climate change solutions. These include a lifetime of experience, reflection and epistemological application to first doing no harm, managing uncertainty, the ability to make necessary decisions while possessing incomplete information, an appreciation of complex adaptive systems, maintenance of homeostasis, vigilance for unintended consequences, and an appreciation of the importance of transdisciplinarity and interprofessionalism.]

But how do we translate this generalist perspective into actions that make a difference? Gill has argued that we currently lack the attitude, language, and conceptual framework with which to tackle global climate change in the clinical setting. There are parallels to be drawn, he argues, between the fight against tobacco and that against global climate change; but first we must acknowledge that our high-carbon lifestyle is an addiction that is potentially more destructive and irreversible than addiction to tobacco. By recognizing that our high-carbon way of life is an addiction, we can apply the same tools that have been successful in the fight against tobacco.

We begin by acknowledging our own personal addiction and responsibility. Griffiths and colleagues have outlined 10 practical actions for doctors to fight climate change. These include informing ourselves about the basic science of climate change, the health benefits of taking action, and the urgency of the need to do so. We must also take personal responsibility for using less energy by driving less; flying less; eating less meat and choosing locally grown foods; and walking, cycling, or using public transport more often. And we must advise our patients to do the same, because making such changes will not only reduce their carbon emissions, but also improve their health. Griffiths et al also recommend steps ranging from becoming a champion by putting climate change on the agenda of all meetings to advocating to stabilize the global population by promoting literacy and access to birth control.

This issue of Canadian Family Physician features an important commentary by Abelsohn, Rachlis, and Vakil (page 462), in which they remind us that family physicians and the organizations that represent them need to pay greater attention to global climate change as a health issue and to the important role that family physicians can play in the fight against it. Using the 4 principles of family medicine—that we are skilled clinicians, that we are a community-based discipline, that we act as a resource to a defined population, and that the physician-patient relationship is at the core of what we do—they provide both a theoretical framework and a practical guide for action. Two additional commentaries—on the effects of uranium mining on health (page 469) and the potential adverse health effects of wind turbines (page 473)—and a clinical review article on recreational water–related illnesses (page 491), part of our ongoing series on the environment and health, also appear in this issue.

For many years, between early April and late October I regularly cycled to work and back, even making the odd housecall on my bike. It was something I enjoyed doing, as well as a small contribution to reducing my carbon footprint. Then, one spring morning 9 years ago while making my way to the office, I was struck from behind by an inattentive driver. Fortunately I was only knocked off the bike, and neither the bike nor I were damaged. But as a father with a young family, the incident scared me, and I have commuted to work on my bike only erratically since and now mostly drive (although I do carpool). Perhaps it is time to recommit to traveling to work by bike every day. In the fight against global climate change, none of us can afford to get knocked off our bikes.