

The Doctor podcast | Episode 4 | Doctors who protest

Protesters: Hey, hey, GMC! Climate change is not healthy! Hey, hey, GMC! Climate change is not healthy!

Dr Diana Warner: We're outside the London headquarters of the General Medical Council, and we are here to tell the GMC that they have responsibilities to allow doctors to do their job of safeguarding patient health, and that needs to be 100% looking at the existential crisis we face.

Voiceover: That was Dr Diana Warner, a retired GP who blocked traffic on the M25 with the environmental activist group Insulate Britain in 2021.

Dr Warner was imprisoned twice for breaching injunctions during these roadblocks, and was also imprisoned for gluing her hand to the dock during a plea hearing.

These convictions led to her being suspended from the medical register for three months.

Speaker at GMC protest: People are dying all over the world right now from the impacts of climate breakdown. The GMC needs to know that civil disobedience works.

Voiceover: Welcome to the fourth episode of The Doctor podcast, brought to you by the British Medical Association. Each month we bring you conversations inspired by stories featured in *The Doctor* magazine.

This episode builds on reporting by Ben Ireland on climate activists and retired GPs, doctors Sarah Benn and Diana Warner.

You don't need to have read the articles to enjoy this episode but if you'd like to do so you can find links in the show notes and at thedoctor.bma.org.uk/podcast

Like Dr Warner, Dr Benn was imprisoned after a peaceful climate demonstration and was suspended from the medical register by the Medical Practitioners Tribunal Service.

Both of them see their climate activism as inextricable from their duty as doctors to safeguard human life.

Dr Sarah Benn: Diana, what brought you into climate activism? Was there a particular moment where it all started from?

Diana: I was six months from retirement, and all of a sudden in an ordinary surgery, I was doing a six-week baby check, examining a baby's hips for genital hip dysplasia. It suddenly struck me that we were barking up the wrong path. We were missing the one huge thing that would most impact her life and health as she became a young adult and into adulthood, which was the climate emergency.

As her doctor doing this baby check, I was betraying her, and the whole of the doctors' profession were betraying her. At that moment, even before I could really stop myself, almost, I vowed to do everything I could to protect that baby from the climate emergency and the environmental disasters that were happening. And that's when I really started the path towards nonviolent direct action.

I have been a climate activist in the more traditional sense for many years. So, I was twice the Green MP candidate, I've gone on numerous demonstrations for keeping global heating to manageable levels. Found first that there were not enough voices, so about 15 years ago now I, transferred my energy to campaigning for peace and not war.

Sarah, would you explain a little bit about your path?

Sarah: I thought of climate activists as some group of people who were, you know, terribly, high powered and different to me. Those people had been very politically active at university. I didn't see myself as part of that group.

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In 2006, I was heavily pregnant with my youngest child, who's just turned 18 and we went to the cinema and saw Al Gore's film *An Inconvenient Truth*. And it was quite a hot summer, and we just sat there thinking, oh, what have we done? Number one, what have we done to the planet? And number two, what have we done bringing a child into this?

We went home a bit depressed and carried on, as you do, bringing up our youngest and I became a bit more diligent about writing letters and signing petitions and supporting environmental causes and trying to educate myself a bit more about it, but really with a sense of just helplessness in the face of things just getting worse and worse and nobody else seeming to be talking about it or nobody kind of in our circle, if you like, because it was just all too unpleasant and difficult and there didn't seem to be any way around it.

My second sort of moment was in 2019 when my husband said, 'there's a film we should watch on YouTube', and it was Gail [BI9] Bradbrook delivering the 'Heading for extinction and what to do about it[BI10]' talk. It explained, in some detail, how bad things were, a lot worse than we had even been thinking at that point, and, secondly, what to do about it and this idea of nonviolent direct action as a means of forcing change when it was urgently needed.

We went away and initially thought, it's a great idea, nonviolent direct action, civil disobedience, all the history is there, you know, Gandhi, the Suffragettes, the American civil rights movement. Great, you know, get arrested, clog up prison cells until the government has to do something and to listen. Brilliant idea, but we can't do that because we've got jobs and, a mortgage and children to look after and whatever.

So, we thought about it a little bit longer and then concluded, well, actually, that's a bit pathetic. You know, if not us, then who and when? And this is our children's future. So, a few weeks later, we ended up going to the 2019 Extinction Rebellion April blocking the streets thing and it all kind of continued from there. And I found this wonderful community of other people who were similarly terrified about what was happening.

It's not so much the terror of what's happening and going wrong, but of nothing meaningful and urgent being done about it, that we're just all sleepwalking into this terrible future and nobody's doing anything. But there's other people out there who feel exactly the same, and you can talk about it with and do something, try something, even if it doesn't work.

Just get out, get up, do something. **Sarah:** As doctors, and as climate activist doctors, we often talk about the climate emergency being health emergency. How do you express that to people in a way that is plain and straightforward?[MS11]

[MS12] **Diana:** We are responsible for looking after public health. And that's part of the medical act, which also involves the General Medical Council, as having responsibility for people's health.

So, I would say it's key. How can you treat a person and ignore the climate? Because the climate is going to be greatly responsible for longevity, for cutting short people's lives and, at the moment, a lot of the things that are contributing to climate change, presently cutting short people's lives, the pollution and especially atmospheric pollution, the long, long-lasting chemicals. We are only just beginning to know the effects on cancers, lung disease, strokes, heart disease, whatever, of these things

So, it's a straightforward connection that we need to make, we need to make sure that it's addressed in society. And it's our responsibility more than any other group of professionals, we hold that responsibility of holding up public health. You know, treatment of each individual patient in front of us is incredibly important and that's how I devoted my professional life.

But it's only a part of the problem. And most changes in medical science that have increased people's life expectancy are public health matters, and the climate and environmental disasters we are faced with now are absolutely the same.

Sarah: Being a doctor it's all about protecting life, protecting health. There's the places in the world where people are, right now, dying and having their health severely impacted. So, it's all those places, mostly in the global south, where people are really at the sharp end of climate change.

We see these pictures on the TV of people who are starving because crops have failed and having to migrate because there's nowhere safe for them to stay. And now it's come recently to Europe, people drowning in floods in their garages underground trying to get out when floodwaters rise. So, it's already happening.

The thing that really worries me, very selfishly, is the prospect of societal collapse, when our infrastructures can't function properly. What do we do when the NHS falls apart? Not just like now, because it's under-resourced, but because when climate really starts to unravel then all the infrastructure does with it.

We take it for granted that, if we have appendicitis, you know, that's straightforward. Go to the hospital, get it fixed, a broken leg, an infected wound, some antibiotics and we're fine. But all these things depend on us having these structures in place. And what societal breakdown means is that they just don't function anymore. And that really, really upsets and frightens me. And as I say, it's happening already in other places in the world.

To me it's very, very obvious that it is a health emergency. But I'm not so sure that leaders and institutions and probably quite a lot of the medical profession are thinking like that.

Diana: Thank you for putting it so graphically, which is absolutely what is happening.[MS13] [MS14]

[MS15] [MS16] **Diana:** Sarah, both you and I have been held in contempt of court and have been imprisoned because of our actions. Can you tell me about what you did and why?

Sarah: In 2022, I repeatedly went to an injunctioned site and protested there by standing with a placard that said, 'no new oil' and sitting down in an access road, a private access road, to the terminal with other activists from Just Stop Oil.

At that time, the injunction prohibited all forms of protest at anywhere on the terminal site. As a result of that, yeah, I served a custodial sentence of 32 days in prison. I went there because, for me, it was just outrageous that we were not allowed to peacefully, non-violently protest against a company who were making obscene amounts of profit through extracting and processing fossil fuels that are killing people, that we weren't allowed to go and protest there without being in contempt of court.

The public perception is often of climate activists really disrupting normal working people and we're asked, 'Why are you, blocking the road when people are trying to get to work, or to hospital appointments, or to pick their kids up from school? Take it to the people, take it to the people that are doing all this.'

But[MS17] then we can't do that. We're not allowed to do that without being in contempt of court. You know, people don't believe, they think, there must be something more to it than that, she's keeping something back, she must have done more than just standing with a placard and sitting down in a private road. But the simple truth is that there wasn't, that's all I did, but because it was contempt of court that was imprisonable.

I naively hoped that there would be outrage at this, that people could be imprisoned for that. But there wasn't the outrage that I hoped there might be. Anyway, I did it and have no regrets about it.

I know you have also spent time in prison. And in fact, I don't know whether you know this or not, but I was outside at a vigil, and we were singing away, when you were in prison at one point. We didn't meet face to face on that occasion. So, tell me about your experience.

[MS18] **Diana:** Thank you. The occasion when you were outside with the vigil was an action with Burning Pink, which was a sort of new political party, the idea being that citizens assemblies, groups of people who were fully informed should make decisions rather than governments.

The other times when I've been up before the tribunal [BI19] [BI20] was for sitting in the road with Insulate Britain because one of the first steps to combat climate change and reduce emissions in the UK would be insulating homes. And that's a no brainer because it would also improve equity, it would take people out of fuel poverty, it would prevent deaths, admissions to hospitals through pneumonia.

So, for me, I did think very carefully about disrupting people in their ordinary lives for an hour or two on their way to work or going about their business. And because the emergency is and was so dire, I felt that that was justified. It wasn't taken easily.

I was quite I was absolutely happy with the provision for ambulances and emergency vehicles and really happy that there was actually no chance of causing anything more than the most minor road traffic accident.

Because the stakes were so high, because it was times of COVID, I came to the decision, which took me a couple of months, that I would take part in that movement. For that, yes, I broke injunctions and ended up in prison for two of those injunction breakings.

Sarah: Just to say, to be clear, I have also, done stuff which has impacted on ordinary working people.

And I, like you, feel that the emergency has sadly justified that. It was just that it was particularly appealing to have the opportunity not to disrupt people.

But, as I've said, that really didn't get us anywhere and certainly didn't get anything like the attention that is generated when ordinary working people are disrupted. And that's really sad and a source of regret to me. But it is how it is.

[MS21]

Voiceover: In April 2024, A Medical Practitioners Tribunal Service panel concluded that Dr Benn's ability to practise had been 'impaired', and she was suspended from the medical register for five months.

Diana: Sarah, your tribunal with the Medical Practitioners Tribunal Service was first. Did it surprise you that you had to go through it and the outcome?

Sarah: It didn't surprise me that I would end up there at some point. I knew from the outset that that might happen and accepted that possibility. In retrospect, no, I'm not surprised that it ended as it did with my suspension.

I hoped that they would listen to my argument and find that even if my fitness to practice was impaired, in their view, that they might choose to see this as exceptional circumstances because, to my knowledge, no doctor prior to me had been brought in front of a medical tribunal for actions purely driven by conscience and not for any kind of personal gain or gratification or advantage.

And the exceptional nature of the climate emergency, which is really urgent, getting worse all the time and looming over all of us, members of the tribunal and the GMC included. That might prompt them to consider, well, if that's not exceptional circumstances then what is? And maybe to just take a pause and think, well, does this seem right to take action against this person?

But no, they felt it was entirely unexceptional and that they should follow their flowchart and arrive at their conclusion, which was that I was endangering the reputation of the medical profession and public trust, and therefore something must be done. So, yeah, looking back at it, I guess I was naively hopeful that something different might happen, but, yeah, not really a surprise that I ended up suspended.

I did appeal that decision, and I was very, very appreciative of the support of the BMA in doing that. In December it was heard, in the Royal Courts of Justice. Sadly, the appeal was dismissed.

But what it brought home to me, sitting through the two days of the appeal was, and no disrespect to any of the team that helped me, the legal team or the people from the BMA, and the barrister concerned who did a brilliant job. But it was all about the law. It was all about legal precedent and the interpretation, the semantics, the analysis of the word misconduct and cases going back to the 1800s and phrases like 'moral turpitude' and what that actually means.

The words 'climate emergency', I think, didn't make an appearance, weren't articulated on the second day at all, to my recollection.

I just wanted to shout at them all and say, for goodness sake, when things start to fall apart because our planetary life support system is failing, we're not all going to be sitting here saying 'your honour' and 'ma'am' and prancing about in wigs and so on. Look outside the room, switch on the news. There's an emergency.

It's not about me and my ability to stay on the medical register. It's about there being an emergency. So, please talk about that. Even better, do something about it. But talking about it has to be the first step. And that just didn't happen.

Voiceover: At the BMA annual representative meeting in 2024, members passed policy to protect doctors who protest lawfully.

The motion followed numerous instances of doctors engaging in climate activism, such as doctors Sarah Benn and Diana Warner, as well as GP Dr Patrick Hart, who in 2022 damaged petrol pump screens at an Esso station[B122] in a protest against fossil fuel companies.

[B123] **Diana:** The recent change in policy from the BMA to back doctors who are protesting around climate within the law, I suppose it's a small step because it's saying it will back doctors.

It's an admission that climate action is part of a doctor's duties, perhaps an indirect admission, but it does really fall short of what is necessary. It's not an acknowledgment that the law is flawed. The law can be manipulated and made up so that any doctor who is making a forceful statement can actually be declared as doing it unlawfully.

So, to actually say, acting within the law is collaborating with a law that is changing rapidly so that effective protest is becoming unlawful.

Sarah: It's a welcome but small thing. It's always good to have support of one's professional colleagues and union and so on. But I don't see that if somebody is taking action within the law, whether it gives any material sort of practical advantage to have the support of the BMA.

The only reason that I and you and other doctors who have broken the law during nonviolent direct action for climate change is because we felt we had no option, because we and many others for decades have done all the other stuff before and nothing happens. If we could change things by continuing to hand out leaflets on the street corner or marching with a placard or whatever, we'd be doing that. But it's not working.

Individuals and organisations within health care, like the BMA, but also medical professionals as individuals, need to stick their heads above the parapet and say, 'yeah, I'm not going to stay quiet, I will not condemn these doctors who've taken action, and I support them because of their motivation. They're not doing this for personal gain. They're doing it because they are desperately driven by a desire to make things better in a really important way.'

Diana: To save life.

Sarah: Yeah, to save life and health. It's an emergency. People have got to be a bit brave because there's no gun to the collective heads of people that are just doing their job and following the flow chart.

It does take a bit of courage to, as I say, stick one's head above the parapet, but not nearly as much courage as it takes for people elsewhere in the world who campaign for climate who are killed, who are assassinated.

So, really to just come out and say, 'I'm not going to condemn those people. I'm not going to condemn Pat Hart[B124] , who smashed some petrol pumps up and cost a few seconds of profits to that oil company. I'm not going to condemn him for what he did because he's a good, decent man of integrity who was doing in desperation, what he thought he could to get some conversation about it to change something.'

In fact, I'm going to say, 'you know, good on you. That was a highly moral, decent, good thing to do.' And I, as a person, as a doctor, I'm going to say that or we as an organisation are going to say that. I think it calls for a bit of moral courage.

Voiceover: So, what actions can doctors and medical students take to help raise their concerns about the climate emergency – especially if they're currently practising and worried about facing sanctions like doctors Benn and Warner?

Sarah: It all comes back to, both for the medical institutions and our governments and leaders, and doctors, to first of all tell the truth. Because, until the truth is told about how bad the situation really is, you can't really start to do anything meaningful about it because your actions then become very small and trivial.

For example, the GMC's net zero policy which appeared at the beginning of last year, eventually, and included such things as motion sensitive lighting in the building and recyclable coffee cups. I kid you not, but it's that kind of stuff.

It was suggested to me during one of my professional performance meetings with, I think NHS England, 'have you thought about involving yourself in the Greener Practice network? and doing stuff like that.'

And, yeah, if we were 25 years ago, I'd be doing that – well, I'd probably be starting it because it wasn't happening then – but I didn't know about it then. It wasn't happening then, but it's too late for all that kind of stuff. Yes, we should be doing it, but it's not going to get us out of trouble.

We've got to do far bolder things than that. And it all comes down to, if you know how bad things are and you communicate that, like what happened in COVID. If you

communicate that to the health professionals and the wider public, then you can start to talk about the really drastic and dramatic actions that are needed to try and change trajectory. And that's what they need to do first.

And everybody in the medical profession, and the public, anybody who's got any kind of responsibility, you know, if you're a parent, the first step is to actually go and spend some time really finding out about it, that kind of rounded view. And you've only got to go and listen to what the climate scientists are saying. This is not a sort of grey area where it's different opinions on it.

I'm very lucky. I am financially secure. I have the support of my family and those closest to me. My bandwidth is no longer compromised by the stress of, you know, propping up the NHS and bringing up my children. So, I'm very lucky in that respect. Others are not so.

But everybody, once they know the position we're in, can do something. And realistically, you know, me urging everybody to get out on the streets with Health for Extinction Rebellion or Just Stop Oil, that's not going to happen. Doctors are not going to do that. But every doctor can go and find out, appropriately skill up in this area, and then decide what their part in it is.

And I'm really not putting down Greener Practice and all those initiatives which are wonderful and they're very energetic, committed people doing those sorts of things. And often they're also doing all the other stuff as well. But we've got to think beyond that.

Diana: Absolutely. I agree. It's not 'either or', it's 'and'. And at the moment, because the situation is so dire, because governments are backtracking even on net zero, which is not adequate if you look it up.

It's got to be much more of a priority for every thinking person, for every person who has anyone else's or even their own interests at heart in the long term. You don't have to do anything I say, but you do need to look around, see where you are, what your opportunities are. Be creative about it.

Sarah: James Hansen, the NASA guy and a bunch of eminent climate scientists have just published a report about the accelerating of global heating and how the United Nations and the public are really not grasping the urgency of the situation. And it's all very nicely spelled out.

In terms of driving change, then yeah, look up Health for Extinction Rebellion because most of what they do does not involve breaking the law. There are all sorts of things that

people can do that are not going to get them arrested or in front of a medical practitioners tribunal.

But, above all, talk about it. Be brave enough to have a conversation with your family, with your colleagues and say, 'What do you feel about this? These doctors who are getting imprisoned or suspended or whatever for stuff about climate, you know, what's going on, they must be either a bit mad or maybe they're onto something.' Talk about it and that then leads to action.

Diana: I think there's no excuse for any person to say they're doing what they can if what they can is not challenging themselves.

At this moment everyone needs to challenge themselves. They need to step beyond what is in their comfort zone, as we have, as we do almost every day now, I think. And it's a consistent stepping, you know, I've done that. What's the next challenge?

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