Editorial

Are we heading for another national emergency?

Recent reports published in national press about Pakistan’s growing air pollution should be a cause of concern for all of us. In the Economic survey of Pakistan 2005-06, quoted recently (1), it is stated that the air pollution levels in Pakistan are among the highest in the world. The level of ambient particulates (smoke particles and dust) implicated in respiratory diseases, is twice the world’s average and five times as high as in industrialized countries. The most serious issue of air quality in Pakistan is the presence in air of excessive suspended particulate matters (SPM), the major source being vehicles, industry, burning of solid waste, brick kilns and natural dust. In a similar survey by SUPARCO on Karachi’s air pollution, alarming facts are highlighted (2). Measuring levels of particulates at various sites in the mega polis, the scientists report that the levels of Sulphur Dioxide, Nitrous Oxide, CO2, CO, Ozone, and volatile organic compounds is far ahead from the safe levels in WHO guidelines. The trend is not likely to be different in other large and fast growing cities of Pakistan.

Is this the price we are paying for urbanization? Maybe, like other nations of the world. But the obvious difference is that while others are keeping an eye on what is ahead for them, we are not even sensitized to the future time bombs.

Take for instance the epidemic of automobiles rise in the country, thanks to the ‘leasing euphoria’. It is reported that the number of vehicles in the country has risen from 0.8 million to 4.0 million in the last 20 years, a 400% increase (1). Not only has it clogged our already toiled roads, but the use of diesel oil and other substandard fuel and inappropriately tuned engines have contributed to more than toxic levels of pollution. Has there ever been any sort of planning for minimizing the harmful effects?

As respiratory community we are faced with an ever growing number of patients with asthma, bronchitis and respiratory infections over the years. There are questions from our patients: why is this increase in cases of cough and breathlessness? The fact that environmental pollution is responsible for exacerbation of almost all major respiratory ailments, asthma, COPD, pneumonias and lung cancer is more evident now than ever.(3). That suspended particulate matter is a major reason for the chronic respiratory disability is also proven (4). Inner city dwellers, especially those near busy roads and intersections suffer worst from the ill effects. Not only chronic
disability but also hospital admission rates, health care cost, absence from work and mortality all are proportional to the poor quality of air we breathe. The effect on other systems esp. cardiovascular is beyond the scope of this writing.

What should we do? Increasing awareness and health advocacy on this environmental menace is the need of the hour? Pakistan chest society should be the fore runner if not the torch bearer. Noticing a healthy trend of upcoming guidelines by the PCS, one wishes to have beneficial research on pollution related respiratory problems from our quarters; a point to ponder for our gurus. This has also been a neglected area in our scientific meetings and planning. Maybe its time to worry for things other than TB!

References:
1. DAWN Karachi 5-6-2006: 3
2. DAWN Karachi 20-7-2006: 17

Prof. Sohail Akhtar, FRCP
Karachi.