

Anthropogenic climate change is here

Family physicians must respond to the crisis

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The planet faces a bleak prognosis unless drastic actions are undertaken immediately.

So concludes the Intergovernmental Panel on Climate Change's (IPCC's) *Fifth Assessment Report*, completed over the course of 2014.¹ The most recent document released by the IPCC summarizes the consequences of climate change and proposes potential avenues for mitigation of its effects. As with previous studies, the IPCC report was written by a large collaboration of leading scientists and is as robust as it is comprehensive. The message is more urgent than ever.

And yet, in the interim since the report, precious little substantive progress has been made on any front in addressing these growing concerns.

In light of compelling evidence of climactic crisis, the issue before family physicians is how we, as a profession mandated to heal and promote wellness, will respond to powerful evidence that our world itself is becoming a very sick place and that the future of the planet and its species is in jeopardy.

Uniquely positioned

Family physicians are in a unique position to pilot a physician-led campaign against climate change. Our holistic practices are readily adaptable to new challenges. As front-line workers we have direct contact with the issues concerning the population as these evolve. We can readily digest and comprehend risks to patient health that were previously thought to be outside the scope of conventional medicine.

Calls for a more expansive physician role are not new. This journal highlighted the strong connection between climate change and health in papers published in 2013.^{2,3} Similarly, in that same year an editorial in the *CMAJ* called for greater physician involvement, followed by a forceful petition in the *BMJ* several months later.^{4,5} In 2014, an international consortium of health workers spoke in the strongest terms about the need for action.⁶ These add to many other appeals from the health care sector over the past 2 decades.

Thus far, little momentum has built up within our profession, especially not in Canada. Why is this? A brief review of the broader sociopolitical landscape is instructive.

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Policy makers have been recalcitrant in generating any real change on the climate issue, especially in the most culpable of nations, with Canada shamefully among the world's worst in this department. Grass-roots solutions, in some cases admirable and even inspirational, have also been largely ineffective against the colossal profit motives driving emissions and the simultaneous seemingly insatiable appetite for consumption by the richest segments of the world's population.

As physicians, how can we mount a meaningful and effective response against such a backdrop?

Part of the problem

The path forward is by no means easy nor clearly defined. An examination of our own professional practices exposes some of the difficulties and paradoxes.

For instance, a 2013 audit of operating rooms in Canada found extensive wasteful practices.⁷ Such behaviour is reflected in government statistics revealing the large footprint created by the health care sector in general, and specifically with respect to greenhouse gas emissions.^{8,9} Large-scale studies are lacking, although based on anecdotal and observational evidence, many of our clinics, like their hospital counterparts, are also far from environmentally sustainable.

While we have known about such problems in health care for some time, stopping the juggernaut that is the medical supply industry (which has a powerful interest in increasing consumption of disposable health care products), partnered with a layer of health care bureaucracy blindly bowing before the altar of patient safety to the exclusion of the broader picture, has proven confounding.

Hospitals and hospital associations have asserted the need for environmentally sound practices (Ontario, for example, has a "Green Hospital Scorecard"), but to what extent these are sincere efforts and to what degree they are motivated by public relations departments remains to be seen. Solid evidence from data generated in independent studies showing substantial and attributable benefit is largely lacking.

Groups such as the Canadian Association of Physicians for the Environment and their allies have also advocated for more environmentally sustainable health care and such efforts are laudable. Nevertheless, as a broader profession, we have to do better. Despite the challenges, there is no defence for poor environmental practice. If we are not only unresponsive to the

crisis, but are moreover part of the problem, what can we expect from the rest of the public?

Therein lies the problem. Extrapolate our own pervasive trend of wasteful consumption to other sectors of our society and it is immediately apparent how devastating such behaviour and practices are. There is plenty of blame to go around, and it is clear that no solution will be transformative without massive societal mobilization transcending sectoral boundaries.

Nonetheless, physicians should be providing leadership in the battle against climate change, not lagging at the rear.

What can be done?

Some physicians shy away from engaging with wider social issues, focusing instead on the individual patient. However, when it comes to action on climate change, such a position becomes untenable given that many of the measures that could mitigate harmful environmental effects would also be of direct benefit to individual health.

There are many examples. Bicycle- and pedestrian-friendly cities hold potential to substantially improve individual health while reducing emissions in the long term. Likewise, alternative forms of fuel and energy reduce air pollution and its related health problems while also decreasing discharge of greenhouse gases into the atmosphere. Sustainable agriculture promotes ecosystem health while increasing supplies of healthy foodstuffs for the population.

These are merely 3 illustrations among many. Much of this has been traditionally outside the purview of the physician. But new realities call for adaptation.


What better place to start than in our professional homes? There needs to be innovation in our workplaces. Not only to limit our own footprint but also to occupy a position of moral legitimacy from which to speak to the wider community. Initiatives such as “green office solutions” are a reasonable starting point but, given the IPCC findings, far more aggressive measures likely need to be taken.

We should not stop with health care facilities. We are a powerful lobby. We can and need to hold politicians to account. As this is a society-wide emergency, we must ally with other socially progressive groups, both

health-related and otherwise, to force climate change mitigation onto municipal, provincial, national, and international agendas.

This can no longer be a side issue. We might not all agree on how to proceed but the debate must occupy a location of greater primacy, whether it is within family medicine departments or our own practices. While it is true there has been some movement and some innovative initiatives, change cannot remain mere discrete points of light on the horizon. It must be sustained, widespread, and far reaching.

Conclusion

The latest IPCC report should be seen as further evidence of the crisis unfolding around our planet. This issue will only become more severe in time. As family physicians we need to take on a leadership role, positioning ourselves at the forefront of the movement, whether in attending to our own house, performing research into climate change and health, updating medical education, or increasing advocacy. The unfolding calamity will not wait and neither can we. 

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Competing interests

None declared

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