

End of the roll for examination table paper?

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A family physician has become increasingly aware of and alarmed about climate change. She has noticed that it is already affecting the health of not only some of her patients but also people all over the world, especially those who are the most vulnerable due to illness, poverty, and geography. She also worries about how climate change will affect her own family members and transform the world during her and her children's lifetimes. She immerses herself in literature about climate change and its current and future effects on health and health care systems. She is particularly struck that Canada has the third-highest per capita greenhouse gas emissions from the health care sector in the world, with health care accounting for approximately 4.6% of Canada's total emissions.¹

With this increased awareness, she recognizes meaningful opportunities for action on climate change by family physicians such as herself. She finds opportunities in her home and daily activities to reduce waste and her own carbon footprint, employing the "zero waste" philosophy, popularized by author Bea Johnson (whose family reduced their annual trash to fit in a jar), as her guide.² In addition to taking personal actions, she finds ways to advocate for a healthy climate, recognizing that as a physician she possesses a trusted voice on societal issues that affect health. She notices that opportunities for climate action and climate change mitigation are everywhere!

In discussions with colleagues, she learns that the Children's Hospital of Eastern Ontario in Ottawa no longer uses examination table paper in its emergency department. She asks herself, "Do we really need examination table paper in our family practice clinic?" and wonders whether the purpose of the paper is to protect the table or the patient. It seems the paper is mostly for show, and after each patient encounter, if the paper looks even the slightest bit wrinkled, more of it is pulled off and discarded, wasted to maintain the impression of cleanliness. In comparing office practices with colleagues, she finds it is unclear whether the examination tables are consistently getting disinfected between uses in many clinics or if the examination table paper roll is just being advanced. Could the use of the examination table paper be providing false reassurance of the tables' cleanliness to family physicians, clinic staff, and patients? Could use of the paper be a substandard measure preventing them from using better infection prevention measures?

Background

Examination table paper is a staple of family physician offices. Like stethoscopes and white coats, its appearance is emblematic of a health care setting, the crisp

white paper conveying the impression of a sterile medical environment. However, examination table paper itself conveys no protection against the transmission of infection and is not even mentioned in current guidelines for environmental cleaning in health care settings.³ There are many times in busy family practice clinics where patients are examined fully clothed and with intact skin. In these cases, a thin sheet of paper covering the examination table serves no purpose. Examination tables in family practice settings should be cleaned and undergo low-level disinfection between patients³ regardless of whether paper was used. The examination table paper might actually hinder proper cleaning.

Why have the paper there at all? In many offices, examination table paper is used to measure the length of infants; however, this is not a best practice and is considered an unreliable and inaccurate means of measuring growth.⁴ Its use for this purpose could cause harm by falsely worrying or, conversely, reassuring clinicians and parents about infant growth. Having examination table paper easily accessible might inhibit necessary shifts in clinical practice, such as toward the appropriate use of an infant length board. Further, it is not uncommon for patients to complain about examination table paper getting stuck to their skin and ripping as they reposition themselves, such as during a pelvic examination. At best, examination table paper is useless or annoying to patients. At worst, it might actually lead to harm, promoting substandard clinic routines while giving a false sense of security to staff and patients regarding infection control. Meanwhile, we are wasting paper.

Discussion

In the context of climate change, examination table paper is a harvested wood product and a source of greenhouse gas emissions from the forestry sector.⁵ As well, energy is required and therefore emissions are created to produce the paper, package it, and ship it to offices. It is a single-use item used for brief periods of time, with no real or lasting benefit. Although it is a paper product, examination table paper is often placed in a clinic's garbage can rather than the recycling bin. Regardless, both recycling and sending waste to a landfill incur carbon costs and financial costs. Every stage of the life cycle of examination table paper has negative climate effects. The first of the 5 Rs of the zero waste philosophy² is to refuse what is not necessary, be it excessive packaging or consumables. This ethos is similar to that of the Choosing Wisely Canada campaign, which encourages clinicians "to take leadership in reducing unnecessary tests, treatments and procedures."⁶

Conclusion

Getting rid of examination table paper requires a change in work flow for physicians and office staff but is an example of a change that can be both beneficial to patients and more environmentally sustainable. It lends itself to a review of infection control policies in the office to ensure that examination tables are properly cleaned and disinfected between patients. Without examination table paper always at the ready, family physicians and nurses might also be prompted to review and improve their infant-measuring practices and shift to using recommended standardized techniques and equipment, such as calibrated infant length boards.⁴

As we seek to reduce the carbon footprint of health care provision in family practice, we should start with identifying wasteful habits that we can easily live without and have no benefit to our patients. Saying goodbye to examination table paper is a great way to reduce the carbon footprint of family practice clinics. 🍁

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Competing interests

None declared

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