

Climate change: motive, means, and opportunity

Thank you, Dr Ladouceur, for your excellent editorial on climate change, published in the November issue of *Canadian Family Physician*.¹ It is an important issue to raise with members of the College of Family Physicians of Canada. We want to respond to your question about what we can do.

In many ways, what family physicians need to do to address climate change is the same as for every other person: critically examine their every action, ask whether there is a more sustainable approach, and then choose it.

But Canadian family physicians can and should do more, not only because the responsibility “to advocate public policy that promotes their patients’ health” is embedded within the principles of family medicine,² but also because we, more than most others, are among those with the greatest opportunity to do so.

We cannot plead ignorance. We have the intellectual capacity to understand the science and its implications for the health of our children. We have the critical analytic skills to recognize that the climate crisis is being driven by the authors of these “fairy tales of eternal economic growth”³ who profit from the status quo, enticing us to buy ever more, peddling single-use medical devices in the name of patient safety, and threatening us with economic collapse if we don’t “do our part” in sustaining the existing carbon-based economy (despite examples from countries like Germany that prove this to be false).

With our 6-figure incomes, working within the health care system of one of the wealthiest countries in the world, we have the means, both privately and on a systems level, to make more sustainable choices. If we cannot buy less, at least we can “buy better.” And as is so often the case, those of us who can afford to make sustainable decisions like purchasing electric vehicles, doing facility energy or waste audits, and investing in green technology will actually benefit financially in the long term.

As physicians we can use our powerful voices to influence change at every level. If we lobby our associations, they will be empowered to lobby governments. But change on the scale required will not be easy, and we need to care enough to do it. Replacing a few light bulbs and recycling a bit of trash is not enough. Ocean cruises,

Black Friday consumer orgies, and our ever accumulating mountains of unnecessary medical waste are incompatible with a happy ending to this story. To fix the problem we need to make some sacrifices. If we don’t, future generations will indict us for our selfishness—for having had the motive, means, and opportunity to help avert this crime against humanity and for doing nothing.

—Ilona Hale MD CCFP

—Dave Hale
Kimberley, BC

Competing interests

None declared

References

1. Ladouceur R. Our fight against climate change. *Can Fam Physician* 2019;65:766 (Eng), 767 (Fr).
2. College of Family Physicians [website]. *Four principles of family medicine*. Mississauga, ON: College of Family Physicians of Canada; 2006.
3. Greta Thunberg’s full speech to world leaders at UN Climate Action Summit [video]. YouTube; 2019. Available from: www.youtube.com/watch?v=KAJsdgTPIpU. Accessed 2020 Jan 6.

Climate change efforts

We thank Dr Ladouceur for his invitation to consider our role as family physicians relating to climate change in his November editorial, “Our fight against climate change.”¹

We see an ability to act at various levels: personal level; practice level; community level; and provincial and national levels by advocating for change.

Dr Ladouceur’s article¹ highlights some of the things that individual family physicians are doing personally, including changing their diets² and adopting active transportation (cycling and walking instead of driving).³

Interventions that can be implemented at the practice level (eg, choosing energy-efficient equipment) have been described in a previously published *Canadian Family Physician* article, “Greener medical homes. Environmental responsibility in family medicine,”⁴ as well as in the *Green Office Toolkit*.⁵ Establishing a clinic “green team” can help to support these office-based initiatives, as physicians are often looked to for leadership.

The *Climate Change Toolkit for Health Professionals*, produced by the Canadian Association of Physicians for the Environment (CAPE),⁶ is a solid resource for both practice-level changes and advocacy work.

We know that translating clinical knowledge from study to practice takes time. Translating knowledge about climate change from basic science to practice and advocacy will also take time. Recognizing that time is not

Top 5 recent articles read online at cfp.ca

1. **Clinical Review:** Pregnancy-related cardiovascular risk indicators. *Primary care approach to postpartum management and prevention of future disease* (December 2019)
2. **Prevention in Practice:** Measuring what really matters. *Screening in primary care* (November 2019)
3. **Tools for Practice:** Putting the *fun* in fungi: toenail onychomycosis (December 2019)
4. **Commentary:** Cannabis industry and medical cannabis clinics need regulation (December 2019)
5. **Commentary:** Outside the lines: the added value of a generalist practitioner. *Dr Ian McWhinney Lecture, 2019* (December 2019)