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.

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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=KAJsdgTPJpU**. 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 article[1] highlights some of the things that individual family physicians are doing personally, including changing their diets[2] 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

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5. **Commentary:** Outside the lines: the added value of a generalist practitioner. *Dr Ian McWhinney Lecture, 2019* (December 2019)

on our side in this issue, we need to create ways to decrease translation time by sharing with patients and colleagues. One example of an opportunity to share information with patients is through the use of shared information sheets, like those that CAPE has provided in its tool kit.[6]

At the community level, family doctors are good candidates to become involved in teaching about the effects of environmental degradation, as we tend to be prominent members of remote and rural communities—communities that are already feeling the effects of climate change.[7] We can also share the information with our colleagues in training. A recently published article in the *CMAJ* highlighted the formation of a medical student group called *HEART* (Health and Environment Adaptive Response Task Force) that is calling on medical schools to provide more teaching on the subject of climate change.[8] We are in a position to teach learners about tools that are available to them such as Choosing Wisely, which helps support appropriate (and usually less) testing. Furthermore, as students learn by example, we can be role models by putting some of the above into practice.

To encourage local colleagues in the advocacy effort, it would be helpful to have templates of letters or presentations with key messages that could be used in presentations to local organizations, whether it is a clinic, hospital, or community. Another resource we recommend sharing among colleagues are letter templates that can be used for writing newspaper comments and communicating with politicians.

We also suggest that the College of Family Physicians of Canada create a repository of links on its website to other well informed organizations (like CAPE), tool kits for use in practice, and letters and tools of advocacy and education that could be used to support the busy clinician in the climate change effort. Recent articles on green changes have been very helpful in inciting us to action. *Canadian Family Physician* could also encourage others by including a regular column or section to keep this issue at the forefront of our minds and family physicians at its leading edge.

We will keep trying to effect change but it will take time. We believe we have a large part to play.

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Competing interests
None declared

References

1. Ladouceur R. Our fight against climate change. *Can Fam Physician* 2019;65:766 (Eng), 767 (Fr).
2. Grant JD. Time for change. Benefits of a plant-based diet. *Can Fam Physician* 2017;63:744-6 (Eng), 747-9 (Fr).
3. Green S, Kim S, Gaudet M, Cheung E. Doctor's prescription for cycling. *Can Fam Physician* 2018;64:715-6 (Eng), e416-7 (Fr).

4. Blau E, Asrar FM, Arya N, Schabort I, Abelsohn A, Price D. Greener medical homes. Environmental responsibility in family medicine. *Can Fam Physician* 2016;62:381-4 (Eng), e226-30 (Fr).
5. Arya N, Zigby J, Mah JJ, Jing Mu LJ, Marshall L, Varangu L, et al. *Green office toolkit—for clinicians and office managers*. Halifax, NS: Canadian Coalition for Green Health Care; 2018. Available from: **https://greenhealthcare.ca/green-office-toolkit**. Accessed 2020 Jan 7.
6. Perrotta K, editor. *Climate change toolkit for health professionals*. Toronto, ON: Canadian Association of Physicians for the Environment; 2019. Available from: **https://cape.ca/wp-content/uploads/2019/05/Climate-Change-Toolkit-for-Health-Professionals-Updated-April-2019-2.pdf**. Accessed 2020 Jan 7.
7. Kipp A, Cunsolo A, Vodden K, King N, Manners S, Harper SL. At-a-glance. Climate change impacts on health and wellbeing in rural and remote regions across Canada: a synthesis of the literature. *Health Promot Chronic Dis Prev Can* 2019;39(4):122-6.
8. Mercer C. Medical students call for more education on climate change. *CMAJ* 2019;191(10):E291-2.

Pharmacists' role in the direct oral anticoagulant dilemma

As a pharmacist working with a family health team, I want to commend Dr Wohlgemut on this well written article "The 'direct' dilemma. Oral anticoagulants and the parameters of public prescribing," which was published in the November issue of *Canadian Family Physician*.[1] This is a common issue I see in practice, and I appreciate how he has outlined the dilemma.

I would add that pharmacists in the community can act as medication stewards, and can be in the position of reviewing "limited-use" criteria for coverage eligibility. I also present these 2 issues:

- Should a pharmacist refuse to bill a prescription to Ontario Drug Benefits if he or she knows the limited-use code is not appropriate?
- Should a family physician refilling a direct oral anticoagulant prescription originally authorized by a cardiologist with a limited-use code feel obligated to put the code on the refill prescription, even if the patient does not fulfil criteria?

I raise these issues because different professionals within the patient's circle of care might have different approaches and possibly provide inconsistent messaging to patients.

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Competing interests
None declared

Reference
1. Wohlgemut J. The "direct" dilemma. Oral anticoagulants and the parameters of public prescribing. *Can Fam Physician* 2019;65:775-6 (Eng), 780-2 (Fr).

Correction

In the Tools for Practice article "Putting the *fun* in fungi: toenail onychomycosis,"[1] which was published in the December issue of *Canadian Family Physician,* there was a percentage error in the final sentence of the bottom line paragraph. The last line in that paragraph should have read as follows:

Topical treatments should be reserved for cases with minimal (≤40%) nail involvement.

The authors apologize for any confusion this might have caused. The online version has been corrected.

Reference
1. Lindblad A, Jardine S, Kolber MR. Putting the *fun* in fungi: toenail onychomycosis. *Can Fam Physician* 2019;65:900 (Eng), e513-4 (Fr).

Correction

Dans l'article de la série Outils pour la pratique, intitulé « Le *fond* du *fon*gus : l'onychomycose de l'ongle d'orteil »[1] et publié dans le numéro de décembre du *Médecin de famille canadien*, une erreur s'est glissée dans le pourcentage indiqué à la dernière phrase du paragraphe sur les résultats. La dernière ligne de ce paragraphe aurait dû se lire comme suit :

Il faudrait réserver les traitements topiques aux cas qui présentent une lésion minimale de l'ongle (≤ 40 %).

Les auteurs s'excusent de toutes confusions que cette erreur aurait pu causer. La version en ligne a été corrigée.

Référence
1. Lindblad A, Jardine S, Kolber MR. Le *fond* du *fon*gus : l'onychomycose de l'ongle d'orteil. *Can Fam Physician* 2019;65:900 (ang), e513-4 (fr).

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