

Who's ready for some hope?

Lessons from a five-year quest to help my patients and our planet

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You don't need me to tell you that the job of a family physician is getting harder.

What you may appreciate hearing is that there's something you can do that might keep burnout at bay.

I've been a comprehensive cradle-to-grave community-based family doc in a high needs area of Hamilton for a quarter century. Over the past five years, I've discovered there are small, practical, evidence-based steps I can take to improve my patients' health and help me address what I believe is the most important issue facing humanity today: climate change. This realization has transformed how I practice, how I feel about being a physician and how I live my life.

I'm hoping my story will inspire a similar transformation for you.

Where it all began

In April 2019, I was feeling like many of you: worried about climate change and unsure what to do about it. Then I went with some friends to hear [Dr. Dianne Saxe](#), Ontario's last environmental commissioner, deliver her presentation "Climate Changes Everything" to a packed house in a local church basement. Dianne gave us a lot of evidence that climate change was here. Then she told us taking action was an opportunity, not just to avoid catastrophe, but to create a better world.

I felt like hope had given me a (gentle) kick in the pants. I may not be able to do everything, I reasoned, but I could do something. And it made sense to start where I could have the greatest impact, which was at work.

Low carbon care is high quality care

Thus began my life-changing five-year quest to address climate change through my work as a family doc.

First, I had to convince the Hamilton Family Health Team that a stable climate was the absolute determinant of health and therefore worthy of their support. Their brave "yes" meant I could access their resources to document our progress and share it widely.

And so the Green Initiative was born.

But overwhelm was only a Google search away. Climate change touches everything. So does primary care. The cure was to make the initiative intensely practical and narrow the scope to our clinical care and office infrastructure.

At first, we looked at the tip-of-the-iceberg stuff: waste and energy use. Then, thanks to [Dr. Andrea MacNeill](#) and [Dr. Fiona Miller](#)--two of Canada's leading voices on sustainable health systems--we learned that the biggest opportunity to reduce primary care's climate impact was in the care we provide, not our site emissions.

The proverbial light bulb turned on.

Changing how we practice--by optimizing prescribing and recommending a plant-rich diet, for example--would have a bigger impact on healthcare's carbon footprint than recycling, composting, switching out light bulbs and turning down our clinic's thermostat.

Best of all, health and environment weren't competing priorities. There was plenty of high quality evidence that they were complementary. Addressing climate change with our clinical choices would improve patient health and lower costs for our offices and the system as a whole.

Low-carbon care was, in fact, high-quality care.

In the end, we focused on seven areas, covering everything from disease prevention to respiratory care. I tested each of the changes we were recommending in my own practice to make sure they were practical, got results in a primary care setting and that patients and members of our healthcare team were receptive. Then the Hamilton Family Health Team helped us create tools, patient resources and professional education so we could share these changes widely. You can find it all on the [Green Initiative webpage](#).

Every presentation I gave featured a slide inspired by Dianne Saxe-a photo of me and my two daughters and the words "knowledge + action = hope"-to explain why I was doing this work.



What's different now

I had no idea when I started this project that it would be so transformational.

First, I'm a better doctor. With high-quality low-carbon care as the lens through which I look at my work, I'm able to include the quality improvement aspects of my job that can get lost in the frenzy of a typical clinic day.

For example, I talk to at least one patient every day about eating a plant-rich diet. I have conversations with patients who are on SSRI's about whether they want to try slowly tapering. I don't simply write a prescription for a puffer if a patient says they have asthma; I check if they've had a test to confirm the diagnosis and if their medication usage is optimal. I have a renewed focus on disease prevention, including smoking cessation. I more carefully review medication lists to see if they're all still indicated, especially in my older patients. And the list goes on.

With practice comes efficiency; now that I do these things often and have tools and systems in place, they don't add much more time to a patient visit.

Patients, for the most part, have responded positively. But first, let me say that I rarely talk to them about climate change. My approach to their care may be informed by low-carbon best practices, but to them I am solely focused on their health. Most appreciate the extra time I take to discuss the medications they're on-particularly ones that are expensive, interact with other drugs or have challenging side effects-and they're happy to participate in decision-making about whether to start, discontinue, reduce, take as-needed or maintain a prescription. They're interested in learning about plant-rich eating and the benefits of spending time in nature. They like our conversations and see my questions as proof that I care.

There have been benefits for my team, too. I couldn't believe how many people wanted to get involved-nurses, pharmacists, dietitians, mental health counsellors, health educators, administrators, doctors-each one a keen greenie looking for ways to reduce their carbon footprint and excited to make changes in their professional lives. This is meaningful, uplifting work made better by shared ideas, talents, food and laughs. To this day, we marvel at how great our coffee tastes since we ditched our Keurig and started brewing our own Fair Trade beans.

This work can change you. My friendships are deeper. I choose experiences over stuff. I eat a plant-rich diet. I have two vegetable gardens-one for me to get my hands dirty in and the other for neighbourhood kids to plant. I've changed how I heat my home. I make my own kombucha and jam. I have an on-demand electric water heater. I grow native plants. I bike everywhere. When my beloved mother died, I chose to have her buried naturally, in a field of purple and pink wildflowers.

I'm no saint: I still fly to visit my daughter and eat my friend's famous BBQ ribs. But making these personal and professional changes has been very meaningful. Joyful, even. They've become a powerful antidote to climate despair and professional burnout.

Over to you

My family health team came up with a process, tried it out, tweaked it and put it online for other practitioners. It was designed by a physician like you, and works with patients like yours.

Now it's your turn.

Find your reason to take action. Maybe it's better patient care. Or strengthening your team relationships. Perhaps it's equity, diversity and inclusion-after all, climate change affects marginalized populations more than people with privilege. You may want to be a positive role model for your children, particularly if they're feeling scared about the future. Your motivation might even be economics, since some of the actions will save your clinic money.

Maybe, like me, you believe Margaret Mead when she said that a small group of thoughtful, concerned citizens is the only thing that's ever changed the world.

Start with one small action.

Here are some ideas. Read the climate-related articles in this and future issues of *Canadian Family Physician*. Download the [Sustainable Primary Care Toolkit](#). Visit the Hamilton Family Health Team's [Green Initiative web page](#) and identify something to try tomorrow. [Order a poster](#) or two. Roll up your exam bed paper. Encourage a patient to join our free online [plant-rich eating group](#), which is led by a registered dietitian and open to anyone in Canada by self-referral. Talk to a patient about whether they can safely discontinue or reduce their medications. When your colleagues notice what you're up to-and they probably will-consider [starting your own green team](#).

This is about progress, not perfection. And it isn't something we have to add to our plates. It is simply a new-and, in my experience, effective and rewarding-lens through which to look at delivering high quality primary care.

Identify a aspect of low carbon care that matters to you. Take one or two small steps. Tell others what you're doing. And watch your feelings about medicine-and maybe even your life-change for the better.