

Climate change, health and general practice in New Zealand

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In July of this year the Lancet Commission on Climate Change and Health published their second report: *Health and climate change: policy responses to protect public health*¹.

The report reiterates what we've known for more than a decade now: that climate change will have profound impacts on societies and human health throughout the world. New Zealand will not be immune from these impacts.

To some degree, direct health threats from extreme heat events and changes to infectious disease patterns are locked in now and on the horizon. But it will be the indirect impacts through loss of livelihoods, sea level rise and acidification, storm events and social disruption that will hit us harder in the short to medium term².

Still, the report emphasises the unprecedented opportunity to address many of our greatest health challenges through healthy policies to address climate change – including improving the major health issues general practice faces every day, like obesity, diabetes, cancer and heart disease and asthma. These health

“co-benefits” of climate action come through well-designed transport, housing, energy and agricultural policies.

It's clear then that the health sector has a central role to play in responding to climate change. Adapting to the impacts of the climate change already locked in by previous emissions will require planning and re-orienting health services, including general practice.

But adaptation has its limits. We also need binding international agreements and health sector input in matching national policies to ensure opportunities are maximised and negative unintended consequences for health and health equity are minimised.

The health sector broadly can also be social leaders in the move to a low carbon society. Some DHBs in New Zealand are embracing this opportunity and beginning to reap financial benefits³. But it's fair to say the New Zealand health sector has been slow to respond to both the health threat and opportunity that climate change presents.

Primary care has an important role to play - what can individual GPs do?

Leading by example

Aggregated, the **personal lifestyle choices** of socially influential people (like doctors) lead to systemic change. Increasing our own active transport (walking, biking or public transport) for staff and patients, low emissions vehicles, buying durable and repairable products, combining business and social air travel, and offsetting the small residual emissions after we have avoided where we can (OraTaiao hosts health professional offsetting www.forestsforhealthnz.org/).

Pharmaceutical wastage is a poorly recognised but significant problem in most countries including New Zealand. Pharmaceuticals have a huge carbon footprint so we should work to make sure medicines are not wasted or hoarded. Avoiding the over-storage of medication, changing the way doctors use prescription-generation software (see the toolkit below) and enhancing patient medication education in the primary care team are all helpful.

Changing to efficient lighting and computer settings, reducing paper use and using

recycled paper are all ways to **reduce emissions in medical centre operations** while also saving money. **Highlight** your green practice achievements to patients through a poster or leaflet. Communicating that health professionals are concerned and taking action can help to raise awareness in the community.

A New Zealand-specific toolkit is available which focuses on simple changes that medical centres can make to improve their environmental sustainability. Contact greeningyourpractice@gmail.com

Helping individual patients

A truly “green” prescription would encourage patients to increase their physical activity in ways that can be sustained over the long term. Try prescribing a swap from car use to walking or cycling for short trips to build physical activity back into people’s daily lives, instead of a prescription to the gym. Climate co-benefits can then be highlighted in the conversation.

Warm, dry, energy-efficient housing has multiple co-benefits for patient health and the climate. GP practices can be pivotal in facilitating access to **subsidised home insulation and energy efficient home heating**. Find out from your PHO or EECA (Energy Efficiency and Conservation Authority) which patients are entitled to government subsidies through local providers.

Collective action

Joining with colleagues to support **collective advocacy** for healthy climate policy is increasingly being recognised as an important part of our medical professional responsibilities. You can become a member of OraTaiao today at www.orataiao.org.nz/ or take part in climate policy advocacy within the College.

Institutional divestment is perhaps the most powerful thing we can engage in as individual health practitioners (in other words, urging our investment schemes to make the financially prudent move away from fossil fuel investments)⁴. Some examples include staff KiwiSaver schemes, practice and individual insurance schemes and investment portfolios.

About the authors

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Since 2009 there has been a growing movement of health professionals pressing for a healthy national and health sector policy response. OraTaiao: the NZ Climate & Health Council now has about 400 members from across the medical and nursing specialties. We combine research, health sector support, policy development and public advocacy, aiming to shift the public and policy debate about climate change from being an environmental issue to one central for human survival and wellbeing.

1 <http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736%2815%2960854-6.pdf>

2 Bennett H, Jones R, Keating G, Woodward A, Hales S, Metcalfe S. Health and equity impacts of climate change in Aotearoa-New Zealand, and health gains from climate action. *The New Zealand Medical Journal* (Online) 2014;127(1406):16-31. <http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2014/vol-127-no-1406/6366>

3 For example see CMDHB CEMARS accreditation programme: <http://koawatea.co.nz/cemars-accreditation/>

4 See here for further information about the impacts of divestment: <http://350.org/category/topic/divestment/>

