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Designing a healthy response to climate change

Dr Dermot Coffey



Dr Dermot Coffey is a member of the NZMA Board, and a co-convenor of OraTaiao: NZ Climate and Health Council,[1] which advocates for a healthy and just response to climate change in Aotearoa, that puts wellbeing at the centre and is firmly based in the principles of Te Tiriti o Waitangi.

As doctors, we have an important role to play in the exciting and rapidly developing field of addressing climate change, in a manner that aligns with the Treaty and puts people first.

The first package of advice from the Climate Change Commission[2] has landed at the same time as health sector reform begins. I hope to help continue the excellent advocacy work of the NZMA in the field of climate change.

Healthcare is in a somewhat unique and central position in this process. Firstly, it is responsible for about 4% of the total emissions in Aotearoa,[3] not a huge number but not insignificant either.

Secondly, there are specific healthcare emissions that need a specific focus, such as f-gases in anaesthetics and metered-dose inhaler propellants, and the large proportion of emissions (approximately 2/3)[3] that arise from procured medication, equipment and services.

Thirdly, climate change will have particular health effects, such as the effects of droughts, floods, disease and disease-vector spread and psychological impacts. But even more than this, there are the major health, wellbeing and equity gains that can be achieved with well-designed climate action.[4]

And finally, there is the role of health practitioners as advocates, and how we and our organisations use our collective voice. By virtue of our work, we are given a status and ethical responsibility to advocate more generally than in just our immediate consultation room, and there is an ongoing need for organisations like the NZMA and our professional

colleges to advocate to Government to develop a health-focused response. And while I concentrate on climate change here, there is a clear overlap between this and other pressing environmental concerns like plastic pollution, deforestation, species extinction and so on.

It has been interesting over the last decade to see the change in how the link between climate change and health has been framed in the leading *Lancet* Countdown on health and climate change,[5] from climate change being described as the “greatest health threat of the 21st century” in 2009, to action on climate change being the “greatest health opportunity” in 2015 and finally, in 2018, that “the voice of the health profession is essential in driving forward progress on climate change and realising the health benefits of this response.”

There is no doubt that well-designed climate action will benefit public health, and in some ways it represents changes that should be promoted on their own merits with the effect on climate as a secondary benefit.[6] In Aotearoa and comparable countries, these gains are to be found primarily in non-communicable diseases through improved access to physical activity by increasing uptake of public and active transport,[7] dietary changes as part of a shift to a lower animal-protein-based overall food system (itself responsible for a whopping half of Aotearoa’s emissions) and reductions in air pollution from reduced use of internal combustion engines and coal boilers. Within healthcare, examples of “low-hanging fruit” that can be picked include switching from metered-dose to dry-powder inhalers, an immediate phasing out of coal boilers in hospitals and a reconsideration of staff travel, particularly international flights.

Beyond this, things do get trickier, and it’s clear that the necessary climate action in the health sector (and individually) can only happen as part of a wider, systemic decarbonisation within Aotearoa and internationally. Since 2008, NHS England[8] has had an embedded sustainability unit that has overseen ongoing decarbonisation in the sector, and has an aim of net zero emissions by 2040 within the NHS and by 2045 for both the NHS and contracted services. This is something that should be seriously considered by the New Zealand Ministry of Health as they undertake reform of the health sector, and would allow a coordinated climate response across both primary and secondary care.

Indeed, it would help create a response that Aotearoa could be proud of, rather than the already-announced zero-emission public sector by 2025 that will rely on offsetting. The Climate Change Commission’s first package of advice to Government was published in early June, and has drafted carbon budgets up to 2035 to achieve a 42% reduction by 2035 on 2019 levels. There are valid criticisms that can be made about this, such as the reluctance to incorporate agricultural emissions properly, and the ongoing failure to properly embed health and wellbeing within our response (OraTaiao has consistently called for public health expertise on the Commission), but there is no doubt that it represents the first serious attempt in Aotearoa to begin the process of decarbonisation. However, these guidelines still need to be formally adopted and then enacted by Government.

There are a few further points worth making here. Climate change is not a population problem—it has historically been, and still is, driven by a small segment of the world’s population, and the irony and unfairness of it is that those who stand to be most affected, both nationally and internationally, are those who are least responsible. Secondly, it has been clear for some time that the costs of inaction far outweigh any costs of acting on climate change,[9] and indeed the health benefits alone justify the effort of acting.[10]

Thirdly, climate catastrophism and denialism are two sides of the same coin in that both are used to justify inaction. There is no temperature beyond which climate action is futile. A rise of 1.5 degrees is far better than 3 degrees, but so too a 2.0 degree rise is better than 2.1 degrees.

Lastly, it should be clear from what I’ve said above that individual action alone is never going to be sufficient without systemic change. That’s obviously not to say that individual action is pointless, but that it must be met with a concurrent societal push to decarbonise.

If your DHB uses coal-boilers, get in contact with your CEO to see what plans they have for recommissioning. But it’s through the use of our voices, individually and collectively, as physicians, students and members of the wider healthcare community, that we can have our biggest impact.

Talk to your patients, join OraTaiao, get involved with NZMA submissions, push your professional college to be more visible, look for and submit on local measures and plans or pick up a placard if that's your thing. We have an opportunity now to design a healthy and equitable response to climate change, and we must take advantage of it.

Dermot's top tips for being environmentally aware

1. Switch your computer and lights off at night or when not in use—it all adds up
2. Consider an e-vehicle—the best is an e-bike. Your body will thank you as well as the environment. And with Government subsidies there's never been a better time to buy an e-car
3. Switch to a low meat and dairy diet. Embrace the growing range of meat-free products
4. Use Zoom or local conference hubs to cut down on travelling and air miles
5. Avoid prescription waste and enable telemedicine where possible to reduce transport
6. “Green” your investments, and switch to a superannuation fund that avoids fossil fuels and supports decarbonisation.

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