Planetary health, carbon zero healthcare and cancer nursing

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While nurses aspire to “promote health, prevent illness, restore health and alleviate suffering” (ICN Code of Ethics), it is important to recognise that in our efforts to improve the health of individuals and communities our actions may have a profound adverse impact on planetary health.

If healthcare were a country, it would be the fifth largest climate polluter in the world. In Australia it accounts for approximately 7% of our greenhouse gas emissions. Of these, 17% arise from direct emissions (hospital/care facility and vehicle emissions and waste), 12% from indirect emissions from energy consumption (electricity, steam, heating and cooling), and 71% from indirect emissions from other industries which are directly related to healthcare activities (supply chain, consumables manufacture and transport, agriculture for catering and cotton, and pharmaceuticals and chemicals).

In 2021, 14 countries, together with the World Health Organization, pledged to develop carbon-neutral health systems by 2050. Sadly, Australia was not one of them, although, of note, Victoria has committed to 100% renewable energy for hospitals and educational facilities by 2025, and South Australia’s new Women’s and Children’s Hospital will be the first ‘all-electric’ hospital.

So what can we do? While decarbonising healthcare requires collective action by multiple stakeholders across multiple complex systems and industries, and the support of government, we must not underestimate the significant impact we, as the largest healthcare professional group, can have. We should lobby our managers, Health Boards and governments to develop and implement environmentally sustainable policies and practices. We should continuously measure, monitor and report our carbon footprint. We must insist not only on the availability of clinical and financial data for treatment and care outcomes, but also the inclusion of environmental data, such as measurement of CO₂ equivalent emitted/QALY gained in assessments of our health systems. We should adopt evidence–based guidelines to ensure appropriate care, improve equity of access to public health measures and preventive healthcare, and avoid low-value care (over-testing, over-diagnosis and over-treatment). We should design our healthcare institutions to optimise natural lighting and green energy. We should fund electric healthcare vehicles and promote green transport for both patients and staff. We should remove carbon-intensive food (i.e. red meats and sugar) from healthcare menus, reduce food waste, and source agriculture products only from suppliers with sustainable practices. We should avoid unnecessary travel for meetings and education and, where possible, provide care virtually, in patients’ homes and in healthcare facilities closer to where patients live. And we should reduce our paper usage, improve recycling practices, and support the creation of a circular economy of healthcare products.

The wellbeing of people relies on the wellbeing of the Earth. Accordingly, we should be equally concerned with the treatment and care of our planet as we are for our cancer patients.

References