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(SOUTH AUSTRALIA) INC.  
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**24 July 2023**

**Submission to the Australian Government in response to the release of the National Health and Climate Strategy – Consultation Paper**

The Australian Medical Association in South Australia (AMA(SA)) welcomes the opportunity to provide feedback on the 'National Health and Climate Strategy – Consultation Paper'. The AMA at federal and state levels has over recent years repeatedly outlined its concerns about how climate change is affecting health, and how the health system is contributing to climate change. As recent natural disasters in this country and elsewhere have demonstrated, the changes to the climate of this planet are having enormous impacts on individuals and communities, including to their health in the short and longer term.

AMA(SA) Council commends the Australian Government on an approach that recommends action may be necessary 'on a prudent and precautionary basis in the face of uncertainty and incomplete information'.<sup>1</sup> However, in providing our comments on this Consultation Paper, we note that it focuses almost solely on reducing the impacts of the health system on climate change, and does not propose much-needed actions and policies needed to reduce the impacts of climate change on the health of individuals and communities. Recent floods and bushfires, including in South Australia, have shown that climate-related events have significant effects on the capacities of people and communities to be healthy and to maintain their efforts to reach health goals and objectives. Members of vulnerable groups, including First Nations peoples, are among those more likely to have their health and well-being affected by such events. Despite these impacts, the Consultation Paper does not establish policies and actions to prevent these outcomes.

AMA(SA) recommends that the immediate and long-term impacts on physical health, mental health, and the ability access services of emergencies such as the Riverland floods of late 2022 to early 2023 form a significant, additional section of the Strategy. For example, the mental health impacts of climate change and the growing understanding of 'climate anxiety', especially among younger people, are not mentioned in the document.

In addition, while the Consultation Paper states as its fourth Objective 'Health in All Policies', there is little in this Strategy to indicate what plans are in place to reflect climate change in public health policy or the policies of other sectors such as transport, building and construction, and agriculture and food production in reducing greenhouse gas emissions, and thereby contributing to a healthier environment.

As your Consultation Paper points out, the Australian health system must act 'to prepare for, and be ready to respond to, stresses and shocks from climate change'.<sup>2</sup> The AMA(SA) feedback to the Consultation Paper is drawn from AMA statements and input from members of AMA(SA) Council who provided feedback on the Consultation Paper. We also ask that you consider the comprehensive responses from the AMA and Doctors for the Environment Australia (DEA) in relation to initiatives to achieve the objectives in the Consultation Paper and the final strategy.

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<sup>1</sup> National Health and Climate Strategy – Consultation Paper, page 6

<sup>2</sup> National Health and Climate Strategy – Consultation Paper, page 3

## AMA(SA) feedback

### Vision and purpose

AMA(SA) fails to understand the overarching vision of the proposed Strategy. It appears that the strategy seeks to reduce the impacts of the health system on climate change but largely ignores the effect of climate change on Australians' health. If the Strategy is designed to achieve the former and ignore the latter, this should be clear in a strategic vision and purpose that are not included in the Consultation Paper.

### Objectives

*How could these objectives be improved to better support the vision of the Strategy?*

AMA(SA) Council agrees that the Strategy should include the proposed 'Objectives', but suggest the following amendments (AMA(SA) suggestions in italics):

**Mitigation:** *Identify and audit the contributors the health system's contributors to greenhouse gas emissions and accelerate the reduction of greenhouse gas emissions from the health system.*

We also suggest adding a fifth Objective to those provided. Health care workers, patients and others involved in the health system can play an important role in reducing their own emissions and educating and influencing peers and family members. As such, a fifth Objective is offered.

**Engagement:** *Encourage the participation of governments, institutions, health providers and staff, and patients and communities, in reducing the health system's greenhouse gas emissions.*

However, in examining the Objectives, we suggest 'Measurement' is an enabler rather than an objective: measurement and reporting of data and other information over time will provide the necessary evidence to gauge the status of greenhouse gas emissions and their impacts, outside and within the context of Strategy-related actions and reforms.

As such, we suggest the following be moved to the 'Enabler' section, with the alteration as indicated in italics.

**Measurement:** *Measure and report on health system greenhouse gas emissions at specified, regular and repeated periods over time, so progress in reducing emissions can be tracked and quantified.*

### Principles

*How could these principles be improved to better inform the objectives of the Strategy?*

AMA(SA) Council recognises and commends the emphasis within the Strategy on the climate-related health inequities imposed on and experienced by First Nations peoples, including through damage caused to the natural environment and the disconnection that may occur as a result. We support all efforts to seek and include First Nations voices and policies in designing and implementing strategies to combat, address and mitigate the impacts of climate change.

We note that taking action on climate emissions in the health sector can yield numerous co-benefits for public health. Many of the strategies to reduce emissions, such as transitioning to renewable energy sources, improving energy efficiency, and adopting sustainable transportation, can also improve air quality, reduce pollution-related diseases, and enhance overall health outcomes. These actions can lead to cost savings in healthcare and improve the well-being of both patients and healthcare workers. However, if 'Tackling health inequities', 'Population health and prevention' and 'One Health' are to be 'Principles', underpinning the Strategy, we suggest the Strategy must focus more on impacts of climate change on health, as proposed above.

### **Mitigating health system greenhouse gas emissions**

*Which of the various types of greenhouse gas emissions should be in the scope of the Strategy's emission reduction efforts?*

As clinicians, members of AMA(SA) Council agree that reducing greenhouse gas emissions aligns with the health profession's responsibility to 'first do no harm'.<sup>3</sup> We recognise that many of our day-to-day activities have contributed to greenhouse gas emissions and that now we are aware of this contribution, action must be taken to reduce our carbon footprint.

Many health care and service providers are committed to reducing their carbon footprints and are already implementing actions to help meet their targets. AMA(SA) Council appreciates these efforts, which are becoming more common as companies recognise that everyone has a role to play in battling climate change. Examples include:

- Establishing scope 1 and scope 2 reduction targets
- Commitment to a 'net-zero pathway'
- Embedding sustainability criteria in all procurement decisions
- Reducing waste to landfill
- Providing information to staff to encourage behaviours aligned with a 'every little bit count' approach to reducing the carbon footprint.

In considering mitigation tactics we note that some measures that will contribute to reducing our sector's carbon footprint are to overcome the impact of actions that we have undertaken for years or even decades, without considering their effect on the environment. Changing these behaviours – from switching off lights in unused areas to decreasing printing to minimising the volume of waste to landfill – will require education programs based on studies of climate-related outcomes of health activity and tailored to health workplaces ranging from large-scale public hospitals to sole-practitioner private consulting rooms.

However, as about 40 per cent of health system waste emanates from hospitals,<sup>4</sup> it is clear the public system, and the governments that manage them, have a major role in reducing the overall carbon footprint of the system, which was estimated at 7 per cent of Australia's total in 2018.<sup>5</sup>

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<sup>3</sup> National Health and Climate Strategy – Consultation Paper, page 14

<sup>4</sup> Badrick, T., 'The role of laboratories in reducing the carbon footprint', *American Journal of Clinical Pathology*, Issue 3, September 2022, pages 322-324; <https://doi.org/10.1093/AJCP/AQAC056>

<sup>5</sup> Malik, A., Lenzen, M., McAlister, Sc., and McGain, F., 'The carbon footprint of Australian health care', *The Lancet Planetary Health*, Vol 2, Issue 1, January 2018, pages e-27-e35; [https://doi.org/10.1016/S2542-5196\(17\)30180-8](https://doi.org/10.1016/S2542-5196(17)30180-8)

Our members have provided recommendations in areas of practice that we suggest should be examined as potential areas of focus and action.

### **Medication and testing**

Our members in private practice note that medication and tests (especially CT and MRI scans) are major contributors to their carbon footprint as well as adding to operational financial costs. Many tests are ordered out of habit or fear of consequences from senior colleagues or litigation.

For example, biopsies use energy and generate hazardous waste. A cultural change is required so clinicians do not order unnecessary specimen tests that require processing that generates CO<sub>2</sub>. The emergence of artificial intelligence (AI) options for analysing and reporting on tests is expected to support carbon reduction initiatives.

Members also report that duplication of investigations is not uncommon. One of the factors contributing to this is the difficulty some clinicians have in accessing the results of tests ordered by other practitioners. We recommend that clinicians can access My Health Record and other digital records to avoid repeating tests (and in the meantime reducing costs, streamlining patient care and improving health outcomes).

### **Sovereign capability**

Reducing the carbon footprint of medication supplies by manufacturing medication in Australia would reduce carbon emissions related to the transport of such medications. The AMA has long called for more local production of medications, a concern exacerbated by shortages during and that have continued since pandemic lockdowns. Onshore manufacturing would help position Australia as an exporter of biomedical supplies, boost opportunities for collaboration with prestigious international research, biotech and pharmaceutical enterprises and enhance its reputation in this high-tech industry.

### **Waste**

Members note that equipment such as single-use metal speculums, scissors, sponge holders and suturing sets are disposed of when they could be cleaned and re-used; changing this would require analysis of the environmental and other costs (including transport, disposal and staffing) of sterilisation compared with replacing after one use.

Similarly, an examination of the environmental cost of single-use gowns compared to cleaning cloth gowns may lead to a reduction in waste.

AMA(SA) Council suggests the food provided to medical patients should be healthy and attractive, thereby minimising waste while supporting health and wellbeing objectives. Sustainability objectives should also be considered when planning and providing food for visitors, such as from retail outlets.

### **Transport**

Increasing rural and regional services would reduce travel-related carbon emissions. Telehealth is increasing the number of remote appointments, which should affect the carbon footprint. Since the pandemic, when the benefits of remote communication became obvious,

more conferences and meetings are being staged remotely and members report increased awareness of the environmental cost of travel, particularly to interstate and international professional events.

Sonic Healthcare noted in its Sustainability Report 2022<sup>6</sup> that the most significant contributor to its Scope 1 emissions was the fuel used by fleet and courier vehicles. The report outlines the company's encouragement of the use of 'walking couriers' and 'cycling to work' initiatives. Replacing existing vehicles with hybrid and zero-emission vehicles over time will support carbon reduction objectives, while a reduction in unnecessary tests and increased access to test results (see above) would reduce the use of road vehicles.

## **Building and construction**

AMA(SA) Council notes that the construction of major health facilities such as the new Women's and Children's Hospital in Adelaide provides opportunities to create sustainable sites that are purpose-designed and built to support environmental targets in electricity use, architecture and landscaping.

## **Energy**

In the public system, where the workforce may not be as sensitive to budgets and costs as private practitioners and colleagues, significant consumers of lights and computers are 'left on' when they could be turned off (for example, when clinics are closed at night and when workers have vacated a treatment area). Movement-sensitive lighting and timing the operation of air conditioning are examples of innovations that could reduce energy consumption in this area.

## **Enablers**

1. *How could these enablers be improved to better inform the objectives of the Strategy? Should any enablers be added or removed?*
2. *For each of these enablers:*
  - a. *What is working well?*
  - b. *What actions should the Strategy consider to support delivery?*

Education is an important factor in galvanising the health sector workforce to support institutional efforts to reduce the carbon footprint. However, the efforts of individuals within the workforce of any institution or enterprise must be supported with the resources and institutional will to achieve expressed targets and objectives. In addition, workers must feel they are supported in taking the time to meet environmental targets, if this involves additional effort and/or behavioural change, and understand they can seek advice and assistance if required.

However, as mentioned above, the health sector cannot achieve any targets alone; its ability to do so involves collaboration with other sectors such as transport, building and construction, and agriculture and food production, that are also wanting to achieve similar goals.

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<sup>6</sup> Sonic Healthcare Ltd 2022

In relation to the 'research' enabler, AMA(SA) Council suggests that ongoing research to a greater degree that is currently underway is necessary to explore and record the impacts of the health sector on climate change, and vice versa. For example, there should be work underway now to record the immediate and long-term effects of bushfires, floods and other disasters on individuals, communities, and their health services.

In addition, as noted above, we suggest that 'measurement' is an enabler rather than an 'objective', while 'engagement' is both an objective of any new strategy as well as an enabler to support its success.

## **Other comments**

AMA(SA) Council suggests the health sector also has a role to play in modelling behaviour for other sectors to follow. The system and its workforce can inspire and drive change across other industries. By demonstrating a commitment to reducing climate emissions in healthcare facilities, hospitals, and other health-related institutions, the Australian Government can support the health system in setting an example for other sectors to follow. This can encourage a broader transition towards sustainability and drive national emission reduction.

In South Australia, AMA(SA) has been advocating for some time for a Sustainability Unit within the Department of Health (SA Health). However, we are also aware that such an entity would have limited oversight of activity within the private health system and recommend that any action on a national scale include and emphasise the role of private providers in reducing our carbon footprint.

In conclusion, AMA(SA) Council submits that addressing the climate emissions of the health sector is crucial for protecting public health, achieving emission reduction targets, setting an example for other industries, improving resilience to climate change impacts, and fulfilling international commitments. Strengthening the resilience of the health system to respond to the health impacts of climate change will require increased education and training, increased funding and resourcing and must include pandemic and natural disaster responses. The Australian Government has an important role in driving this transition towards a low-carbon and sustainable healthcare system. However, as noted above, the reforms outlined in this document are focused on minimising the impact of the health sector on climate change and do little to examine or address the impacts of climate change on health. We look forward to consideration of these factors in subsequent strategy documents.

Yours sincerely



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