



Additional benefits (beyond the benefits to global health) of New Zealand health services adopting a carbon reduction strategy

I write in reference to the viewpoint article *Climate science, denial and the Declaration of Delhi* by Laking, Woodward, Metcalfe, et al in the 11 December 2009 issue of the *NZMJ*: <http://www.nzmj.com/journal/122-1307/3917/content.pdf>

In regards to climate change, as with any evolving paradigm shift, it is undeniable that contention regarding the supportive evidence still exists within the medical profession and indeed within the global community at large.

It may take many more years before everyone can be satisfied with the evidence.

However, confirming the exact extent of climate change is unnecessary, given that measures to mitigate climate change are often in the best interest of our patients anyway. Thus when looking at measures that can be taken to reduce carbon emissions, there are often other gains in the form of: reduced health spending, more efficient hospital systems (reduced wastage and waiting times), improved patient care and improved staff morale.

At a recent workshop hosted by the Hutt Valley DHB,¹ a presentation was given by Mike Poole, an independent Environmental Management Consultant to the NHS.² Over recent years, areas of the NHS have engaged in reducing the carbon footprint of their own organisations or departments.³

Examples were given of a Renal Unit, a Community Hospital and a Pathology Lab that each achieved significant monetary savings. The Renal Unit did particularly well, saving £1,200 per employee per annum. This was achieved through reduction in food wastage, laundry usage, reduced packaging, reduced wastage of dialysis fluid, reduced deliveries (optimised ordering allowing fewer, bulk deliveries) and reduced patient transport trips (by geographical ambulance sharing). In addition, the improved systems and coordination resulted in fewer 'DNA's (non-attendance at booked appointments), reduced outpatient waiting times and increased throughput of the ward. Finally, there was also an increase in patient morale and indeed in staff morale.

With this in mind, I believe it is sensible to move on with such improvements in our health system. Some DHBs are already beginning carbon-reduction initiatives along these lines, with the efficiency side appealing to their financial officers. It is likely that these initiatives will increase efficiency of health funding and therefore make the tax dollar go further.

The Sustainable Development Unit of the NHS has an excellent website (www.sdu.nhs.uk) which outlines their carbon reduction strategy, initiatives, and case studies. This could be a good starting point for discussions about future initiatives in New Zealand.

Essentially then, there's nothing to lose and a lot to gain. Certainly, the climate change evidence debate can continue but hopefully in tandem with the changes to our health system that are of benefit to everyone, including the planet.

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References:

1. "One Planet Health Care", Hutt Valley District Health Board workshop, 4 December 2009.
2. Mike Poole is the Managing Director of Economic Ltd, UK – Consultants in Business Environmental issues.
3. "Health Care and Climate Change: Report on pilot phases 1 and 2", Michael Poole, paper prepared for NHS Cornwall for the Compass for Climate Change Project, December 2008, http://www.greenerhealthcare.org/webfm_send/25