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AMA Victorian Submission on the consultation draft *Health and Human Services Climate Change Adaptation Action Plan 2022–2026*

AMA Victoria thanks the Victorian Department of Health for the opportunity to provide feedback on the draft *Health and Human Services Climate Change Adaptation Action Plan 2022–2026* (the plan).

As the peak professional organisation representing medical practitioners in Victoria, we have an abiding interest in responding to the challenges posed by climate change.

Currently, the healthcare sector contributes significantly to Australia's carbon footprint, estimated to comprise approximately 7 per cent of total Australian emissions. Although hospitals make up the largest share of carbon emissions, and is the focus of the plan, it should be acknowledged the footprint of the sector is multi-faceted, including pharmaceutical production, the design of medical infrastructure, procurement, and within private medical practice.

Healthcare facilities also contribute to ambient air pollution, which has negative health effects. The Australian Institute of Health and Welfare estimates that air pollution causes 0.6 per cent of disease burden in Australia each year, similar to that of sun exposure, and 1.3 per cent of fatal burden. It is linked to chronic diseases including coronary heart disease, stroke, lung cancer, chronic obstructive pulmonary disease and lower respiratory tract infections.

Efforts to reduce emissions and work towards environmental sustainability are therefore a responsibility of the healthcare sector. By lowering its impact on the environment, the healthcare sector can improve health outcomes for Victorians, thereby reducing pressure on our state's health system as a whole.

AMA Victoria believes that meeting the existential challenge of climate change is essential to improving the way Victoria's health system functions. The AMA's *Position Statement Climate Change and Human Health – 2015* acknowledges this in an Australia-wide context, emphasising that measures such as reducing carbon emissions, curtailing waste, and managing resources efficiently will deliver better outcomes for patients, and provide broader social and economic benefits.¹

Accordingly, the AMA has previously called on various Australian governments to take action to embed climate change adaptation and environmental sustainability in health care, in addition to encouraging medical practitioners at the 'coal face' to lead efforts towards more environmentally sustainable behaviour in healthcare facilities. It is pleasing that Victoria has been a forward leader in this area, as evidenced by both the draft plan and its predecessor, the *Pilot Health and Human Services Climate Change Adaptation Action plan 2019–21*. The Victorian Government and Department of Health are both to be congratulated for their efforts in this area.

¹ [Environmental Sustainability in Health Care - 2019 | Australian Medical Association \(ama.com.au\)](https://ama.com.au/environmental-sustainability-in-health-care-2019)



Nonetheless, more can- and indeed must- be done.

We note in this context that, whilst not strictly within the remit of this consultation process, we hope that the State Government adheres to its pledge for 100 per cent renewable electricity for our public hospitals by 2025 (including the Arden Street Royal Melbourne Hospital campus), and potentially revisits its decision for the forthcoming Footscray Hospital to have 50 per cent energy supply as gas. Such measures would provide strong evidence for the Government's environmental bona fides.

Acknowledging our state's decentralised health system, achieving climate resilience in Victoria will require increased coordination across health services and accountable targets for reducing the sector's environmental footprint, and a commitment to behavioural change within Victoria health and medical professions.

We have had the benefit and privilege of reading Doctors for the Environment Australia's (DEA) draft submission; there is substantial cross membership and consensus between our two originations on environmental and climate issues. We endorse, support, and urge upon the Department for consideration, each of its 14 recommendations (which we will not be repeating in the interests of brevity). Moreover, we echo DEA's call for ongoing engagement to develop, review and implement the plan in the period ahead.

We will, however, make a number of additional comments we hope are of assistance to the Department.

AMA Victoria's overriding position is that adapting to climate change and improving environmental sustainability within the Victorian healthcare sector will bring benefits for human health and additional efficiencies for the sector. In this context, adaptation is not limited to decreasing energy use and waste, but extends to better procurement decisions, improved infrastructure and planning, and public and preventive health care. Furthermore, it is our view that improved coordination at a state level is needed to ensure this can be achieved in the Victorian healthcare sector.

AMA Victoria specifically calls on the Victorian Government to:

1. Require sustainability and resilience to climate related effects to be embedded in an organisation's/health service strategic plan and in all infrastructure decisions (e.g. improving the sustainability and environmental impact of existing infrastructure, and building sustainability into new infrastructure/net zero or net positive infrastructure goals).
2. Make climate change adaptation/resilience a component of a health service's accreditation process.
3. Set auditing, benchmarking, and reporting timeframes.² This is vital, as it will add a layer of accountability in relation to adaptation and adherence to the various targets/benchmarks. It will also identify gaps and therefore provide a framework for future improvement. By auditing, benchmarking, and setting reporting timeframes, the Department will also be able to create a public hospital report card in relation to meeting sustainability benchmarks (similar to the published AMA Hospital Report Card³). Rather than be a 'name and shame', this could then be utilised to direct resources to aid these health services to adapt.

² We note that at the health service level a similar proposal around providing regular updates on steps health services are taking to reduce carbon emissions is currently subject to enterprise bargaining agreement negotiations. Our understanding is that ASMOF Victoria is of the view that whilst not usually something that would be included in an enterprise agreement, the signal a clause on climate change would send to the wider community is significant.

³ [AMA Public Hospital Report Card 2020 | Australian Medical Association](#)

4. Provide adequate resources and financing for mitigation and adaptation. The plan should detail the cost savings of mitigation (often the initial financial outlay to mitigate is offset by long term savings, but this argument is often difficult to get past executive), and better address the interconnectedness of mitigation and adaptation strategies.
5. Establish a Victorian Sustainable Development Unit (SDU) similar to that developed within England's National Health Service,⁴ to coordinate efforts and maximise the impact of environmental sustainability initiatives. The Victorian SDU should be empowered to drive increased environmental sustainability in healthcare facilities, including by setting the aforementioned targets, periodically measuring progress against these targets, providing advice and best practice examples, and incentivising cultural and behavioural change.
6. Require a sustainability officer (with whatever fraction of FTE) within health services. This position would help coordinate the above, something which clinicians often do not have the time to do. The sustainability officer should be integral to the decision-making process of the hospitals which will hopefully lead to thinking of sustainability as "the norm" in all decisions.
7. In addition, establish sustainability fellowships for clinicians (as occurs in the UK with). This model promotes engagement amongst clinical staff.
8. Incorporate the views of the lowest SES group, First Nation communities, and regional Australia in the plan. These especially vulnerable groups will be the most disproportionately impacted by climate change.

We again thank the Department for the opportunity to provide this submission.

⁴ Now called UK Greener NHS- [Greener NHS \(england.nhs.uk\)](https://www.england.nhs.uk/greener-nhs/). The US also have a Greening Hospital list- [Greening Hospitals | Environmental Working Group \(ewg.org\)](https://www.environmentalworkinggroup.org/en/greening-hospitals).