



Tidsskriftet
DEN NORSKE LEGEFORENING

Unhealthy emissions

FRA REDAKTØREN

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The National Health Service in the UK has adopted the world's first national plan for a climate-neutral healthcare sector. Who can launch a similar commitment in Norway?



Photo: Einar Nilsen

Anthropogenic climate change is the greatest threat to public health of our time (1). To limit global warming and reduce its health consequences, we need to move quickly towards the zero emissions target. A growing number of societal actors are now shouldering the consequences. For years, actors ranging from local authorities to clothing manufacturers have striven for climate neutrality (2, 3), and even the Norwegian shipping industry has now declared its intention to become climate neutral (4).

Paradoxically, the health services are lagging far behind, both in terms of acknowledging their own unhealthy greenhouse gas emissions and of taking action against them. It has been estimated that if the global health sector were a country, it would be the world's fifth largest producer of greenhouse gas emissions (5). The problem affects the health sector's entire value chain. For example, the pharmaceutical industry has been estimated to be more emissions-intensive than the automotive industry (6).

In the UK, the National Health Service (NHS) is the first national health service globally to have shouldered the consequences of its own unhealthy lack of social responsibility and adopted a plan to achieve climate neutrality in all its activities by 2040 (7). The detailed plan reviews all the health sector's activities and related greenhouse gas emissions, and suggests ways to reduce them in the years to come. The measures span a wide range, from fewer patient journeys to less use of fossil fuels and consumables (7). A supplementary article in the BMJ estimates the emissions burden categorised by specialties, procedures and different areas of the health industry, and suggests detailed abatement measures for each (8).

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intensive

The plan goes beyond the health service itself; by 2045 all subcontractors should also be climate neutral. Thereby, the entire value chain of the British health sector will have achieved the zero-emissions goal in time for 2050, by which time the IPCC has determined that the entire world must reach net-zero emissions in order to avoid a devastating global temperature increase of more than 1.5 °C (9).

The National Health Service is not alone in thinking that the health sector must assume its part of the responsibility for global warming. On 12 October 2020, barely two weeks after the NHS plan was launched, the World Health Organization (WHO) published a manual of nearly one hundred pages for climate-resilient and environmentally sustainable health services (10). Hopefully, it can spur other countries to follow the ambitious British initiative.

In Norway, the health services account for somewhat more than 4 % of all greenhouse gas emissions, and in per capita terms, the Norwegian health services are among the world's most emissions-intensive (5). This notwithstanding, the health sector is nowhere near having an ambitious, coherent plan to achieve the net-zero emissions target. In 2019, the Representative Body of the Norwegian Medical Association adopted a resolution on climate, environment and public health, but it makes no reference to the health services' own carbon footprint (11). Among the four regional health authorities, South-Eastern Norway Health Authority has taken the most ambitious standpoint in terms of climate policy, including by publishing annual climate accounts for their activities and committing to the Green Construction Alliance to achieve the climate targets for the construction sector (12).

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In 2019, the four regional health authorities prepared a joint report on corporate social responsibility, in which climate and environment are included (13). However, already on page 2 of the report, the background for this emerges: 'The government expects enterprises under partial state ownership to work systematically on their corporate social responsibility,' and climate and environment constitute one of four areas where reporting is expected (13). These government-imposed climate accounts 'are positive for both the environment and for the health authorities' economy,' the four directors state rather tellingly in their introduction.

In other words, unless it will benefit hospitals' economy, we can hardly expect the regional health authorities to take a leading role in achieving the zero emissions target. Who should then take the initiative to put in place a unified plan for reaching zero emissions from the Norwegian health sector? The Norwegian Medical Association? The government, in its role as owner of the hospitals? The recently launched Doctors' Climate Campaign? The research communities? The Norwegian Public Health Institute? When even clothing manufacturers and the shipping industry assume responsibility and launch ambitious plans for zero emissions from their own industries, we must be able to do the same. The health services cannot continue to be a threat to public health.

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Published: 26 October 2020. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.20.0830

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