



Consumers Health
Forum **OF** Australia

SUBMISSION

NSQHS – Sustainable Healthcare Module

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Introduction

Consumers Health Forum (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in healthcare consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. At the heart of CHF's policy agenda is consumer-centred care.

CHF appreciates the opportunity to provide a submission to the Australian Commission on Safety and Quality in Health Care on their draft of the Sustainable Healthcare Module. CHF is a member of the Climate and Health Alliance (CAHA) and supports calls for a sustainable healthcare framework.

Background

Climate change is increasingly being recognised as one of the foremost health crises of the modern era. Organisations such as the World Health Organization¹ (WHO) and the Center for Disease Control² (CDC) have predicted that from 2030, the impacts of the changing climate will cause approximately 250,000 additional deaths per year worldwide. A diverse array of threats to public health can be directly attributed to the impacts of climate change, primarily malnutrition, diseases such as malaria, and heat stress. Within Australia, the frequency of extreme weather events such as bushfires, flooding and storm surges are projected to increase with the changing climate, along with droughts and heatwaves. All these events have significant ramifications on both mental and physical health of Australians, and present unique challenges to the health system as a whole. Current projections see a five-fold increase in heatwave related deaths in Sydney alone over the period 2013-2080, compared with current rates³.

Australia's healthcare system is responsible for 7% of the nation's total carbon footprint⁴, more than double the proportion represented by the National Health Service in the United Kingdom. Sixty-three percent of Australia's healthcare carbon footprint stems from the hospital and pharmaceutical sectors, and a high proportion is indirect and comes from the national and global supply chains required to manufacture and distribute healthcare goods and services. This high carbon footprint is in part due to a tendency by practitioners to order unnecessary tests and low-value care, which research indicates may comprise up to 30% of healthcare in Australia⁴. In addition, transport emissions and power usage within the healthcare system are high. In most Australian states and territories, public hospitals consume over half of the energy used by the public sector, totalling 4122 GWh in 2018-2019, equivalent to the energy use of 630,000 homes⁵. Between 2016 and 2019 only 2.3% of that energy use was sourced from renewable energy generation. As such, any concerted effort to reduce the carbon footprint of the health sector must include a greater reliance nationally on renewable energy sources.

¹ <https://www.who.int/health-topics/climate-change>

² <https://www.cdcfoundation.org/climate-health#>

³ Guo Y, Gasparrini A, Li S, et al. Quantifying excess deaths related to heatwaves under climate change scenarios: A multicountry time series modelling study. *PLoS Med* 2018;15(7):e1002629. doi: 10.1371/journal.pmed.1002629.

⁴ Malik A, Lenzen M, McAlister S, McGain F. The carbon footprint of Australian health care. *Lancet Planet Health*. 2018 Jan;2(1):e27-e35. doi: 10.1016/S2542-5196(17)30180-8. Epub 2018 Jan 9. PMID: 29615206.

⁵ Burch H, Anstey MH, McGain F. *Renewable energy use in Australian public hospitals*. *Med J Aust* 2021;

Threats to the environment posed by human systems are not limited to greenhouse gas emissions. Microplastics are recognised as a threat to both marine and terrestrial ecosystems, and are now ubiquitous within marine environments, as well as contaminating large amounts of farmland. Through both of these vectors, microplastics represent a significant threat to nutrition, affecting both access to and quality of food. In marine environments, microplastics are expected to produce an ongoing effect on fish population and threaten the global food supply. Through fish, as well as through increasingly contaminated farm-sourced food, the amount of plastic in human diets has been steadily increasing, and the impacts of this consumption are not yet known. A study by the University of Newcastle in 2019 found that [Australians ingest one credit card worth of plastic a week](#), and the potential effects of microplastic pollution on humans could include problems as diverse as immune system disruption, oxidative stress and neurotoxicity. The importance of curbing plastic waste on human health cannot be understated.

Studies have found medical and hospital waste to make up a significant proportion of oceanic plastic waste. In recent years, the COVID-19 pandemic has added to this burden, one study finding that over 26,000 tonnes of Covid-19-related plastic waste had already leaked into the ocean as of November 2021. In New South Wales alone, public health services generate 52,400 tonnes of waste each year, of which plastic waste accounts for roughly a third. Of this waste, the vast majority is sent to landfill, which is both economically expensive and environmentally unsound. Initiatives to reduce plastic usage and encourage recycling exist, however there is a great deal of room for improvement.

Issues

Voluntary vs mandatory

The fact that the module is entirely voluntary is something that significantly reduces the potential impact of the module, and limits the likely reach of a sustainable healthcare module to those entities which are already engaged in sustainable practices. Those organisations which are most in need of sustainability reform are less likely to take up a voluntary module if it does not present a viable economic case for them to do so. This applies to both public health systems, in which budgetary constraints are a constant concern, and in private healthcare organizations, for which running at a profit is a primary motivating factor. As sorely needed as sustainability reform is, without enforcement or incentive uptake will likely be too limited to make a significant impact on the problem at hand. It has previously been CHF's position that good policy platforms have been weakened by being voluntary rather than mandatory, and the same is likely to be true here.

Putting Policy into Practice

The draft presented puts the task of developing sustainability monitoring and sustainable initiatives firmly on the part of the healthcare organisations that opt in to the module. What is worth factoring into this is that healthcare organisations are often not homogeneous environments and that standards that are not enforced are followed in an extremely variable fashion. Even in organisations with programmes for increasing recycling, minimising plastic use or water use, for example, the uptake of the measures endorsed by those organisations vary between locations, departments, and individual staff members. This is why firmer measures to ensure the consistency of these practices are a vital part of any attempt to systematically attend to sustainability.

Scope of Sustainability

Throughout the draft as presented, the only measure of sustainability mentioned is carbon footprint. While carbon footprint is justifiably the primary concern of any sustainability framework, it is not the only metric by which sustainability should be measured, and it is not the only environmentally unsustainable aspect of the healthcare system.

As noted above, plastic waste is a particularly insidious environmental threat, and one to which healthcare systems worldwide contribute heavily. CHF acknowledges that the necessity of providing sterile environments and equipment precludes the phasing out of single-use packaging within the healthcare industry. However, given the potential for serious long-term threats to both food supply and biodiversity as a whole posed by plastic waste, CHF believes that plastic waste should be acknowledged and addressed within any sustainability module.

Conclusion

In summary, CHF welcomes the development of a sustainable healthcare module for healthcare organisations, in line with the necessity of reducing the environmental burden of healthcare, without creating worse outcomes for consumers. This plan contains a number of strong aspects which CHF supports. Among these, CHF particularly commends the focus on climate risk literacy. Healthcare is a diverse industry, with varying levels of awareness and understanding of the threats of climate change, and any substantial approach to climate action requires an inclusive approach to increasing the cognisance of that risk. However, there are numerous ways in which the plan falls short of what is needed. Hopefully the plan going forward can evolve to increase the scope of its definition of sustainability to include other important metrics in addition to carbon footprint. In addition, CHF has the expectation that this voluntary module would be best used to lay the groundwork for a transition to a platform that effectively incentivises sustainable practices in order to inculcate the required cultural shift.