

Concerns about climate activism in clinical practice – Authors' reply

Richie, Cristina; Kesselheim, Aaron S.; Jones, David S.

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climate impact of pharmaceuticals”, despite their expertise lying in clinical medicine rather than climate science or chemistry; and finally, physicians should “add climate concerns to their ongoing conversations with patients about non-adherence”, while providing no empirical evidence that such an addition would enhance medication adherence.

These idealistic, inappropriate, and entirely impractical suggestions are completely divorced from the reality of what our patients care about (their health), what patients expect from their doctors (for us to only care about their health), and what is practically possible within overwhelmed health services.²

Should they be deployed, these suggestions would bring about only negligible reductions in global carbon emissions (particularly when considered on a pan-industry scale), while condemning our patients to substantial unnecessary suffering. Rather than empowering physicians to improve patient health, these suggestions prioritise climate activism above the needs of our patients, and thus would erode patient trust in physicians, increase patient suffering, and add additional expectations to overly pressured health systems. As such, these suggestions are equally concerning, unethical, and antithetical to the objectives of medicine, and so should be staunchly rejected.

Contrary to the authors’ ideologically driven position, physicians’ daily clinical practice should be exclusively concerned with the promotion of their patients’ health. Patients must not be used as pawns for political activism. There is no place for climate activism, particularly through the prescription pad, in the delivery of health care.

I declare no competing interests.

Richard Armitage
richard.armitage@nhs.net

School of Medicine, University of Nottingham,
Nottingham NG7 2UH, UK

1 Richie C, Kesselheim AS, Jones DS. Climate change and the prescription pad. *Lancet* 2023; **401**: 178–79.

2 Potter C. Record GP demand ‘outstrips’ capacity, NHS England admits in stark warning. *Pulse*. Oct 7, 2022. <https://www.pulsetoday.co.uk/news/workforce/record-gp-demand-outstrips-capacity-nhs-england-admits-in-stark-warning/> (accessed Dec 23, 2022).

Authors’ reply

In 1989, *The Lancet* warned its readers about the threat of global warming: “the cost of doing nothing is incalculable”.¹ Other medical journals soon followed this lead and called for action against the climate crisis. Such demands have become increasingly desperate. In 2019, Richard Horton argued that “doctors and all health professionals have a responsibility and obligation to engage in all kinds of non-violent social protest to address the climate emergency. That is the duty of a doctor.”²

Richard Armitage insists that the climate crisis is “far outside the purview of clinical medicine” in response to our Comment.³ We disagree. The UK National Health Service, the US National Academy of Medicine, and the World Medical Association have called on health professionals to act. Some reforms require action by health-care systems (eg, optimising supply chains and reducing hospitals’ excessive energy consumption). Individual clinicians can do their part as well. Greene and colleagues⁴ asked physicians to reassess their reliance on disposables. We suggested that physicians could re-examine their prescribing practices to improve clinical outcomes, reduce costs, and reduce the carbon footprint of health care.

No patients will be harmed if climate consciousness prompts physicians to make stronger efforts to curtail inappropriate prescriptions. No patients will be harmed if a discussion of the carbon cost of non-adherence inspires more careful pill-taking. No patients will be harmed if doctors include climate considerations as part of discussions of the benefits, risks, and costs of treatment. For their part, patients might worry about the impact of the climate crisis on health. Doctors

might need to educate themselves about the carbon footprint of medical care, but they are capable of learning throughout their careers (and medical schools increasingly teach about the climate crisis). What would be the net impact of initiating some new medications with shorter prescriptions? Answers will vary in different practice environments, so more research is needed. Studies of the ethics of introducing climate considerations into clinical decisions are already underway.⁵

Doctors must care deeply about the health of their patients. But they also surely know that many factors—social, economic, political, and climatological— influence health. Doctors can care for their patients’ health by taking steps to mitigate health threats, including the climate crisis.²

We declare no competing interests.

***Cristina Richie, Aaron S Kesselheim, David S Jones**
c.s.richie@tudelft.nl

Ethics and Philosophy of Technology Section, Delft University of Technology, 2628 BX Delft, Netherlands (CR); Harvard Medical School, Boston, MA, USA (DSJ, ASK); Program On Regulation, Therapeutics, And Law (PORTAL), Division of Pharmacoepidemiology and Pharmacoeconomics, Department of Medicine, Brigham and Women’s Hospital, Boston, MA, USA (ASK); Department of the History of Science, Harvard University, Cambridge, MA, USA (DSJ)

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- 2 Horton R. Health and climate. *RubberRepublic*. Oct 24, 2019. <https://www.youtube.com/watch?v=YEVGNeneYug> (accessed April 5, 2023).
- 3 Richie C, Kesselheim AS, Jones DS. Climate change and the prescription pad. *Lancet* 2023; **401**: 178–79.
- 4 Greene J, Skolnik CL, Merritt MW. How medicine becomes trash: disposability in health care. *Lancet* 2022; **400**: 1298–99.
- 5 Hantel A. Developing practical guidance for integrating sustainability and conservation ethics into clinical decision-making. *Greenwall Foundation*. 2022. <https://greenwall.org/making-a-difference-grants/developing-practical-guidance-for-integrating-sustainability-and-conservation-ethics-into-clinical-decision-making> (accessed April 5, 2023).