

Mitigating climate change:

using the physician's tool of the trade

INTRODUCTION

Climate change is happening now and is an omnipresent topic in the media. The debate is dominated by discussion about climate objectives and deep emission cuts on an international level. But what about individual steps and personal actions to mitigate climate change? What tools of the trade do physicians possess? Wynes and Nicholas identified four key actions that most substantially decrease an individual's carbon footprint¹ including eating a plant-based diet, avoiding air travel, living car-free, and having one fewer child. How expedient are these actions in daily care and what potential barriers exist?

A physician without a car is hard to imagine when it comes to home visits in remote and rural areas. Older people are often immobile and dependent upon the doctor visiting them at home. In many countries home visits are an integral aspect of primary care.² Imagine the 84-year-old woman living several miles down the road and phoning late in the evening for advice regarding her worsening abdominal pain. In such situations, a car is often indispensable to visit patients at their homes, especially at late hours or in areas with a poor infrastructure.

Avoiding air travel is another effective way to substantially decrease one's individual carbon footprint. But let's be honest: How many international symposia and congresses do we attend per year? One, two, three, or even more? See and be seen — an unwritten dogma in academic medicine. Meeting like-minded professionals in person at conferences (which are often of high entertainment value) is tempting and alluring. To enjoy a short break from our daily routine, we often fly thousands of miles overseas while turning a blind eye to our own environmental impact. Conferences constantly grow and enjoy uninterrupted popularity among international attendees who want to keep on top of recent research findings. The fact that more and more — sometimes even 'generic' — conferences are established is another indicator that

this situation won't change any time soon.³ As long as physicians attend international mega-conferences in large numbers under the pretence of exclusive educational merits, a transition to greener solutions is not to be expected.

DIET AND THE ENVIRONMENT

Eating a plant-based diet can save up to 0.8 tonnes of CO₂ equivalent a year.¹ This is an impressive number considering the close interconnection between nutrition and health. Plant-based whole-food diets have been reported to be highly beneficial for preventing and treating type 2 diabetes and cardiovascular disease.⁴ There is mounting evidence that such a diet is also beneficial in the prevention and treatment of other health problems, including a reduction in total cancer risk.⁵ However, the debate on nutrition is emotionally supercharged. Because nutrition is something individual, encompassing socioeconomic, religious, and many other factors such as a person's background, a universal directive is hard to establish.

'You shall not determine your patient's nutrition.'

'Yes, but am I allowed to stipulate smoking cessation?'

How far may physicians go?

Why do we perceive nutrition-related recommendations as authoritarian orders instead of serious and substantial support in order to help patients gain control over chronic illness? A dietary change is a deeply personal choice but in terms of its beneficial effects regarding the health of the patient *and* the environment, we must seriously consider recommending a plant-based diet to all our patients. Of note, low-fat, plant-based diets have been shown to be remarkably well accepted by patients.⁶

Counselling time should no longer be an impeding factor: it takes a mere sentence to mention the benefits of plant-based diets

or at least a meatless day. The fundamental question is: Are we ready for it?

What about other options? Of course, there is a growing number of new and more efficient technologies that may allow for greener medicine. Nevertheless, we must ask the crucial question: How long will it take to implement these technologies in daily practice? And how much more time is required to ensure broad acceptance in the medical community? A quick sideways glance at the past of peptic ulcer disease and the progress from pH to HP (*Helicobacter pylori*) tells us that the medical community has often been slow in recognising profound changes. We can no longer wait for potential technological developments but must work with the tools and opportunities we currently have at our disposal.

A 'business as usual' approach is not the solution; instead we need a tectonic shift in our understanding of dietary recommendations and an acknowledgement that renouncing daily red meat is not a sacrifice but an effective step towards better public health and a healthy environment.

It's now our turn to get things done.

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