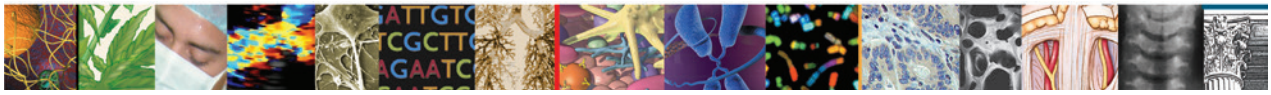

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Perspective

FOSSIL FUEL, POLLUTION, AND CLIMATE CHANGE

Reducing Health Care's Climate Impact — Mission Critical or Extra Credit?

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When news broke that the Joint Commission would relegate its hospital sustainability standards, originally proposed as mandatory, to the "optional" category,[1] a collective groan emerged from the community of health professionals working to address the global climate emergency. What started as an ambitious effort to mitigate the health sector's contribution to climate change fizzled out in the face of industry objections and the commission's apparent timidity. By demoting environmental standards to "extra credit" status, we believe the Joint Commission has strayed from its stated mission "to make health care healthier for everyone."

In 2022, the commission outlined three bold strategic priorities — health equity, environmental sustainability, and workforce — to address health system deficiencies that had been laid bare by the Covid-19 pandemic. The pandemic, whose impact was felt disproportionately by marginalized populations and their care providers, was in a sense a trial run for the type of widespread climate disruptions that are expected to shake the health care sector in coming years. As the Joint Commission's president and chief executive officer, Jonathan Perlin, stated in an interview with *NEJM Catalyst*, "sustainability, decarbonization in particular, is critical to the health agenda, especially because climate change is having a direct and inequitable effect on the health and well-being of people globally."[2]

How significant are the health care sector's contributions to climate change and other forms of environmental degradation? Health care delivery is responsible for 8.5% of total U.S. greenhouse-gas emissions[3] as well as emissions of other pollutants. Air pollution produced by hospital energy generation or health care worker transportation can cause heart and lung disease, premature birth, and dementia. Worldwide, health sector emissions fuel additional health damage by means of climate change. And pollution from the U.S. health care system alone results in the loss of as many as 388,000 disability-adjusted life-years per year — a disease burden similar to that created by medical errors.[3]

To address this conflict between health care operations and healthy outcomes, in March 2023, the Joint Commission announced proposed requirements for minimizing hospitals' greenhouse-gas emissions and waste. Hospitals

would be required to designate someone to oversee emission-reduction plans and would need to measure emissions from three or more of the following sources: energy use, purchased energy, anesthetic gas use, pressurized metered-dose inhaler use, fleet vehicle gasoline consumption, and solid-waste disposal and incineration. These metrics are already familiar to hospital systems, including many that track and report them with support from health care sustainability organizations such as Health Care Without Harm or in partnership with the National Academy of Medicine Action Collaborative on Decarbonizing the U.S. Health Sector.

Even the Joint Commission's originally proposed requirements could have been fairly criticized as setting too low a bar, given the urgency of the climate crisis. The proposal ignored substantial sources of emissions such as supply-chain contributions and investments in fossil fuels that account for the largest portion of health-related greenhouse-gas emissions.[3] It also left plenty of wiggle room for enforcement. But it was a start, and a reason to celebrate: one of the most influential bodies in health care was finally applying its enormous leverage to implement mandatory reporting of emissions, a first step toward decarbonization[4] that would save lives and address the structural and operational factors that cause suffering in our patients. And hospitals could expect to accrue additional benefits, including cost savings from lower energy use and decreased waste.

In late April 2023, reportedly in response to feedback from hospitals, health systems, and the health care industry after the proposal was released for public comment, the commission backtracked. Sustainability metrics and goals would become optional guidance rather than mandatory, enforceable requirements. We don't know what the industry's motivations were, but presumably they were related to administrative burden or financial considerations rather than disagreement that the proposal would improve health. The commission's retreat was particularly notable given that, in the same meeting where the switch to optional standards was announced, Perlin described the threat of climate change and environmental sustainability as "vital" and a "critical health and health equity priority."[1]

The Joint Commission's certification requirements are driven by a noble goal: to keep patients safe by applying clear standards across hospital systems and reducing medical errors. In practice, however, they are often seen by health care personnel as petty or even punitive — a prohibition on coffee at nurses' stations, regulations for placement of holiday decorations, parameters for the height of employee-identification badges. With doctoring feeling increasingly focused on metrics and measures, such requirements are often perceived as yet another burdensome box to be checked.

We know that hospitals and staff have been under extraordinary stress since the Covid-19 pandemic began, owing to staffing shortages, financial pressures, and increased administrative burden — some of which are imposed by the Joint Commission itself. When it comes to hospital metrics, alienation from our core values as healers has led to cynicism among health care personnel. Yet many health workers view addressing climate change as essential to their mission. In one survey of health professionals, more than three quarters of respondents said that climate change would cause harm to their patients, and a similar proportion sought guidance on ways to make their workplace sustainable.[5] We believe that by aligning our profession's quality metrics with the values of environmental stewardship and health equity, we can improve morale and restore faith in the hospital accreditation process.

Health professionals are staring down the barrel of the climate crisis, which more than 200 medical journals have called the "greatest threat to public health." Improving air quality, reducing environmental degradation, and minimizing the harms of climate change are not "extra credit." Is a livable future for our children not as worthy of measuring and addressing as reductions in central line infections or compliance with waste-bin fire protocols?

We hope and expect that the Joint Commission will return to the drawing board, engage with member hospitals (many of whom have signed the Department of Health and Human Services Health Sector Climate Pledge), and find ways to enact climate-healthy policies that will improve outcomes and staff morale while saving money.

We know such action is possible because our own health systems have shown the way. The Department of Veterans Affairs has put forth a Climate Action Plan and, in accordance with Executive Order 14057 (Catalyzing Clean Energy Industries and Jobs through Federal Sustainability), aims to reach 100% zero-emission

vehicle acquisition by 2035. Meanwhile, Mass General Brigham has reduced the intensity of energy consumption in its facilities by 20% since 2008, which has yielded savings of tens of millions of dollars in utilities spending. The Inflation Reduction Act of 2022 presents further opportunities for cost savings through its range of tax incentives, grants, and other funding programs in support of clean-energy deployment.

Health care is currently buffeted by multiple crises, including an overburdened and demoralized workforce and an increasingly complex and piecemeal health system that is too often fixated on intervention rather than prevention. By tackling the climate crisis head on and with mandatory hospital sustainability standards, we can focus our attention on the metric that really matters: a healthy and livable future for our patients.

The views expressed in this article are those of the authors and do not necessarily represent those of the U.S. government or the Department of Veterans Affairs.

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