The drive for sustainable healthcare must be led by students and junior doctors

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Seven years, 108 days.¹

At the time of publication, this is the time left on the Global Climate Clock before we will exceed our global warming targets.² Cast your mind back seven years—it is a frighteningly short period of time for anyone, but in healthcare it is the blink of an eye. Clinical trials can take decades to be completed and changes to clinical practice require multiple audit cycles. Medical education is no exception; current first year students will not be fully registered doctors when this deadline passes. Junior doctors will only just be reaching senior posts, and the best opportunities to intervene will have passed us by.

Our generation’s fight

Climate change harms human health, exacerbating existing healthcare inequalities and creating new ones.³ Today’s medical students and junior doctors will inherit these challenges alongside an already overburdened healthcare system, dwindling resources, and the aftershocks of a global pandemic. Moreover, it’s our cohort that must reduce NHS carbon emissions, which currently make up 4% of the UK’s entire output, to net zero by 2040.⁴ Failure to meet these challenges will be felt most keenly by us; we are the generation that will inherit a world saved or broken by climate promises.

This is not to suggest that our current leaders haven’t responded to climate change; the NHS has set ambitious environmental targets⁵ and progress has been encouraging.⁶ However, those in the position to enact change are frequently the ones firefighting often several crises at once. They may lack the time and resources to consider all the interventions we could apply in healthcare.⁶ This is where students and junior doctors, given the opportunities, must rise to the challenge. We can each take individual action to advocate for change,⁷ ⁸ however, we can and should push for more support from our parent NHS trusts and medical schools.

This is not a novel perspective; there is a growing movement for medical professionals to receive education on the connections between planetary health, human health, and healthcare provision.⁹ ¹⁰ Furthermore, guidance from the General Medical Council and the Nursing and Midwifery Council explicitly state the need to train environmentally conscious healthcare professionals.¹¹ ¹² However, provision of this teaching is highly variable—a recent survey highlighted that 89% of surgeons would welcome more training on sustainable practice, yet just 8-15% had received it.⁶

Medical schools are responsible for shaping tomorrow’s doctors and should adapt teaching to anticipate these future demands. The Planetary Health Report Card provides a review of education on planetary health in the medical curriculum—of the 30 UK medical schools reviewed, just one scored above a B.¹³ Precedents of infusing this teaching into the medical curricula exist¹⁴ ¹⁵ and highlight the importance of developing students and junior doctors’ roles as advocates for and drivers of change.

Opportunities for change

Students are encouraged to engage with clinical research and audits are essential for junior doctors, so why not include interventions for and evaluations of service sustainability? Clear NHS targets now exist⁴ and most trusts have sustainability and environmental leads responsible for investigating ways to achieve these ambitions. Overprescription and excess treatment carry a heavy environmental and clinical burden¹⁶ and are already targets for service improvement that can be readily and rapidly investigated.

It is commonplace during research projects for students to do the heavy lifting of data gathering, analysis, and other tasks that may be prohibitive to overstretched clinicians.¹⁷ Research projects and education on research skills are often integrated into the medical curricula,¹⁴ ¹⁸ so expanding their scope to include environmental studies would not be too substantial an investment.

National campaigns to introduce sustainable interventions, such as the BMA Sustainability Awards, Green Ward Competition, and Green Surgery Challenge, incentivise collaboration between specialties and all levels of seniority. These campaigns can be expanded and locally adopted¹⁹ to widen their impact, and students and junior doctors would be ideally placed to carry these interventions forward. Our early involvement with local and national campaigns will guarantee their longevity and widen their influence.

Many national organisations, including the Centre for Sustainable Healthcare, Clinicians for Planetary Health, the BMA, and Royal College of General Practitioners, provide toolkits and programmes to help clinicians identify opportunities where more sustainable practice could be introduced. However, many of these courses and competitions remain out of the financial and educational reach of students. Local educational programmes and improved student access can bridge this gap and give students the ability to identify and implement change.

Spurred on by the pandemic, some students have undertaken sustainability and environmental electives within the Centre for Sustainable Healthcare and similar organisations.¹⁵ ²⁰ Experiences such as these greatly empower student action and incorporate
us into campaigns at earlier, more impactful stages. Expanding these opportunities and ensuring their relevance to our career advancement will greatly encourage uptake and equip a generation of doctors with the skills to create a more sustainable healthcare service.

Students and junior doctors’ enthusiasm for tackling the climate crisis is plain to see and their early involvement can have a huge cumulative effect. However, opportunities to participate in research, sustainable initiatives, and educational programmes must be made widely available and relevant to our development as healthcare professionals. We have the time, the passion, and the drive; what we desperately need is to be given a chance.

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1 Climate Clock. Available from: https://climateclock.world
5 Wise J. NHS makes good progress on sustainability, report shows. BMJ 2018;362:k4032. doi: 10.1136/bmj.k4032. PMID: 30249806