Australian Medical Association (WA)

Response to Questions on Notice
Climate Health WA Inquiry
1. The World Medical Association, of which the AMA is a member, adopted the Delhi Declaration on Health and Climate Change in 2009, which was amended in 2017 following the Paris climate agreement. Can you outline the main points in that declaration?

As an organisation that represents the professional interests of medical practitioners in Western Australia, there are a number of salient points made in the Delhi Declaration on Health and Climate Change which resonate with AMA (WA)’s view of how Western Australia could more effectively respond to the issue of health and climate change.

Reflecting on the points made in the Delhi Declaration the AMA (WA) reiterates that:

- there are numerous health risks posed by climate change;
- tackling climate change offers opportunities to improve health and wellbeing both because of the health co-benefits of low carbon solutions and because mitigation and adaptation may allow action on all the social determinants of health;
- climate change research and surveillance is important;
- Western Australia needs to recognise and understand the serious health consequences of climate change and to adopt strategies to adapt to and mitigate its effects;
- Western Australia must invest in public health and climate change research to ensure of better understanding of adaptation needs and health co-benefits at national level; and
- developing clinical understanding and education as to the health effects of climate change and facilitating the profession’s ability to treat and manage them in individual patient.

In this regard, and as outlined in our written submission to the Climate Health WA Inquiry, WA Health should lead a whole-of-government approach towards addressing climate change and its impact on human health and should facilitate and support a scientific, evidence-based approach towards assessing and tackling the health impacts of climate change.

2. In September of this year, the national AMA recognised climate change as a health emergency. What was the process and thinking that led up to that decision, and what is the desired impact of such a resolution?

The AMA Federal Council’s role is to develop the AMA’s medico-political policy, review existing medico-political policy and to assist to ensure that medico-political policy represents the views of AMA members.

The Federal Council Motion highlights climate change as a health emergency, pointing to scientific evidence which indicates the severe impact for our patients and communities now and into the future.

The AMA is a strong supporter of evidence-based medicine. This naturally applies also to public health matters, and there are few more important at this time than climate change. We support the scientists who work in this area.
3. I believe the AMA WA branch has conducted a survey of its members as part of your response to this Inquiry. Are you able to share some of the results of that survey with us today?

The AMA (WA) conducted a survey of members on a number of issues that are being addressed by the Climate Change Inquiry WA. The number of responses was limited at this time and is currently not sufficient to support AMA (WA) advocacy on this issue. The AMA (WA) believes that the reason the response rate to this survey has been low was because of other pressing health policy issues, such as voluntary assisted dying and the current industrial bargaining.

This highlights the challenges that the health system faces in relation to addressing the issue of climate change and its impact on health. The AMA (WA) recognises that many in the community see this issue having a long-term impact, as opposed to a more immediate impact. This may result in stakeholders prioritising other issues over climate change and its health impact.

Ultimately, this presents a pressing case for a more collaborative approach to addressing the issue, working to increase the WA community’s understanding of climate change and its health impacts and supporting leadership and organisational accountability in addressing the issue.

The AMA (WA) is prepared to continue to engage with its members on the issue.

4. The AMA WA branch met with the Inquiry a few months back, for which we thank you. At that time, you told us about the AMA warehouse and some of your responsibilities with respect to medical supplies. Given the overall importance of procurement and supply chains to this Inquiry, can you describe how the warehouse functions and how it relates to your other activities?

The area of concern for us is generally in regard to consumables and plastics being wasted in health care facilities.

Our medical products business does its best to control excessive waste, but the sector is currently heavily dependent on disposables for infection control and there should be close scrutiny to make sure that this is necessary.

If there are opportunities promoted at the provider level to reduce waste, the AMA (WA) will get behind these.

5. How important is clinical engagement to a health system’s response to climate change?

Clinical engagement is critical to the health system’s response to climate change.

Developing partnerships and working with clinicians and clinical stakeholders will support WA address the issue of climate change more effectively.

Clinical engagement can assist in:

- attracting external funding and research opportunities;
• building clinical and community literacy on the issue;
• understanding the localised impact of climate change across distinct communities and populations in WA;
• develop more community-specific responses to the health impacts of climate change;
• support health stakeholder accountability in developing a greater understanding of climate change and its health impacts;
• identifying how the impact of climate change can be best addressed through population health initiatives;
• harnessing existing WA knowledge and expertise on the health impacts of climate change; and
• addressing gaps in clinical and community knowledge and expertise on the health impacts of climate change.

In this regard, the AMA (WA) suggests that stakeholders, such as the AMA (WA) and the Australasian Faculty of Public Health Medicine of the Royal Australasian College of Physicians, can support and advise on clinical engagement regarding this issue.

6. In your experience, what is the level of engagement on these issues from medical students and younger doctors?

The AMA (WA) has no data that indicates a greater level of engagement on issues relating to climate change and health from younger doctors or medical students.

The AMA (WA) does believe there is value in engaging directly with this cohort. Further, DiT training pipelines offer opportunities to embed research and innovation relating to the health impacts of climate change in medical education and clinical practice, fostering future clinical commitment to knowledge development in this area.

7. I am sure you are aware of the contribution of health sector emissions to overall emissions in Australia, estimated at about 7%. Will medical advocacy be more effective if the health sector makes a concerted effort to reduce its own emissions?

Health sector oversight and accountability of its environmental impact stands as an important component in a whole-of-government approach to addressing the health impacts of climate change. WA’s health system should lead by example and account for, review and manage emissions in a way that facilitates pertinent research, innovation and demonstration of the impact of organisational change and commitment to addressing climate change.

8. Any other questions based on the AMA’s written submission which was not received at time of formulation of these questions.

The AMA (WA) will continue to engage with the Climate Health WA Inquiry and respond to questions on notice, if requested.