



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Submission to the Department of Health on the Climate Change Adaption Plan for the Health Sector

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IMO Submission on the Climate Change Adaption Plan for the Health Sector

The Irish Medical Organisation welcomes the development of the health sector climate change adaptation plan and the opportunity to make a submission in response to this public consultation.

Climate change is possibly the greatest societal challenge of the 21st Century and is likely to impact significantly on health and healthcare. In view of this, the IMO included a session at its AGM this year highlighting the impact of climate change and on health and healthcare and related sectoral adaptation issues.

Climate change is likely to:

- Increase the environmental threats to people's health and result in increased climate related illness
- Increase health service demand
- Put critical infrastructure including health infrastructure at risk, which may affect the health services' ability to care for our patients.
- Threaten business continuity of the health service during the projected more frequent severe weather events.

These risks are heightened in the context of already over-stretched health services in Ireland that cannot meet current healthcare demand.

In response to the public consultation questions:

(1) Do the six climate scenarios identified represent the highest priority concerns and risks?

The Climate Change Adaption Plan for the Health Sector identifies six climate scenarios with profound health implications as follows:

1. UV radiation from sun exposure
2. air pollution
3. windstorms
4. extreme heat and heatwaves
5. high precipitation and flooding and
6. cold snaps.

Drought is another climate scenario that needs to be prioritised. The health impacts relate to the public health and hygiene implications of reduced water supply:

- People need access to safe drinking water and water for washing – personal, clothing, environment.
- Healthcare facilities need access to safe drinking water and water for washing – personal, clothing, environment.

Indirect health impacts from drought include failure of crops and food supply, affecting food security and economic health through employment.

It is not possible for us to say if all these scenarios are the highest priority, but as the health services have already faced challenges from these climate scenarios they appear to be high priority and should be planned for.

(2) Are there climate change-related risks or vulnerabilities that do not feature and should be included, and why?

There are a number of vulnerabilities as follows which relate to our ability to adapt to climate change:

Availability of Expertise

It is clear that climate change adaptation planning requires the expertise of Consultants in Public Health Medicine in carrying out baseline and ongoing public health risk assessments, as well as providing public health medical advice on cost-effective solutions. Consultants in Public Health Medicine are also needed to carry out the necessary “health in all policies” advocacy and provision of medical advice outside of the health system so as to ensure that other department policies, and other agency implementation plans prevent health impacts where possible. Helping to prevent mal-adaptation is another role.

However, the number of public health specialists working in our health system is approximately 30% below recommended numbers. 50% of public health specialists are due to retire in the next five years and the specialty is no longer an attractive option to young medical graduates. 50% of public health specialists are due to retire in the next five years and the specialty is no longer an attractive option to young medical graduates. The Crowe Horwath Report on the Role, Training and Career Structures of Public Health Physicians, commissioned by the Dept of Health recognises that the lack of consultant status and remuneration and poor career opportunities are factors contributing to the poor perception of the value Public Health Medicine.

Furthermore, the IMO is aware that there has been no formal development of a national service for all-hazards epidemiology, public health risk assessment and provision of the relevant medical advice at national level to date, and the current service is informal and provided by regional Consultants in Public Health Medicine, who do not have protected time or resources to carry out this essential service.

Availability of data

It is not possible to give good estimates about public health risk from climate change without appropriate data. We recognise that this is a relatively new area, so appropriate health data for Ireland is not readily available yet. Risk assessment, planning and monitoring requires relevant data, so data systems need to be developed to identify and monitor health risks and impacts of climate change, as well as indicators of climate resilience.

Ireland as part of a global community

Climate change is a global phenomenon and healthcare is a global enterprise so the impacts of climate change in other parts of the world also need to be considered in the planning process. This is likely to affect our health service in at least two ways:

- Climate migration is already happening through loss of habitable places and essential resources. The impact of climate migration into Ireland and caring for migrants and their complex health needs will increase the demand on health services and should be considered in planning.
- Climate migration will also increase the demand on health services in other countries such as UK, Canada, US, Australia with whom we currently compete for medical staff. The HSE will need to become more competitive in attracting and retaining medical professionals.

Conditions for patients and staff

Heat waves can make healthcare facilities unbearable for patients and for staff affecting safety and productivity. Severe weather events may put staff lives or wellbeing in danger especially in relation to travelling to workplaces or emergency visits to patients. Prioritising the commitment to safe working conditions and health care facilities will help to keep this on the planning agenda on an ongoing basis.

(3) Do you have additional suggestions for concrete and cost-effective adaptation actions?

Climate change is likely to exacerbate current healthcare problems so adaptation cannot exist separately from other planning. It is important to embed climate change risk assessment into the health planning process. Services need to become adaptable to changing conditions and need to be in continuous improvement mode to learn from events and adapt quickly.

Ideally all cost-effective services should be assessed as to the impacts of climate change on them and their cost-effectiveness to prioritise projects and programmes that will help us adapt flexibly and safely.

Ongoing engagement and listening to frontline healthcare staff's concerns and ideas will help to ensure that adaptation is based on real risks that may not be "known to the system". Empowering staff to adapt in an evidence based manner should be a priority.

Conclusion

Ireland's health services are going to be massively challenged by climate change over the next decades, while also facing demographic pressures which will increase the demand for health services. Failures in health services have immeasurable costs for patients and their families and also for the health services and political system. Therefore anticipation of risks is key to preventing and minimising avoidable failures.

Ireland's health services are already very constrained by an inadequate number of doctors. Part of climate change adaptation requires prevention of disease where possible and then preparing the health service for increased demand that is unavoidable.

IMO recommendations are:

1. Fully implement the recommendations contained in the Crowe Horwath Report to be including the immediate awarding of consultant status and remuneration to public health specialists in line with their specialist training and experience, allowing them to work to the top of their licence.
2. The Crowe Horwath implementation process needs to ensure that Consultants in Public Health Medicine are empowered and facilitated to provide effective leadership in climate change adaptation, including maximising the prevention of avoidable illness through:
 - Development of an appropriate epidemiology system
 - Comprehensive illness surveillance
 - Monitoring of the effectiveness of planned actions
 - Public health risk assessments and provision of protective advice
 - Advocacy on health in all policies
3. Coordinated planning across government and within the health sector to minimise climate health impacts and to maximise the quality of care to those that need health services
4. Prioritise the recruitment and retention of essential medical staff in anticipation of increasing healthcare demand. This means
 - immediately addressing the two-tier pay system that is contributing to the current crisis in consultant recruitment and retention and
 - further investment in the development of General Practice.