Royal College of Physicians Green Physician Toolkit: what can be learnt from listening to the public and patients

Authors
Dr Gabrielle Samuel, Lecturer, King's College London
Dr Sarah Briggs, practicing clinician and an NIHR-funded Clinical Lecturer, Oxford University
Ms Miranda MacFarlane, Researcher, King's College London

The Royal College of Physicians (RCP) recently published a Green Physician Toolkit, with the aim of supporting physicians to take action on climate change. Its publication was met with a backlash in some English newspapers, including reports that implementing such recommendations could compromise patient diagnosis and impact patient health outcomes.

We recently conducted focus groups with the UK public around environmental sustainability and healthcare. Our findings provide a more nuanced picture than the media portrayal of public concerns, and one that aligns with the NHS's perspective. In particular, while participants considered the environment in their day-to-day lives, and supported a greener NHS, their health came first. For them, greening healthcare meant operational changes outside of care pathways, which could lead to money saved and better services through a 'co-benefits approach'.

The RCP toolkit is important in raising awareness about protecting patients from the health impacts of climate change

Climate change is already impacting the UK population's health, and this is set to worsen. We agree that physicians need to be aware of this. There's also a clear need to ensure patients and communities can protect themselves from these impacts, and the toolkit provides examples of how physicians can communicate with patients about this. This includes conversations about how to protect health in a heatwave and how to manage asthma that is made worse through air pollution. Such conversations are vital, and our participants also spoke about the importance of receiving this type of care from their physicians.

Please no guilt

The toolkit recommends how to make healthcare greener – something our participants felt strongly about. However, the framing of the recommendations ignores patients' experienced realities. To give an example, the report recommends physicians could discuss travel with patients. But this suggests it's easy for people to make changes to their travel arrangements. For our participants, public transport or

active travel options, such as walking or cycling, were often not available. They spoke about patients being too tired or unwell to travel this way. They also spoke about the expense of public transport. Finally, they stressed issues with poor public transport links, which meant it could take hours and several buses to reach health services:

> "I totally understand why people drive, (agreement) you can't get to anything on time…every journey I do in [my home town] takes me - it's three hours..[and]…the buses here are so rubbish".

They didn't want to be made to feel guilty for making environmentally unsustainable choices in the face of such barriers. As one participant stressed: "guilt and shame have no place in a GP's office".

No trade-offs please

Participants considered the environment in their day-to-day lives and supported a greener NHS. But – and aligning with the NHS – their health came first. Moreover, even though the report recommends *shared* decision-making about environmental considerations, participants thought this would lead to feelings of guilt and selfishness for potentially prioritising their own health over environmental concerns:

> "it's like a guilt thing, isn't it? If you've got this treatment, you're going to harm the planet more… "Oh god; I daren't have that treatment"

Participants recounted experiences of worry during consultations, particularly when unwell. They felt that in this context, any discussion about the environment would make them feel bad for choosing their health first:

> "I was once offered…[a] week of pills, or one injection. And I have a phobia for needles. And if I was told that the injection would be much better for the environment….I'd then have to decide whether my phobia was like…I'd likely go home and cry…, and be like…, be really upset if they were to give me that choice….Putting the [choice on me], it's like essentially saying, are you a good person?"

Co-benefits

Participants saw a lot of operational waste in the NHS (lights, plastic, paper etc.), and framed the problem of healthcare's environmental impact (and proposed solutions) in terms of inefficiency and avoidable waste. Like the NHS, they felt it was here – rather than at the individual physician (or patient) level – where efforts should be placed to green the NHS. They saw co-benefits in this approach: it would both help the environment and save money, the latter which could be put into better patient care. They hoped this could take burdens off doctors, freeing more time for patient-

facing work (a point worth emphasising for physicians who are skeptical about the green agenda).

Conclusion

The RCP's toolkit and media response highlights some of the challenges faced with including environmental considerations at the 'frontline' of healthcare, and communicating these with patients and the public. This affirms the importance of considering context, location and framing of conversations about measures to reduce healthcare's environmental impacts. Though perhaps more crucial is the understanding that when considering the mitigation of healthcare's environmental harms, systematic change must be prioritised.

Publication

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