Making a (climate) change for generations



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It has been said that "we do not inherit the Earth from our ancestors; we borrow it from our children".

The Queensland public health system contributes almost 50 per cent of all state government emissions. Ninety per cent of this comes from electricity consumption. Presently, 26 per cent of electricity used in Queensland is produced from renewable energy sources.

We also contribute to climate change through transport – air and vehicle – of patients, staff and supplies, through clinical waste (in particular single use plastics), equipment, infrastructure and pharmaceuticals. From my own patch in anaesthetics, we understand that we produce chlorofluorocarbons from our volatile anaesthetics and when these are released into the atmosphere, they contribute to climate change.

Like most industry and governments, the Queensland Government has set mandatory emissions targets. By 2030, the Queensland Government has committed to generating 50 per cent of electricity from renewable energy and reduce emissions by at least 30 per cent below 2005 levels, and by 2050, to achieving zero net emissions.

As a health system, we need to make our best efforts in climate change to meet these requirements.

In November this year, the Senate will host a meeting of senior clinicians and key stakeholders to explore the fundamental changes we need to make within the system as we transition towards these targets. We will look at all aspects of how the health system contributes to climate change and, of course, the health impacts of climate change, both direct and indirect.

We can see direct impacts of climate change on our health, including those that come from exposure to extreme weather such as bushfires and floods. The indirect impacts are also important and include risks to vegetation and coastal regions, for example, resulting in the need to redistribute the population.

Of course, there is already a great deal of excellent work underway throughout Queensland Health to reduce emissions. For example – and I use anaesthetics again – there is a move across the state to reduce emissions from volatile anaesthetics by looking at alternatives. We will hear about other initiatives having success that can be replicated and scaled to reduce emissions.

The Queensland Health Climate Risk Strategy 2021 – 2026 takes a systems approach to reducing emissions and meeting emissions targets. It outlines the need for climate risks to be considered as part of decision making across everything from procurement to renovations and new hospital builds, embedded in all plans and policies, and sets clear policy directions and actions.

The recommendations from the Senate meeting will feed into this system's approach along with activities at a local level.

We know that the outcomes of change in this space take time. What we do now will matter for us and also for future generations.