



## **CULL LOW VALUE HEALTH CARE TO PROTECT THE PLANET**

### FOR IMMEDIATE RELEASE

CULLING low value care will cut health care's carbon emissions, according to the authors of a Perspective published today by the *Medical Journal of Australia*.

Alexandra Barratt, Professor of Public Health at the University of Sydney, and colleagues wrote that Australia's health care community was responsible for 7% of the country's national carbon emissions, with the hospital and pharmaceutical sectors accounting for 63% of that total.

"Of note, 90% of Australia's health care emissions are indirect, stemming from the extensive national and global supply chains involved in the manufacture, distribution and provision of health care goods and services," they wrote.

"Recent estimates show that about 30% of health care is wasteful or low value, and a further 10% is harmful.

"Greening hospitals' electricity and water supplies and ending use of fossil gas is essential, but clearly changes to models of clinical care are also needed. This is where two key challenges to health system sustainability – low value care and climate risk– intersect and why better value, low carbon emissions models of clinical care are urgently needed.

"There were at least 80 million haematology, biochemistry and immunology tests requested in the Australian community in 2020, of which an estimated 10–40% were likely unnecessary. Substantial carbon (and financial) savings could be achieved by omitting unnecessary pathology tests, without any detriment to health."

Barratt and colleagues cited vitamin D testing as a good example of an unnecessary pathology test, which could be reduced. Switching away from desflurane and nitrous oxide anaesthetic gases, which have large footprints, was also suggested.

"One thing that can be done today is a cull of low value care. That alone would save Australia over 8000 kilotonnes of carbon dioxide equivalent emissions per year."

The authors recommended a whole-of-system approach, requiring involvement at government, organisational and individual levels.

"Government regulatory agencies must continue to strengthen reform efforts such as the Medicare Benefits Schedule review, while also requiring manufacturers and sponsors to provide evidence of their products' environmental impacts as well as costs and health effects, and using their purchasing power to preference carbon neutral suppliers," wrote Barratt and colleagues.

"At the [organisational] level, hospitals, health departments and professional colleges can institute training schemes and support clinical sustainability fellowships to advance better value, low carbon health care.

"Individual clinicians can demonstrate local leadership by recognising the footprint of low value care and refusing to provide it, acting as a role model to those around them."

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